



In this issue



A simple card that could save lives

A new initiative trains staff and patients on how to avoid serious complications from chemotherapy ...p2



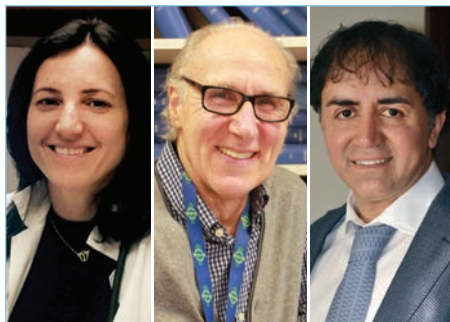
The RCN's first collaborative fundraiser!

Our dedicated foundations raised \$23,000 for RCN initiatives during a VIP show at Just for Laughs ...p4



People are talking about the RCN!

We are incredibly proud to announce that two members of the RCN Executive Committee, were named to the Order of Canada for their outstanding achievements. Dr. Eduardo Franco, director of the Division of Cancer Epidemiology at McGill, was named Officer of the Order for his groundbreaking contributions to the prevention of cervical cancer. And Dr. Gerald Batist, director of the Segal Cancer Centre at the Jewish General Hospital, was made a Member of the Order for his advances in applying personalized medicine to cancer treatment, and leadership in creating research networks in his field. Dr. Batist was also named Knight of the Order of Quebec this year. Please join us in congratulating them! ♦



Putting cancer care quality under the microscope

RCN grants fund innovative ways to impact outcomes for head and neck, hematological and colon cancers ...p6



New grants focus on the priorities of front-line teams

Announcing the recipients of the first-ever RCN Quality Improvement Initiatives Fund (QI²)! ...p8



Combating malnutrition in patients with advanced cancer

Thanks to an RCN education grant, a registered dietitian is conducting research to speed patients' recovery ...p5



Recognizing excellence

The RCN's Cancer Quality & Innovation program lead, Dr. Ari Meguerditchian was recognized for outstanding mentorship at McGill ...p3

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A simple card that could save lives

A NEW INITIATIVE HELPS CANCER PATIENTS AVOID SERIOUS COMPLICATIONS OF TREATMENT

When most patients show up in an emergency room with a low grade fever, it's usually not a medical emergency. But for a cancer patient it could mean a life-threatening condition. Febrile neutropenia (FN) is a common but dangerous side effect of chemotherapy. Its hallmark symptom – a fever of 38°C – can easily be missed in a busy ER setting, potentially leading to life-threatening complications such as sepsis.

Cancer patients have a high incidence of neutropenia, which occurs when their neutrophils, a type of white blood cell essential to fighting off infections, are low. When a neutropenic patient does contract an infection, it can quickly escalate into a medical emergency. Fever Cards, simple pocket-sized cards handed out to oncology patients are helping combat the problem by educating patients about the steps to take when this occurs, and reminding ER staff of FN protocols.

"The goal is to get the patient on antibiotics as soon as possible to reduce the risk of their going into septic shock," explains Erin Cook, head nurse in oncology at the Jewish General Hospital (JGH) and project champion for the Fever Card initiative. Septic shock is a whole-body infection marked by dangerously low blood pressure which can result in organ failure and death. The American Society of Clinical Oncology (ASCO) recommends antibiotics be administered within one hour to prevent this complication.

Teaching patients what they need to look for and how to clearly inform the triage nurse when they arrive at the ER is an important part of the process. "Ev-

Oncology nurses are training new patients in the protocol to use in emergencies.



Erin Cook, head nurse in oncology at the JGH is spearheading the project with an RCN team.

ery new patient who is seen by their primary oncology nurse is instructed on the use of the card and what to do if they have symptoms. We're educating and empowering patients to know that they have the right to be treated and acknowledged rapidly," says Cook.

The project has also involved working with ER staff and implementing a clear protocol for treating these cases. "ER staff are asked to look at the Fever Card to remind them what febrile neutropenia is. They're asked to page the oncologist to let them know that there's a cancer patient there and to start antibiotics within one hour. They initiate a febrile neutropenia protocol which also includes blood tests, screening for infection."

The Fever Card idea was inspired by a similar initiative at the London Health Sciences Centre in London, Ontario. Currently the initiative is being piloted at the JGH with a view to being rolled out at other RCN hospitals; St. Mary's Hospital is in the process of developing its own FN protocol.

A follow-up study is slated for the fall to see if the project is having an effect on time-to-antibiotic administration for FN patients. The RCN team also hopes to improve use of ER and oncology resources, reduce costs, and increase patient satisfaction. ♦

Patient Engagement Conference

To provide true person-centred care in our hospitals, it's essential to have input from patients in order to get their perspective on the delivery of care. Last fall, the McGill University Health Centre's Institute for Strategic Analysis and Innovation (MUHC-ISAI) held its 8th annual conference focussed on the subject of partnering with patients to improve care.

The event brought together 200 health care practitioners and administrators to share best practices, case studies and strategies and to reflect on new and better ways of involving patients in designing health care strategies that work for them. Presenters came from as far as the UK, as well as from Ontario, Saskatchewan, Nova Scotia and from across Quebec.

The RCN was on hand presenting its findings



Dr. Zeev Rosberger shares the RCN's experience with patient reported outcomes.

as part of a Canada-wide distress screening initiative (for more see *RCN Update* Fall 2015, page 4). Dr. Zeev Rosberger, director of the Louise Granofsky-Psychosocial Oncology Program at the Jewish General Hospital (JGH) is the project lead for the RCN's distress screening initiative currently underway with gynecological oncology

patients at the JGH, with lung cancer patients at the MUHC and with all patients followed by a pivot nurse at St. Mary's. Dr. Rosberger discussed findings from that initiative and how patient-reported experience and outcome measures can be used to better meet patient needs.

Bronfman Symposium and Awards

RCN staff was on hand as the Gerald Bronfman Centre for Clinical Research in Oncology (GBC) held its 5th annual Symposium and Awards Ceremony in December. The theme of the symposium was Celebrating Advances in the Genetics of Cancer. The keynote speaker was prominent researcher Dr. Todd R. Golub, director of the Cancer Program at the Broad Institute of MIT and Harvard, who shared some perspectives on the cancer genome.

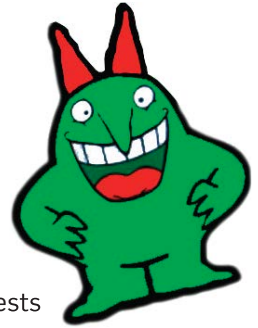
The RCN had particular reason to celebrate as Dr. Ari Meguerditchian, the lead of the RCN's Cancer Quality and Innovation (CQI) Program and a member of the RCN Executive Committee, was honoured for his work mentoring and teaching surgical fellows at McGill. ♦

Dr. Ari Meguerditchian, the RCN's CQI Program Lead (2nd from left) accepts his award for Mentorship and Training at McGill along with (from left to right) Dr. Nora Trabulsi, Dr. David Eidelman, Dean of the Faculty of Medicine and Dr. Eduardo Franco, Chair of the Department of Oncology.



RCN partner foundations host first-ever collaborative fundraiser!

A SOLD-OUT VIP NIGHT AT JUST FOR LAUGH'S ETHNIC SHOW RAISED OVER \$23,000 TO IMPROVE CARE IN THE PARTNER HOSPITALS



As the old saying goes, laughter is the best medicine, so it's fitting that the first collaborative fundraiser for the RCN was held at the Just for Laughs' Comedy Festival.

For this exceptional evening, the RCN's four dedicated partner foundations — the Cedars Cancer Foundation, the Jewish General Hospital Foundation, the St. Mary's Hospital Foundation and McGill University — came together and raised over \$23,000 to support projects that impact the patient experience.

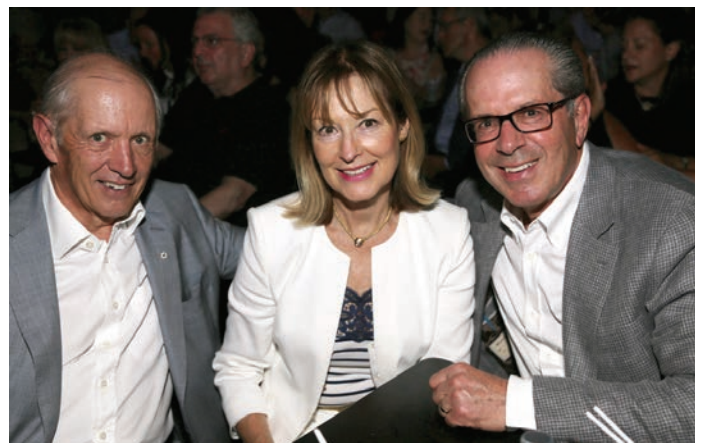
The sold-out VIP event took place at Just for Laugh's Ethnic Show which featured knock-out performances by comedians who reflect the diversity of the communities treated in the McGill hospitals, including Moroccan-Quebec comedy star, Rachid Badouri as the evening's master of ceremonies, Jewish-American Jessica Kirson, Lebanese-American Nemr, Greek-American Yannis Pappas, Italian-American Dom Irre-rra, Puerto Rican Gina Brillon and Nigerian-American Godfrey.

Over 200 people packed the reserved floor section at the Metropolis Theatre for a two-hour comedy set before being treated to a gala cocktail reception in the Just for Laughs VIP lounge on the esplanade at Place des Arts. The reception offered a chance to meet the comedians, and host Rashid Badouri and Lebanese comedian Nemr were particularly gen-

erous with their time, bantering with guests and answering their questions.

The RCN's founding donor Larry Rossy and his daughter Stephanie were on hand, along with Cedars Cancer Foundation president Jeff Shamie, Cedars Chairman Bruce Shadeed, and Cedars CanSupport founder Gwen Nacos. They were joined by JGH Foundation president, Myer Bick and his wife Carole, JGH Foundation Chair Eddy Wiltzer along with many other members of the foundation leadership and loyal supporters who helped make the evening a great success.

Stay tuned for news of future collaborative fundraisers by following us on [facebook.com/rcr.rcn](https://www.facebook.com/rcr.rcn). ♦



Larry Rossy (right) chats with guests John and Phyllis Rae during intermission.



The sold-out VIP event drew 200 guests who enjoyed top-tier seats and a chance to meet the comedians after the show.



At the cocktail reception, Dr. Wilson Miller, the RCN's clinical lead (second from left), is joined by radiation oncologist Dr. Christine Lambert along with (from left) RCN executive member Dr. Armen Aprikan, RCN International Advisory Board chair Terry Sullivan and RCN disease site co-lead Thierry Alcindor.

Combating malnutrition in patients with advanced cancer

AN RCN EDUCATION GRANT SUPPORTS TARGETED RESEARCH TO HELP PATIENTS RECOVER FASTER

Cancer patients suffer from one of the highest rates of malnutrition among hospitalized patients. Malnutrition has been linked to frequent and severe complications during cancer treatments, including decreased quality of life and an increased mortality rate. As one of the inaugural recipients of an RCN Education Grant, registered dietitian Jonathan di Tomasso is conducting research to determine how to improve nutritional cancer care.

Di Tomasso, a member of the McGill University Health Centre's (MUHC) Cancer Rehabilitation Clinic explains that patients currently receive nutritional counselling to help combat the symptoms of poor appetite, weight loss, diminished function and fatigue. However, as Di Tomasso notes, "presently, there is no systematic assessment of patients' nutrition status. If there were, we would be able to make more timely interventions giving patients the care they need sooner."

His research, which will earn him a master's degree in Human Nutrition from McGill University, is looking at how changes in a patient's nutrition status, measured by a patient-completed questionnaire, impacts outcomes such as quality of life and survival.

The questionnaire is the abridged Patient-Generated Subjective Global Assessment (aPGSGA) which is recommended for use in cancer patients by the American Dietetic Association and the Oncology Nursing Society. His research will look at aPGSGA scores over time to see how they relate to outcomes. Most of the research to date in this area does not have information about how patients evolve and progress.

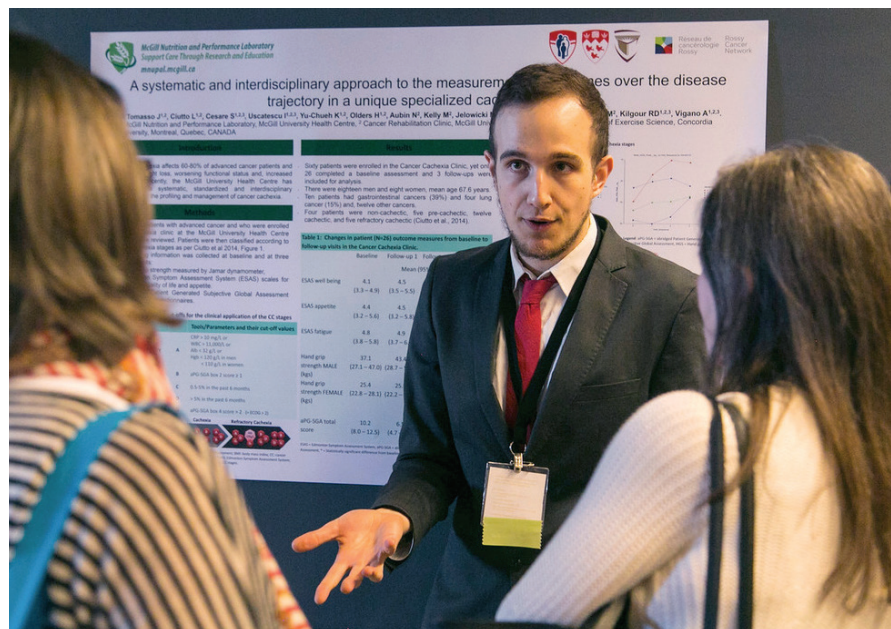
Di Tomasso's research will fill a void by analyzing data from the assessment tool already used with cancer patients referred to the MUHC's cancer rehabilitation clinic.

"Nutrition is important, because if it deteriorates, so do health and survival. In Canada, and even internationally, health professionals rarely follow patients' nutrition status over time and see how that relates to changes in quality of life and survival. We can be leaders in this area."

He says studies show that when palliative care doctors ask patients to complete a symptom questionnaire that asks about things like lack of appetite, patients identify

10 times more health and wellness issues than through an interview alone.

"Profiling patients' experiences of nutrition, performance and quality of life can help clinicians identify what patients need and develop strategies to aid in distinguishing who may benefit from rehabilitation, medical and nursing interventions and even palliative care," explains Di Tomasso.



Registered dietitian Jonathan Di Tomasso presents his findings at the American Society of Clinical Oncology conference.

"Nutrition is important, because if it deteriorates, so do health and survival."

Di Tomasso has already presented findings related to his research at four conferences, including the American Society of Clinical Oncology's (ASCO) Palliative Care in Oncology Symposium. Upon the completion of his degree in the spring, Mr. di Tomasso will share his research with other RCN's partner hospitals. And he hopes to implement a nutrition assessment tool, such as the aPGSGA, in outpatient oncology settings across the MUHC.

"I plan to seize further opportunities for research and become a resource person for other allied health professionals interested in research that will improve cancer care." ♦

Putting cancer care quality under the microscope

LATEST RCN RESEARCH GRANTS LOOK AT NEW WAYS TO IMPACT PATIENT QUALITY OF LIFE AND SURVIVAL

Last fall, the RCN announced the recipients of its 2015 Cancer Quality & Innovation (CQI) Research Fund.

Totalling \$460,000 in grants, six innovative studies will be funded to advance cancer care quality throughout the trajectory of care. In this issue, we profile three of these projects which will impact hematological cancer, colon cancer and head and neck cancer.

Improving survival by tracking guideline compliance

"In terms of the treatment of cancer, chronic myeloid leukemia (CML) is a pioneer of targeted therapy," says grant recipient Dr. Sarit Assouline, a hematologist-oncologist at the Jewish General Hospital (JGH). "We use a tyrosine kinase inhibitor as a single treatment and that drug improves the overall survival and, for the majority of patients, also restores normal life expectancy." Proper administration of this therapy is vital for achieving these results. Yet not all CML patients benefit from the full impact of this spectacularly successful treatment. Dr. Assouline and her colleagues want to find out if doctor deviation from CML guidelines could be a factor and, if so, how to fix it to improve outcomes for all CML patients.

Using a Quebec-wide database of 500 CML patients, Dr. Assouline and her team will analyse treatment data going back to 2009 to see how closely physicians have been following the protocols set out in the guidelines. In the US, for example, it's been demonstrated that three-month detection testing, which is essential to guiding therapy, is done in under 30% of cases, says Dr. Assouline. She's pretty sure that in Quebec, where access to healthcare isn't an issue like in the US, adherence rates will be much better. Problems here will likely have to do with how many

CML patients a physician treats; whether it's an academic or non-academic centre, in a rural or urban setting; and practical issues such as slow test results from a central lab; as well as patient compliance.

"But those are things that can be fixed if you know they're a problem," notes Dr. Assouline. Some possible solutions could be for doctors to concentrate their CML patients on certain days so as to focus on them more fully; to improve turnaround times for test results; and to help patients understand how important it is to be vigilant about taking their medicine.

Dr. Assouline and her colleagues from the McGill University Health Centre (MUHC) and St. Mary's Hospital Center (SMHC) plan to share what they have gleaned from the CML experience to improve practice in other cancers where targeted therapies have been introduced, such as lung cancer, across the province and internationally. The study will wrap up by next year.



Dr. Sarit Assouline is investigating whether guidelines are being followed in Quebec for patients with chronic myeloid leukemia.

Pre-habilitation helps frail elderly cancer patients

Building on previous research on how preoperative pre-habilitation can improve recovery for colorectal cancer surgery patients, Dr. Francesco Carli, professor of anaesthesia working at the MUHC, and his team are now turning their focus on frail elderly patients. "Ultimately the idea is to put them in a better physical, nutritional and mental state so they can encounter surgery in a better condition," explains Dr. Carli. "Our previous study showed that in the general population, without pre-habilitation only 30% returned to their pre-surgery baseline. But for those who have had pre-habilitation, over

80% go back to normal." Frail elderly patients recover more slowly and have more complications, seriously impacting their quality of life while also adding extra pressure on hospital resources. Interestingly, Dr. Carli and his team discovered

"Without pre-habilitation only 30% of frail elderly patients return to their pre-surgery baseline. With pre-habilitation, over 80% go back to normal"



Dr. Francesco Carli is helping elderly patients recover faster with targeted pre-habilitation.

that the frail elderly patients in the study group were the ones who benefitted most from the cost-effective prehabilitation approach. “We thought, maybe this is the population we need to put our money on,” says Dr. Carli. The aim of the new RCN-funded study is to prove the benefit and look for a decrease in complications.

The study, which involves 120 patients — 60 at the Montreal General Hospital of the MUHC and 60 at the JGH — is made up of a four-week training period (one week supervised and three weeks home-based) that includes nutrition, exercise and relaxation. Improvement is measured by walking capacity. So how do these frail elderly patients like prehab? “They love it. They are so keen and enthusiastic,” says Dr. Carli. “Remember, these patients have just had a diagnosis of cancer. They have bowel problems. They are also very depressed and they are doing nothing, just waiting at home for tests and for the operation. So they like to come — we had a 99% compliance rate.”

Better cancer staging thanks to new image analysis techniques

The majority of cancer diagnoses are now made with imaging and the technology is advancing at a dizzying rate. “It is amazing how well we see tumors and their extent before surgery,” says Dr. Reza Forghani, associate chief of radiology at the JGH. His new RCN-funded study will look at how to exploit cutting-edge dual-energy CT scans and sophisticated image analysis to their full potential to improve cancer staging, and ultimately prognosis, in head and neck cancer patients.

Dual-energy CT uses two beams of X-ray rather than the one in a conventional CT, giving physicians a vastly enhanced picture of the tumour. “There’s much more data in the image than we can just analyze on sight,” explains Dr. Forghani. He and his team want to take things a step further and run the image through a computer program whose analysis will aid in staging and therapy choice. “If you take a tumour and you

draw around the whole area and if you get a computer to analyze every dot on that image — the gradient, the intensity, the variations — there is a lot more information and right now it’s not being used at all.” The hope is that the very genetic makeup of the tumour can be predicted. “Then you can determine how it will respond to certain treatments,” explains Dr. Forghani. “So we can say maybe this patient is better treated with this kind of drug.” This would also result in fewer biopsies and scans.

There is currently just one other dual-energy CT machine in Montreal, at the CHUM, but Dr. Forghani anticipates that as these machines show their value, hospitals will replace older CT scanners with the dual-energy versions which, though more expensive, can save by increasing accuracy and potentially reducing the overall number of scans a patient requires. The study will look at data from 35 patients with data analysis done in collaboration with the MUHC. Eventually it should be possible to apply this technology to other cancers, such as breast and colorectal cancer. ♦

Dr. Reza Forghani is using new imaging techniques to improve tumour delineation and treatment.



Quality Improvement Initiatives Fund

We're announcing this year's recipients!

Turn to page 8 to see the selected projects.



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network

QI² Quality Improvement Initiatives Fund

Announcing the RCN's first QI² Fund recipients!

The QI² Fund was designed to support projects that will make a rapid impact on the delivery of care for cancer patients in the network and to support teams striving for excellence.

"The focus of these grants is to target real problems that need attention and to empower teams locally to address issues and come up with creative solutions," explains Dr. Ari Meguerditchian, program lead for the RCN's Cancer, Quality & Innovation program which oversees this fund.

These innovative grants also provide the dedicated time of project managers and data analysts to make sure teams are supported to successfully implement their initiative. Funding is open to all health professionals directly involved in the provision of cancer care.

Congratulations to the 4 multi-hospital projects selected for 2015-2016!

Head oncology nurse **Erin Cook** led a project team to develop a detailed feasibility plan for the implementation of an urgent care clinic dedicated to cancer patients at RCN partner hospitals.

Scientist and andrologist **Dr. María Belén Herrero** and her team developed a program to improve timely access to fertility preservation counseling and services for men with newly diagnosed cancer across the network.

McGill Adolescent and Young Adult (AYA) Oncology Program director **Dr. Petr Kavan** and his team will assess the patient trajectory and propose specific strategies to address the needs of the AYA patients in our network.

Nursing practice consultant **Dr. Andréa M. Laizner** and her team will work on improving access to resources designed to support cancer patients in discussing a cancer diagnosis with their children and family.

For more about the projects, look for the next issue of *RCN Update*, or visit: mcgill.ca/rcr-rcn/rcn-grants.

RCN update

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About the RCN

The Rossy Cancer Network is a partnership of McGill University's Faculty of Medicine, the McGill University Health Centre (MUHC), the Jewish General Hospital (JGH) and St. Mary's Hospital Center (SMHC), dedicated to providing world-class patient care, research and teaching. Its mission is to improve quality, effectiveness and efficiency across the continuum of cancer care for

patients in the McGill-affiliated hospitals. Launched in 2012, thanks to a transformative gift from the Rossy Family Foundation, the RCN is proudly supported through the fundraising efforts of McGill along with the Cedars Cancer Foundation of the MUHC, the Jewish General Hospital Foundation and St. Mary's Hospital Foundation.