Réseau de cancérologie Rossy

Rossy Cancer Network

Funding excellence.
Uniting care.

3rd Annual Retreat Program

Friday, November 10, 2017

Plaza Centre-ville
777 Robert-Bourassa Boulevard
Montreal

McGill

Centre universitaire de santé McGill
McGill University Health Centre

Hôpital général juif
Jewish General Hospital

Centre hospitalier de St. Mary
St. Mary's Hospital Center

Message from the Executive Committee

At the 2016 RCN Retreat, we presented five strategic pillars to which we would anchor our decision-making to achieve our common goal of providing world-class care. As we look back at the work undertaken in the past year, we are proud to share the strides we are making within each of these orientations, **which have as their key objectives to add value and quality to oncology patient care**.

EVIDENCE-BASED CARE - *CONTINUOUS IMPROVEMENTS IN PATIENT CARE SUPPORTED BY A COMMON SCORECARD.*

Disease Site (DS) groups: Provide clinical leadership structures across the RCN hospitals and advocate for self-evaluation and benchmarking of performance (indicator list p. 8). A competition led to the selection of new DS leads based on their vision for the group: Dr Agulnik and Dr Spicer (Lung), Dr Davison (Heme), Dr Souhami (Gyne) and Dr Liberman (GI).

RCN Quality Council (QC): Meeting monthly since August 2016 to ensure coordinated and collaborative monitoring of performance indicators. Mandate to assess gaps in system performance, work towards public reporting of indicators and advise on strategic priorities for quality improvement efforts (membership list p.4).

RCN Public Scorecard: First public release in March 2017 included seven indicators. The next release is planned for December 2017, with three new indicators. Annual public releases to follow.

Improvements in care with expected survival benefits

- All **bladder cancer patients** now evaluated for chemotherapy before surgery
- Individual surgeon outcome data on the rate of **positive surgical margins after radical prostatectomy** is being provided to help surgeons improve by comparing their performance with those of other colleagues.
- Adjuvant treatment for **stage III colon cancer** within the 12-week target has been reached at SMHC and efforts are underway at JGH and MUHC.

Resident involvement: More residents are involved in quality improvement projects with the DS groups. Of the 5 residents involved, 2 presented posters at the CPAC Annual Meeting, and publications are in progress.

ACCESS TO CARE - *IMPROVED ACCESS AND REDUCED WAIT TIMES FOR DIAGNOSTIC, TREATMENT AND SUPPORTIVE SERVICES ALONG THE CANCER CARE CONTINUUM.*

Reduced diagnostic delays: Driven by indicators selected by the Hematology and the Lung DS groups, targeted improvements were made:

- **Molecular pathology testing delays decreased** for FLT3 testing in acute leukemia. Achieved largely through changes in the order form for molecular testing and prioritization of tests with the molecular pathology department.
- **Oncologists have molecular test results (EGFR)** at the time of initial consult for new lung cancer patients. Achieved through common biomarker testing guidelines and implementation of reflex testing of lung cancer tissue.

Urgent Care Centre: Following an RCN-funded feasibility study, a project to reduce Emergency Department visits at all 3 RCN sites was approved. The team is now focusing on two protocols: one for telephone triage and the other for the treatment of febrile neutropenia.

Better fertility options for male patients: Improved access to fertility preservation options by means of patient education resources, information sessions for health care professionals and a more effective referral process.

LEADING-EDGE TREATMENTS - *EARLIER ACCESS TO BREAKTHROUGH TREATMENTS FOR PATIENTS.*

Clinical Trials webpage: Lists all active clinical trials across the RCN (>100 trials) and receives ~200 unique page views per month.

McGill-wide report of clinical trial activities: Our first report, using data from all clinical managers, shows that 6.5% of adult cancer patients at the RCN are enrolled in treatment-based trials (refer to poster list).

Eligibility pre-screening: New project to pre-screen all breast cancer patients for trial eligibility.

RESEARCH & EDUCATION - *RESEARCH AND EDUCATION GENERATING MEASURED IMPROVEMENTS IN CARE AND SCHOLARLY OUTPUT.*

Empowering front-line oncology professionals to develop new knowledge on cancer care quality and enhance their skills in fields pertinent to cancer care quality.

Almost 1M$ invested in 2016-17 to support 9 CQI Research projects and 7 Quality Improvement Initiatives (QI^2).

Nursing Skills Enhancement: 40 bursaries were awarded to complete oncology-related professional development courses or CNA (re-)certification through the de Souza Institute.

CQI Research grants: Over the last three years, we have funded grants with over 21 active projects, involving 125 health professionals across the network, including physicians, nurses, and allied health professionals addressing quality across the continuum of care.

Kuok Scholarships: The 2nd Kuok Scholarships were awarded this year, supporting a Masters in counselling psychology and a PhD trainee in epidemiology.

PATIENT EXPERIENCE - *OUTSTANDING PATIENT SUPPORT WITH MEASURED IMPROVEMENT IN PATIENT ENGAGEMENT AND EXPERIENCES.*

New RCN Supportive Care Group: Co-led by Manuel Borod and Zeev Rosberger, the group is focusing on implementing patient-reported outcomes and improving end-of-life care.

Screening for pain, fatigue, anxiety and depression: Completed close to 3000 patient visits in select clinics at the 3 sites as part of a pilot project in partnership with CPAC.

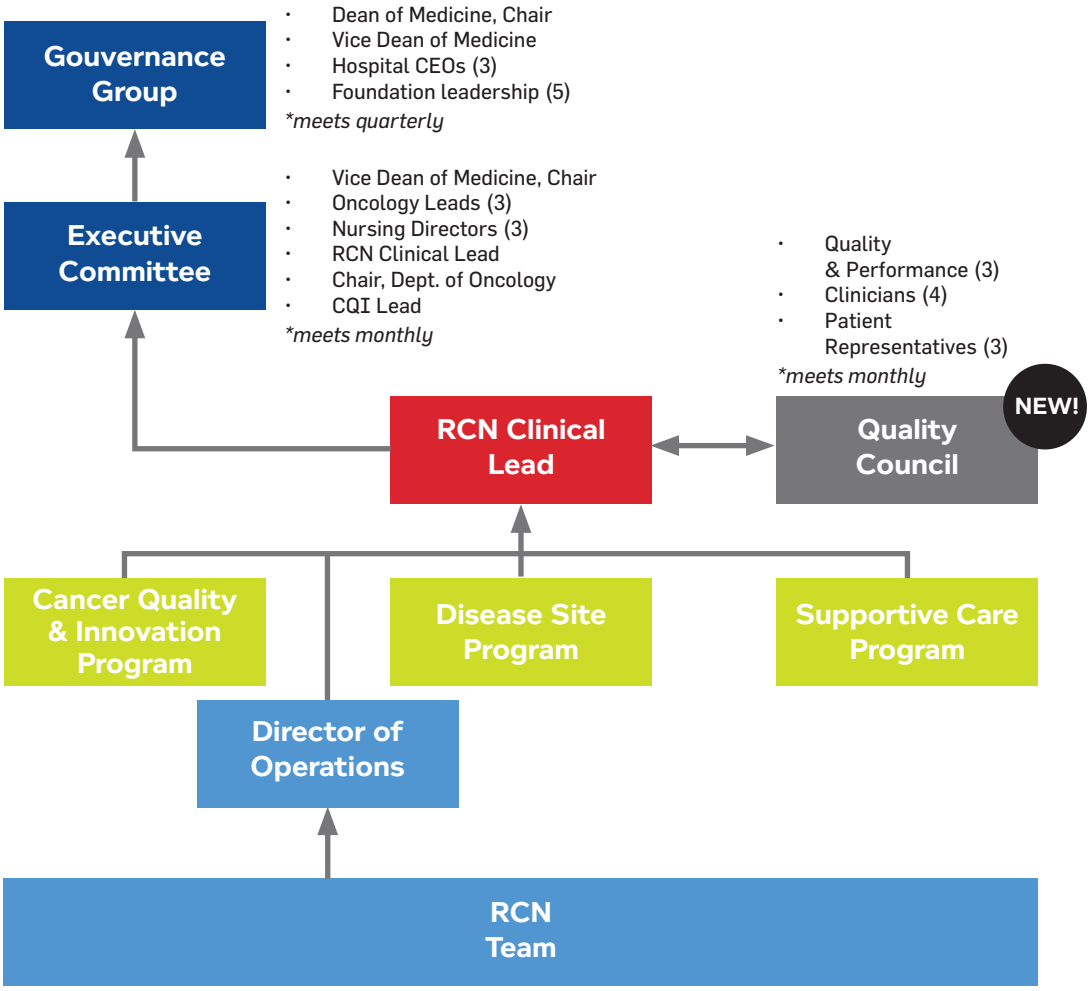
Implementing lasting change in our institutions is not without its challenges. Quality improvement projects are multifactorial, longitudinal, resource intensive and challenging. We sincerely thank everyone who commits their time and efforts to these valuable projects!

Finally, we want to express our appreciation for taking time out of your busy schedules to attend the retreat and for giving us comments and suggestions through our pre-retreat survey (results on p. 10). It is our firm belief that, thanks to your collaboration and insights, we can demonstrate the value of the Rossy Cancer Network in creating a unified centre of excellence in cancer care.

Sincerest thanks,

Manon Allard
Armen Aprikian
Gerald Batist
Samuel Benaroya
Antoinette Erhler
Eduardo Franco
Adrian Langleben
Ari Meguerditchian
Wilson H. Miller, Jr.
Lucie Tardif

Organizational chart



Senior Clinical Manager, Project Managers (5), Disease Site Facilitators (3), Data Analysts (2), Statistician, Finance, Administrator, Communications

Quality Council members

Wilson H. Miller, Chair, RCN Clinical Lead

MUHC	Patricia Lefebvre	Associate Director General (interim) and Director of Quality, Evaluation, Performance and Ethics
	Carolyn Freeman	Radiation Oncologist
	Lucie Tardif	Clinico-Administrative Coordinator, Cancer Care Mission
	Laurie Hendren	Patient representative
JGH	Anne Lemay	Associate Executive Director for the Support, Administration and Performance Programs
	Chantal Cassis	Hematologist
	Amanda Afeich	Patient representative
SMHC	Nelea Bezman	Associate Director of Quality, Evaluation, Performance and Ethics
	Adrian Langleben	Oncologist
	Linda Tracey	Patient representative
RCN	Caroline Rousseau	Senior Clinical Manager
	Tony Teti	Director of Operations

The Disease Site and Supportive Care programs form the clinical focus of the RCN. They are multidisciplinary teams involved in meeting the needs of a population of patients with cancer. The objectives of these groups are to harmonize and improve the quality of care for patients and their families, across the McGill-affiliated hospitals. The mandate of the Co-Leads is to work collaboratively to:

- develop a network culture
- select and track clinical quality indicators
- lead quality improvement initiative
- make emerging treatments and clinical trials available to all patients across the network

Disease Site Group co-leads - *alphabetically*

Breast:
Jean-Francois Boileau
Surgical Oncologist, Segal Cancer Centre, JGH

Sarkis Meterissian
Surgical Oncologist / Director, Cedars Breast Center, MUHC

Gastrointestinal (GI):
Petr Kavan
Medical Oncologist / Director, Adolescent and Young Adult Oncology, Department of Oncology, JGH

Sender Liberman
Colorectal Surgeon, Proctologist, MUHC / Program Director, Colon & Rectal Surgery Residency, McGill University

Genitourinary (GU):
Franck Bladou
Uro-oncologist / Chief, Uro-oncology Department, JGH

Simon Tanguay
Uro-oncologist / Director, Urologic Oncology Department, MUHC

Gynecology (GYNE):
Walter Gotlieb
Surgical oncologist / Director, Gynecologic Oncology and Colposcopy, JGH

Luis Souhami
Radiation oncologist, MUHC

Head & Neck (HN):
Khalil Sultanem
Radiation oncologist, JGH

Anthony Zeitouni
Surgical oncologist / Director, Department of Otolaryngology-Head and Neck Surgery, MUHC

Hematology (HEME):
Sarit Assouline
Hematologist / Associate Director, Clinical Research Unit, JGH

Kelly Davison
Hematologist, MUHC

Lung:
Jason Agulnik
Pulmonologist / Medical Director, Pulmonary Oncology, JGH

Jonathan Spicer
Cardiothoracic Surgeon, MUHC

Supportive Care Program co-leads

Manuel Borod
Palliative care physician, Director, Division of Supportive and Palliative Care, MUHC

Zeev Rosberger
Psychologist, Senior Investigator at the Lady Davis Institute for Medical Research

Clinical activities of the RCN

Table 1: Number of new cases of cancer[1]

	2014	2015	2016
MUHC	4418	4584	4436
JGH	2826	2818	3053
SMHC	852	933	872
RCN	**8096**	**8335**	**8361**

Figure 1: Number of new cases of cancer across the RCN by disease site group[2]

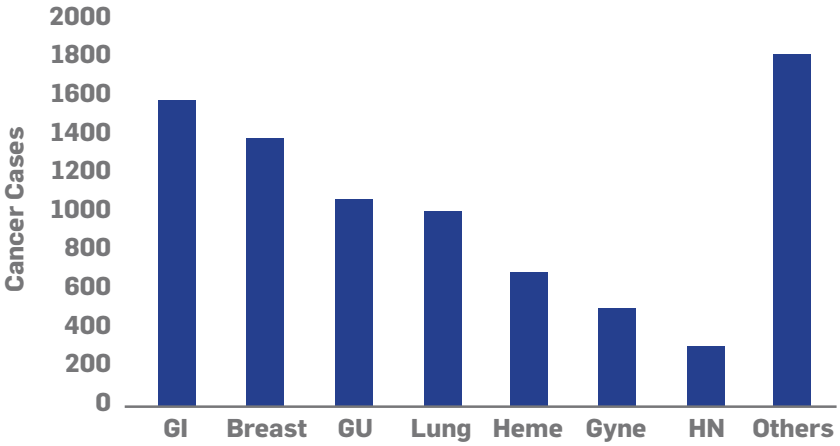


Table 2: Number of cancer surgical procedures[3]

	2014	2015	2016
MUHC	3167	3243	3097
JGH	2043	1925	1822
SMHC	676	502	418
RCN	**5886**	**5670**	**5337**

Table 3: Number of «Mises en traitement» (MET) in radiation oncology[4]

	2014	2015	2016
MUHC	2509	2539	2530
JGH	1814	1705	1609
SMHC	N/A	N/A	N/A
RCN	**4323**	**4244**	**4139**

[1] NEW CASES OF CANCER refers to cases for which the hospital provided the initial diagnosis of cancer and/or for which the hospital contributed to first course of treatment only. Excluded: Pediatric cancer cases, non-melanoma skin cancers, gynecology grade III intraepithelial neoplasias (CINIII, VINIII, VAINIII). Data was extracted based on the cancer definitions and methodology used by the Government of Canada to produce their annual Canadian Cancer Statistics report. Source: RCN cancer registry (merged data from the cancer registries of each partner hospital)

[2] Data represents the average of 3 fiscal years (2014, 2015, 2016)

[3] Source: SIMASS

[4] Source: SGAS

Incidence of cancer across the RCN

Almost 80% of all new cases of cancer can be associated to one of the RCN Disease Site Groups.

Table 4: New cases of cancer by Disease Site Group and RCN partner hospital over the last 3 years

	CANCER	MUHC			JGH			SMHC		
		2014	2015	2016	2014	2015	2016	2014	2015	2016
GI	Esophagus	51	63	71	13	11	10	4	5	4
	Stomach	124	126	105	35	46	37	13	20	8
	Small intestine	22	14	24	10	9	4	6	5	5
	Colon & rectum	403	407	397	282	308	408	133	174	159
	Anus & anal canal	23	34	25	6	17	13	3	5	3
	Liver	60	70	58	10	19	14	3	6	2
	Pancreas	105	94	83	62	63	78	19	14	13
	Gallbladder, others	55	78	73	27	18	25	14	10	9
	Total	**843**	**886**	**836**	**445**	**491**	**589**	**195**	**239**	**203**
BREAST	**Total**	**680**	**647**	**606**	**567**	**514**	**521**	**236**	**177**	**186**
GU	Bladder	140	149	127	101	94	95	59	39	59
	Kidney, other urinary	119	147	157	56	60	59	14	16	22
	Prostate	284	299	240	208	236	262	7	13	10
	Testis, male genitalia	22	28	26	12	14	16	5	7	8
	Total	**565**	**623**	**547**	**377**	**404**	**432**	**85**	**75**	**99**
LUNG	Lung & bronchus	629	682	753	219	217	195	72	59	56
	Others	11	11	25	9	5	5	5	3	0
	Total	**641**	**693**	**778**	**228**	**222**	**200**	**77**	**62**	**56**
HEME	Hodgkin lymphoma	23	23	11	18	21	23	9	4	6
	Non-Hodgkin lymph.	151	155	141	113	124	141	34	27	33
	Multiple myeloma	49	50	48	27	42	29	8	13	12
	Leukemia	62	63	71	51	50	53	9	19	17
	Others	47	33	30	31	13	31	18	28	22
	Total	**332**	**324**	**301**	**240**	**250**	**277**	**78**	**91**	**90**
GYNE	Cervix uteri	33	28	26	44	44	29	8	14	7
	Corpus uteri & uterus	128	110	115	95	114	84	27	37	30
	Ovary	45	49	50	71	43	47	11	11	9
	Vulva, vagina, others	25	29	30	16	25	24	6	5	2
	Total	**231**	**216**	**221**	**226**	**226**	**184**	**52**	**67**	**48**
HN	Oral cavity	45	77	72	33	22	35	2	0	2
	Larynx	46	36	51	15	15	19	6	2	4
	Pharynx	40	49	50	36	39	41	5	1	2
	Others	25	21	32	18	17	12	2	4	0
	Total	**156**	**183**	**205**	**102**	**93**	**107**	**15**	**7**	**8**

Portfolio of RCN quality measures

This is a dynamic list. Indicators may be modified by the Disease Site Groups based on changes in priorities, changes in clinical practice that render the indicator obsolete or unnecessary, or inability to collect quality data across the three partner hospitals. The Quality Council must approve all proposed indicators before data can be requested from hospital systems. This ensures that expertise is leveraged across the Network, reduces duplication of efforts and improves communication between the quality departments of each hospital.

Site	Indicator number	Dimension	Description	Status*
BREAST	BR1	Accessibility	Time to surgery after a diagnosis of breast cancer (biopsy to surgery)	C
	BR2	Accessibility	Clinical trial participation	C
GI	GI1	Effectiveness	Adjuvant chemotherapy for stage III colon cancer within guidelines	C
		Effectiveness	Tumour board presentation (preoperatively or within 4 wks of surgery) for patients with proven or suspected stage II-III rectal cancer	
		Effectiveness	Preoperative imaging performed before surgery	
GU	GU1	Effectiveness	Positive surgical margins for radical prostatectomy	C
	GU2	Effectiveness	Treatment with neoadjuvant chemotherapy for bladder cancer patients and appropriate delays to first treatment	C
	GU3	Effectiveness	Appropriate treatment with salvage radiation therapy for prostate cancer patients	IP
	GU4	Efficiency	Appropriate imaging for kidney cancer patients in survivorship	C
GYNE	GY1	Accessibility	Pathology turnaround time for biopsies and surgical specimens	C
	GY2	Efficiency	Post-operative length of stay for patients with gynecologic cancer	IP
		Effectiveness	Referral of endometrial cancer patients for HNPCC testing	
		Effectiveness	Referral of high grade serous ovarian cancer to genetic counselling and BRCA1 testing	
HN	HN1	Effectiveness	Multidisciplinary approach to treatment planning for all cases	C
	HN2	Safety	Rate of unplanned hospital visits during the peri-treatment period for H&N cancer patients undergoing chemoradiation	IP
		Effectiveness	Two year locoregional control for H&N cancer patients	
		Continuity	Patients with stage III-IV HNSCC assessed by a nurse pivot	

Site	Indicator number	Dimension	Description	Status*
HEME	HE1	Safety	Hepatitis B testing before rituximab administration	C
	HE2	Accessibility	Molecular pathology turnaround time for FLT3 testing	C
	HE3	Efficiency	Appropriate end-of-life care for patients with hematologic malignancies	IP
LUNG	LG1	Safety	Mortality rates for surgical treatment of lung cancer	NSQIP**
	LG2	Accessibility	Delays from procedure to EGFR molecular testing result	C
	LG3	Accessibility	Wait time intervals from diagnosis to surgery (part I) to adjuvant chemotherapy/radiotherapy (part II) in patients with resectable stage I-III lung cancer	IP
GENERAL	A1	Accessibility	Surgical wait times (4 main cancers)	C
	A2	Accessibility	Radiation therapy wait times	C
		Accessibility	Chemotherapy wait times	
	E1	Effectiveness	Capture of stage data in the cancer registry (4 main cancers)	C
	E2.1	Effectiveness	Multidisciplinary care: structure of cancer diagnosis and treatment committees (tumour boards)	C
	E2.2	Effectiveness	Newly diagnosed patients discussed at tumour board	IP
	E3	Effectiveness	Adult clinical trial participation	C
	P1	Pt experience	Overall rating of the patient experience for outpatient care	C
	P2	Pt experience	Outpatient rating of treatment experience according to 6 care domains	C

*

C: measurement complete

IP: measurement in progress

Empty status boxes: proposed indicator that needs to be discussed with the steering committee members before moving forward

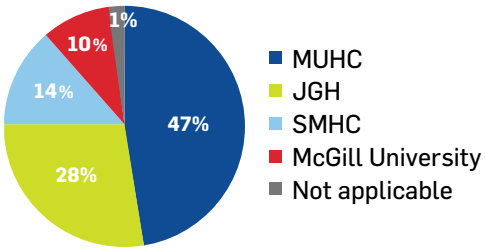
**NSQIP : National Surgical Quality Improvement Program

Your opinion

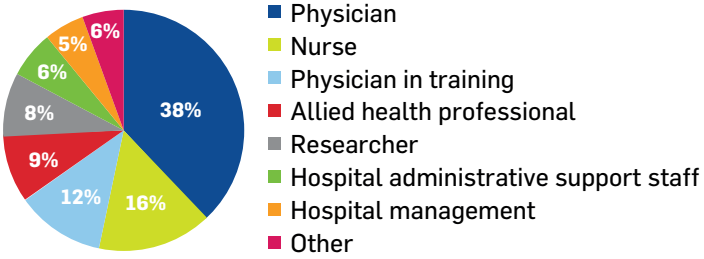
We distributed a survey to over 500 recipients involved in the delivery of cancer care at the MUHC, JGH and SMHC. 137 responses were collected between September 29 and October 19, 2017.

Distribution of respondents

By primary RCN affiliation (N=133)



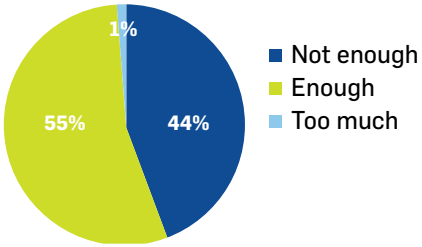
By position (N=134)



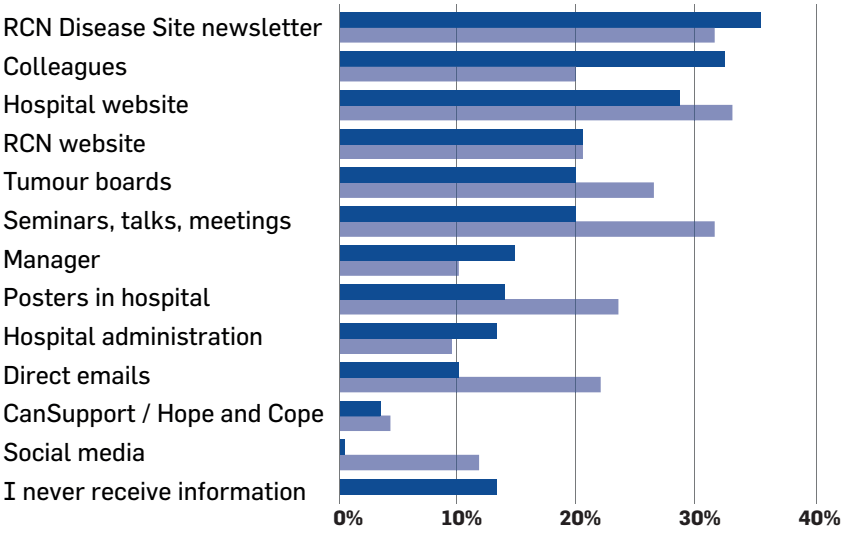
Communication

Almost half of respondents would like to receive more information from the RCN, with the hospital websites (33% of 136 responses), disease site monthly newsletter (32%), and meetings (32%) being the preferred means to diffuse this information. Physicians in training are most likely to state that they do not get enough information and are less aware of the RCN's mission.

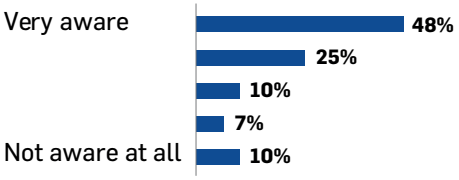
How would you best describe the amount of information you receive about the activities of the RCN? (N=136)



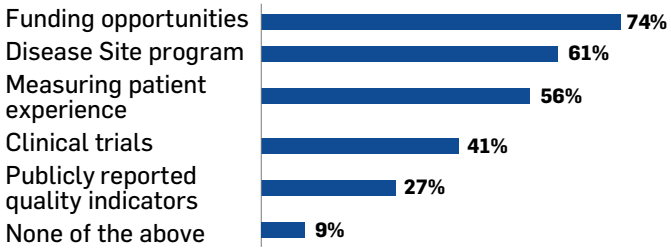
Current (dark blue) and preferred (light blue) sources of information about the RCN, by percentage of respondents (N=136)



How aware are you of the RCN's mission? (N=135)



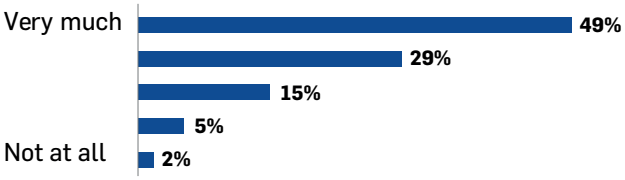
Which of the RCN activities are you aware of? (N=133)



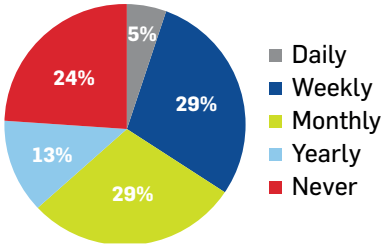
Collaboration

Most respondents (78%) consider collaboration between the RCN partner hospitals beneficial, and most (71%) state that they collaborate with health professionals from another RCN partner hospital at least on a monthly basis. There are no clear trends linking these results to institutions or types of positions.

Do you feel there is value/benefit in collaborating with colleagues at other RCN partner hospitals? (N=136)



How often do you engage with other health professionals at an RCN partner hospital other than your own? (N=136)



The survey asked for feedback in the form of three open-ended questions. The most common types of responses are shown in the table below. Some individual responses fit in multiple categories. Categories with low frequency (one or two responses) are not shown.

How can the three partner hospitals of the RCN have the greatest impact together to improve cancer care? (N=90)	N	%
Through meetings, collaboration and communication	28	31%
By exchanging ideas, best practices and expertise	20	22%
By standardizing and coordinating practices	19	21%
By sharing data	14	16%
Through clinical trials	7	8%
Through complementary expertise	5	6%
What are some of the things the RCN is doing well? (N=79)		
Inter-site communication and collaboration	14	18%
Improvement projects	13	16%
Research support and funding	13	16%
Quality indicators	7	9%
Project management support	6	8%
Clinical trials awareness	6	8%
Communication and education	6	8%
Tumour boards	4	5%
Nothing	7	9%
What are some things the RCN needs to improve? (N=77)		
Awareness and visibility	17	22%
Internal communication	17	22%
Collaboration within the RCN	14	18%
Use of resources and funding	3	4%
Criteria for projects	3	4%
Revisit strategic orientations	3	4%

Agenda

8:30	**The year in review** *Wilson Miller, RCN Clinical Lead*
9:00	**Quality matters – results from a network-wide quality scorecard** *Carolyn Freeman, RCN Quality Council / Medical Director, Cancer Care Mission Quality Improvement Program, MUHC*
9:30	**Breakout Session 1** **A. How can we implement symptom monitoring with patient-reported outcomes during routine care?** *Moderator: Gerald Batist, RCN Executive Committee / Director Segal Cancer Centre, JGH* **B. Data-driven improvements in the quality of surgical care** *Moderator: Armen Aprikian, RCN Executive Committee / Director, Cancer Care Mission, MUHC*
10:30	**Poster walk and coffee break**
11:15	**Successes and challenges of the RCN Disease Site Groups (panel)** *Moderator: Gerald Batist, RCN Executive Committee / Director Segal Cancer Centre, JGH*
12:10	**Funding opportunities at the RCN: everything you always wanted to know** *Ari Meguerditchian, RCN Cancer Quality & Innovation Program Lead / Surgical Oncologist, MUHC*
12:30	**Lunch**
13:30	**Breakout Session 2** **A. Early integration of palliative care and advanced care planning across the RCN** *Moderator: Manuel Borod, RCN Supportive Care Program Co-lead / Director, Division of Supportive and Palliative Care, MUHC* **B. Training the next generation of clinicians: possible roles of the RCN** *Moderator : Joanne Alfieri, Program Director of McGill's Radiation Oncology Residency Program* **C. Addressing the needs of Adolescent and Young Adult patients** *Moderator: Petr Kavan, Director, Adolescent and Young Adult Oncology, Department of Oncology, McGill University*
14:30	**Quality Improvement Initiatives (QI²)** **Laying the groundwork for oncology evaluation and treatment centres at the Rossy Cancer Network** *Erin Cook, QI² project lead / Head Nurse, Oncology, JGH* **Fertility preservation for newly diagnosed male cancer patients** *William Buckett, QI² project team / Medical Director, MUHC Reproductive Centre*
14:45	**CQI Research Grants** **Advanced dual energy CT and artificial intelligence assisted spectral radiomics for the evaluation of head and neck squamous cell carcinoma** *Reza Forghani, Principal Investigator / Associate Chief, Radiology, JGH* **Multimodal prehabilitation to improve outcomes for frail patients undergoing resection of colorectal cancer** *Enrico Minnella, Project Team / PhD student in Experimental Surgery*
15:00	**CQI Education Grants** **The cost of unnecessary radiologic testing in breast cancer staging** *Tarek Hijal, CQI Education Grant Recipient / Acting Director, Division of Radiation Oncology, MUHC*
15:10	**Highlights from the breakout sessions** *Wilson Miller, RCN Clinical Lead*

Scientific Posters

#	Poster Title	Author
1	Incorporating medical cannabis into treatment options of Supportive Care Programs (SCPs) in the Rossy Cancer Network QI² Grant 2017	*Antonio Vigano*
2	Quality of end-of-life care of patients with prostate cancer CQI Research Grant 2016	*Alice Dragomir*
3	Impact of the introduction of abiraterone on metastatic castration-resistant prostate cancer treatment choice CQI Research Grant 2014	*Alice Dragomir*
4	Rectal toxicity prediction using average-delivered DVHs determined from daily CBCT imaging for hypo-fractionated radiotherapy of the prostate CQI Research Grant 2016	*John Kildea*
5	Monitoring the rate of positive surgical margins after radical prostatectomy and improving access to treatment (neo-adjuvant chemotherapy and cystectomy) for bladder cancer patients Disease Site Program	*RCN Genitourinary Disease Site Group*
6	The abridged Patient Generated Subjective Global Assessment predicts quality of life and physical performance in people with cancer Kuok Scholarship 2014	*Jonathan di Tomasso*
7	The Cancer Healthy Aging Program: Developing an e-Health program to increase daily exercise and reduce the fatigue associated with cancer therapy CQI Research Grant 2016	*Steven Grover*
8	Looking Forward: Feasibility and acceptability of a cancer survivorship program CQI Research Grant 2014	*Rosana Faria*
9	Lung Cancer in Nunavik: How Are We Doing? Phase 1: Observations from the McGill University Health Center Lung Cancer Registry Data CQI Research Grant 2016	*Faiz Ahmad Khan*
10	Establishing quality care for patients with malignant pleural mesothelioma – the EQUAL CARE Program CQI Research Grant 2016	*Jonathan Spicer*
11	Start The Talk: A web-based resource to help support children and teens when someone close to them has cancer QI² Grant 2015	*Andréa Maria Laizner*
12	Laying the groundwork for Oncology Evaluation and Treatment Centres at the Rossy Cancer Network QI² Grant 2015	*Erin Cook*
13	Decreasing unplanned hospital and emergency visits during the peri-treatment period for H&N patients undergoing chemoradiation therapy Disease Site Program	*RCN Head & Neck Disease Site Group*
14	Enrollment of esophago-gastric cancer patients in a clinical fast-track program improves time to treatment and quality of life CQI Research Grant 2014	*Lorenzo Ferri*
15	Adult clinical trial participation across the RCN: how do we compare to the rest of Canada? Disease Site Program	*RCN Quality Council*

#	Poster Title	Author
16	Public report on oncology quality indicators: the Rossy Cancer Network Scorecard **Quality Council**	*RCN Quality Council*
17	Working as a coordinated network to address controversies in the diagnosis and treatment of breast cancer and to implement targeted interventions to improve clinical trial activity **Disease Site Program**	*RCN Breast Disease Site Group*
18	Effect of early compression therapy and individualized exercise in women treated for gynecological cancer at risk of developing lymphedema: a pilot randomized controlled trial **CQI Research Grant 2014**	*Anna Towers / Shirin Shallwani*
19	Improving turnaround time for pathology results and evaluating the effectiveness of a joint tumour board between the JGH and MUHC **Disease Site Program**	*RCN Gynecology Disease Site Group*
20	Streamlining the trajectory of care for lung cancer patients: a focus on diagnostic delays (molecular pathology), treatment delays (surgery, chemotherapy and radiotherapy) and end of life **Disease Site Program**	*RCN Lung Disease Site Group*
21	Ensuring stage III colon cancer patients are treated according to recommended guidelines **Disease Site Program**	*RCN Gastrointestinal Disease Site Group*
22	Screening for HBV prior to administering rituximab therapy and improving access to targeted treatment by reducing delays to molecular pathology results **Disease Site Program**	*RCN Hematology Disease Site Group*
23	Adherence to timely molecular monitoring and clinical outcomes in chronic myeloid leukemia **CQI Research Grant 2015**	*Sarit Assouline*
24	Texture Imaging: A novel technique to guide treatment and improve quality of life in patients with Non-Small Cell lung Carcinoma (NSCLC) **CQI Research Grant 2015**	*Jana Taylor*
25	Enhancing and harmonizing psychosocial, supportive and palliative care across the Rossy Cancer Network: A year in review of the RCN Supportive Care Program **Supportive Care Program**	*Adrian Langleben*
26	Treatment Summary: an effective tool in improving communication between oncologists and family physicians **Supportive Care Program**	*Joan Zidulka*
27	Distress screening and symptom assessment via Patient Reported Outcomes (PROs) are effective tools: Improving Patient Experience and Health Outcomes Collaborative (iPEHOC) **Supportive Care Program**	*Zeev Rosberger*
28	A patient-centered approach to the re-development of supportive care services for oncology adolescent and young adult (AYA) patients across McGill University hospitals (Rossy Cancer Network) **QI² Grant 2015**	*Petr Kavan*
29	Educating oncology health care providers (HCPs) on fertility preservation options for male cancer patients **QI² Grant 2015**	*Belén Herrero*
30	Impact of an Enhanced Recovery After Surgery (ERAS) program on the quality of care and emotional well-being of kidney cancer patients undergoing a nephrectomy **CQI Research Grant 2014**	*Franck Bladou*
31	Improving the quality of bladder cancer patient care across the RCN Partner Institutions: Implementation, standardization and analysis of a common RCN ERAS protocol for radical cystectomy **QI² Grant 2017**	*Franck Bladou*