



toronto central regional
cancer program

in partnership with
cancer care ontario

2012
Annual Report



Table of Contents

TORONTO REGIONAL CANCER PROGRAM	2
Message from the Regional Vice Presidents.	3
Overview	4
Structure	6
Steering Committee	7
PROGRAM ACTIVITIES AND ACHIEVEMENTS	8
Prevention and Screening	8
Diagnosis	10
Cancer Imaging	10
Pathology and Laboratory Medicine	11
Staging	11
Treatment	12
Surgery	12
Systemic Therapy	15
Radiation Therapy	19
Palliative Care	21
Psychosocial Oncology	22
Ontario Cancer Symptom Management Collaborative	24
Patient Education	26
TC LHIN Leadership in Education.	28
Hospitals	29
Mount Sinai HOSPital	29
Odette Cancer Centre	29
HIGHLIGHTS	29
Princess Margaret Cancer Centre	30
St. Joseph's Health Centre	30
St. Michael's Hospital	31
Toronto East General Hospital	32
Women's College Hospital	32
Partner Organizations	33
Canadian Cancer Society	33
Toronto Central Palliative Care Network	33
Community Care Access Centre	34
2012 Cancer Care Ontario Award Recipients	35
Response to Ontario Cancer Plan III, Cancer Care Ontario.	36

TORONTO REGIONAL CANCER PROGRAM



Message from the Regional Vice Presidents

Dear Colleagues,

We are pleased to present to you the 2012 Annual Report for the Toronto Central Regional Cancer Program. The goal of this report is to give you a snapshot of our activities and the progress we have made in 2012, as well as recognize and pay tribute to the exceptional work being conducted in the Toronto Central Regional Cancer Program. The report demonstrates the diversity of our program, its scope, our focus on quality improvement, and its impact on the patients that we serve.

The Toronto Central Regional Cancer Program is the largest in Ontario, providing over 40 percent of all provincial cancer services and spanning the entire cancer continuum. It houses the two largest cancer centres in Canada and in addition to providing care, is the main contributor to cancer research and education.

In 2012, our main goals were to continuously improve our performance with respect to Multidisciplinary Cancer Conferences (MCC), to implement the Integrated Cancer Screening Program, and to improve our performance with symptom screening. We have made great gains in both MCCs and symptom screening. We have also moved forward with aligning the three screening programs for breast, colon and cervix cancer under one administrative umbrella. This new structure – the Integrated Cancer Screening Program, in concert with Cancer Care Ontario, will allow us to capitalize on the best of each of the current programs to help us in achieving better screening rates and therefore, save lives.

As we reflect on the outstanding accomplishments of the regional program, we would like to thank each of our leaders, members, and partners for their continued commitment to work in partnership, to learn and share with one another, and their continued drive to provide the best cancer care for our patients.



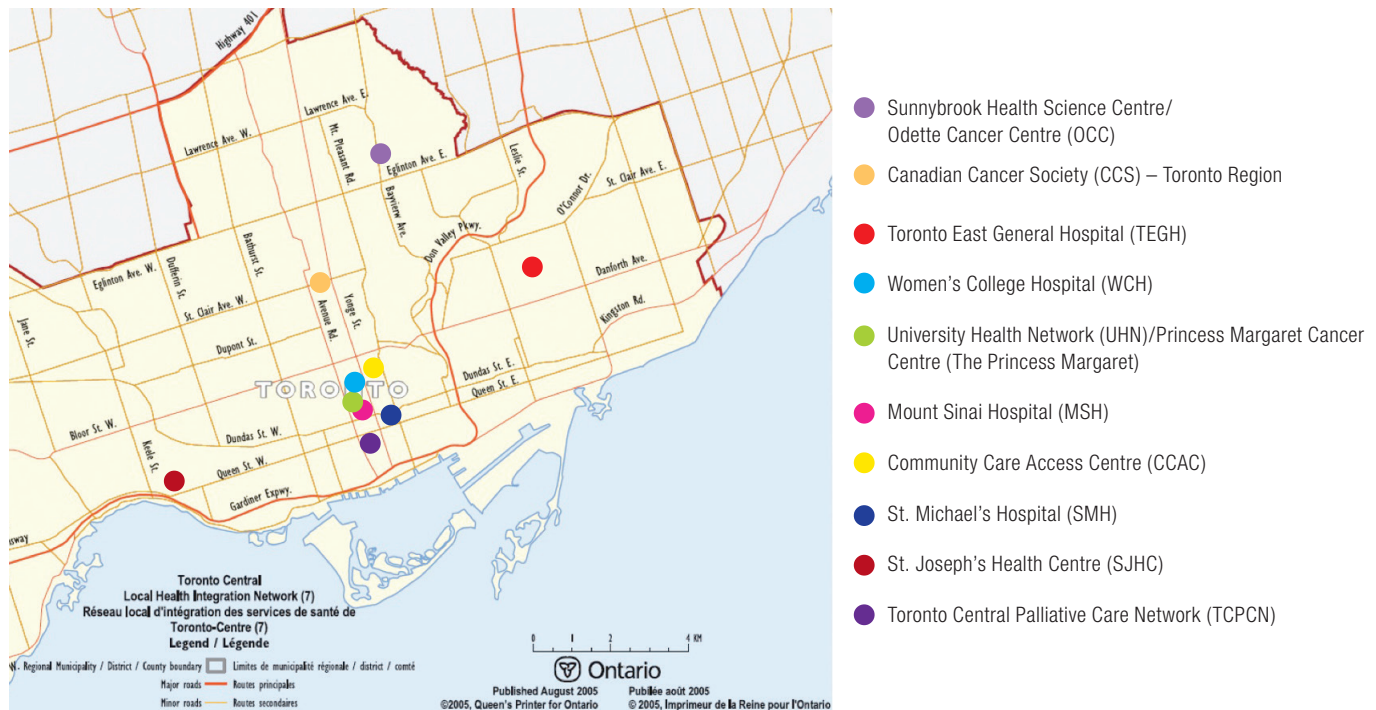
Mary Gospodarowicz, MD, FRCPC, FRCR (Hon)
Medical Director, Princess Margaret Cancer Program
Regional Vice President, CCO for Toronto Central South



Andy Smith, MD, MSc, FRCSC, FACS
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. Andy Smith 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. 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



Toronto Regional Cancer Program Priorities

MULTIDISCIPLINARY CANCER CONFERENCES

- Increase joint MCCs where appropriate to improve access for all patients and support consistent care across the LHIN
- Improve non-Regional Cancer Centre (RCC) performance to 90% at all sites
- Implement MindMerge, a MCC documentation and reporting tool at UHN supporting MCCs that include UHN/MSH/WCH to improve data collection and reporting

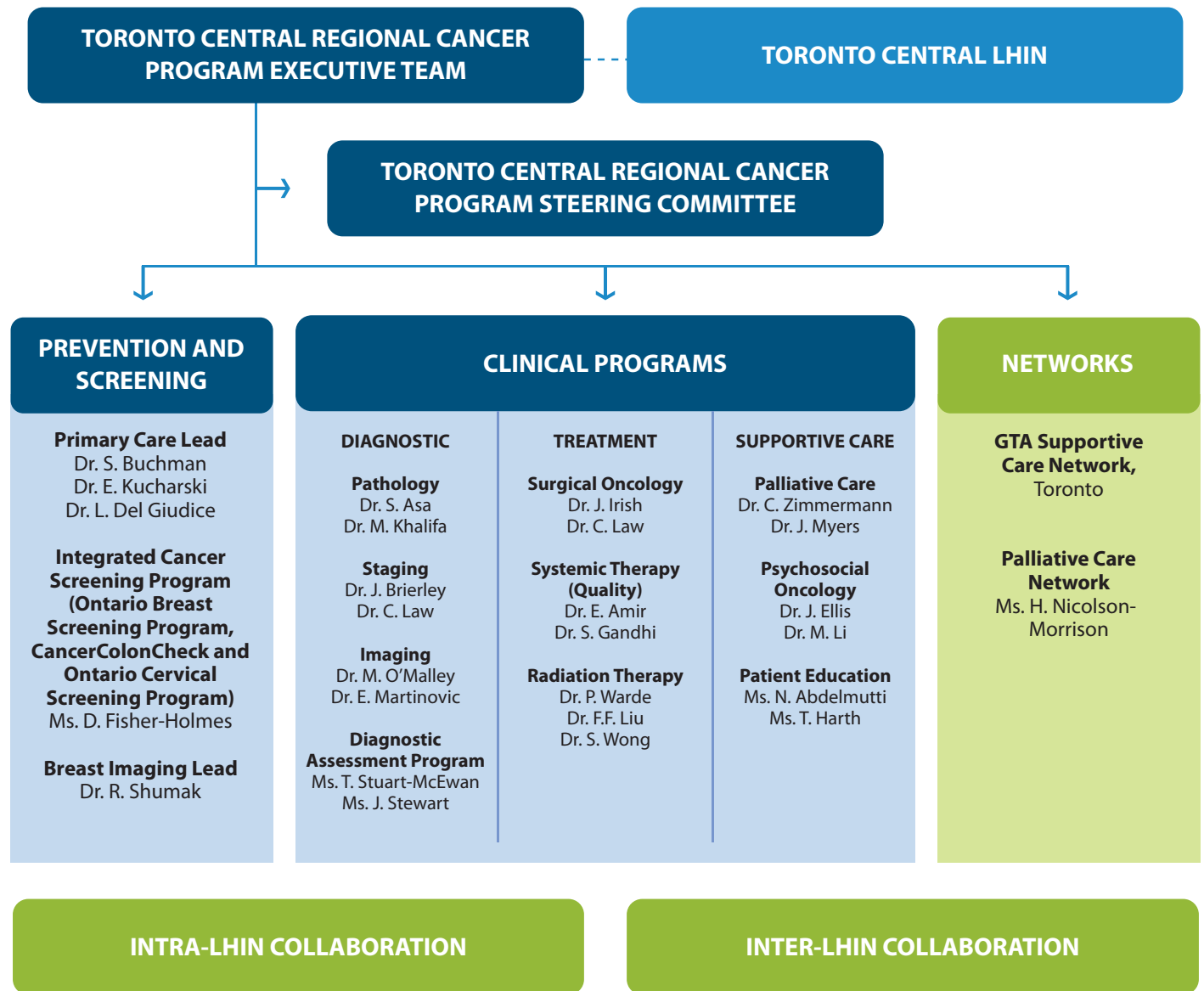
EDMONTON SYMPTOM ASSESSMENT SYSTEM SCREENING

- Increase ESAS screening rates in participating organizations to 40% of cancer patients
- Increase ESAS screening in the non-RCC hospitals

INTEGRATED CANCER SCREENING

- Implement the Greater Toronto Area Ontario Breast Screening Program transition plan to a Regional Integrated Cancer Screening Program

Structure



Steering Committee

The TC RCP Steering Committee is co-chaired by the Regional Vice Presidents (RVPs), Dr. Mary Gospodarowicz and Dr. Andy Smith. It 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

Andy Smith, co-Chair, Odette Cancer Centre

Laura McDonald, Integrated Cancer Screening

Helen Taylor Camacho,
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

Roxana Sultan, Princess Margaret 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 Campeau, St. Joseph's Health Centre

Susan Blacker, St. Michael's Hospital

Ori Rotstein, St. Michael's Hospital

Chris Sulway, Toronto Central LHIN

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

Rene Shumak, Breast Imaging Lead, Toronto Central

Jonathan Irish, Surgical Oncology Lead, South

Calvin Law, Surgical Oncology Lead, North

Martin O'Malley, Imaging Lead, South

Elaine Martinovic, Imaging Lead, North

Camilla Zimmermann, Palliative Care Lead, South

Jeff Myers, Palliative Care Lead, North

Sylvia Asa, Pathology Lead, South

Mahmoud Khalifa, Pathology Lead, North

Nazek Abdelmutti, Patient Education Lead, South

Tamara Harth, Patient Education Lead, North

Ed Kucharski, Primary Care Lead, South

Lisa Del Giudice, Primary Care Lead, North

Madeline Li, Psychosocial Oncology Lead, South

Janet Ellis, Psychosocial Oncology Lead, North

Fei-Fei Liu, Radiation Lead, South

Shun Wong, Radiation Lead, North

Eitan Amir, Systemic Quality Lead, South

Sonal Gandhi, Systemic Quality Lead, North

James Brierley, Staging Lead, South

Calvin Law, Staging Lead, North

KEY TOPICS / ACTIVITIES

- Toronto Central Response to CCO's Ontario Cancer Plan III
- Quarterly Regional performance review
- Annual Report Development
- Ontario Breast Screening Program – High Risk Breast Program Update
- Regional Leads Work Plans
- Integrated Cancer Screening Development
- Canadian Cancer Society role in patient education
- Toronto Central Regional website
- 12/13 Regional Priorities
 - ESAS screening
 - MCC performance
 - Integrated Cancer Screening
- Cancer Awareness: Ready for Education and Screening (CARES) Project to increase screening for the under and never screened populations

Prevention and Screening

The Integrated Cancer Screening (ICS) program consists of:

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

The focus in 2012 was to plan and lay the foundation for the implementation of a fully integrated cancer screening program in the TC RCP. The role of the Regional Integrated Cancer Screening (ICS) program is to monitor screening site performance and quality, to support screening sites and primary care providers in improving quality, and to develop and implement public and provider educational initiatives to improve breast, cervical, and colorectal screening rates.

Highlights

Implementation of the RCP Integrated Cancer Screening Program

- Transitioned from the OBSP Regional Hub model that encompassed OBSP programs spanning 4 LHINs, to the RCP ICS model which encompasses all three screening programs in the TC LHIN
- Post OBSP devolvement, a training/education program was developed and delivered by the Toronto Central team to the new Regional ICS teams within the GTA
- The administrative functions related to the management of the GTA OBSP affiliate screening and assessment sites were devolved to the RCPs

Provider Quality Improvement Initiatives

- Facilitated a qualitative study of how family physicians in TC LHIN approach colorectal cancer screening
- Completed a regional consultation with primary care providers to inform the ICS team's improvement strategies for breast, cervical and colorectal cancer screening practices in the region



Dr. Sandy Buchman



Dr. Lisa Del Giudice



Dr. Ed Kucharski



Dr. Rene Shumak

Public and Provider Education Initiatives

- Organized one breast cancer and two colorectal cancer educational events for over 270 primary care providers, focused on screening, diagnosis, treatment, and palliative care
- Organized and supported colorectal and lung screening sessions at the Toronto Cancer Conference
- Facilitated a pilot project between Sherbourne Health Centre and the CARES (Cancer Awareness: Ready for Education and Screening) project to provide mobile cervical cancer screening for sex trade workers
- Supported the Canadian Breast Cancer Foundation Pink Bus Tour from May to October to promote awareness about the importance of breast cancer screening and to encourage eligible women to participate in the OBSP
- Collaborated with Toronto Public Health to implement the Mammogram Incentive Voucher (MIV) Project. Toronto Public Health nurses delivered cancer screening presentations and displays in community and workplace settings. Participants received a MIV card to redeem a grocery gift package when they had a screening mammogram at participating OBSP sites
- Advertising campaigns such as radio PSAs, print advertisements in ethnic newspapers, posters on the TTC subways, buses and bus shelters to promote breast, cervical and colorectal cancer screening

Ontario Breast Screening Program

- 16 facilities provide average risk screening mammography
 - 11 are Independent Health Facilities
- 5 hospitals provide high risk screening mammography and breast assessment:
 - St. Michael's Hospital
 - Princess Margaret
 - Women's College Hospital
 - Sunnybrook Health Sciences Centre
 - Mount Sinai Hospital
- 46,715 women screened
 - 12,100 total new clients to the OBSP
 - 2,910 new OBSP clients first time ever having a mammogram
 - 9,190 new OBSP clients that have had a previous mammogram

Colon Cancer Check 2011-12

- 32,164 CCC FOBT kits processed
- 1,864 Family History(FH)/FOBT positive colonoscopies were performed in CCC participating hospitals (FH=1,416, +FOBT = 448)

Ontario Cervical Screening Program 2011-12

- 152,888 OCS Pap tests performed

ICS Team: Dorina Johnston, Laura McDonald, Deborah Fisher-Holmes, Alison McAndrew, and Linda Hamilton



Diagnosis

CANCER IMAGING

The Cancer Imaging Program (CIP) aims to identify and implement strategies for quality improvement for cancer imaging in Ontario. In early 2012, the CIP Strategic Directions document was completed and distributed. The development of the CIP and the Strategic Directions document recognized the important role that imaging plays in the overall cancer system objective. The document highlighted the CIP strategic goals to support the overall achievement of the Ontario Cancer Plan III Goals and Strategic Priorities. Four high-level priority areas emerged, with progress achieved over the past year as highlighted below.

Community of Practice:

All regional CIP Leads are in place across Ontario LHINs. There is a continuous focus on building inter-region relationships and sharing information. On a regional level, there is a focus on engaging stakeholders, developing/maintaining an interdisciplinary network, and maximizing communication/dialogue.

Appropriateness:

Imaging guidelines are being developed through the Program in Evidence Base Care (PEBC) and best-practice standards are being identified for imaging through the cancer patient journey by Disease Pathway Maps, with involvement of the CIP.

Timely Access to Imaging (IR Oncology Procedure Wait Times):

It is perceived that imaging procedures have unacceptably long wait times, but standardized provincial data was not available in this regard until recently. Wait time data for priority IR procedures has been collected monthly from April 2012, by 36 hospitals in all LHINs. Work is underway to identify any access issues (regionally or provincially) and develop a plan for potential improvements. A summary report is in progress.

Synoptic/Structured Reporting:

Following a multidisciplinary effort, a rectal cancer MRI synoptic report for newly diagnosed rectal cancer has been developed. The CIP is committed to championing the provincial implementation of the report. Investigation is also underway regarding expansion of synoptic reporting to other disease sites.



Dr. Martin O'Malley



Dr. Elaine Martinovic

PATHOLOGY AND LABORATORY MEDICINE

In July 2012, Cancer Care Ontario mandated that the synoptic checklists align with the June 2012 Canadian Association of Pathologists (CAP) version. By February 2013 Sunnybrook Health Sciences Centre, Toronto East General Hospital, and the University Health Network including all partners (Mount Sinai Hospital and Women's College Hospital) had implemented the latest version, which aligns all checklists and increases uniformity of reporting across various disease sites.

Continued review and maintenance of checklists are ongoing. With access to Cancer Care Ontario's web based reporting tool, iPort, hospitals are able to monitor their completeness and synoptic volumes, ensuring that they meet the 90 percent synoptic reporting target required by Cancer Care Ontario. Other quality pathology/surgery indicators and pathology wait time have also been generated through the submission of information in a discrete data field formatting that could have only become possible with the adoption of synoptic reporting.

STAGING

The Princess Margaret Cancer Centre continues to have a staging completion rate of over 96%. A study was undertaken to compare the Union for International Cancer Control-TNM stage determined by Princess Margaret Cancer Registry staff with the derived stage determined through the Collaborative Stage process used by the coding staff at Cancer Care Ontario for the top 4 sites; breast, colorectal, lung, and prostate for 2010. The discrepancies are being investigated.

The Odette Cancer Centre commitment to stage reporting is reflected by exceeding Cancer Care Ontario's stage capture rates of 95%. Ongoing monthly data quality audits and follow-up are the standard processes to capture all information regarding unstaged cases through the quality reports from the Cancer Care Ontario Databook production runs. 2012 also saw significant work in integrating all stage capture reports into iPort with expected completion by 2013. This will continue to facilitate a close working relationship with Cancer Care Ontario to ensure staging reporting accuracy, especially for complex cases that have unusual combinations of disease site and morphology.



Dr. Sylvia Asa



Dr. Mahmoud Khalifa



Dr. Jim Brierley



Dr. Calvin Law

Treatment

SURGERY

2012 brought a change in the leadership at the Odette Cancer Centre, and Toronto Central North, with the appointment of Dr. Calvin Law as the new Chief of Surgical Oncology. There was new energy and new collaboration for TRCP surgical activity moving forward as TRCP continues to play a critical leadership role for the province.

Highlights

Several initiatives marked surgical activities in 2012 which included prostate cancer, colorectal cancer, endocrine cancer, and ongoing leadership in Multidisciplinary Cancer Conferences (MCCs).

MEMBERSHIP

Jonathan Irish, co-Chair, Princess Margaret Cancer Centre/UHN
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
Roxana Sultan, 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

- Multidisciplinary Cancer Conferences (MCC)
- Quality Improvement/Community of Practice Events (prostate/colorectal/endocrine)
- Quality Reports: prostate margins, colorectal margins, lymph node retrieval
- Diagnostic Assessment Programs (DAP)
- RCP Strategic Plan
- MCC Implementation Plan

VOLUME AND WAIT TIMES

- Regular review of volume targets and performance
- Tracking and improving regional wait times to meet provincial targets



Dr. Johnathan Irish



Dr. Calvin Law

Prostate

Robotics

A new joint prostate cancer robotics program was launched at Odette and Toronto East General. These programs are in addition to the existing programs at the Princess Margaret/UHN and St. Michael's. This represents the collaboration between a large academic centre and a large community teaching centre, resulting in a unique program that allows patients with prostate cancer access to the state of the art of care. These activities highlight the cooperation among our surgical oncologists in the TC RCP and precede the Prostate Robotic Surgery Education Tour to be led by Dr. Antonio Finelli in 2013.

Active Surveillance in Prostate Cancer; a CCO Community of Practice (CoP) Event, October 2012

Urologists, radiologists, pathologists and radiation oncologists from the TC RCP gathered to discuss active surveillance in prostate cancer.

1. Current practice of active surveillance for prostate cancer in TC LHIN
 - Need clearer distinction between active surveillance (AS) and watchful waiting
 - More research needed before strict guidelines can be developed and implemented
 - Recognition of the heterogeneity of factors (co-morbidities, social support network etc.) that should be considered when developing guidelines for AS
2. Logistical challenges in imaging, biopsy and pathology of men followed on active surveillance
 - Need a concrete framework for Magnetic Resonance Imaging (MRI)
 - Determine and identify the patients who would gain most benefit from MRI (prioritize based on factors such as age, family history, co-morbidities, etc.)
 - Standardize biopsy guidelines
3. Developing an effective strategy to improve the quality of active surveillance
 - The basics such as inclusion criteria were outlined

Colorectal

The Role of Liver Resection in Colorectal Cancer Metastases, November 2012

Patients with liver metastasis, once considered an "incurable" situation, can now be beneficiary of advanced surgical care. This is a significant advance in care. Patients are seen by colorectal surgeon, hepatobiliary surgeon, medical oncologist, and radiation oncologist. In order to coordinate the care of these patients, CCO published a guideline for the management of hepatic metastatic colorectal cancer, led by Dr. Steven Gallinger. This guideline was launched on November 14th via live video broadcast including local and international experts, Drs. Michael D'Angelica of Memorial

Sloan Kettering Cancer Centre and Axel Grothey of the Mayo Clinic. The presentation was broadcast to 35 Ontario hospitals in all 14 LHINs. The 291 participants discussed creation of formal networks of care to ensure all patients with Colorectal Cancer (CRC) liver metastases receive appropriate multidisciplinary assessment. The 14 individual LHINs held regional meetings to form partnerships with 9 designated centres of excellence for hepatobiliary surgery. This led to formal plans to formalize and enhance coordination for care in 2013.

Endocrine

Regional Knowledge Translation Initiative to Promote Evidence-Based Care in the Field of Thyroid Cancer

In January 2012, an event supported by the Regional Cancer Program and the Canadian Institutes of Health Research was held to:

- Review variation in primary surgical management and adjuvant radioactive iodine treatment for thyroid cancer across Ontario
- Review evidence relating to primary surgical management of early stage papillary thyroid cancer
- Review evidence relating to the consideration of adjuvant radioactive iodine treatment in early stage papillary thyroid cancer

The participants expressed interest in developing a regional consensus on surgical management and radioactive iodine treatment of patients with early stage papillary thyroid cancer.

Discussion of Possible Regional Radioactive Iodine (RAI) Treatment Policy for Differentiated Thyroid Cancer

A second event, held in October 2012 focused on evidence review and discussion of policy for radioactive iodine (RAI) treatment for low risk differentiated thyroid cancer. The event was attended by physicians from all the Toronto Central hospitals and identified the following priorities:

- Creating a policy for post-surgical management of early stage thyroid cancer
- Encouraging cross-institutional, cross-disciplinary, collaborations in development of clinical management policies in thyroid cancer

Access to Care

The Toronto Central Surgical Oncology Program continues to be a vital resource for cancer surgery in Ontario. In 2012, our hospitals completed 12,167 cancer surgeries.

Wait times continue to improve and all centres in TC LHIN are working to prioritize cancer surgery. Innovative lung, breast and colorectal cancer Diagnostic Assessment Programs (DAPs), and the multi-site collaborative gynecologic oncology programs linked to the RCCs at St Michael's, Mount Sinai and North York General, help improve patient care while facilitating guidance and leadership from the expertise available in the TC RCP.

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



Index Surgical Procedure Volumes 2011/12

Disease Site	UHN	MSH	SMH	SJHC	WCH	TEGH	OCC	TOTAL
Breast (w/ & w/o reconstruction)	628	388	366	133	247	146	484	2,392
CNS	509	1	387	0	0	1	332	1,230
Colon	103	169	97	73	0	65	154	661
Rectum	31	122	72	48	0	34	70	377
Stomach	27	17	20	17	0	11	28	120
Endocrine	397	414	122	120	232	150	50	1,485
GU	221	19	40	56	1	67	180	584
Prostate	337	12	52	46	0	117	85	649
Gynae	461	53	108	43	10	37	373	1,085
Head & Neck (low & high)	486	182	24	22	28	32	202	976
HPB	301	3	0	126	0	1	200	631
Lung	390	3	0	145	0	195	3	736
Esophagus	34	0	0	9	0	19	0	62
Sarcoma (Bone & Soft Tissue)	45	481	12	15	0	27	31	611
Ophthalmic	11	84	20	1	252	3	37	408
Undifferentiated	66	13	3	4	0	12	62	160
TOTAL	4,047	1,961	1,323	858	770	917	2,291	12,167

SYSTEMIC THERAPY

The Toronto Central Regional Systemic Treatment Program (RSTP) is the largest systemic treatment program in the province with six hospitals providing care: Mount Sinai, St. Joseph's, St. Michael's, Odette, Toronto East General, and the Princess Margaret.

In 2012 the RSTP committees were in transition and in April, new Regional Quality Leads were appointed for the North and South.

MEMBERSHIP

Regional Systemic Therapy Program, South

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
John Blondal, St. Joseph's Health Centre
Shelley Dehay-Turner, 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

Regional Systemic Therapy Program, North

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

KEY TOPICS / ACTIVITIES

- RSTP Quality Initiatives
- RSTP Safe Label Evaluation
- Systemic treatment wait times and access
- Systemic nursing certification
- Oral chemotherapy quality initiative



Dr. Eitan Amir



Dr. Sonal Gandhi

Highlights

Oral Chemotherapy Safety

RSTP South drafted a document Standards for the Safe Use of Oral Anti-Cancer Drugs. The principle of this document calls for oral anti-cancer medicines to be managed with similar standards as intravenous (IV) anti-cancer drugs. It has been recognized that oral chemotherapy agents often have a narrow therapeutic index and unintended high doses may lead to increased side effects, morbidity, or mortality. Under-dosing or lack of adherence may compromise the efficacy. The document proposed standards to be followed by staff involved in the prescribing, dispensing, supply, administration and monitoring of the use of oral anticancer medicines.

A pilot roll-out of pre-printed orders for oral chemotherapy has been initiated at Mount Sinai Hospital. It is expected that St. Michael's Hospital and St. Joseph's Health Centre will follow in Q1/2 of 2013/14.

The Systemic Therapy Quality Initiative (STQI) in the North was formed to champion quality improvement work. Led by Dr. Gandhi, the group focused on oral cancer therapy safety. This is closely aligned with a provincial Cancer Care Ontario priority. The initial phase of this project included a health practitioner survey, which evaluated prescription and counseling practices for oral cancer drugs across the TC LHIN. The 170 respondents to this survey included 23% physicians, 34% pharmacists, and 43% nurses. The second phase will evaluate patient toxicity reporting, adherence, and counselling preferences. Patterns, gaps, and needs identified by these two surveys will help direct local policy, and help create practitioner and patient-level tools to improve oral cancer therapy administration and safety.

Cancer Care Ontario Regional Quality and Safety Network (ReQSN)

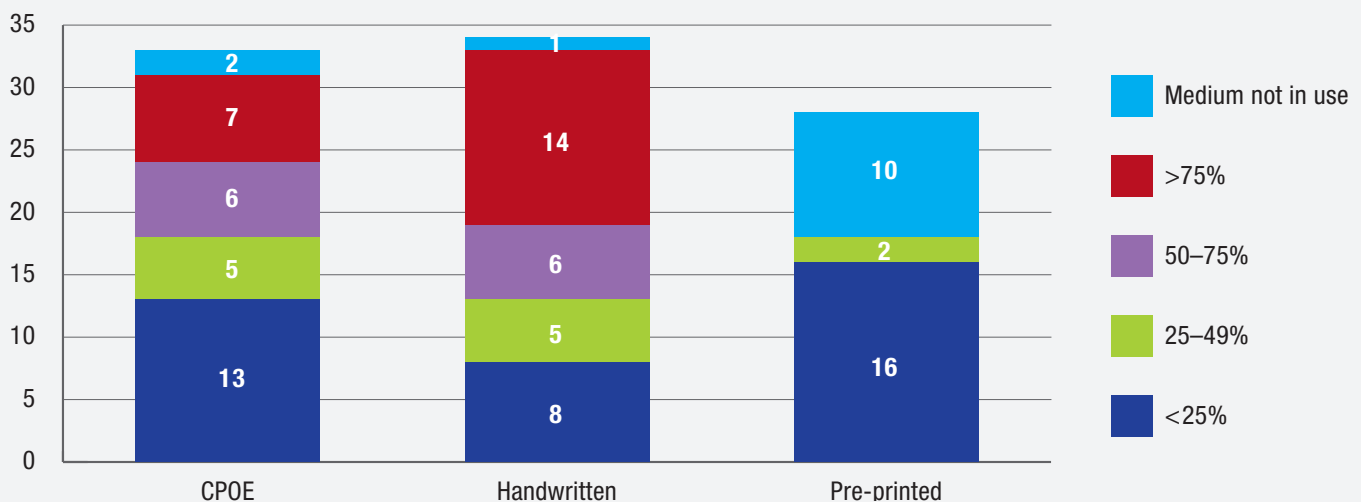
The Regional Quality and Safety Network (ReQSN) includes teams working on projects to improve the quality and safety of systemic treatment delivery. The group met monthly to discuss systemic treatment quality and safety, education about systemic treatment, and to share updates from other regions and CCO.

Three organizations in the TC RCP are participating in the ReQSN including Princess Margaret, St. Michael's and Odette. Current initiatives are outlined below.

Tools being utilized by Toronto Central practitioners for oral cancer therapy counseling

Patient Counseling Tools Being Utilized	% Respondents
Pre-existing information sheets (e.g., CCO, BCCA, Lexi-Comp)	92.1%
Personally developed information sheets	14.9%
Medication calendars	57.0%
Patient diaries	23.7%
Proprietary materials (e.g., pharmaceutical company materials)	52.6%
Standardized assessment tools (e.g., ESAS, COSTaRS)	21.1%
Multimedia (internet, DVD)	9.6%
I do not use tools	3.5%

Oral Cancer Drug Prescription Practices, Toronto Central LHIN Prescribers



Princess Margaret: Centralization of Hypersensitivity Documentation

Goal: To create a standard and centralized process for management and documentation of hypersensitivity reactions (HSR) in the systemic therapy unit (STU) at Princess Margaret.

In 2012 this team investigated centralizing HSH in the electronic chart. The team:

- Tracked HSR documentation habits including Paper, CPOE and the Electronic Patient Record (EPR):
 - Measure the degree of utilization of EPR for HSR documentation
 - Measure “completeness” of vital parameters necessary for HSR documentation (time of reaction, reaction drug, volume and rate of infusion, management, clinical signs and symptoms, re-challenge or discontinuation, and patient outcome)
 - Gauge usefulness and feasibility of workaround solutions
- Determined that documenting in a centralized Electronic Medical Record system is the ideal state
- E-Clinical documentation is an upcoming centralized technology solution, which we have used with a promising initial adoption rate of 39%
- Project identified complete documentation as an ongoing challenge. Efforts are underway to eliminate barriers including workflow changes
- Centralized e-documentation will allow evaluating the incidence, type, frequency of HSR events as well as clinical management more effective and efficient

St. Michael’s Hospital: Development and Implementation of Pre-Printed Orders

Best practice has been established for pre-printed orders (PPOs) for chemotherapy to ensure safety in chemo ordering. There is a need to align PPOs with goals of future Systemic Therapy Computerized Physician Order Entry (CPOE) implementation to ensure a smooth transition.

In 2012 we:

- Developed a new template for PPO to fit with current workflow and improve communication between prescriber, nurse and referring physician
- Completed an inventory of existing PPOs that require mapping to new template and new protocols that require development resulting in:
 - 2 new order sets and
 - 4 revisions

Toronto East General Hospital

- OPIS implementation in the Fall of 2012
 - OPIS has been integrated into the existing Cerner Electronic Patient Record (EPR). This system allows any healthcare provider to review the Cerner system for a comprehensive historical overview of the patient’s care/treatment
- Implemented electronically generated oral chemotherapy orders so that there is a record in the electronic patient record. All patients also receive education by the systemic therapy team related to oral chemotherapy
- Oncology Clinic redesign project. The aim is to improve the patient’s clinical cancer journey from initial appointment to treatment
 - Milestones to date include: review and mapping of systemic/hematology treatment processes; development of new appointment types; and the preliminary development of guidelines for the electronic patient scheduling system

Systemic treatment volume cases 2011/2012

Mount Sinai Hospital	454
Odette Cancer Centre	4,302
Princess Margaret	6,204
St. Joseph's Health Centre	336
St. Michael's Hospital	653
Toronto East General Hospital	370
TOTAL	12,319

Access to Care

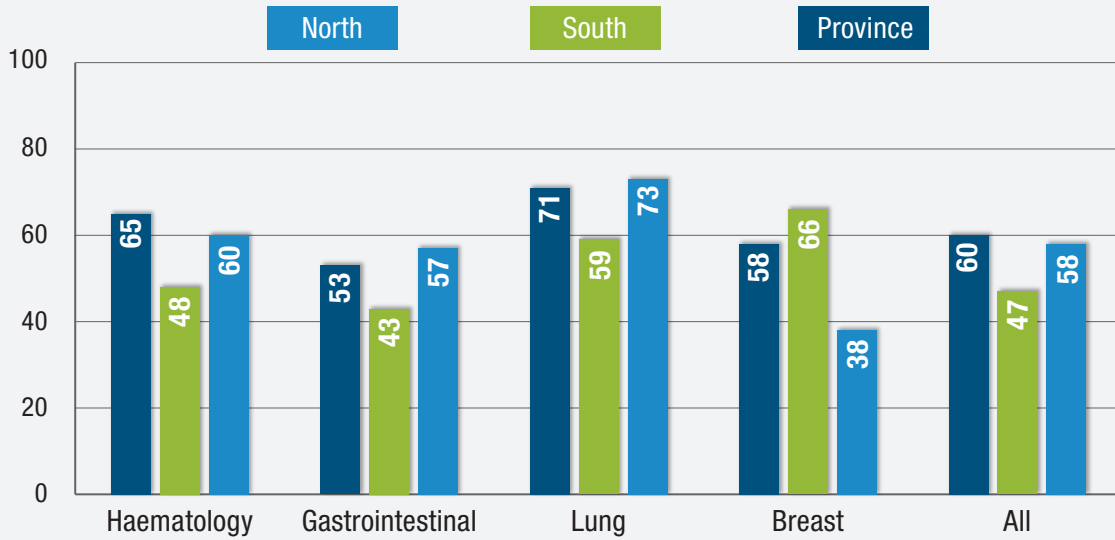
This remains an important area of ongoing evaluation and improvement for both the North and South.

The centres in the TC RCP South are working to improve capture and reporting of wait time metrics in more timely, accurate, and efficient manner. Definitions and process issues are also being discussed with the CCO team. Improving these processes will enable driving performance improvement.

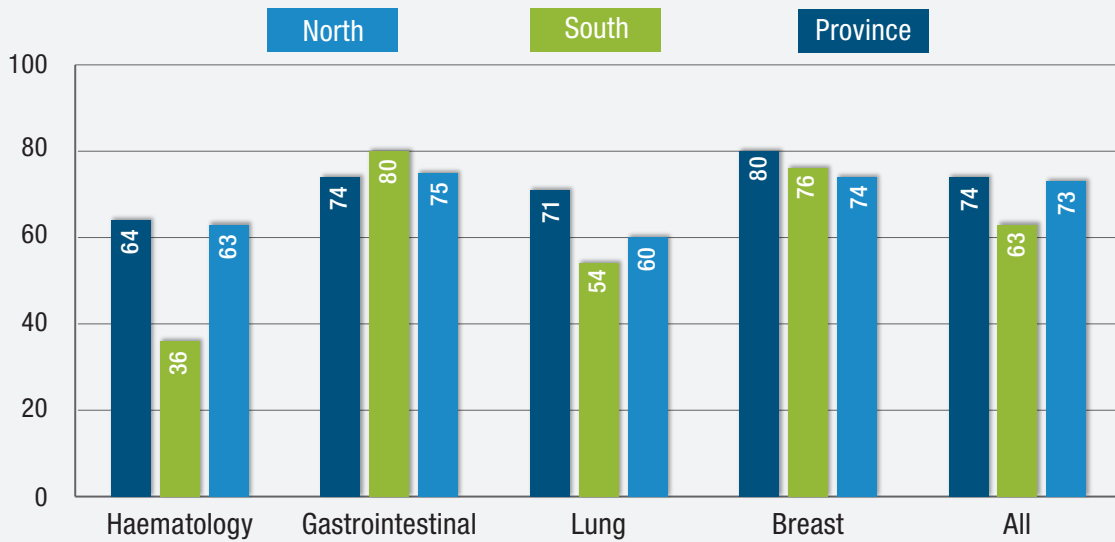
The Regional Program, North is working to improve the patient journey including the Ambulatory Toxicity Management (ATOM) project focused on improved capture of chemotherapy-related issues and decreasing emergency room visits, use of Patient Radio Frequency Identification (RFID) for patient tracking, Pre-medication exclusion project and a number of Chemotherapy Process Improvement (LEAN) projects looking at patient booking, blood work, chemotherapy mixing and chair time.

SYSTEMIC THERAPY WAIT TIMES

Referral to Consult – Percent Within Target (14 days)



Consult to Treatment – Percent Within Target (28 days)



RADIATION THERAPY

Radiation treatment is provided in the TC LHIN by the two RCCs, the Princess Margaret and the Odette Cancer Centre. These two programs provide significant leadership throughout the province including academic leadership and partnerships with other centres' programs:

Odette Cancer Centre

The Radiation Treatment Program at the Odette Cancer Centre has continued to grow and strengthen its academic activities to improve cancer control through research. It is working together with the Princess Margaret Cancer Centre to provide leadership and support for specialized radiation oncology programs to advance the “personalized medicine” agenda of Cancer Care Ontario and the University of Toronto Department of Radiation Oncology. It supports novel models of care through clinic redesign, integration of psychosocial support, and diagnostic assessment and transition care initiatives.

Sunnybrook Health Sciences Centre has continued its partnership with the Royal Victoria Hospital and provided leadership and clinical support to the newly opened Radiation Treatment unit in Barrie including the appointment of Dr. Gerard Morton as Head of the Program. The outreach programs in multiple community hospitals have continued to expand. The Radiation Program is actively involved in multidisciplinary cancer conferences/oncology clinics at the Toronto East General Hospital and St. Michael's Hospital in the TC LHIN, and at the North York General Hospital, Humber River Hospital, MacKenzie Health, Centenary Site of Rouge Valley, The Scarborough Hospital, and RVH, outside of the TC LHIN.

Radiation therapy treatment volumes 2010/11

Odette Cancer Centre	6,584
Princess Margaret Cancer Centre	10,150
TOTAL	16,734

Princess Margaret Cancer Centre

Dr. Fei-Fei Liu was appointed as the new Chair, University of Toronto, Department of Radiation Oncology and Chief, Radiation Medicine Program in August 2012.

Developments over the last year included progress in strengthening the relationship with referring physicians, general practitioners and our community partners. Strategies include telemedicine consultations, attending inpatient consultations at St. Michael's Hospital, participating in Multidisciplinary Cancer Conferencing at St. Joseph's Health Centre and St. Michael's Hospital, attending clinics at local hospitals and the distribution of the Radiation Medicine Program's Newsletter – *conneXions* – to referring physicians and community general practitioners.

Advanced practice roles were expanded in radiation therapy to include brachytherapy and image guided adaptive radiation therapy. Radiation Medicine Program now has five advanced practice roles in radiation therapy and we continue to integrate these positions into the core business of the program, with a focus to improve care through patient and family centered care.

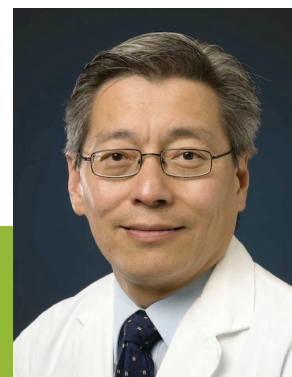
The Radiation Medicine Program is working on increasing the “lifetime radiation therapy utilization rate” for patients diagnosed with cancer, and who would benefit from radiation therapy over their lifetime. The target evidence-based utilization rate is 48 percent for Ontario. The Toronto Central LHIN South – Radiation Medicine Program at Princess Margaret is currently seeing a utilization rate of approximately 37 percent. Improving utilization strategies include the initiatives above plus work on online referral with rapid turnaround of appointments.



Dr. Padraig Warde



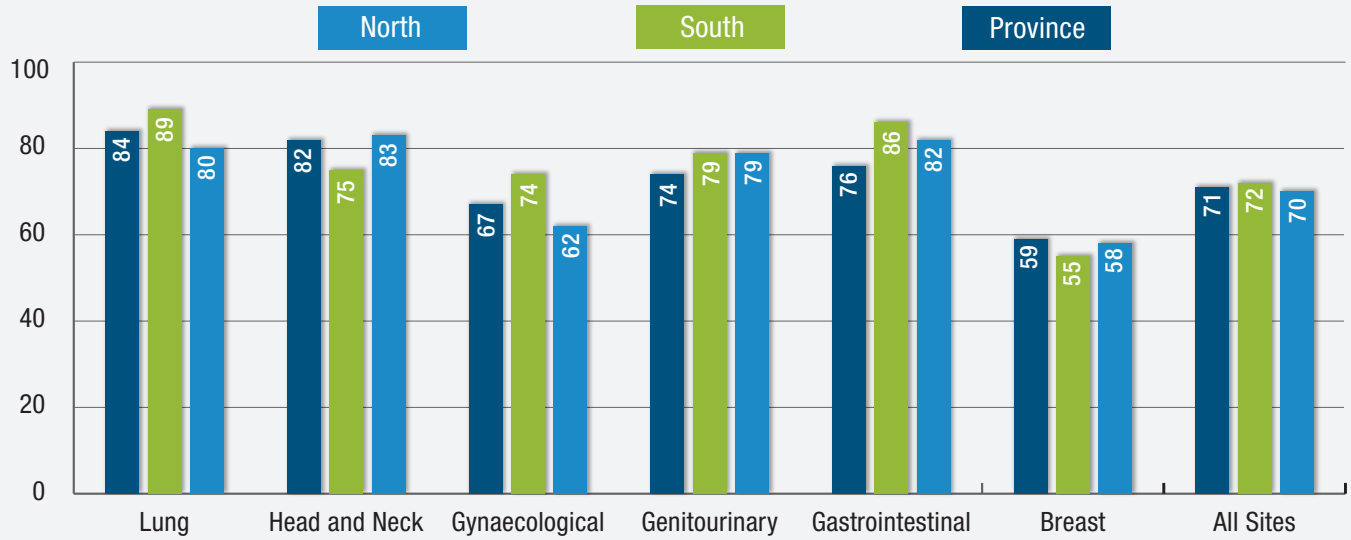
Dr. Fei-Fei Liu



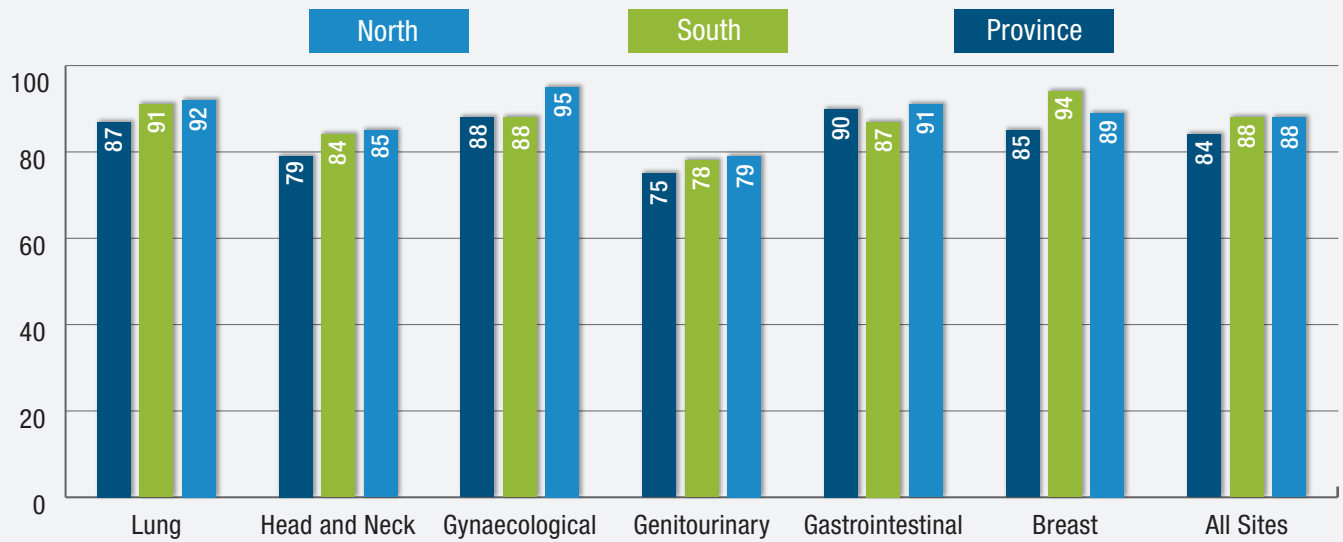
Dr. Shun Wong

RADIATION THERAPY WAIT TIMES

Referral to Consult – Percent Within Target (14 days)



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



Palliative Care

The Palliative Care Program for the TC LHIN had several new initiatives in 2012. Although local symptom and performance status screening has continued to be a priority, the focus expanded to the community and to other local cancer programs, and beyond the Ontario Cancer Symptom Management Collaborative (OCSMC). Particularly noteworthy are collaboration with the TC LHIN Psychosocial Oncology Program and partner hospitals regarding symptom and performance status screening, and collaboration with TC LHIN primary care leadership on primary care engagement in palliative care.

The OCSMC promotes symptom screening through use of the Edmonton Symptom Assessment System (ESAS), and performance status screening using the Eastern Cooperative Oncology Group (ECOG) Patient Reported Functional Status measure, and encourages action related to distressing symptoms by use of Symptom Management Guidelines (SMGs). The aim is the timely integration of palliative care. Screening, along with education of providers regarding action related to screen results, has grown, and efforts are being directed at increasing screening throughout the region.

A successful knowledge translation event in February 2012 involved St. Michael's, Mount Sinai, St. Joseph's, Toronto East General and the Toronto-Central Community Care Access Centre, and served as a catalyst for screening initiatives at these centres. A combined Psychosocial Oncology and Palliative Care Steering Committee has been formed with representation from all cancer programs to provide direction and leadership regarding screening and use of SMGs.

In 2012, Cancer Care Ontario posed a challenge to increase the involvement of primary care in providing palliative care in the community. This came along with the expectation of developing and implementing strategies to support primary care engagement in the delivery of palliative care. Our Leads collaborated on a number professional development activities intended to improve primary care clinicians' palliative care-related knowledge and skills and included a focus on standardized symptom assessment through use of ESAS.

The focus for the TC Region was on the LHIN's Strategic Planning processes, which began in 2012 for both Primary Care and Palliative Care and have a number of overlapping key deliverables. To maximize effective and earlier access to palliative care within the primary care setting, integration has occurred with the regional Health Links Initiatives.

Future considerations for the Primary Care/Palliative Care collaboration include piloting a 24-hour palliative care hotline/mentorship program for primary care clinicians. In addition, a pilot exploring the integration of the "Surprise Question" into the primary care setting is planned for the upcoming year.

In addition to symptom management, the TRCP North has a number of other areas and successes:

- Implementation of the "Quality Dying Initiative", in a hospital-wide palliative care quality improvement at Odette aimed at improving the experience of dying patients and their families, and access to specialized palliative care services
- Partnered with regional partner organizations to facilitate the expansion of the Quality Dying Initiative
- Partnered with NRC Picker, led the development, implementation and validation of a "Family Member Experience Survey", which is now routinely sent to family members of all patients who have died in our institutions acute care setting
- Aligned with Cancer Care Ontario's commitment to quality care and aiming to serve as a model for the region and the province, developed and implemented the "PCCT Measures Project", an innovative and comprehensive palliative care performance measurement system



Dr. Camilla Zimmermann



Dr. Jeff Myers

Psychosocial Oncology

The Psychosocial Oncology (PSO) Program was established by CCO in 2007. In 2012, Regional PSO Clinical Lead roles were introduced. The mandate of the PSO Clinical Leads is to improve the patient experience through quality psychosocial oncology care across the region.

MEMBERSHIP

Madeline Li (co-Chair), Princess Margaret Cancer Centre
Janet Ellis (co-Chair), Odette Cancer Centre
Sheila Weinstock, Princess Margaret Cancer Centre
Barbara Fitzgerald, Princess Margaret Cancer Centre
Susan Blacker, St. Michael's Hospital
Kien Dang, St. Michael's Hospital
Adriana Carvalhal, St. Michael's Hospital
Christina Fabbruzo-Cota, Mount Sinai Hospital
Jon Hunter, Mount Sinai Hospital
Bill Mah, Mount Sinai Hospital
Cathy Murray, St. Joseph's Health Centre
Mikki Layton, Toronto East General Hospital
Andrea Sadler, Women's College Hospital
Andreia Scalco, Women's College Hospital
Valerie Taylor, Women's College Hospital

KEY TOPICS / ACTIVITIES

- Ontario Cancer Plan III
- TC RCP Strategic Priorities
- CCO PSO Goals and Objectives
- CCO Program in Evidence Based Care (PEBC) guideline Psychosocial Health Care for Cancer Patients and Their Families: A framework to Guide Practice in Ontario (Ontario PSO Framework)
- TC PSO Working Group Goals
 - Establish referral criteria/best practices
 - Interprofessional education activities
- Symptom screening implementation and improvement



Dr. Madeline Li



Dr. Janet Ellis

Specific goals this year included:

- Implement the first two domains of the newly developed guideline Psychosocial Health Care for Cancer Patients and their Families:
 - Domain A – raise awareness of psychosocial healthcare needs and uptake of services
 - Domain B – help cancer programs achieve a common standard of care which includes standard systems to identify patients' psychosocial health needs, communicate these needs to health care providers, and coordinating medical and psychosocial healthcare
- Improve patient satisfaction in the symptom management and emotional support domains of the Ambulatory Oncology Patient Satisfaction Survey (AOPSS)
- Support the Ontario Cancer Symptom Management Collaborative (OCSMC) goals related to increasing uptake of Edmonton Symptom Assessment System (ESAS) screening and use of the Symptom Management Guides-to-Practice (SMGs)
- Lead and drive change and innovation in psychosocial oncology care

A number of continuing education sessions were held for primary care physicians, psychiatrists, nurses, and oncology audiences across the region to support Domain A and expand the capacity of the community to deliver psychosocial care. A TC LHIN PSO Working Group was formed to facilitate execution of Domain B, with multi-disciplinary representation from each of the Regional Hospitals. This group agreed to implement the Psychosocial Health Care guidelines at all regional hospitals define common referral criteria and best practices across the region, identify local gaps and barriers to access to timely care, and share locally available treatment resources.

The TC PSO Clinical Leads have been actively involved in CCO provincial working groups to identify patient-reported outcome measures for anxiety and depression beyond ESAS screening, a panel to determine optimal wait times for psychosocial care, and an update on evidence-based guidelines for the treatment of depression in cancer.

Princess Margaret Cancer Centre

- Successful launch of a new care delivery model placing collaborative care psychiatry residents directly into oncology clinics to model secondary assessment of Distress Assessment and Response Tool (DART) identified distress and basic supportive counseling skills
- Development of an innovative therapy, CALM (Managing Cancer and Living Meaningfully), a structured, pragmatic psychotherapeutic intervention to address psychological needs in advanced cancer patients. CALM is being evaluated through a CIHR funded randomized controlled trial
- An active psychosocial oncology research program, with 51 peer-reviewed papers published in 2012
- The UHN Global PSO and Palliative Care Team were the recipients of the 2012 Donald Wasylenki Award for Social Responsibility for their program development activities at the Kuwait Cancer Control Centre

Odette Cancer Centre

New program development for family members in the Odette Cancer Centre include an expansion of referral criteria to psychiatry to include family members and a support group for parents with advanced cancer.

- Development of a psychosocial oncology referral database to enable:
 - increased communication between social work, psychology and psychiatry
 - avoid duplication of service and
 - keep a record of wait times and site group referrals
- Psychiatry and psychology trial of central triage to increase timely, appropriate access for those most at need
- First anniversary of Biweekly Clinical and Academic Supportive Care Rounds (with CME recognition), co-led by psychiatry and palliative care, to promote interdisciplinary exchange of knowledge and help prevent burnout in those working in Supportive Care
- PSO linkages with patient education through talks on “Depression in cancer” and “How to get on with the business of Living” to Support Groups at Wellspring, as well as at the Ovarian Cancer day held at the OCC
- PSO is part of the “ESAS task force working group” to address the problem of improving screening rates at the OCC
- Psychosocial Oncology Lead developed the content on the OCC website and the patient education newsletter on depression and anxiety for patients

Ontario Cancer Symptom Management Collaborative

The Ontario Cancer Symptom Management Collaborative (OCSMC) promotes earlier identification, documentation and communication of patients symptoms through using 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.

In the Toronto Central LHIN the Princess Margaret and Odette Cancer Centre as well as St. Michael's Hospital implemented ESAS in 2008. In 2012, TEGH, MSH and SJHC have rolled out ESAS.

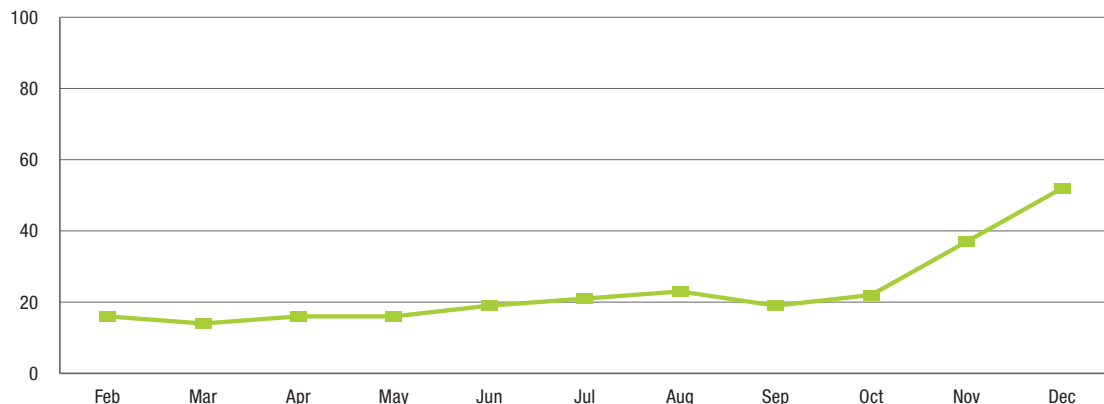
Princess Margaret Cancer Centre

ESAS and PRFS have been embedded in a customized electronic interactive screening tool, Distress Assessment and Response Tool (DART). DART has been linked to a collaborative inter-professional care pathway to respond to patient needs in a personalized, timely, and consistent manner. With the implementation of a focused and strategic change management plan, the Princess Margaret has successfully increased screening rates from 14% to 50% in one year (Figure 1). The development and acknowledgement of site-based DART champions was also a critical success factor.

Significant Achievements

- Developed a monthly DART report card with supplemental data on relevant research, presentations and outcomes, to maintain clinician engagement and facilitate Knowledge Transfer and Exchange (KTE)
- Improvements in evidence of oncologists' documentation, based on chart audits, in comparison to the 2011/12 fiscal year. The most assessed symptoms were anxiety (83%), pain (70%), and depression (63%), followed by appetite and fatigue (57%)
- Consistently high patient satisfaction scores; 86% of patients agree that DART helps them to communicate their symptoms to the healthcare
- Increased accessibility to DART via paper or electronic, with the installation of 10 additional kiosks; bringing the total number of kiosks to 35
- Delivery of 12 inter-professional continuing education lectures at the Princess Margaret and across the region, resulting in a significant improvement in the AOPSS Patient Experience dimensions of Emotional Support to 54.9%(above target and an increase of 16% from 2011) and Inform/Communicate/Educate to 80% (above target)

Symptom Screening Rates – Princess Margarett Cancer Centre



Odette Cancer Centre

The modest increase in this year's screening rates creates an opportunity for even greater emphasis on "effective patient symptom assessment and management" for our institution. The Odette remains dedicated to improving patients' symptom experience, a top priority in the recently released Strategic Plan.

Key findings were reported in the Journal of Palliative Medicine including: patients who rate at least one ESAS symptom at >7/10 are roughly ten times more likely to also identify their Total Symptom Burden to be severe; any one rating of >7 was found to be highly associated with an impact level of Severe on physical, emotional, and social functioning. This information has helped inform the restructuring of OCC clinical processes aimed at ensuring the symptom-related needs of particularly high-risk patients are better met.

A commitment has been made to ensure that ESAS completion will result in an improvement in the symptom experience for patients. The 2012 chart audits reviewing six different symptoms (pain, dyspnea, appetite, fatigue, anxiety and depression) that were >7 demonstrated:

- comprehensive assessments were documented for 91% of patients
- 100% of patients with severe pain received a pharmacologic intervention and nearly 75% of all patients received a Patient Education intervention
- 96% of patients rating depression in the "severe" category were referred to Psychosocial Oncology and of the patients who subsequently did not indicate a lower depression rating, 100% had clear documentation of a comprehensive re-assessment of their depression by an oncology team member

Mount Sinai Hospital

Mount Sinai Hospital (MSH) held its kick-off event for the implementation of ESAS in their chemotherapy unit in 2012. Inter-professional educational sessions for both the ESAS tool and the SMGs were completed in partnership with the PMH leadership team for screening. In 2013 they expect to roll out the electronic screening program from CCO to improve the efficiency and usefulness of the tools.

St. Joseph's Health Centre

St. Joseph's Health Centre (SJHC) has implemented paper ESAS in the chemotherapy suite and efforts to improve screening rates and build support for the program are underway. Work is underway to cultivate a physician champion. Continued efforts are required to move to an electronic screening model in 2013.

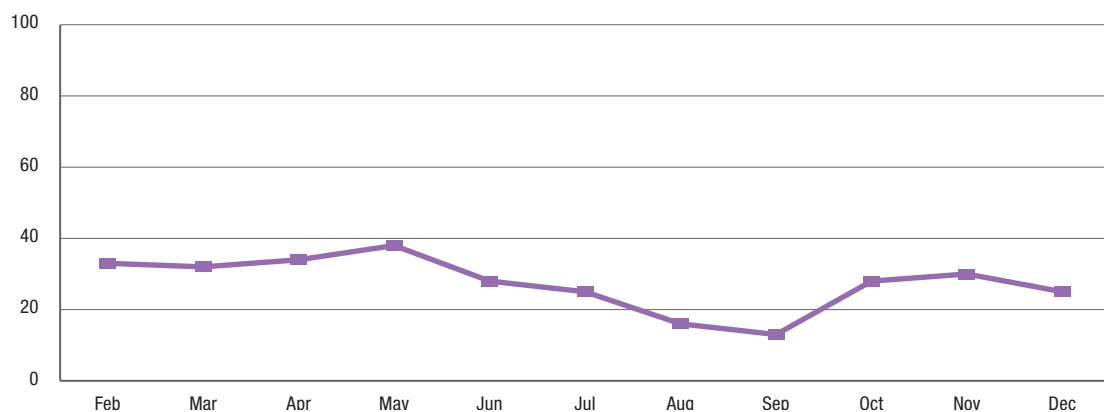
St. Michael Hospital

St. Michael Hospital (SMH) 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. In 2012 they also fully implemented their Knowledge, Translation and Exchange (KTE) plan for the symptom management guidelines released by CCO.

Toronto East General Hospital

The Toronto East General Hospital (TEGH) implemented electronic symptom screening in 2012. Support during roll out and the provision of several educational sessions were provided to TEGH clinicians by the OCC screening leadership team. The educational sessions addressed utilization of symptom screening in practice as well as the assessment of and interventions for a distressed patient. Due in large part to the clinicians' commitment to the patient experience along with strong support from the oncology leadership team, by year end ESAS screening rates for the Toronto East General Hospital patient population had reached 96%. An additional supervised medical psychiatry resident training placement at TEGH was set up in the oncology department, to help with their response to ESAS.

Symptom Screening Rates – Odette Cancer Centre



Patient Education

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 for patients and families at hospitals within the TC LHIN, a regional engagement plan was devised with three main objectives:

- To identify and connect with individuals involved in providing cancer education programming to patients and families
- To develop and disseminate a survey to better understand the type of oncology education programming provided within the LHIN
- To ascertain interest in and opportunities for regional leads to facilitate support and collaborate in the development and implementation of patient education interventions

Hospitals across the LHIN were surveyed to further understand the patient education picture. Survey results indicated variations in patient education program structures, the training and expertise available to staff, and the types of resources available to patients and families. Possible interests and needs for support and collaboration included standardized symptom management resources and healthcare provider training to enhance teaching competencies. A regional forum with participants from across the LHIN focused on patient education delivery is being planned for Fall 2013.



Ms. Tamara Harth



Ms. Nazek Abdelmutti

Highlights

Electronic Living Laboratory in Cancer Survivorship Research (ELLICSR), Princess Margaret Cancer Centre

The ELLICSR Centre for Health, Wellness and Cancer Survivorship at the Princess Margaret brings cancer survivors, clinicians, educators, and researchers together to develop, test, and evaluate innovative self-management strategies for improved health and wellness and to generate new knowledge in cancer survivorship.

The ELLICSR Culinary Nutrition Program supports people touched by cancer by providing education, skills training, and support to promote nutrition self-management behaviors. The ELLICSR teaching kitchen is a dynamic facility equipped for cooking demonstrations for large groups of up to 40 people or specialized hands-on workshops for smaller groups. The program conducts culinary nutrition research and develops tools and resources to empower cancer survivors and their families to manage cancer related symptoms and side effects, and to maximize nutrient intake by increasing the frequency and quality of at-home meal preparation. The recipe development process and registered dietitian/wellness chef model were informed by research from an innovative, interactive cooking, and nutrition intervention conducted at ELLICSR that brought together a multidisciplinary team including a chef, dietitian, food scientist and health researcher. Study participants indicated the cooking demonstrations (71%) and recipes (88%) were helpful for modifying eating habits; further research is planned to assess sustained behavior change.

Several times a month, the wellness chef and registered dietitian conduct regular wellness cooking classes where fresh and seasonal ingredients are transformed into delicious, healthy and easy-to-make meals. Program evaluations indicate that 94% of participants intend to prepare healthier meals and 97% intend to incorporate recipes from the class into their diet. New content is generated weekly on the program's virtual home, www.ellicsrkitchen.ca, where anyone can go to find recipes, nutritional information, watch live and archived cooking demonstrations and connect with the ELLICSR Kitchen team via various social media platforms.

The Sunnybrook Odette Patient and Family Education Program

The Patient and Family Education Program designs education interventions to improve the experience of those living with cancer. Symptoms can be a difficult and challenging part of the cancer journey. Patients and families often want to know what they can do to self-manage symptoms and education is an excellent way to empower people to do so.

To meet these education needs, the Odette Patient and Family Education Program has developed a comprehensive self-management toolkit which includes interventions for all types of learners. This toolbox includes a number of interactive classes on breathlessness, fatigue, and appetite. Additionally there is a symptom management education series which covers the basics of appetite, fatigue, breathlessness, depression, anxiety, pain, and nausea. This series validates patients' symptoms, provides them with key tips on how to participate in the management of these symptoms, and gives them the knowledge they need to ensure they have an effective dialogue with their care teams about symptoms.

To further enhance the key messages about symptoms and side effects, a comprehensive newsletter with contributions from Odette Cancer Centre experts on pain, depression, appetite, and fatigue was published. This newsletter was circulated to over 1000 people across the TC LHIN (North).

An inaugural symptom management workshop focused on appetite, nausea and vomiting was launched in November with over 85 participants. Ninety-nine percent of participants agreed that they had more knowledge about how to eat to help manage symptoms related to cancer; 99% agreed that they learned how to change recipes to help them and their family manage symptoms; and 98% indicated that the workshop helped them understand what dietitian's at the Odette Cancer Centre do and how to contact them.

TC LHIN Leadership in Education

Toronto Cancer Conference, 2012: Transcending Boundaries

The Toronto Cancer Conference, jointly hosted by Princess Margaret and Odette, is a continuing education meeting for health care professionals who want to give the very best care to cancer patients and their families at all points along the cancer care continuum. This meeting is designed to provide an inter-professional perspective in translating the latest innovations into clinical practice and keep the patient perspective at the forefront. The scientific planning committee was comprised of medical, radiation and surgical oncologists, primary care physicians, oncology nurses, pharmacists, and patient educators.

The program challenged the boundaries of knowledge and practice with both current and innovative cancer management's strategies. By examining "what we have always done" and "how we could improve it", the program provides the cancer clinician with an opportunity to tailor education to learning needs.

The program covered a range of issues such as:

- Optimizing the diagnostic work-up in hepatobiliary and other abdominal malignancies in a session entitled Hindsight is 20/20
- Realistic Expectations for the Community Work up
- Strategies to Surf the Silver Tsunami which tackles important issues in managing cancer in the elderly
- Genes Screens and what it all means, introduced the concept of genetic risk and appropriate screening practices
- Recent advances in melanoma, "Treatment of Metastatic Melanoma: From the 19th–21st Century in Two Years"
- Communication theme included sessions on handling difficult conversations between colleagues and with the children of cancer patients; on health literacy and its impact on communication

Dr. Heather Ross, a Cardiologist, Transplant Program Leader, and patient advocate, who regularly sets herself incredible physical challenges to fundraise for Test Your Limits, ventured to the North Pole with a small team that included a cardiac transplant patient shared her experience in the keynote presentation entitled "The North Pole: A Test Your Limits Odyssey".

The Toronto Cancer Morning Show was hosted by Dr. Alejandro Jadad. With his guests, Ann Cavoukian, Information and Privacy Commissioner of Ontario, Colleen Young, communications specialist, Dr. Mike Evans, family physician and Director of the Health Design Lab at the Li Ka Shing Knowledge Institute, Jill Anzarut, patient advocate and survivor, the show explored various aspects of 21st Century Advocacy. Dr. Jadad led our expert panel in an exploration of questions like "Is it time to harness the power of social media to meet the needs of people living with cancer? How can this revolution in communication technology improve the lives of people living with cancer? Are we ready for new forms of advocacy? Are we hiding behind privacy laws?".

MOUNT SINAI HOSPITAL

Mount Sinai Hospital is the third largest provider of cancer surgery in the Toronto Central LHIN with specialized procedures such as osteosarcoma and peritoneal malignancy surgery. A review of the first 18 months of the peritoneal malignancy program has resulted in its expansion. This program provides access to Ontarians requiring cytoreductive surgery in combination with infusion of heated intra-peritoneal chemotherapy.

To provide increased access for women having breast cancer surgery with reconstruction, we have developed a multidisciplinary breast and plastic surgery clinic. This clinic facilitates decision-making for women and allows for better coordination of the surgical procedure. To facilitate access to breast cancer screening for women, Mount Sinai Hospital's Familial Breast Cancer Clinic has hired a second genetic counsellor to provide services for high risk patients.

Dr. Erin Kennedy's international effort to standardize MRI reports used to diagnose colorectal cancer is one more example of MSH's widespread impact on patient care. Recently endorsed by the Radiological Society of North America, the new reports guide treatment decisions and will help ensure a more accurate and targeted cancer treatment approach.



ODETTE CANCER CENTRE

The Odette team worked to develop a new Strategic Plan for the program. The plan supports the vision of both Cancer Care Ontario – to create the best cancer system in the world and the Sunnybrook Health Science Centre – to invent the future of health care. In 2012 a new chemotherapy unit featuring 40 state-of-the-art new chemo bays was opened. A \$10 million lead donation to complete the Louise Temerty Breast Cancer Centre, the largest breast cancer centre in Canada, was received.

A variety of collaborative efforts were enriched across region. These include the growing colorectal cancer diagnostic assessment program (CRC DAP) with North York General Hospital and the expansion of our Multidisciplinary Case Conferences (MCC) partners that interact regularly with the Odette team. Additionally we have worked with our partners in Barrie at the Royal Victoria Hospital this past year providing leadership for their radiation oncology and physics' departments which ensured they opened their program on time.

This past year saw the first phase in our clinic redesign model of care and this will continue to evolve over the next few years in effort to ensure we improve the patient experience.

Finally, 2012 saw some notable changes in the Cancer Program leadership team. Yvette Matyas retired as the Director of Operations and Regional Planning after a long career at Sunnybrook. We were excited to welcome Jan Stewart as the new Director for the Cancer Program. Additionally, OCC appointed a new head of Surgical Oncology, Dr. Calvin Law (replacing Dr. Sherif Hanna after a decade of strong leadership), and the Psychosocial Oncology Clinic Lead, Dr. Janet Ellis.



PRINCESS MARGARET CANCER CENTRE

The Princess Margaret changed the name to the Princess Margaret Cancer Centre, that more accurately reflects the scope of the program. Internationally, “Centre” is the terminology used to identify academic health sciences institutions that integrate research with clinical services and conduct clinical drug trials.

A new strategic plan, the World Class Personalized Cancer Care, articulates key directions across clinical care, research, education and outreach. The themes of our strategic plan include: transforming patient care, correlative cancer biology, guided therapeutics, novel therapeutics, outreach and education.

We continued to strengthen support for patients across the continuum of care by establishing the evidence base for earlier palliative intervention and implementing psychosocial intervention for patients with advanced disease. We published leading research linking the molecular characterization of tumours with response to therapy, and established our first guided therapeutics operating room. We reached out to the broader community to provide more patients with access to molecular profiling, and we continued to have global impact by collaborating and sharing knowledge across borders.



ST. JOSEPH'S HEALTH CENTRE

In 2012, we launched the preliminary elements of the Edmonton Symptom Assessment Scale (ESAS). Patients are fully engaged and now able to report their symptoms using a paper tool. It is our plan to implement the computerized “kiosk” version in the coming year. As noted in last year’s report, we were successful in securing through donations our new Endobronchial Ultrasound (EBUS). The program is anticipated to begin July 2013.

Additions to our program include the hiring of a new Medical Oncologist and a Wait Time Strategy Coordinator dedicated to the Surgical & Oncology program. Our focus for the coming year will be to revisit our Multidisciplinary Case Conference (MCC) strategy and ensure quality data.



ST. MICHAEL'S HOSPITAL

St. Michael's Hospital has continued its trend in implementing new technology to enhance cancer care. A few highlights:

- Colorectal surgeons Drs. Nancy Baxter and Marcus Burnstein implemented transanal endoscopic microsurgery in 2011. St. Michael's capacity to provide colorectal cancer care grew in 2012 with the addition of surgeon Dr. Sandra de Montbrun, and adding her research focus in surgical education
- Awake craniotomy using cortical mapping was initiated at St. Michael's by neurosurgeon Dr. Sunit Das in 2012, and a joint program was initiated with Sunnybrook Health Sciences Centre to combine pre-operative functional imaging with intra-operative awake mapping. Dr. Das also spearheaded the creation of a brain tissue biobank to enhance research capabilities, with colleagues Drs. Munoz and Karamchandani in pathology
- The St. Michael's Oncology Clinical Research Group (OCRG) continues to increase its participation in and development of studies related to breast and gastrointestinal cancers as well as haematologic malignancies. Dr. Christine Brezden-Masley, who was appointed Head, Division of Haematology/Oncology founded the COMET Clinical Trials Consortium in 2012, with the goal of enhancing access to clinical trials for patients at all hospitals in the GTA

St. Michael's

Inspired Care.
Inspiring Science.

TORONTO EAST GENERAL HOSPITAL

This past year has seen some exciting new developments at Toronto East General Hospital:

- Recruitment of Dr. Najib Safieddine to the thoracic surgical team
- Incorporation of Endoscopic Bronchial Ultrasound (EBUS) into the diagnostics and staging of lung cancer started in 2011 and enhanced with the addition of new surgeon's skills
- Introduction of a Lymphoma MCC
- Implementation of OPIS, a Computerized Physician Order Entry (CPOE) tool from Cancer Care Ontario
- Routine screening of patients for distress and symptom severity (ESAS) has led to an additional partnership with the Odette Cancer Centre. A weekly clinic at Toronto East General has been established for patients with high distress scores who wish to see a Psychiatrist at Sunnybrook Health Sciences Centre
- Regular psychosocial education for staff
- In July, 2012 robotic laparoscopic surgeries commenced. This initiative is a TEGH and Sunnybrook partnership. The target population has been radical prostatectomy. As of March 2013, 51 cases have been completed. This collaborative model has very successful. Future expansion to other surgical specialties such as thoracic and gynecology is being considered



WOMEN'S COLLEGE HOSPITAL

The After Cancer Treatment Transition Program (ACTT) was established in partnership with the Princess Margaret Cancer Centre (officially opened to patient care in March 2010). Activity continues to grow successfully.

The goal of the program is to deliver high quality, safe, and integrated post-cancer treatment follow-up care with engagement of patients, their family, oncologists and primary care. The ACTT Clinic is seen as "level II" survivorship management that involves clinical care and a stepping stone to discharging a patient from the cancer system back to their family physician's care.

May 2010 – May 2011	74
April 2011 – March 2012	705
April 2012 – February 2013	1,315

Accomplishments in 2012:

- Survivorship Guidelines Developed outlining appropriate timing for transition to ACTT and from ACTT to primary care (e.g., CRC patients may be transferred 12 months post treatment seen 6 months x 5 years then transition to primary care)
- Developed Personal Care Plans for patients

Our goal is to continue with this program and its evaluation.



Partner Organizations

CANADIAN CANCER SOCIETY

The Canadian Cancer Society (Ontario Division) continues to work in partnership with the members of the Toronto Region Cancer Program to increase patients and families awareness of and access to support services.

This past year the Society continued to work with the Patient Education Department at the Odette Cancer Centre to improve the skill level of the Information and Referral Volunteers supporting the patient and families within the Centre's library. The Society developed a specialized training consisting of hands-on exercises navigating the Society's online resources and scenario based practice of true case studies. The training has been offered twice and been very well received. The staff working within the library has noted a considerable increase in skill level and comfort among volunteers who have received the training, and as a result the Society is in the process of making the training more widely available.

In addition to working with the Odette Cancer Centre, the Society is striving to increase awareness among health care providers across the region of the various services offered to patients and their families. The Society is appreciative of the support and welcome extended by a number of hospitals in the region to speak with their staff. Our joint goal is to ensure patients and families feel they have supports and resources available to them both from their healthcare facility and in their community.

This coming year promises to be just as exciting as the Society teams with the TCRC Primary Care Leads again to launch the Screening Saves Lives Program in Toronto.



Canadian Cancer Society
Société canadienne du cancer

TORONTO CENTRAL PALLIATIVE CARE NETWORK

Keeping in mind the work done in relation to the Ontario government and the provincial Hospice Palliative Care communities work and development on Advancing high quality, high value hospice palliative care in Ontario and the subsequent Declaration of Partnership signed by the LHINS early in 2012. During 2012, the TCHPCN underwent two facilitated planning sessions. The first was a facilitated session with the Board and Chairs of the Network, who devised the future direction of the group and developed a vision and mission. The second process involved a wider reaching strategic plan including an environmental assessment.

Three strategic priorities were identified: Quality of Care, Patient/Caregiver Centered and Knowledge Sharing. Three projects coming from the plan are being worked on. The first was the renewal and redesign of the Common Referral Form (CRF). The Network developed a separate Pediatric Common Referral and the Adult Form was revamped. A window was put on the TCHPCN website for any interested party which provides easy access to the forms and information regarding them.

In 2010 data for an HPC Asset Map for the Toronto Central LHIN area had been collected. The project has been initiated again with the development of four separate surveys to be applied to specific HPC providers. It is planned that there will also be a component that deals with Caregivers information and questions that will be made available on the public part of the Network website. Dr. Jeff Myers, the Regional Palliative Care Lead, North has agreed to again chair this committee.

Members of the Network have long indicated a need for a formal Bed Registry. The Network is organizing to work on this project with TIPCU and the LHIN.



COMMUNITY CARE ACCESS CENTRE

Toronto Central Community Care Access Centre (CCAC) is an active partner in addressing the health care needs of individuals receiving treatment for cancer. Many of our clients prefer at-home treatment as it reduces the stress of traveling to a cancer treatment centre every few days and they are more comfortable receiving treatments in home settings than at a hospital.

The Acute and Rehabilitation Transition team provides short-term acute 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 has been leading a collaborative, multi-year strategy to implement and evaluate practical models of integrated care for complex populations and their caregivers. One new focus is our palliative clients and we have added nurse practitioners who are able to provide greater assistance in the form of medication prescription and management.

Another option for ambulatory clients, who do not wish to visit the hospital or wait at home for a nurse to visit, is an appointment in one of our FAST (Fast Access to Supportive Treatment) Centres. FAST Centres provide oncology/chemo clients with PICC line and Porta Cath flushes by appointment, so there is no waiting.

As well, the Toronto Central CCAC Palliative Team provides client-centred care to individuals who are living with or dying of an advanced illness, and their families, to ease suffering in order to provide the highest quality of life possible throughout the illness. In 2012 integrated inter-professional teams were created to provide specialized care to achieve higher quality and better value. These teams 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, supporting families/caregivers and preventing caregiver burden. In-home treatment helps reduce ER visits and hospitalizations, thereby helping to increase hospital capacity.

Toronto Central CCAC provides information and direct access to qualified care providers and connects people with quality in-home and community-based services, to help people come home from hospital or live independently at home. When living at home is no longer an option, we assist with the long-term care application process.



2012 Cancer Care Ontario Award Recipients

The Cancer Quality Council of Ontario (CQCO), Cancer Care Ontario (CCO), and the Ontario Division of the Canadian Cancer Society on an annual basis honour the development of new approaches, processes, products, or programs that are bold, original and enhance cancer care in Ontario through their impact on stakeholders, the patient experience, and their cost effectiveness and sustainability through Quality and Innovation Awards.

Two of the Recipients in 2012 were from the TC LHIN including:

- The Sherbourne Health Centre won the Innovation Award for expanding the services of its infirmary to enable high-quality care and improve accessibility for homeless or vulnerably housed individuals who otherwise may have been refused treatment or struggled to fit into care options
- The Prostate Cancer Rehabilitation Clinic at Princess Margaret Hospital Prostate Clinic was awarded a Quality Honourable Mention for its multidisciplinary approach to helping prostate cancer patients and their partners achieve optimal sexual health and restore their health-related quality of life

Response to Ontario Cancer Plan III, Cancer Care Ontario

STRATEGIC PRIORITIES 2011-2015

1 Develop and implement a focused approach to cancer risk reduction

The TC RCP Integrated Cancer Screening team collaborated with Toronto Public Health and GTA partners to revise the Cancer Screening Appointment Card. The appointment card includes cancer prevention and screening messaging and the purpose of the card is for the public to track their regular cancer screening tests.

The Princess Margaret has completed an environmental scan of smoking cessation resources in our centre as well as in the LHIN/community through the patient education group. Planning is underway to implement, aligned with Cancer Care Ontario's goals regarding smoking cessation, a robust smoking cessation program in our centre and to disseminate knowledge gained regionally.

An Inter-professional Smoking Cessation Team was formed at Odette, consisting of a Nurse, Radiation Therapist and Occupational Therapist for the purpose of implementing and integrating smoking cessation best practices into daily clinical care and building organizational capacity to sustain the best practice over time.

The team worked collaboratively to integrate a model based on the 5 A's (Ask, Advise, Assess, Assist, Arrange) across clinical settings and treatment modalities.

Innovative/Creative: This program integrates smoking cessation as clinical practice for all the health care team members at all points in the patient's care. The team has been recognized as Professional Advisory Committee 2012 award winners for staff development.

Client/Family-Centred: The inter-professional team has developed guidelines that use a customized approach specific to each client and family. A monthly patient education class has been added to the curriculum of classes offered at Odette.

Evaluated: Program evaluation is aligned with Cancer Care Ontario indicators: percentage of patients screened, identified as smokers/tobacco users, referred and acceptance rate of referral. In addition, a study has been linked to the program to evaluate both staff and patient satisfaction with service including the patient education class.

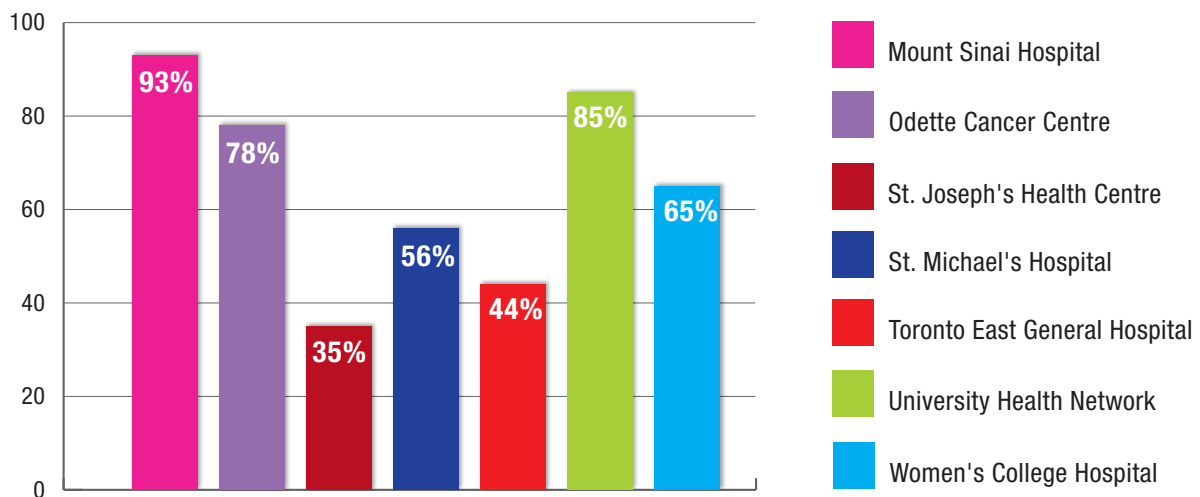
Demonstrated Intended Results: Results to date are based on a 1 week audit of all new radiation therapy patients and indicate that 100% (125) of patients were screened, 17 (13%) were identified as a smoker/tobacco user. Of those identified as smokers/tobacco users, 100% were referred with 41% accepting of a referral (7/17).

2 Implement integrated cancer screening

- Transition from the OBSP regional Hub model to the RCP ICS model is complete
- The ICS program team has been recruited and is now located at the Odette Cancer Centre at Sunnybrook Health Science Centre
- A regional OBSP High Risk Working Group was established to support sites in the implementation, streamlining and enhancing of the program
- The Cancer Awareness: Ready for Education and Screening (CARES) Project was implemented to further develop community and hospital partnerships by coordinating outreach and educational activities for women who have rarely or never been screened for breast or cervical cancer

3 Continue to improve patient outcomes through accessible, safe and high quality care

Multidisciplinary Cancer Conferences (MCCs) are regularly scheduled meetings where healthcare providers discuss the diagnosis and treatment of individual cancer patients. Participants represent medical oncology, radiation oncology, surgical oncology, pathology, diagnostic radiology and nursing. There is increasing evidence that regular meetings of multidisciplinary teams contribute to improved patient outcomes. CCO's Expert Panel on MCC's has produced standards to guide the development of MCCs across the province. Below is our region's current achievement against those standards. We continue to work to improve this performance and are making headway each year.



4 Improve the patient experience

The Ontario Cancer Symptom Management Collaborative (OCSMC) as outlined above promotes an improved patient experience through the earlier identification, documentation and communication of patient's symptoms and functional status. We have made great gains within the TC RCP in the past year and expect the trend to continue.

The Patient and Family Education Program at the Odette is committed to improving the patient and family experience through the provision of multi-modal education interventions. To this end the Patient and Family Education Program has developed and implemented a number of initiatives, including the symptom management curriculum, web tools with education on living well beyond cancer, a nutrition blog and tips on how to navigate the transition from cancer care to primary care and prescription for education tools.

The Princess Margaret Patient Education and Survivorship Program partners with trusted cancer community organizations to assist patients and caregivers with accessing the information and support they need throughout their journey through the Patient and Family Library that provides patients, caregivers, staff, healthcare organizations, and the public information about a wide array of community support resources for cancer survivors and their families. The Library also works closely with clinical programs within Princess Margaret to facilitate access to information about supportive care organizations at point of care.

The ELLICSR Health Wellness and Cancer Survivorship Centre offer the monthly Community Connections event for anyone affected by cancer to learn more about services and resources in the community. Representatives from trusted local, provincial and national community cancer support organizations are available to answer questions and attendees can sample programs and classes offered at the Princess Margaret and the community

5 Innovative Models of Care Delivery

Beginning in May 2006, in the face of increasing cancer burden and human resource pressures, the Ministry of Health and Long-Term Care (MOHLTC) funded a series of projects to investigate a new health care provider role – the “clinical specialist radiation therapist” (CSRT). The results of these projects showed a number of positive impacts in local radiation treatment programs and resulted in the approval of the CSRT Sustainability Project, in March 2011.

Data consistently shows positive impact on both quantity of patients seen and quality of care, including a positive impact on both patient and provider experiences. Benefits of the role include:

- Increased access to care for patients through:
 - Greater efficiency with specific activities and processes
 - Redistribution of certain activities and skills
 - Decreased redundancy within respected process
- Improved quality of care for patients through:
 - Enhanced continuity of care
 - Access to more/new services

Sustainability efforts are also being advanced through the establishment of “permanent” CSRT positions. Both Odette Cancer Centre and Juravinski Cancer Centre have made their two senior CSRT positions permanent. Progress continues to be made for the three senior positions at the remaining original site – Princess Margaret Cancer Centre.

CSRT positions in the TC RCP

Senior CSRTs		Junior CSRTs	
<i>Position</i>	<i>Location</i>	<i>Position</i>	<i>Location</i>
Palliative Radiation Therapy CSRT	Princess Margaret Cancer Centre	Brachytherapy CSRT	Odette Cancer Centre
Target Visualization and Delineation CSRT, Head & Neck Group	Princess Margaret Cancer Centre	Brachytherapy CSRT	Princess Margaret Cancer Centre
Palliative Radiation Therapy CSRT	Odette Cancer Centre	Stereotactic Body Radiation Therapy CSRT	Odette Cancer Centre
Patient Assessment & Symptom Management CSRT, Breast Group	Princess Margaret Cancer Centre	Image Guided Adaptive Radiation Therapy (IGART) CSRT	Princess Margaret Cancer Centre
Skin Cancer CSRT	Odette Cancer Centre		

6

Personalized Cancer Medicine

Princess Margaret Cancer Centre

The theme of Personalized Cancer Medicine (PCM) is evident in all of our work at the Princess Margaret. It is defined as “finding the right treatment for the right patient at the right time”. Each person’s cancer and response to treatment is unique and as such, we are committed to a future of individualized treatments. Our concept of PCM encompasses detection of cancer, diagnosis, targeted therapies, and tailored supportive care.

The focus on detection is intended to find cancer earlier and to provide better outcomes for our patients. We are working on new molecular imaging technology that can identify cancers when they are microscopic and enable enhanced monitoring of treatment. We are also discovering new biomarkers – indicators of cancer that can be detected through blood and serum tests.

Diagnosing and analyzing cancers more precisely will lead to a better understanding of each patient’s disease and support more customized and effective treatment. Defining the genetics of every tumour will be a large part of delivering tailored treatments.

Providing targeted surgery, radiation and drug treatments focuses on getting rid of cancer while leaving healthy tissue intact. We are developing new targeted therapies based on our growing understanding of the role of cancer stem cells, immune therapy and, epigenetics in disease development, and we are accelerating advances in surgical and radiation therapy techniques like imaged-guided and minimally invasive treatments.

Odette Cancer Centre

Personalized cancer medicine is a key cornerstone of Odette’s strategic priorities. In addition to ensuring that patients are given a customized treatment regimen that specifically matches their clinical and biological challenge, we also aim to ensure that they are seen in a personalized clinic, which focuses the patient at the centre of care and coordinates multidisciplinary specialists around them.

PCM includes customized treatment efforts spanning the biological sciences, physical sciences and evaluative clinical sciences. In biological sciences, exciting initiatives underway include new ways of banking cancer tissue to build a library of information we can use to develop future treatments, advanced methods to understand and find patients at genetic risk of cancer and numerous trials with promising new targeted drugs. In physical sciences, exciting initiatives include new methods in ultrasound and magnetic resonance imaging (MRI) that allows us to see inside tumours during treatment, new 3-D methods of guiding radiation to tumours precisely to destroy cancer while decreasing side effects, and whole new methods of destroying cancer, including using image guided, focused beams of ultrasonic sound waves. In evaluative clinical sciences, we take data from the experience in large populations, such as the province of Ontario, to learn lessons that helps shape the care the individual who arrives seeking help for their cancer care.

Personalized cancer medicine also includes personalized clinics at Odette. These special clinics allow us to focus specialized and dedicated teams to our patients so that they get “one stop care” when dealing with their cancer, rather than multiple visits to numerous specialists. OCC has the Treatment of Respiratory and Pleural Problems (TRAPP) and Effusion procedural Intervention Clinic (EPIC) clinics for patients with shortness of breath or fluid in their chest and the Gelato Cup Early Detection Centre for Prostate Cancer. In 2012 the final plans were underway for the opening of the Susan Leslie Clinic for Neuroendocrine Tumours and the Louise Temerty Breast Cancer Centre. The breast centre will integrate imaging, surgery, medical oncology and radiation oncology and breast cancer research in one area and includes specialized programs such as Program for Young Women with Breast Cancer (PYNK) and the Locally Advanced Breast Cancer Program (chemotherapy and surgery are given in coordinated sequence).

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