



toronto central regional
cancer program

in partnership with
cancer care ontario

2013

Annual Report



Table of Contents

Toronto Regional Cancer Program	3
Message from the Regional Vice Presidents	3
Overview	4
Cancer Care Ontario Goals and Strategic Priorities (Ontario Cancer Plan III)	5
Structure	6
Steering Committee	7
Program Activities and Achievements	8
Toronto Regional Cancer Program Priorities	8
Prevention and Screening	9
Diagnosis	11
Cancer Screening	11
Pathology and Laboratory Medicine	12
Treatment	13
Surgery	13
Systemic Therapy	16
Radiation Therapy	20
Palliative Care	22
Psychosocial Oncology	23
Ontario Cancer Symptom Management Collaborative	25
Patient Education	28
Highlights	30
Hospitals	30
Mount Sinai Hospital	30
Odette Cancer Centre	30
Princess Margaret Cancer Centre	31
St. Joseph's Health Centre	31
St. Michael's Hospital	32
Toronto East General Hospital	32
Women's College Hospital	33
Partner Organizations	34
Canadian Cancer Society	34
Community Care Access Centre	34
2013 Cancer Care Ontario Award Recipients	35



Toronto Regional Cancer Program

Message from the Regional Vice Presidents

Dear Friends, Colleagues, and Constituents:

Welcome to this annual report, which showcases our work and initiatives in 2013 for the the Toronto Central Regional Cancer Program (TC RCP). We hope that you find the information helpful and that it brings to light our ongoing goals to deliver the best cancer care in the world.

As you will witness in this report, the TC RCP brings together many institutions, including Canada's two largest integrated cancer centres at the Princess Margaret Cancer Centre and the Edmond Odette Cancer Centre. In addition, it shows how these two regional cancer centres interface in close partnership with Mount Sinai Hospital, St. Joseph's Hospital, St. Michael's Hospital, Toronto East General Hospital, and Women's College Hospital.

All together, these large institutions and programs make up the TC RCP. Our joint mission is to help lead in the delivery and performance improvement of cancer care, all in alignment with Cancer Care Ontario's (CCO) Ontario Cancer Plan III and in evolution to be ready for the upcoming Ontario Cancer Plan IV.

This report shows the TC RCP's comprehensive programs and performance tracking that we use to continually push our teams to deliver exceptional care. We continue to deliver in excess of 40% of the cancer services in Ontario, and have a responsibility for leadership in Ontario and beyond for all facets of cancer care.

We also hope this report highlights the exceptional leaders we have the fortune of including in our team, whose vision and tireless work are the foundations of success of the TC RCP in 2013, and beyond.



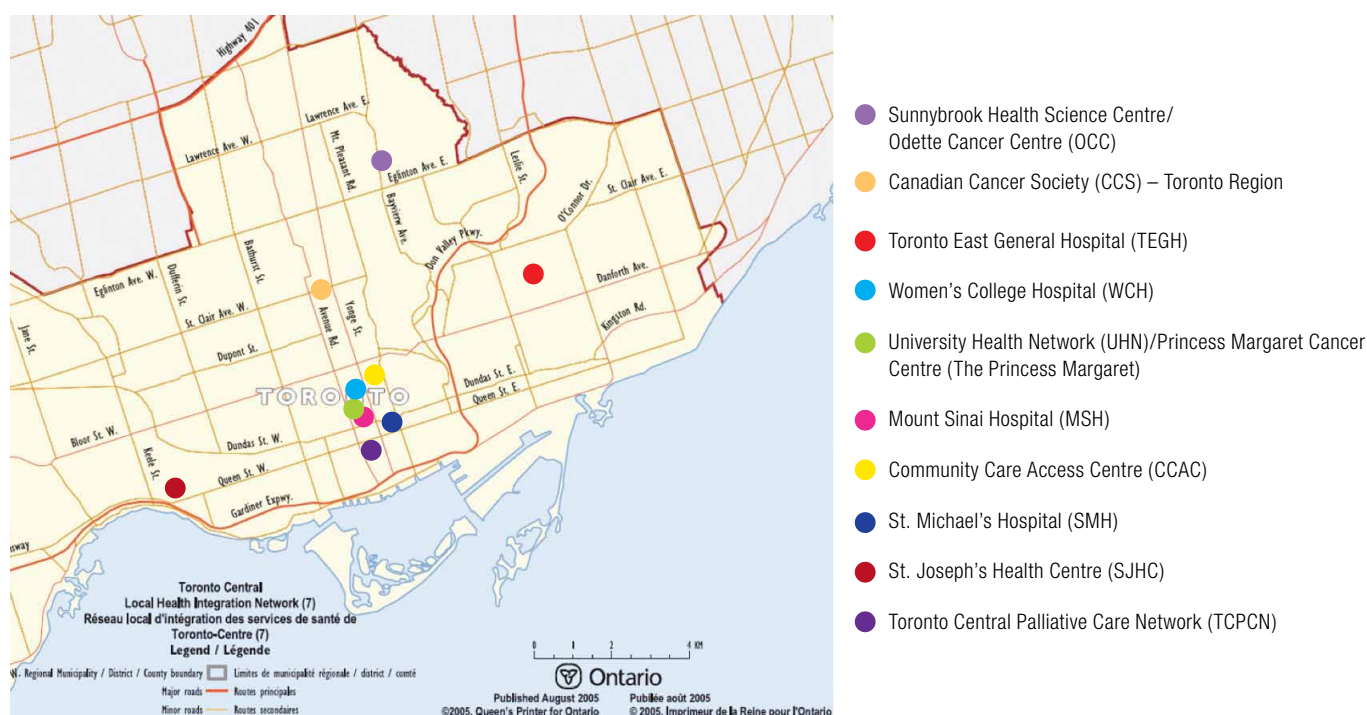
Mary Gospodarowicz, MD, FRCPC, FRCR (Hon)
Medical Director, Princess Margaret Cancer Program
Regional Vice President, CCO for Toronto Central South



Calvin Law, MD, MPH, FRCSC
Chief, Odette Cancer Centre
Regional Vice President, CCO for Toronto Central North

Overview

The Toronto Central Regional Cancer Program (TC RCP) is located within the Toronto Central Local Health Integration Network (TC LHIN) and is comprised of: two large cancer centres, the Princess Margaret Cancer Centre at the University Health Network and the Odette Cancer Centre at Sunnybrook Health Sciences Centre; five partner hospitals, St. Michael's Hospital, Mount Sinai Hospital, St. Joseph's Health Centre, Women's College Hospital, Toronto East General Hospital; and many organizations that provide and/or support cancer care in the community. Because of the two cancer centres, the TC RCP is divided into TRCP South and TRCP North, and led by Regional Vice Presidents, Dr. Mary Gospodarowicz and Dr. Calvin Law respectively.



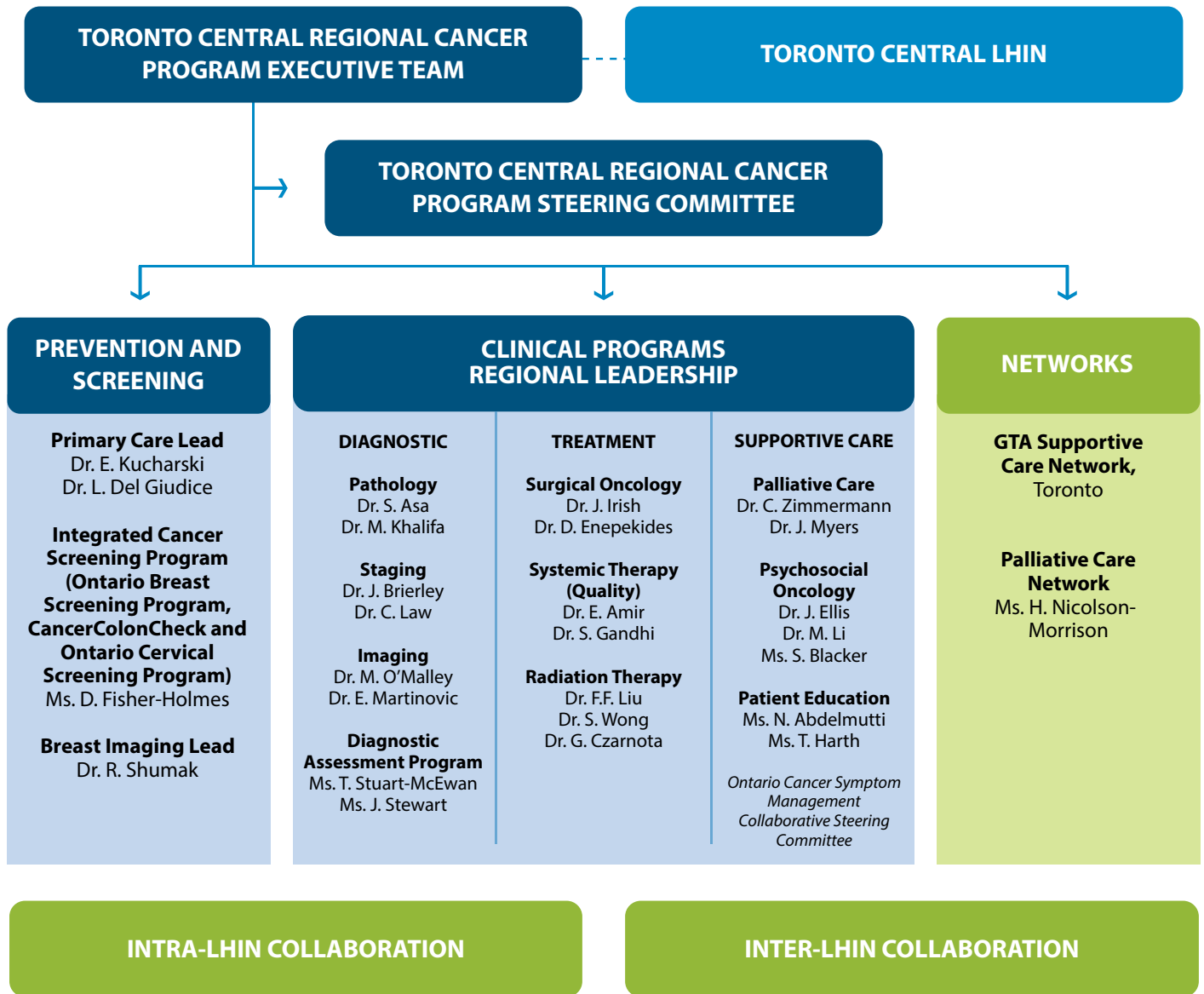
The TC RCP is unique in the province with a high concentration of specialized cancer services, a focus on academia with several teaching hospitals and the University of Toronto programs, and a highly diverse patient population. It actively interacts with neighbouring cancer programs, linking patient traffic patterns, specialized services, and regional/provincial programs.

The TC RCP is responsible for implementing provincial standards and programs for cancer care and ensuring service providers meet the requirements and targets set out in their partnership agreements with Cancer Care Ontario (CCO). In order to fulfill this responsibility, we have a variety of regional committees to respond to local cancer issues, coordinate care across local and regional healthcare providers, and to continually improve access to care, wait times and quality.

Cancer Care Ontario Goals and Strategic Priorities (Ontario Cancer Plan III)



Structure



Steering Committee

The TC RCP Steering Committee is co-chaired by the Regional Vice Presidents, Dr. Mary Gospodarowicz and Dr. Calvin Law assumed leadership of TC RCP North in 2013, taking over from Dr. Andy Smith as RVP. The Steering Committee assists and guides the development and implementation of strategies to improve the delivery and quality of cancer services in the region. The Steering Committee includes members from across the spectrum of cancer care to secure a full representation of the cancer system in the TC LHIN.

Membership

Mary Gospodarowicz, Co-Chair	Princess Margaret Cancer Centre
Calvin Law, Co-Chair	Odette Cancer Centre
Andy Smith, Co-Chair	Odette Cancer Centre
Laura McDonald	Integrated Cancer Screening
Helen Taylor Camacho	Canadian Cancer Society, Toronto Region
Susan Flynn	Canadian Cancer Society, Toronto Region
Debbie Thompson	Toronto Central Community Care Access Centre
Mary Agnes Beduz	Mount Sinai Hospital
Debbie Fisher-Holmes	Integrated Cancer Screening
Janice Stewart	Odette Cancer Centre
Terri Stuart-McEwan	Princess Margaret Cancer Centre
Marnie Escaf	Princess Margaret Cancer Centre
Martha Wyatt	Princess Margaret Cancer Centre
Shelley Dehay-Turner	St. Joseph's Health Centre
Chris Compeau	St. Joseph's Health Centre
Susan Blacker	St. Michael's Hospital
Ori Rotstein	St. Michael's Hospital
Penny Walcott	Toronto East General Hospital
Richard Shao	Toronto East General Hospital
Heather Nicolson-Morrison	Toronto Central Palliative Care Network
John Semple	Women's College Hospital
Victoria Noguera	Women's College Hospital

Regional Leaders

Rene Shumak	Breast Imaging Lead
Elaine Martinovic	Imaging Lead, North
Martin O'Malley	Imaging Lead, South
Jeff Myers	Palliative Care Lead, North
Camilla Zimmermann	Palliative Care Lead, South
Mahmoud Khalifa	Pathology Lead, North
Sylvia Asa	Pathology Lead, South
Tamara Harth	Patient Education Lead, North
Nazek Abdelmutti	Patient Education Lead, South
Janet Ellis	Psychosocial Oncology Lead, North
Susan Blacker	Psychosocial Oncology Lead, South
Madeline Li	Psychosocial Oncology Lead, South
Gregory Czarnota	Radiation Lead, North
Shun Wong	Radiation Lead, North
Fei- Fei Liu	Radiation Lead, South
Lisa Del Giudice	Regional Primary Care Lead, North
Ed Kucharski	Regional Primary Care Lead, South
James Brierley	Staging Lead, South
Danny Enepekides	Surgical Oncology Lead, North
Calvin Law	Surgical Oncology Lead, North
Jonathan Irish	Surgical Oncology Lead, South
Sonal Gandhi	Systemic Quality Lead, North
Eitan Amir	Systemic Quality Lead, South

Key Topics / Activities

- Quarterly Regional Performance Review
- Annual Report Development
- Palliative Care & Primary Care Integration
- Cancer Awareness: Ready for Education and Screening (CARES) Project to increase screening for the under and never screened populations
- Toronto Central Regional Website

Program Activities and Achievements

Toronto Regional Cancer Program Priorities

Priority #1

Continue to Increase Edmonton Symptom Assessment System (ESAS) Screening

- Increase ESAS screening rates in participating organizations to 70% of cancer patients and to initiate ESAS screening in more community hospitals (2 in south, 1 in north)
- Implement clinical pathways to address ESAS scores, work with the clinical teams to ensure they have the knowledge of and access to key supports/tools for moderate and high levels of distress. Work collaboratively across the region to develop new tools/resources.

Priority #2

Continue to build momentum to increase screening rates in the TC LHIN

- Hire new clinical leads for Colorectal and Cervical Screening
- Harness new Integrated Cancer Screening Administrative structure and clinical leads to improve screening rates and quality in the TC LHIN
- Continue to work with our Primary Care Leads to educate providers on screening

Priority #3

Continue to maximize our performance in the LHIN with respect to Multidisciplinary Cancer Conferences (MCCs)

- Increase joint MCCs where appropriate to improve access for all patients and support consistent care across the LHIN.
- Document and further develop communities of practice and informal patient case discussions to support multidisciplinary care through MCCs throughout the region
- Improve non-Regional Cancer Centre performance to 80% at all sites
- Implement Mind Merge at University Health Network/Mount Sinai Hospital to support improved efficiency, effectiveness, data collection and reporting on MCCs

Prevention and Screening

TC RCP Primary Care Leaders



Dr. Lisa Del Giudice



Dr. Ed Kucharski



Dr. Rene Shumak



Ms. Carol Moran

The Integrated Cancer Screening (ICS) program consists of:

- Ontario Breast Screening Program (OBSP)
- Ontario Cervical Screening Program (OCSP)
- ColonCancerCheck (CCC) Program

The Regional ICS program monitors screening site performance and quality, supports quality improvement among screening sites and primary care providers, and develops and implements public and provider educational initiatives to improve participation, especially the under and never screened, in breast, colorectal and cervical cancer screening.



ICS Team: (Left to Right)

Dorina Johnston, ICS Administrative Secretary, Laura McDonald, ICS Health Promotion Coordinator, Deborah Fisher-Holmes, ICS Manager, Alison McAndrew, ICS Screening Performance Analyst and Linda Hamilton ICS Quality and Assessment Coordinator.

Highlights

Public Education Initiatives

- Organized and implemented a collaborative pilot Pap clinic in St. James Town during Cervical Cancer Awareness Week in October
- Launched a cancer screening awareness campaign at Toronto hospitals
- Engaged community stakeholders and healthcare providers in low screening areas to plan, develop and implement targeted cancer prevention and screening initiatives
- Translated public screening resources into Urdu, Tamil, Gujarati, Somali, Bengali, Tagalog
- Supported the Screening Saves Lives program by facilitating cultural sensitivity training for OBSP site staff and developing materials for the LGBT community
- Participated in the Canadian Breast Cancer Foundation Pink Bus Tour including facilitation of mammogram bookings
- Implemented cancer screening public service announcements on multicultural radio stations, TTC subway and bus shelter advertisement campaign

Provider Quality Improvement Initiatives

- Mailed screening information packages to 1409 primary care physicians
- Developed a comprehensive and accredited presentation, "The Cancer Journey: What Primary Care Needs to Know" is being used in TC LHIN and across Ontario
- Conducted environmental scan of regional cancer resources for providers, used to develop the TRCP.ca website (launch January 2014)
- Piloted a project, organized with Sherbourne Health Centre and the CARES (Cancer Awareness: Ready for Education and Screening), to provide mobile cervical cancer screening for sex trade workers project won the "Bright Lights Award"

Performance and Quality

- Developed and implemented an OBSP Site Performance Reporting strategy to monitor and review screening and assessment performance indicators at a local level
- Developed a regional profile summary of low cancer screening neighborhoods to inform and plan for provider and public initiatives
- Recruitment of OBSP affiliate site in a low screening neighbourhood
- Supported transition from mammography with computed radiography to direct radiology technology

Ontario Breast Screening Program 2012-13

- 16 facilities provide average risk screening mammography
-5 hospitals provide high risk screening mammography and breast assessment:
- St. Michael's Hospital
- The Princess Margaret
- Women's College Hospital
- Sunnybrook Health Sciences Centre
- Mount Sinai Hospital
-11 sites are Independent Health Facilities

Average Risk Screening:

- 48,977 screening mammograms performed for the target screening population (women aged 50-74 years)
- 13,254 total new clients to the OBSP

High Risk Screening:

- 1,440 screening volumes with an MRI (or ultrasound) with or without mammogram performed for the target screening population (women aged 30-69 years)

Ontario Cervical Screening Program 2012-13

- 121,222 OCS Pap tests performed for the target screening population (women aged 21-69 years years)

Colon Cancer Check 2012-13

- 29,517 CCC FOBT kits processed for the target screening population (50-74 years)
- 1,754 Family History (FH)/FOBT positive colonoscopies were performed in CCC participating hospitals (FH=1,398 +FOBT = 356)

Diagnosis

Cancer Screening

TC RCP Cancer Imaging Leaders



Dr. Martin O'Malley



Dr. Elaine Martinovic

The Cancer Imaging Program (CIP) was created in 2010 and has developed strategic priorities to support the Ontario Cancer Plan (OCP).

1. Develop an Imaging Community of Practice

Regional leads are involved in building relationships and enhancing communication between stakeholders within their regions to support the OCP Goals and Strategic Priorities. Within the CIP, regional leads work collectively to identify strategic priorities, advise on achieving Program Goals and disseminate information to the Imaging Community.

2. Improve access to Imaging and Interventional Procedures

Wait time data for vascular access (Ports and PICCs) and CT-guided lung biopsies have been collected from each LHIN since April 2012. The data is being used to identify access issues and develop potential solutions.

3. Implement Synoptic Reporting

Synoptic reporting for Rectal MRI of patients with newly diagnosed rectal cancer is now the accepted standard of practice in Ontario. This type of radiology reporting promotes standardization, ensures comprehensive imaging evaluation and contributes critical staging information for treatment planning. Funding is in place to study and develop the electronic transfer of data from synoptic radiology reports with a view to expanding synoptic reporting to other disease sites.

4. Support Focal Tumor Ablation

There are several established minimally invasive, imaged-guided tumor ablation procedures with additional innovative techniques in development. A Focal Tumor Ablation Advisory Committee has been formed to develop recommendations for the organization and delivery of tumor ablation services across the province.

Pathology and Laboratory Medicine

TC RCP Pathology Leaders



Dr. Sylvia Asa



Dr. Mahmoud Khalifa

Laboratory Medicine is leading the province with our subspecialty model to identify and implement new strategies for quality improvement in Ontario. Having partnered our laboratories across University Health Network, Sunnybrook Health Sciences Centre, Lakeridge Health, and other healthcare institutions, we are committed to improving quality for all patients and ensuring that every patient has equal access to leading laboratory medicine and diagnostics.

Our strategy for improving quality diagnostics over this past year has been aligning our subspecialty model across all partner sites. This includes ensuring strong representation from each site group on the patient care teams, aligning our vision and strategy for each institution and continuing our drive for novel and innovative ways to provide high volume routine and specialized diagnostics for our patients and partners.

A successful tactic to achieve our strategy has been a focus on continuing education. We have hosted two Continuing Education events in 2013/14 that provided opportunities for our medical staff and pathologists from other hospitals in the province to learn about quality indicators and biomarkers in cancer diagnosis, prognosis, and prediction.

Over the past year our diagnostic team has also searched for more opportunities to affect broader change in the healthcare system. One example is that CCO and CPSO have been asked to lead a Quality Initiative for Pathology in Ontario and pathologists from University Health Network, Sunnybrook Health Sciences Centre, as well as our partners at Lakeridge Health (DRCC) are well represented on this expert panel.

We are continuing to address CCO's targets for turnaround time of reporting cancer resection specimens. The University Health Network and Sunnybrook Health Sciences Centre showed significant improvement in colorectal cancer reporting during the last quarter and will continue to work on further improvements, especially as this initiative will expand to cover other disease sites. Additional opportunities around improving workflow at all stages of specimen handling will require additional resources and will need to be addressed in the following year.

Looking ahead, CCO has informed the hospitals that the next mandatory update of the cancer checklists from the College of American Pathologists will be released in the fall of 2014 and will become mandatory by April 2015. We are already well on our way to adopting this update and continuing to identify our own metrics and benchmarks in order to find new ways around improving quality and patient care with laboratory medicine.

Treatment

Surgery

TC RCP Surgery Leaders



Dr. Johnathan Irish



Dr. Danny Enekepidis



Dr. Calvin Law

Membership

Jonathan Irish, Co-Chair	Princess Margaret Cancer Centre/UHN
Danny Enekepidis, Co-Chair	Odette Cancer Centre/SHSC
Calvin Law, Co-Chair	Odette Cancer Centre/SHSC
Robin McLeod	Cancer Care Ontario
Mary Agnes Beduz	Mount Sinai Hospital
Jay Wunder	Mount Sinai Hospital
Janice Stewart	Odette Cancer Centre/SHSC
Martha Wyatt	Princess Margaret Cancer Centre/UHN
Chris Compeau	St. Joseph's Health Centre
Shelley Dehay-Turner	St. Joseph's Health Centre
Susan Blacker	St. Michael's Hospital
Ori Rotstein	St. Michael's Hospital
Penny Walcott	Toronto East General Hospital
Rob Zeldin	Toronto East General Hospital
Marnie Escaf	Princess Margaret Cancer Centre/UHN
Mary Ann Neary	Princess Margaret Cancer Centre/UHN
Victoria Noguera	Women's College Hospital
John Semple	Women's College Hospital

Key Topics / Activities

Quality

- Implementation of the Gynecology-Oncology Organizational Guideline
- Implementation of the Head and Neck Oncology Organizational Guideline
- Diagnostic Assessment Programs (DAP)
- Multidisciplinary Cancer Conferences (MCC) Performance
- Quality Improvement/Community of Practice Events (endocrine, prostate)

Volume and Wait Times

- Regular review of volumes targets and performance
- Tracking and improving regional wait times to meet provincial targets
- Finalizing Wait 1 targets for implementation in 2014

In 2013, Dr. Danny Enepekides became the new Interim Chief of Surgical Oncology for the Odette Cancer Centre and Toronto Central North, taking over for Dr. Calvin Law. Dr. Jonathan Irish continues as regional surgical oncology lead for Toronto Central South. Collaborative efforts led to new and important initiatives in surgical oncology that continue to allow TC RCP to play a critical leadership role in the province.

Endocrine

Regional Engagement Session on the Treatment of Endocrine Cancer

In November 2013, an event was held bringing together leaders in Endocrinology and Endocrine Surgery to have a discussion on treatment guidelines for the management of thyroid malignancy. The discussion focused on two major points:

- The role of prophylactic central neck dissection for patients with low and intermediate risk papillary thyroid cancers.
- The indications for radioiodine ablation and appropriate dosing of I131 for patients with low and intermediate risk papillary thyroid cancers.

Building on last year's events, the participants discussed the recognized variability in practice and supported the continued work to establish a regional consensus statement on the multidisciplinary management of well-differentiated thyroid cancer.

Gynecology

The Gynecology-Oncology Organizational Guideline

2013 also saw the implementation of the Gynecology-Oncology Organizational Guideline. Leaders from the TC RCP and across the province were instrumental in creating this guideline. The organizational guideline ensures that the multidisciplinary care of complex gynecologic malignancies takes place at Gynecology Oncology Centres and assures women in our region access to the highest quality care. On November 13th, 2013 the guideline was launched via live video-cast hosted in Toronto to promote awareness and to provide recommendations among clinicians treating gynecologic malignancies and also to provide an opportunity for regions to discuss their regional plans for implementation. We are continuing to build partnerships between designated gynecologic oncology centres and affiliated centres to ensure all patients receive appropriate multidisciplinary discussion and pathology review.

Head and Neck

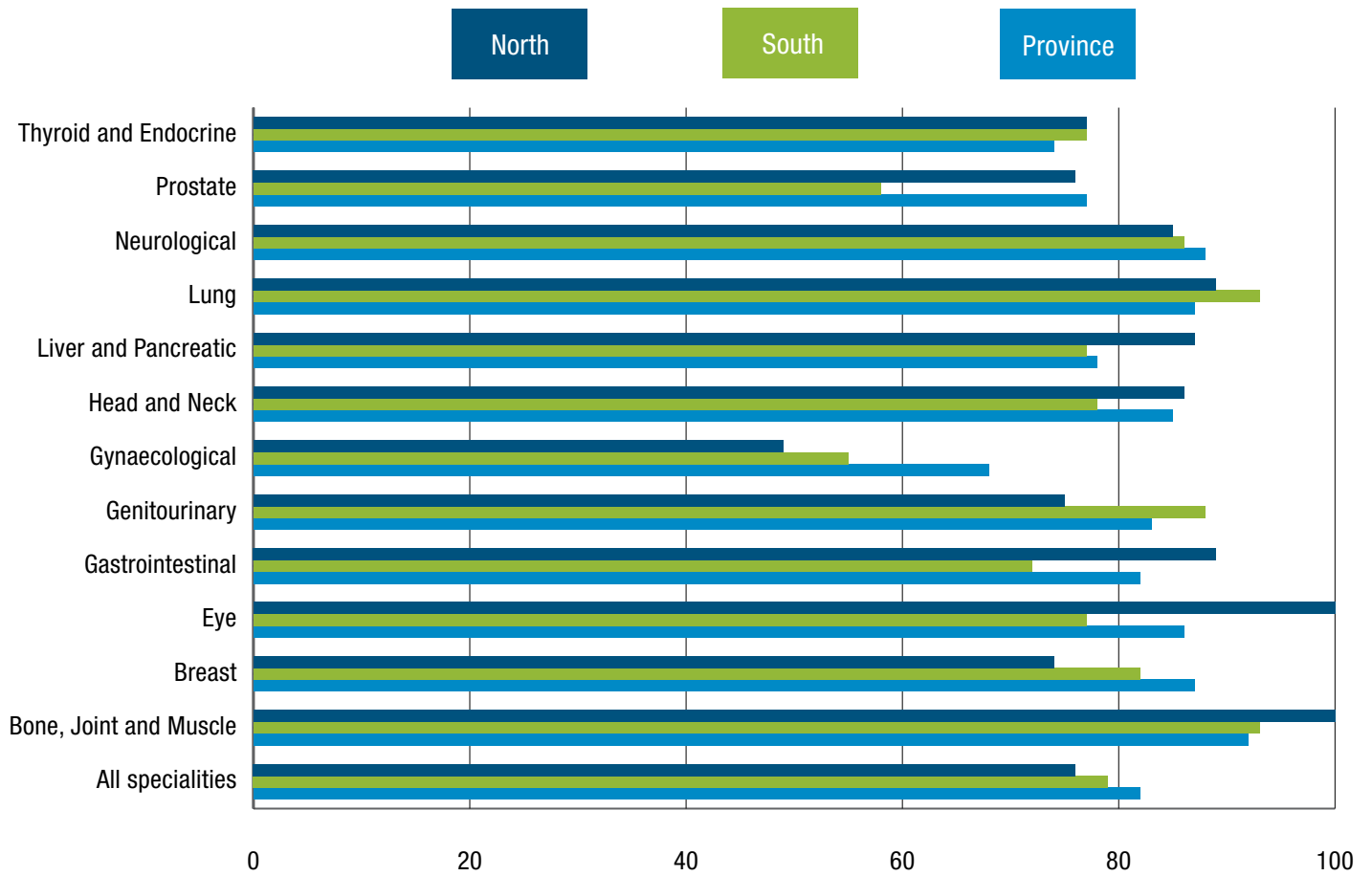
The Head and Neck Oncology Organizational Guideline

In order to ensure quality multidisciplinary care for head and neck malignancy this guideline was launched in 2013. It will ensure that patients with complex head and neck cancer will receive their treatment at a designated Head and Neck Cancer Centre or recognized affiliate Radiation Oncology Centre. The TC RCP and its leaders in Head and Neck Oncology were instrumental in the development of this guideline that will ensure access to quality care for this patient population.

Access to Care

The Toronto Central Surgical Oncology Program remains a vital resource for cancer surgery in Ontario. It is host to a tremendous complement of innovative and skilled surgical oncologists who last year performed approximately 12,339 cancer surgeries. Successful Rapid Diagnostic Units (RDUs) and Diagnostic Assessment Programs (DAPs) in Breast, Colorectal, Lung, and Prostate cancer have seen wait times improve across the LIHN. Innovative approaches to achieve continued improvements in wait times are occurring throughout the TC RCP.

Cancer Surgery: Percent Within Target (14, 28 and 84 days) Provincial Target: 88%



Surgical Volumes TC RCP 2012-13

Disease Site	UHN	MSH	SMH	SJHC	WCH	TEGH	OCC	TOTAL
Breast (w/ & w/o reconstruction)	680	396	372	123	237	121	502	2,431
CNS	487	1	423	-	-	-	284	1,195
Colon	121	181	69	72	-	50	158	651
Rectum	50	112	66	40	1	33	82	384
Stomach	24	17	13	18	-	7	16	95
Endocrine	428	368	162	142	244	141	53	1,538
GU	259	26	74	55	2	70	163	649
Prostate	311	7	47	34	4	116	78	597
Gynae	491	63	76	36	-	35	349	1,050
Head & Neck (low & high)	483	220	24	23	29	36	229	1,044
HPB	325	1	-	136	-	2	226	690
Lung	406	2	4	157	-	213	6	788
Esophagus	27	-	1	11	-	15	1	55
Sarcoma (Bone & Soft Tissue)	38	557	4	9	-	20	32	660
Ophthalmic	44	82	17	-	224	5	14	386
Non-site specific	53	6	3	-	-	15	48	125
TOTAL	4,227	2,039	1,355	856	741	879	2,241	12,338

Systemic Therapy

TC RCP Systemic Quality Leaders



Dr. Eitan Amir



Dr. Sonal Gandhi

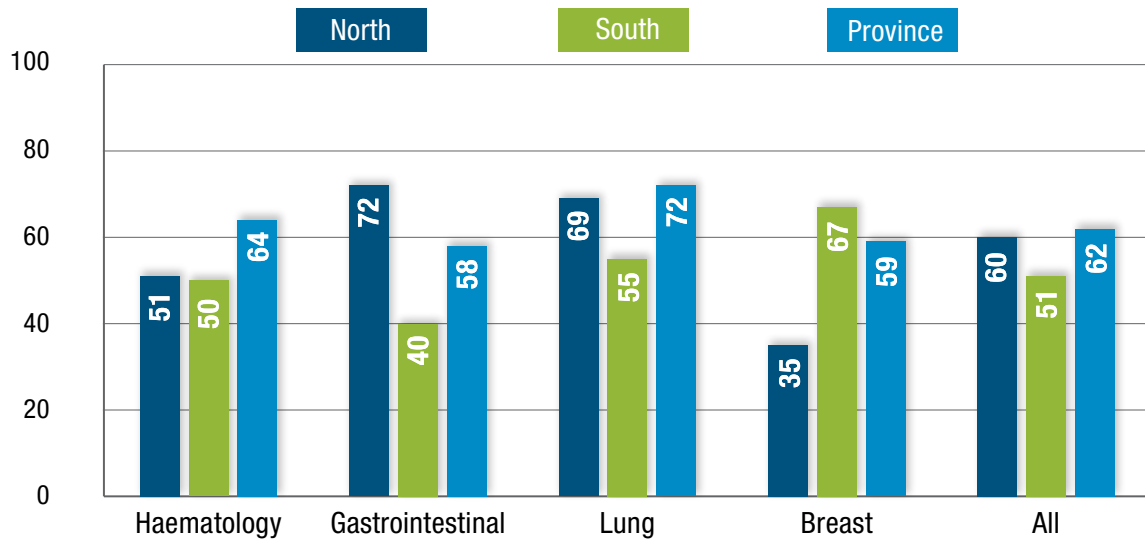
Regional Systemic Treatment Program (TC North) Membership

Jan Stewart, Co-Chair	Odette Cancer Centre
Maureen Trudeau, Co-Chair	Odette Cancer Centre
Kathy Beattie	Odette Cancer Centre
Angela Boudreau	Odette Cancer Centre
Flay Charbonneau	Odette Cancer Centre
Ben De Mendonca	Odette Cancer Centre
Carlo DeAngelis	Odette Cancer Centre
Sonal Gandhi	Odette Cancer Centre
Michael Leung	Odette Cancer Centre
Sherrol Palmer	Odette Cancer Centre
Mark Pasetka	Odette Cancer Centre
Philomena Sousa	Odette Cancer Centre
Kirsty Wield	Odette Cancer Centre
Fiona Harrington	Toronto East General Hospital
Carmine Stumpo	Toronto East General Hospital

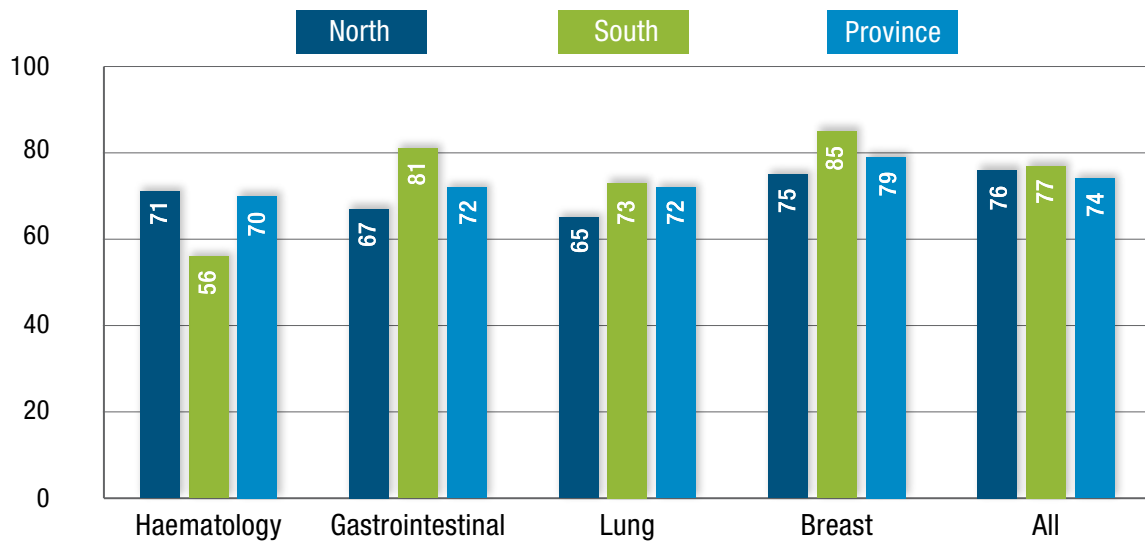
Regional Systemic Treatment Program (TC South) Membership

Eitan Amir, Chair	Princess Margaret Cancer Centre
Mary Agnes Beduz	Mount Sinai Hospital
Simon Kuzyl	Mount Sinai Hospital
Ron Burkes	Mount Sinai Hospital
Marcia McLean	Mount Sinai Hospital
Martha Wyatt	Princess Margaret Cancer Centre
Roxana Sultan	Princess Margaret Cancer Centre
Marina Kaufman	Princess Margaret Cancer Centre
Terri Stuart McEwan	Princess Margaret Cancer Centre
Rita Kwong	Princess Margaret Cancer Centre
Celina Dara	Princess Margaret Cancer Centre
Barb Fitzgerald	Princess Margaret Cancer Centre
Catherine Cotton	St. Joseph's Health Centre
Andrea Crespo	St. Joseph's Health Centre
Shelley Dehay-Turner	St. Joseph's Health Centre
Dorothy Lo	St. Joseph's Health Centre
Bee-Jay Realubit	St. Joseph's Health Centre
Ruth Law	St. Michael's Hospital
Julie Kruchowski	St. Michael's Hospital
Christine Brezden-Masley	St. Michael's Hospital
Susan Blacker	St. Michael's Hospital

Referral to Consult – Percent Within Target (14 days)



Consult to Treatment – Percent Within Target (28 days)



Systemic treatment volume cases 2012/2013

Mount Sinai Hospital	496
Odette Cancer Centre	5,006
Princess Margaret	6,915
St. Joseph's Health Centre	365
St. Michael's Hospital	625
Toronto East General Hospital	263
TOTAL	13,174

North

The Systemic Therapy Program at the Odette Cancer Centre continues to support several quality improvement projects. Highlights from the past year include:

Chemotherapy Patient Wait Times

- The Odette Pharmacy team has led extensive work on determinants of intravenous chemotherapy patient wait times:
 - Data was collected from 4804 chemotherapy treatment appointments between September to November 2013 (62 days)
 - During this time 54% of patients achieved the Odette Cancer Centre standard of being in a treatment chair within 30 minutes of the appointment time
- No single chemotherapy-specific factor was found to significantly impact wait time, rather many external factors. Data analysis is ongoing for future recommendations

- The results of this study are being used to develop practitioner- and patient-level tools, policies, and interventions to improve these realms of OACM management.
- A call-back program for OACMs in the breast disease site group has already been launched, as this was rated highly by both patients and practitioners as a tool to improve adherence.

Oral Anti-Cancer Medication Project

- The Oral Anti-Cancer Medications (OACMs) Safety project continues. A patient survey on adherence, toxicity reporting, and counseling preferences was completed and compared to the results of a preceding health care practitioner survey.

Chemotherapy Consent

- A formal process to improve the rate of documented consent for intravenous chemotherapy has been implemented, in compliance with Accreditation Canada standards. Preliminary results show improved consent rates from 68 to 81%.

	Health Care Professionals (HCP)	Patients
Adherence	- Comprehension, language barriers, lack of family support, physical capabilities considered impactful on patient adherence	- 89% patients report no issue taking their medication
	- Side effects considered most important concern to patients and interactions with other medications	- Side effects are most important concern; only 21% report interactions with other meds important
	- Only 40% of HCP believe > 75% of their patients are taking RX as prescribed (32% between 50-75%)	- 90% of patients report taking RX as prescribed - 80% of patients report never missing a dose of therapy
Toxicity Reporting	- 97% believe patients report toxicity some or most of the time - 0% believe patients never report	- 61.3% of patients report their side effects sometimes, often, or very often - 30.3% of patients never or rarely report their side effects (9% never report!)
	- 71% believe patients tell RN first (and minority to MD or pharmacist)	- 42% of patients tell RN first, 46% tell MD (only 3% to pharmacist)
	- HCPs believe patients under-recognize side effects, are not aware they should report, or fear treatment disruption - 53% believe patients don't report due to tolerance of side effects	- Only 27% of patients under-recognize side effects and very few report fear of disruption or not being aware to report - 62% don't report as are tolerating side effects
	- 60% of HCP believe N/V/D are most common side effects - Fatigue is important	- 20% of patients rate N/V/D as top 5 side effects - Fatigue is important
	- 52% of MDs believe 25-49% of their patients have required dose reduction	- Only 8% of patients report dose reduction

South

The Regional Systemic Treatment Program (RSTP) South has rolled out the oral chemotherapy initiative to all institutions. At Mount Sinai Hospital, the initiative has been fully implemented and an early audit suggested full compliance. At Princess Margaret Cancer Centre, St. Michael's Hospital, and St. Joseph's Health Centre, transitioning to Computerized Physician Order Entry (CPOE) or pre-printed orders for oral chemotherapy is in progress with anticipated completion in late 2014. RSTP South

has also improved the proportion of chemotherapy nurses with certification by the Canadian Association of Nurses in Oncology (CANO), in line with CCO targets. The Princess Margaret Cancer Centre has completed a centralized hypersensitivity documentation project and the electronic patient chart has now been updated to better inform clinicians of prior hypersensitivity reactions. Auditing of the new tool will be conducted in mid-2014.

Radiation Therapy

TC RCP Radiation Therapy Leaders



Dr. Gregory Czarnota



Dr. Fei-Fei Liu

North

The Department of Radiation Oncology at the Odette Cancer Centre is undertaking new activities over 2013-2014. The focus for 2013 was clinical reorganization and optimization of patient flow resulting in increased clinical capacity and decreased wait times to consults. New leadership in Radiation Oncology for clinically led disease sites was also put in place with many new site leaders. A review of protocols and QA processes is in place with a goal of all radical cases QA'd by the end of 2014. Disease sites continued their off-site partnership activities in regards to MCCs and peripheral clinics resulting in increased clinical consults (approximately 6700 C1Rs) and further decreases in wait times.

South

In 2013, the Radiation Medicine Program (RMP) continued efforts to improve the utilization rate of radiation therapy in the TC LHIN. Improvement strategies include outreach to referring physicians and general practitioners with personalized letters and targeted distribution of the RMP newsletter 'ConneXions', improved referral processes to provide rapid turnaround of appointments, and strengthened relationships with community partners.

In addition to providing telemedicine consultations, RMP continues to provide inpatient consultations at St. Michael's Hospital, participates in Multidisciplinary Case Conferences (MCCs) at St. Joseph's Healthcare Centre and St. Michael's Hospital, and attends clinics at local hospitals including St. Michael's Hospital and St. Joseph's Hospital.

The RMP continues to integrate five clinical specialist radiation therapist positions into the core operations of the program to improve access to care and in support of innovative models of care delivery such as same day radiotherapy for early stage breast cancer.

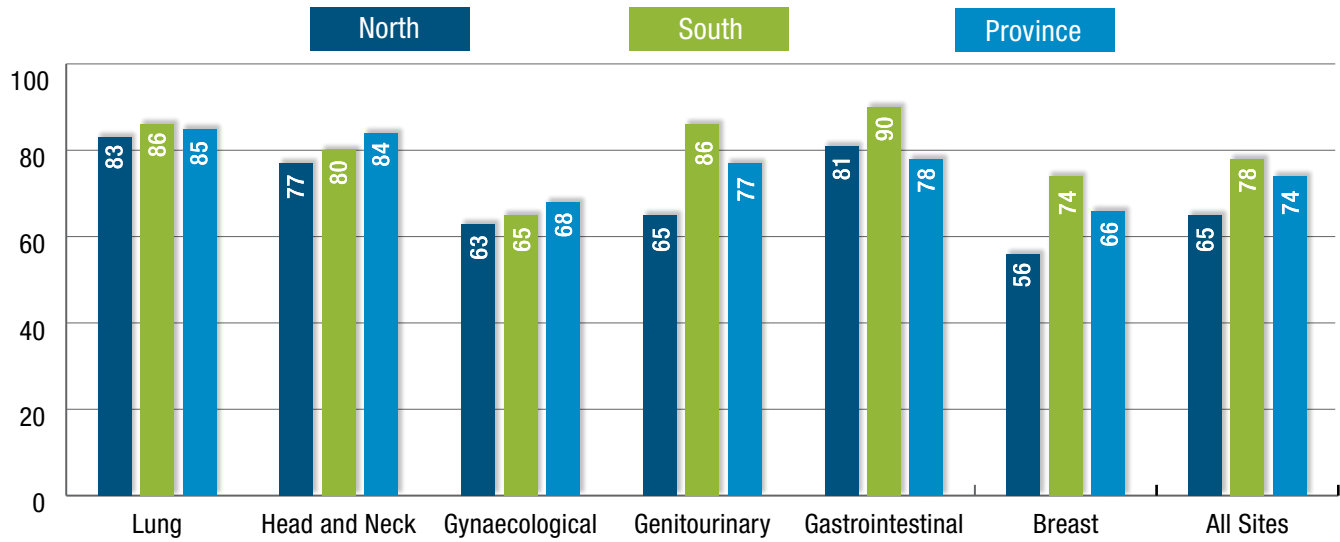
Radiation therapy treatment volumes 2012-13

Odette Cancer Centre	6,585
Princess Margaret Cancer Centre	10,023
Total	16,608

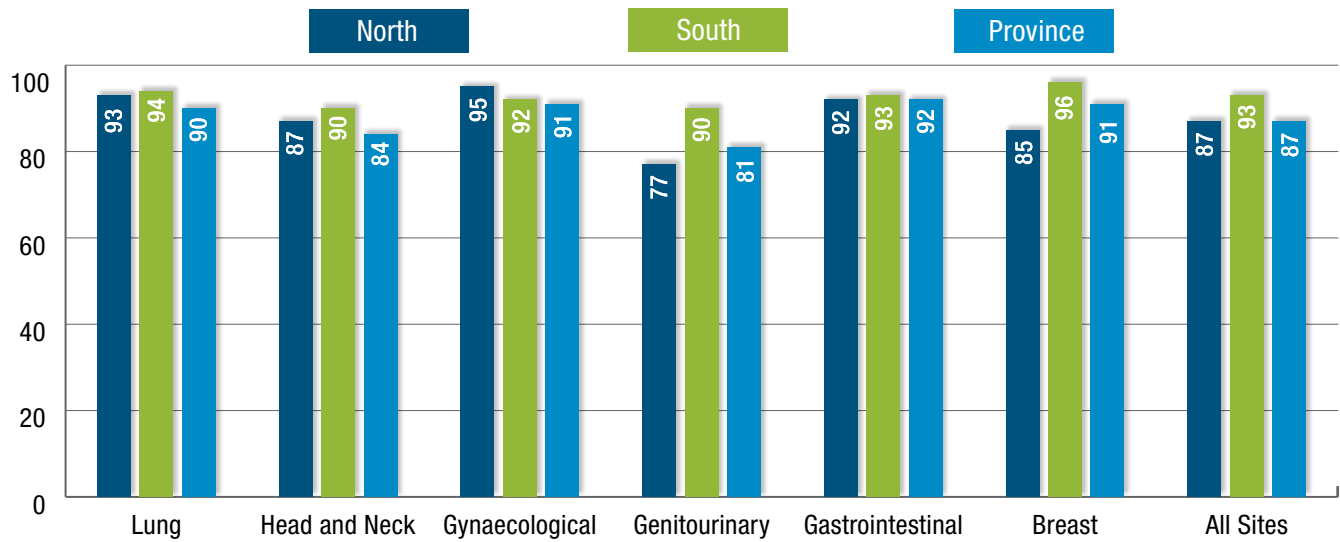
Education and knowledge translation in the TC LHIN remain a top priority for RMP. Last year, RMP's Accelerated Education Program (AEP) delivered six workshops on a series of best clinical practices for radiation therapy delivery with participation from over 140 local, national, and international radiation professionals. Topics included IMRT, IGRT, SBRT for lung, liver, and paraspinal disease sites, and quality & safety in radiotherapy. RMP's AEP was recently recognized by a University of Toronto Faculty of Medicine "Colin Woolf Award" for course coordination.

RMP radiation oncology peer review quality assurance was strengthened with the addition of a Peer Review Coordinator radiation therapist position and participation in a provincial cross-sectional study evaluating peer review outcomes. Peer review practices are expanding and now include the review of palliative cases.

Referral to Consult – Percent Within Target (14 days)



Consult to Treatment – Percent Within Target (1, 7, 14 days)

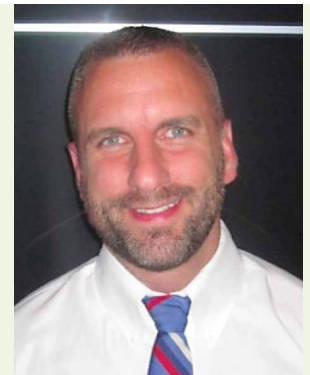


Palliative Care

TC RCP Palliative Care Leaders



Dr. Camilla Zimmermann



Dr. Jeff Myers

The Palliative Care Program for the TC LHIN focused on several new initiatives for 2013. Although local symptom and performance status screening has continued, the focus has shifted to increase the adoption of the Psychosocial Oncology & Palliative Care (PSO/PC) Pathway. Both Palliative Care Leads have been involved in the development and integration of the PSO/PC Pathway into broader disease management pathways and communicating these pathways within the region.

Also in 2013, funding began for CCO's INTEGRATE project, which aims to enable identification and management of patients who may benefit from a palliative care approach early and across care settings. Toronto Central was selected as one of three regions in the province to develop and implement palliative care educational strategies among primary care providers and oncology teams as well as implement integrated models of palliative care delivery in both cancer centre and primary care settings.

2013 was an unprecedented year for palliative care as awareness of the potential impact of effective palliative care provision has grown exponentially. The Royal College of Physicians and Surgeons of Canada formally recognized palliative medicine as a sub-specialty and the associated designation will soon be made available to all eligible physicians. For the region, both TC Palliative Care Leads are ongoing members of the TC LHIN Palliative Care Strategy Steering Committee and leading the process of improving both access to and delivery of palliative care across the region. A number of CCO work plan elements are broadened in scale as a result. An example, and one of tremendous importance to ambulatory cancer patients, is the HealthLinks Advance Care Planning initiative. Having been directly involved in the development process, the Palliative Care Leads ensured focus on the care planning needs of cancer patients.

Psychosocial Oncology

TC RCP Psychosocial Oncology Leaders



Dr. Madeline Li



Susan Blacker



Dr. Janet Ellis

Membership

Madeline Li (Co-Chair)	Princess Margaret Cancer Centre
Janet Ellis (Co-Chair)	Odette Cancer Centre
Susan Blacker (Co-Chair)	St. Michael's Hospital
Sheila Weinstock	Princess Margaret Cancer Centre
Barbara Fitzgerald	Princess Margaret Cancer Centre
Valerie Heller	Princess Margaret Cancer Centre
Kien Dang	St. Michael's Hospital
Adriana Carvalho	St. Michael's Hospital
Lucia Birova	Mount Sinai Hospital
Christina Fabbruzzo-Cota	Mount Sinai Hospital
Jon Hunter	Mount Sinai Hospital
Simon Kuzy	Mount Sinai Hospital
Bill Mah	Mount Sinai Hospital
Manisha Gandhi	Odette Cancer Centre
Mikki Layton	Toronto East General Hospital
Cathy Murray	St. Joseph's Health Centre
Carmel Richards	St. Joseph's Health Centre
Catharine Fox	Women's College Hospital
Andrea Sadler	Women's College Hospital
Andreia Scalco	Women's College Hospital
Valerie Taylor	Women's College Hospital

Objectives:

- To improve timely access for patients and families to quality psychosocial oncology care throughout the cancer journey and beyond
- To reduce psychosocial morbidity related to unmet physical, emotional, practical and spiritual needs that may include but are not limited to distress, depression and anxiety

Goals:

- Serve as the primary advisory committee to the Regional Clinician Leads for PSO in developing a regional PSO Program for the Toronto Central LHIN
- Identify best practice for psychosocial care and identify any gaps between ideal guideline practice and service and actual service provided to cancer patients in centers in the region
- Develop a work plan for the implementation of the PSO Framework across the Toronto Central South LHIN
- Plan and support implementation of local Screening for Distress programs, including ESAS screening for all cancer patients at every hospital visit
- Participate in the work required to successfully implement and sustain the work plan

2013 Highlights:

The Regional Psychosocial Oncology committee continued to meet quarterly in 2013, and site visits were made for all the non-regional cancer centre programs.

The Committee's work has included:

- Reviewing process of symptom screening in all centers and sharing improvement concepts
- Disseminating and reviewing the new CCO Psychosocial Oncology and Palliative Care Pathway
- Increasing awareness of interprofessional education activities, increasing participation of TCLHIN providers in provincial PSO rounds
- Establishing joint PSO and Palliative Care working group meetings
- Continued focus on executing the Raising Awareness and Standard of Care domains of the Ontario PSO Framework guideline

Participation in OCSMC knowledge translation and Clinical Leads' activities:

- Represented the region on committees examining wait times indicators, adoption of anxiety and depression patient-reported outcome measures, workload measurement, and benchmarking of PSO activities for patients receiving systemic therapy
- Updated CCO evidence-based guidelines on the Management of Depression in Cancer Patients
- Secured CPAC funding for the Improving Patient Experience and Health Outcomes Collaborative (iPEHOC) to advance collection and meaningful clinical use of patient-reported outcomes across Ontario and Quebec

North

- Increased Psychosocial Oncology capacity (additional Psychotherapist, Psychiatrist, Drug Reimbursement Specialist, Spiritual Care, and Arts Therapy Program pilot)
- Increased programming to include support group for parents with advanced cancer and motivational interview-based smoking cessation
- Promoted awareness of the significance of psychosocial health care and encouraged uptake of psychosocial health services
- Conducting two studies to assess the clinical utility of ESAS screening and ESAS patient education leaflets (One Pagers)
- Developed and disseminated Referral Criteria for Psychosocial Care

South

- Developing and delivering a Psychosocial Oncology Workshop for Oncologists
- Integration of PSO and Supportive Care Nursing collaborations at Princess Margaret Cancer Centre
- Expansion of a Collaborative Care psychiatry model into oncology clinics at Princess Margaret Cancer Centre
- Conducting 5 clinic-specific research studies involving DART database requests (breast, sarcoma, psychosocial, gynecology, H&N)

Ontario Cancer Symptom Management Collaborative

The Ontario Cancer Symptom Management Collaborative (OCSMC) promotes earlier identification, documentation, and communication of patients' symptoms through the Edmonton Symptom Assessment System (ESAS) and functional status through the Patient Reported Functional Status (PRFS) assessment tool. Symptom Management Guides-to-Practice have also been developed to help healthcare professionals assess and appropriately manage a patient's cancer-related symptoms.¹

In 2013, all centres in the TC RCP have implemented ESAS and PRFS screening.

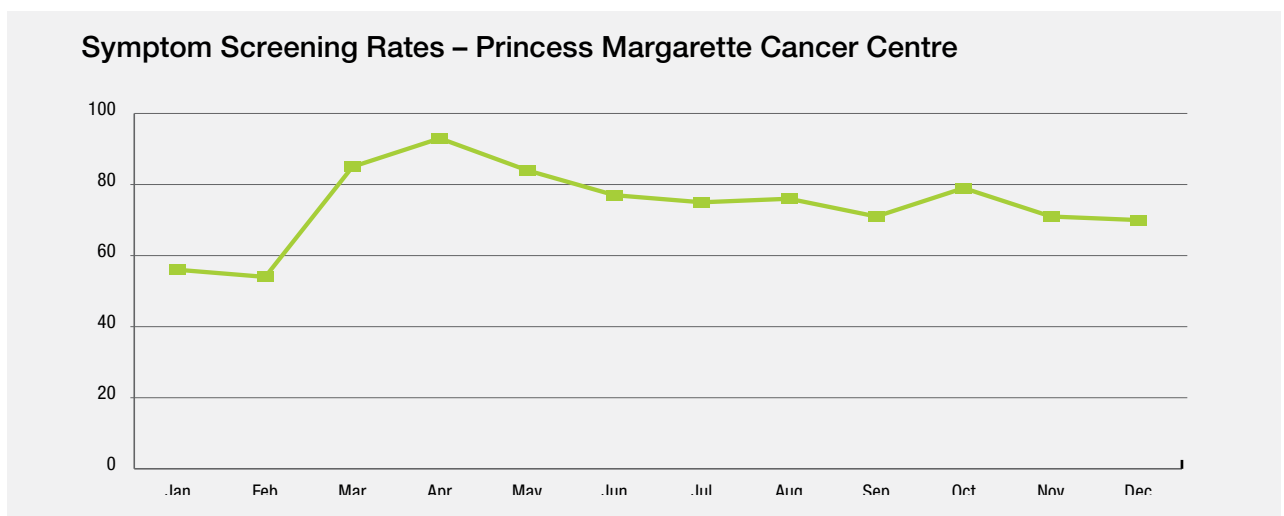
Princess Margaret Cancer Centre

ESAS and PRFS have been embedded in a customized electronic interactive screening tool: Distress Assessment and Response Tool (DART). DART is linked to a collaborative interprofessional care pathway to respond to patient needs in a personalized, timely, and consistent manner. Building on our success last year, in 2013 we have achieved a screening rate over 70% for 10 consecutive months (Figure 1).

Significant Achievements

- Integration of performance metrics in the monthly DART report card to drive quality improvement activities
- Patient satisfaction
 - 83% of patients agree that DART helps them to communicate their symptoms to the healthcare team (2013/14 patient satisfaction audit)
 - 77% of patients agree that their health care team responded to their feelings of anxiety and depression (2012/13), compared to 66% last year (2011/12), demonstrating improved emotional distress responses
 - Trends in the Ambulatory Picker Survey (2013/14), show maintained improvement in the emotional support domains with a score of 64% across all Princess Margaret Ambulatory sites
- Increased accessibility to DART through a multi-modal approach including both paper and electronic tools (kiosks and/or iPads).
- Three-fold increase in electronic screening to 30% in January 2014, up from 9% in March 2012
- Development of the quarterly Symptom Prevalence Update Report (SPUR) distributed to site leadership. Aim is to increase interest and awareness of current symptom burden of patients; provincially and per disease site

FIGURE 1



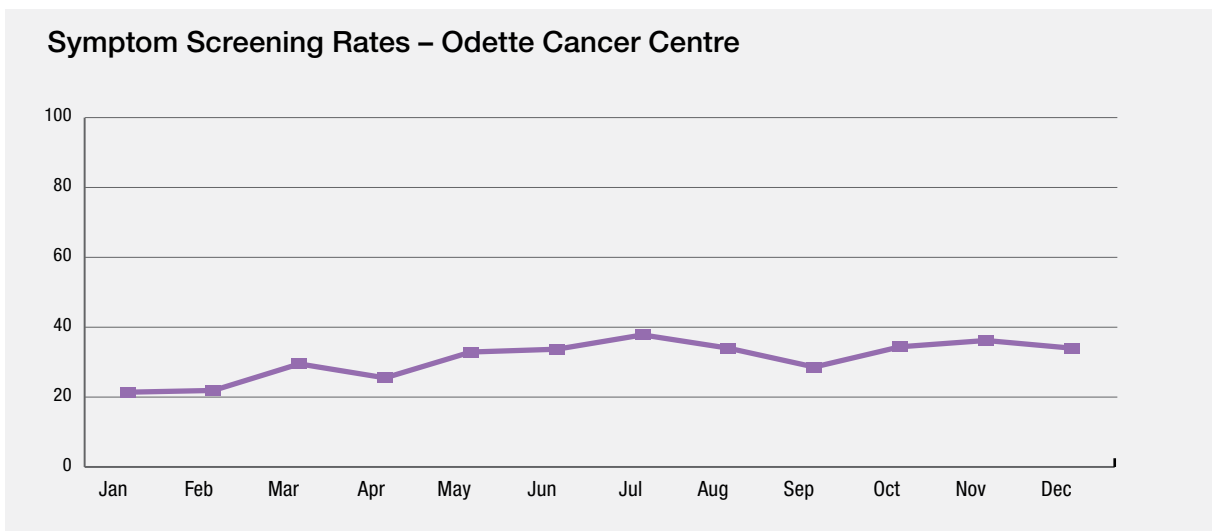
¹ <https://www.cancercare.on.ca/ocs/qpi/ocsmc/>

Odette Cancer Centre

The Odette Cancer Centre remains dedicated to improving patients' symptom experience, and although there has been a modest increase in the symptom screening rate, there has been a high amount of energy focused on planning new strategies and tactics to improve symptom screening and management by 2014.

Significant Achievements

- Introduced a nurse-led new patient visit (Phase 1: October 2013), where oncology nurses provide new patients with an introduction to the cancer centre including an explanation of the importance and process of symptom screening.
- Introduced a unique nursing triage assessment role (Phase 1: November 2013). Using the ESAS, Canadian Problem Checklist, and issues expressed by the patient, the triage nurse identifies which patients require in-depth nursing assessment and intervention by the site-based nursing clinic team.
- Developed referral criteria for psychosocial oncology, which has assisted staff in streamlining referrals to the most appropriate interprofessional team member. The chart audit shows the number of referrals to psychosocial oncology increased by 9% in 2013.
- Chart audit in 2013, 71.4% of clinicians' notes reviewed had documented evidence of the audited symptom.
- Developed monthly symptom screening updates to Odette Cancer Committee, to create engagement and shared accountability of our disease site leads.
- Increased accessibility to screening through a multi-location kiosk approach, with additional kiosks in T1 clinic waiting areas (5), in M6 breast centre (3), and rollout of screening in radiation review clinics in Nov 2014 (2); bringing total number of kiosks to 14 in 3 locations.
- Added the first staff person in May 2014 to a team of 40 symptom screening volunteers, to train, schedule, supervise, and keep motivated. Tracking internal performance metrics on volunteer coverage shows that targets of 75% and 100% were met in all 3 kiosk locations.
- Approval given and planning started to integrate symptom screening completion before the central patient registration process, to be implemented in 2014.



Mount Sinai Hospital

- Mount Sinai Hospital implemented electronic screening in July 2013 with 2 kiosks in the ambulatory oncology clinics. ESAS completion has been met with varying success with both patients and clinicians. An internal benchmark was set for the first year of implementation and MSH is pleased that this benchmark has been exceeded to date. All medical oncology health care providers are notified of the ESAS completion rates monthly. In addition, all oncology RNs received CCO's Symptom Management Guidelines and an in-service related to cancer related fatigue. Moving forward, we will continue to educate staff and encourage our patient population on the importance of ESAS.

St. Joseph's Health Centre

- St. Joseph's Health Centre has implemented paper ESAS in the chemotherapy suite and efforts are ongoing to improve screening rates and build support for the program. Work is underway to cultivate a physician champion. Continued efforts are required to move to an electronic screening model in 2014.

St. Michael Hospital

- St. Michael Hospital continues to be committed to the use of ESAS and PRFS electronically in their Medical Daycare Clinic for all treatment visits as well as with patients on the Palliative Care Unit and seen by the consult team. The team has also fully implemented their Knowledge, Translation and Exchange (KTE) plan for the symptom management guidelines released by CCO and continue to focus on continuous quality improvement in symptom management.

Toronto East General Hospital

- Symptom screening rates continue to improve at Toronto East General Hospital due to the commitment of dedicated healthcare professionals and volunteers. ESAS rates are consistently 85-90% or higher with most screening being completed at the kiosk. Screening currently includes systemic treatment patients in the ambulatory setting with a goal of expanding to all ambulatory oncology patients in the future. Over the past year there has been a heightened focus on psychosocial oncology to improve the patient experience. Initiatives include:
 - Increasing awareness and education of the importance of distress screening
 - Staff education on symptom management and referral
 - Internal collaboration to secure resources to meet the psychosocial needs of patients in a timely and effective manner
- Through continued partnership with Sunnybrook Health Sciences Centres and CCO's Regional Psychosocial Oncology lead, Toronto East General Hospital is able to maintain an additional supervised medical psychiatry resident training placement to help respond to high scores of anxiety and depression.

Patient Education

TC RCP Patient Education Leaders



Ms. Tamara Harth



Ms. Nazek Abdelmutti

Cancer patients and their families have important and distinct needs for information as they move along the care trajectory. The provision of timely, accessible, relevant patient education is vital to the delivery of high quality care and improving the patient experience. To better understand and support oncology education programming within the TC LHIN, the Patient Education Leads have engaged in a number of regional and provisional initiatives that have included:

- Designing a tool and process to pilot indicators for patient and family education
- Participating in a provincial working group to assess patient education tools with the aim of building a central repository for all clinicians to access existing, quality resources for symptom management
- Collaborating with the regional Psychosocial Oncology and Palliative Care programs to align patient and family education with initiatives addressing continuity of care and patient engagement
- Engaging with patient educators and clinicians across the region to identify and facilitate opportunities for resource sharing and collaboration

North

The mission of the Patient Family Education Program at the Odette Cancer Centre is to empower patients and families through education. Our focus is the development and implementation of learning tools to improve the knowledge, understanding, and the ability to act on and process information for the purpose of improving outcomes and the patient experience.

To meet the vast array of education needs across the cancer trajectory, the Odette Patient and Family Education Program launched a series of education days focused on a variety of topics with expert advice from multidisciplinary teams who provided teaching on:

- Eating well during treatment
- Management of side effects
- Decision making for treatments
- How to get support for anxiety, sadness and coping

Over 600 participants attended these education days; 98% of attendees noted that they learned about a new strategy or service to help them cope with their disease. To further enhance the symptom management patient education curriculum and provide patients with a more interactive and richer learning experience, a web-based cancer fatigue management tool was created. Over 15 000 people have viewed the fatigue visual lecture and have attested to its impact on new knowledge and a deeper understanding of how they can be active participants in managing their own fatigue. This tool is available to all people with cancer and provides patients and their caregivers with evidence-based strategies in an interactive environment to help them actively manage fatigue. Additionally 4 new classes were added to the education curriculum including one on coping after treatment, what to expect after completing primary treatment for breast cancer, a sexuality class, and an e-learning module for patients with brain tumours.

This year we formalized an agreement with Toronto East General Hospital to ensure that all classes at the Odette Cancer Centre are promoted and accessible to people living with cancer. This is also a means of standardizing education, improving equity and allowing for access to learning about treatment and support during the cancer experience.

South

The Princess Margaret Patient and Family Education Program works with clinical experts to develop and evaluate clinical teaching tools and programs designed to enable patients and families to be partners in their care. This year, the program developed:

- Multilingual education resources to meet the needs of a diverse population, support symptom management, and facilitate navigation throughout the cancer journey.
- Classes and e-based modules to support symptom and side effect management, transitioning from active treatment to follow-up care, and wellness and healthy lifestyle changes

As a cornerstone of the program, the Princess Margaret Patient and Family Library is an essential resource for patients, families, staff and the public. The Library is a central hub for reliable health information, and is crucial to providing a personalized patient experience across the care continuum.

Through collaborations, joint programs and events with trusted community cancer support organizations, the ELLICSR Health Wellness and Cancer Survivorship Centre continues to facilitate connecting patients and families to support and services in the community.

Highlights

Hospitals

Mount Sinai Hospital

2013 proved to be another milestone year for the cancer program at Mount Sinai Hospital. In November, the hospital received a \$10 million donation from Isadore and Rosalie Sharp to further strengthen its position as one of the largest (non-regional) specialized cancer programs in Ontario. The newly named Christopher Sharp Cancer Centre will help transform the experience for the more than 2000 patients a year who come to Mount Sinai for cancer surgery and 4000 patients who receive medical oncology treatment.

Mount Sinai also launched its Diagnostic Assessment Program (DAP) this year with the goal of promoting timely diagnosis and access to surgical colorectal cancer care. A Nurse Clinical Coordinator works with the interdisciplinary team to help patients navigate care from diagnosis to treatment.

In collaboration with Princess Margaret Cancer Centre, Mount Sinai made two important submissions to Cancer Care Ontario to enhance access to specialized care for rare cancers. Becoming a Designated Gynecologic Oncology Centre and the Regional Sarcoma Centre will offer further opportunity to improve access to specialized cancer care for Canadians.

In collaboration with their colleagues at St. Michael's Hospital and Hamilton Health Sciences, Drs. Erin Kennedy and Robin McLeod were awarded \$903K by the Canadian Partnership Against Cancer for their Rectal Cancer Project. This multi-year project is designed to improve the clinical outcomes for patients by implementing a set of quality initiatives. These include pre-operative tumor staging using magnetic resonance image (MRI), Multidisciplinary Cancer Conference (MCC), Total Mesorectal Excision (TME) surgery and pathologic assessment using the Quirke method. This project is highly relevant because successful widespread implementation of these quality initiatives will lead to improved and more standardized rectal cancer care across Canada.



Odette Cancer Centre

The Odette has seen a number of key changes this past year. Dr. Andy Smith moved from his role as Regional Vice President (RVP) for the Cancer Program to Executive Vice President & Chief Medical Executive, Sunnybrook Health Sciences Centre. Under his portfolio, Dr. Smith is the Executive Vice President for the Cancer Program. Dr. Calvin Law moved from his role as head of Surgical Oncology into the role as interim RVP in July and moved into the role permanently in late December.

Dr. Danny Enepekides took over the interim role as head of Surgical Oncology in September. We also said good bye to Dr. Sherif Hanna who retired after a long career at Sunnybrook.

Dr. Shun Wong completed his 2nd term as Head of Radiation Oncology and Dr. Greg Czarnota was the successful incumbent for the role. One of Greg's first tasks was to lead the search for a new head of Physics which was successful; Dr. William Song will be relocating from California in May 2014 to assume this role.

One of highlights this past year was the opening of the Louis Temerty Breast Centre. Jim and Louise Temerty made a \$10 million gift to complete the Louise Temerty Breast Cancer Centre Campaign, allowing the Centre to open at Sunnybrook Health Sciences Centre in April 2013. The 28,000 square foot centre offers patients breast cancer care and specialty clinics including the Marion C. Soloway Breast Rapid Diagnostic Unit, Preventive/Genetics /High Risk Clinic, Locally Advanced Breast Cancer Clinic, Immediate Breast Reconstruction Program, and the Breast Cancer Program for Young Women (PYNK).

The Odette team continued its work in collaborating with our community partners. The prostate teams at Toronto East General Hospital and Sunnybrook expanded and fine-tuned its work in robotic laparoscopic surgery. The Gyne Oncology group continued its partnership with North York General and our Radiation Program continues to provide leadership to the team at the Royal Victoria Hospital in Barrie.

This past year we continued in our redesign of the ambulatory model of care with the introduction of two new features: Nurse Triage and a new tool for the new patient assessment. We are dedicated to evolving the model over the next few years in an effort to improve the patient experience.



Princess Margaret Cancer Centre

The Princess Margaret has had several exciting developments related to implementation of the strategic plan – World Class Personalized Cancer Care. The themes of our strategic plan are to: transform the delivery of patient care, augment correlative cancer biology, accelerate guided therapeutics, expand novel therapeutics, and drive outreach and education.

This year Princess Margaret launched an Ambulatory Care Strategy designed to enhance the patient experience, and has introduced an Adolescent and Young Adults Oncology Program (AYA) to address the care needs of this patient demographic.

In correlative cancer biology, cancer informatics software continued to provide significant data to support integration of research and clinical activity.

As part of growth in our molecular imaging program, we completed construction of our new Cyclotron Facility for production of radioisotopes for research and practice. The Magnetic Resonance Guided Radiation Therapy (MRgRT) suite is nearing completion. 2013 also marked the launch of a new biospecimen database – caTissueSuite – that gives researchers access to a wealth of information on patient tissue samples collected and analyzed across Princess Margaret research labs.

In novel therapeutics, there were more advances in personalized cancer medicine in our Cancer Immune Therapy and Cancer Genomics Programs. In education and outreach, The Princess Margaret Phase II Consortium continued to design, develop, and conduct early phase clinical trials. We also expanded our global reach by forming new collaborations with leading cancer centres around the world.

At the regional level, collaboration that enhances high quality care for patients continues through multidisciplinary cancer conferences, Diagnostic Assessment Programs and other demonstration projects – such as well follow models of care development for breast and colorectal cancer – in conjunction with St. Michael's Hospital, Women's College Hospital, Mount Sinai Hospital, and St. Joseph's Health Centre.

Princess Margaret physicians continue to play provincial leadership roles within Cancer Care Ontario, including Dr. Jonathan Irish, Surgical Oncology Lead; Dr. Monika Krzyzanowska, Clinical Lead, Quality Care & Access, Systemic Treatment Program; and Dr. Vishal Kukreti, Clinical Lead, Systemic Therapy, Etools and Technology.



St. Joseph's Health Centre

In 2013, St. Joseph's Health Centre welcomed the addition of an oncologist, inpatient service nurse practitioner, and a clinic drug access navigator. We have recently hired a new Ear Nose Throat surgeon who will help address the increased volumes of thyroid/endocrine cancer. We also expanded the number of medical students and residents to 20-25 annually.

This year endobronchial ultrasound was implemented and we continued to develop computerized physician order entry that interact with existing hospital programs.

We worked to further improve and develop Multidisciplinary Cancer Conferences (MCC) to align with Cancer Care Ontario's vision and strategy. We have set up teleconferencing with HRRH for our thoracic MCCs. We further developed partnership with urology to have journal club in addition to MCCs. We routinely held divisional journal club meetings.



St. Michael's Hospital

In 2013, St. Michael's Hospital welcomed several new physicians and surgeons along with some innovative new programs for patients.

- Surgeon, Dr. Jory Simpson, joined the CIBC Breast Centre team, following the retirement of Dr. Jarley Koo
- Medical oncologist, Dr. Ronita Lee, joined in October of 2013
- Surgeon, Dr. Michael Ordon, joined the Urology team and has started a unique program in percutaneous cryoablation of small kidney cancers, in collaboration with interventional radiology. This is a minimally-invasive, CT-guided procedure that can be used instead of a partial nephrectomy in selected patients and has the benefit of being performed as an outpatient procedure without the need for a general anaesthetic.
- The colorectal surgery team and patient navigation specialist launched CRC-Stat in partnership with Family Practice, expanding the St. Michael's Hospital's Diagnostic Assessment Program for colorectal care.
- Dr. Lisa Hicks, malignant hematologist/oncologist and nurse practitioner, Swanee Tobin, launched the Specialized Hematology/Oncology Patient Program (SHOPP). This is a nurse-practitioner led project aimed at reducing emergency department visits and hospital admissions among high needs hematology/oncology out-patients
- Dr. Nancy Baxter was appointed Division Head, for General Surgery.

Toronto East General Hospital

In May 2013, Toronto East General opened a Diagnostic Assessment Unit (DAU) for breast cancer. It has been successful in coordinating and expediting testing that has reduced the time to diagnosis and treatment while providing a supportive resource for the patient. Plans are well underway to open two additional DAUs at TEGH for colon and thyroid cancers in early 2014.

Also the success of the robot with sustained volumes and the new simulator's benefits. Toronto East General and Sunnybrook continue to build on their partnership in providing access to state-of-the-art technology for robot assisted laparoscopic prostatectomy. Additionally, the hospital supports the development of robotic skills through the newly acquired simulator. Surgeons may simulate their robotic techniques on their own time, logging training hours that shorten their learning curve and reduce live patients' surgical time as well as procedure costs.

In collaboration with Sunnybrook and our internal partners, we succeeded in developing Multidisciplinary Cancer Conferences in all disease sites to the benefit of our patients.

The redesign of the Toronto East General Oncology Clinic is well underway with a 'go-live' date set for early January 2014. The goal of the redesign is to reduce patient wait times, improve patient satisfaction, increase patient access and maximize clinic efficiency. The oncology clinic has also been working towards better quality and utilization of data to support quality improvement and safety monitoring. This work included the development of a specialized scorecard to identify trends early.

This year we also established a Cancer Care Committee with representation from Odette Cancer Centre and family practice. The group developed a 2013 action plan in consultation with patients and completed every major milestone set out for the year.

St. Michael's
Inspired Care.
Inspiring Science.

The Toronto East General surgery team hosted an information and networking session for 50+ family physicians practicing in East Toronto to learn about referral processes and the patient journey for suspected cancer patients. The event was met with positive review from the community physicians and plans are in place to hold another session annually.

The East Toronto Community Ambulatory & Community Surgicentre was officially opened in 2013. This new space was redesigned to improve efficiency and improve access to diagnostic and surgical procedures, such as colonoscopies.

Finally, we initiated a number of communication initiatives to make system navigation easier for family physicians and patients during the initial diagnosis stage, including launching a centralized website to collate cancer information (www.tegh.on.ca/cancer), developing patient brochures about the cancer diagnosis journey for distribution by family physicians and making referral forms and brochures accessible on the Toronto East General website.

Women's College Hospital

Women's College Hospital has a number of psychosocial support services imbedded within the larger oncology services.

The After Cancer Treatment Transition (ACTT) Clinic transitions patients (currently patients who have had breast, testes, melanoma, gastrointestinal, gynecologic and thyroid cancers) back to primary care. The staff in this program perform ESAS screening with every patient during every visit. ESAS scores are documented in the dictated note and compared with previous scores. Clinical assessment is conducted to address how quality of life is impacted as well as readiness to address issues. Our patient experience survey has revealed a high satisfaction with care as well as patients felt they are being listened to and that they were aware that psychosocial support available to them. The staff will be conducting a survey in the fall of 2104 on "fear".

Patients who are seen in our multidisciplinary, multi-service Breast Centre are provided with support through the nurse navigator in the program. Each patient is linked to a nurse navigator who offers education and supportive care to women who go through the breast care experience such as breast biopsy, breast reconstructive surgery etc. There is opportunity for these women to attend the Breast Reconstructive Group led by health professionals and plastic surgeon which offers further education and peer support.

The Phototherapy Education and Research Centre at WCH treats patients with cutaneous t-cell lymphoma. The health professional team in this program coordinate the care, the extensive education and support for these patients. There is collaboration with the Cutaneous Lymphoma Society.

Patients who undergo micrographic Mohs Skin surgery for squamous cell carcinoma and basal cell carcinoma also have access to supportive care services due to the extensive surgery in the head and face area. All programs are well informed of community based cancer services such as Wellspring, Willow.



Partner Organizations

Canadian Cancer Society

This past year the Society launched a Screening Saves Lives program in Toronto. The aim of the program (Get Screened) is to increase screening rates for colon, breast and cervical cancer in diverse lesbian, gay, bisexual and transgender (LGBT) populations. Cancer screening rates are lower in LGBT populations even though the communities experience multiple risk factors for cancer. Studies have shown that members of LGBT communities do not perceive cancer screening messages for the general population to be inclusive of LGBT screening information needs.

Get Screened recruits volunteer health ambassadors from LGBT communities and trains them to deliver cancer screening messages and guidelines. The trained health ambassadors then identify opportunities to share screening messages with friends, family and other members of their social networks. In addition to providing information, conversations focus on addressing the fears, concerns and myths that often prevent screening.

Get Screened is advised by a steering committee of stakeholder organizations including the TC RCP Prevention and Screening Program. In 2013, Get Screened worked closely with TC RCP to develop and promote training to OBSP clinic staff on how best to serve LGBT patients during the mammography screening process.

Get Screened has also created LGBT specific cancer screening materials and resources. On the program's website, www.cancer.ca/getscreened community members can find colon, breast and cervical cancer screening information that is relevant to diverse sexual and gender identities. The health care provider section of the website includes resources on LGBT cultural competency as well as screening guidelines and recommendations for LGBT communities.

The Canadian Cancer Society will continue to work with the TC RCP in 2014 to promote screening throughout the regions under and never screened communities.



Canadian Cancer Society
Société canadienne du cancer

Community Care Access Centre

The Toronto Central Community Care Access Centre (CCAC) has a team of health professionals who work directly with the outpatient oncology clinics across Toronto. This team of care coordinators has specialized knowledge of specific care and supports available for those impacted by cancer and their goal is to help transition patients back to home with as much support as possible. Together with their care coordinator, every client is assessed, goals are discussed and then plans are developed based on each individual's need and situation. Approximately 60 percent of referrals from Toronto hospitals are for clients returning to their homes outside the Toronto Central CCAC area. Regardless of where patients live, Toronto Central CCAC will work to get them home safely and help transition to care in their community.

The Toronto Central CCAC can provide short-term or rehabilitative care for those who require specialized services and support in order to return to self-care. For adults receiving active treatment for cancer diagnosis, services such as Chemotherapy, Radiation Therapy, hydration, in-home line care and neupogen or epex injections and symptom management are available.

The Toronto Central CCAC Palliative Team provides care to individuals who are living with or dying of an advanced illness to ease suffering in order to provide the highest quality of life possible throughout the illness. The CCAC support clients to die at home or to live at home as long as possible by relieving suffering, providing treatment for pain and symptom management, and through supporting families. Using an integrated team approach, the client's team is made of a palliative physician, palliative nurses, hospice and personal support worker supervisors, palliative nurse practitioner and the CCAC care coordinator. Providing care in integrated teams reduces unnecessary ER visits and hospitalizations, helping to increase hospital capacity and improving the quality of life for the client and their family.



Toronto Central
CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires
du Centre-Toronto

2013 Cancer Care Ontario Award Recipients

Honourable Mention for Innovation

The QuickStart Program: Same-day radiotherapy for early-stage breast cancer at the Princess Margaret Cancer Centre received honourable mention at the CQCO Quality and Innovation Awards. The QuickStart program brings together technological advances in software with clinical expertise to expedite scans, treatment planning and delivery of the first treatment, all within one day. It is now a standard treatment option offered to women with early-stage breast cancer.

Cancer Care Ontario Human Touch Award

Dr. Urban Emmenegger, Medical Oncologist at Odette Cancer Centre received the Human Touch Award for his enormous compassion, and his open and kind approach to caring for his patients. He always takes the time to listen and includes the whole family in discussions about a patient's care to put together the best treatment plan. Known for "caring about patients outside their diagnosis", he understands the emotional and psychological impact cancer has on his patients and works very hard to give them comfort and confidence in addition to treating their illness.²

² www.cancercare.on.ca/about/programs/otherinitiatives/humantouch/meet_the_2013_winners

St. Michael's
Inspired Care.
Inspiring Science.


WOMEN'S COLLEGE HOSPITAL
Health care for women | **REVOLUTIONIZED**

ST. JOSEPH'S
HEALTH CENTRE | TORONTO


**TORONTO EAST
GENERAL HOSPITAL**

 **UHN** Princess
Margaret
Cancer Centre

MOUNT SINAI HOSPITAL 
Joseph and Wolf Lebovic Health Complex

 **Sunnybrook**
ODETTE CANCER CENTRE
A Cancer Care Ontario Partner

 cancer care | action cancer
ontario | ontario

 Toronto Central
CCAC CASC
Community
Care Access
Centre
Centre d'accès
aux soins
communautaires
du Centre-Toronto

 **Canadian
Cancer
Society** **Société
canadienne
du cancer**