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Cancer
Network

RCN update

SPRING | 2015



New in the RCN hospitals



Reducing registration times from 10 minutes to 10 seconds

Waiting at the front desk is a thing of the past! A self-check-in system is making life easier for patients ...p2



Radiotherapy: everything you need to know

The unknown can be daunting when you have cancer: our new information kit gives patients peace of mind ...p2

People are talking about the RCN!

You may have noticed that the RCN has been in the news lately. We were featured in the Winter issue of *Montreal en Santé* magazine, which discusses wellness initiatives in Quebec.

And as part of World Cancer Day activities, Dr. Geneviève Chaput, one of our project leaders, spoke to Montreal media about the new Cancer Survivorship Program being launched at the MUHC which will benefit from work the RCN is doing to improve communication with family doctors (turn to page 4 for more). ♦

Check out all the media coverage at
mcgill.ca/rcr-rcn



Cancer care quality gets a shot in the arm

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Follow us on Facebook to stay up to date on all the latest news.

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Reducing registration times from 10 minutes to 10 seconds

The last thing cancer patients need when they are dealing with fatigue, pain and other side effects of treatment is having to line up to register when they arrive for their appointment.

As part of its commitment to improve the experience of cancer patients, the RCN is set to make the check-in process more convenient and improve privacy in the network hospitals.

A request for change

Like all RCN Patient Experience projects, the impetus came from feedback gathered from standardized surveys and focus groups. Almost three-quarters of patients told us that the paper-number system used for check-in led to uncertainty, and that the wait to access the front desk was too long.

As a result, a multi-hospital team managed by RCN project manager Gligorka Raskovic, and which included oncologists, medical physicists, technologists and IT and administrative technicians, is addressing these concerns with the help of a pilot project at the MUHC's radiation oncology clinic — an extremely busy unit with 200 patients per day.

see [Registration](#), page 9



Returning patients in radiation oncology just scan their medicare card to register.

Radiotherapy: everything you need to know

If you are a radiotherapy patient, you find yourself having to pass through a door labelled with a sign warning of radiation risk. The process can be nerve-wracking: What happens during treatment? Will it hurt? And will I be radioactive when I come out?

To help reduce the anxiety of patients prescribed this course of treatment, the RCN created tools to help demystify the treatment journey.

The project committee, led by RCN site coordinator Francine Lavoie and a multidisciplinary cross-hospital team, surveyed almost 100 patients and 65 health care professionals in radiotherapy and oncology at all three RCN hospitals about their most frequently asked questions.

To respond to the concerns that patients expressed, they created a communications kit, including a booklet that explains the treatment and side effects and a video touring the radiotherapy facilities and introducing the health professionals at both the JGH and MUHC.

"The major advantage of this project is really improving patient comfort and quality of life throughout their treatment," explains Dr. Khalil Sultanem, one of the medi-



Over 1800 patients now know what to expect thanks to a new video.

cal leads of the project. "Patients now know coming in exactly what they are facing, not only in terms of treatment details, but also the team they are going to meet. As a result, they are more comfortable and less anxious."

For Ornella, a radiotherapy patient at SMHC, the information was valuable. "There is a reassuring message there. It's very important for patients to know this: They

see [Radiotherapy](#), page 9

Inclusive leadership: why teamwork matters

AN RCN EDUCATION GRANT HELPS
A HEAD ONCOLOGY NURSE
GET THE BEST OUT OF HER TEAM

"Good leaders critique their own decisions. Good leaders encourage ongoing innovation."

These are two key takeaways for Karine Lepage who went back to school last June for a week-long course titled "Leading High Performance Health Care Organizations."

Ms. Lepage, head nurse on the Hematology-Oncology and Internal Medicine floor at the JGH, received one of three inaugural Education Grants awarded by the RCN's Cancer Quality and Innovation program (CQI).

As part of its goal to support excellence in the McGill-affiliated cancer care centres, the RCN created the Education Grants to empower existing teams to integrate multiple complex skill sets such as change management, practice guideline development, as well as measurement and reporting.

"If we invest in our teams, they will bring back the attitude and aptitudes needed to achieve quality," explains CQI program lead Dr. Ari Meguerditchian. "They can become vectors of change for the network."

The course, led by the Harvard Business School's Paris faculty, welcomed an eclectic group of 40 senior health care professionals from Australia, the United States, Kuwait and Europe.

They explored common issues faced by health care leaders, including how to lead during periods of intense change and how to encourage staff to constantly innovate and improve. They learned through case studies which examined organizational practices both within and outside the health care industry.



Karine Lepage.

**"As a leader,
you have to
change with your
team"**

One problem, many solutions

Ms. Lepage says the course helped her better understand that when it comes to resolving workplace issues, there isn't one right answer. A good leader, she

says, curbs the reflex to impose a solution; instead, he or she helps employees think through the issue.

Not long after her course, Ms. Lepage used this approach during a staff meeting while reviewing an incident and accident report with her team of nurses. "The goal of the meeting was not to point fingers," says Ms. Lepage. "We needed to find a solution so the situation didn't happen again."

She asked them to prevent the error

from recurring and they came to her with a proposal; their ideas were sound and were immediately implemented.

Tapping into creativity

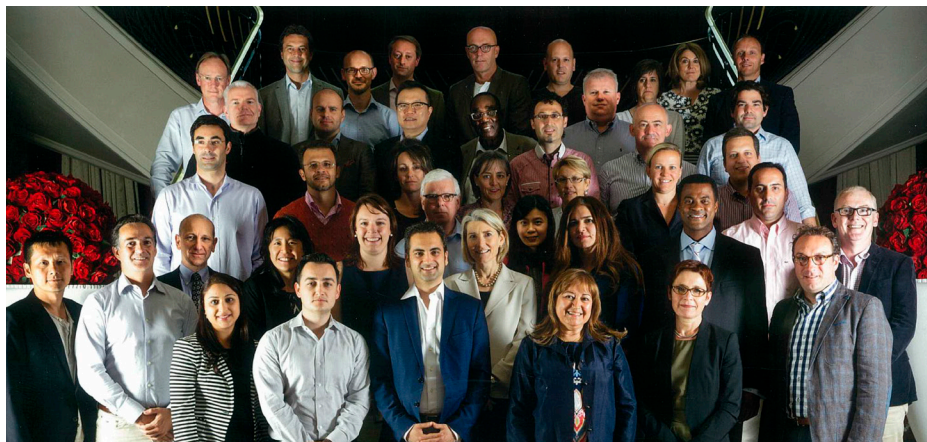
Ms. Lepage points out that the reorganization of the health care system is leading to increased organizational complexity and adding to already heavy workloads and stress levels. She says that the Harvard Business School course underscored the importance of tapping your team's creativity to unleash a wealth of ideas that management may have overlooked.

She points out that good leaders are able to take a step back and evaluate their own performance and make improvements.

"Your first idea might not be the right idea. You can't defend it no matter what, just because you're the boss. You have to change with your team and at the same speed as your team — as a leader, you can't stay the same and expect everyone around you to change."

Asked if her team has noticed a difference in her leadership style, Ms. Lepage laughed, "I sure hope so! But you'll have to ask them." ♦

Karine Lepage, 2nd row, 5th from left, completed a Harvard Business School course with 40 health care leaders from around the world.



2015 Education Grants: launching this summer!

Find out if you qualify, or read about last year's other Education Grant recipients at mcgill.ca/rcr-rcn



The Finding Common Ground team: Back row (left to right): Dr. Susan Still, Francine Lavoie, Michael Shulha, Vinita D'Souza, Dr. Manuel Borod, Dr. Roland Grad. Front row (left to right): Gligorka Raskovic, Rosanna Faria, Dr. Geneviève Chaput. Not pictured: Dr. Joan Zidulka, Dr. Mitali Ruths.

Supporting survivors by educating physicians

A NEW PROJECT IS GIVING FAMILY DOCTORS THE TOOLS TO BETTER CARE FOR THEIR CANCER PATIENTS

As family doctor Roland Grad glanced at the chart in front of him, it became clear that he didn't have all the facts. His patient, a breast cancer survivor and recent immigrant, had first come to him many months earlier clutching a pathology report from her home country. Dr. Grad had referred her for cancer treatment. Now she was back in his office for another medical problem and he realized he hadn't received anything back. "She told me she had seen two oncology specialists, but I had seen nothing." All these months later, Dr. Grad still had only that same pathology report to guide him in treating his cancer survivor patient.

Fixing these all too common communication breakdowns between oncology and primary care is the focus of the RCN's Finding Common Ground project. Dr. Grad is one of the family doctors participating and is also the project champion at the JGH.

"The project grew out of a patient satisfaction survey conducted McGill-wide," explains RCN project manager Dr. Mitali Ruths. "Responses indicated that one of the strongest areas for improvement was communication between cancer care specialists and GPs for survivorship care."

The RCN project has three main streams to improve long-term care for cancer patients and survivors: first, workshops

to educate family physicians about existing guidelines; second, a Standardized Treatment Plan which will provide regular updates to family physicians during a patient's cancer treatment; and third, a Survivorship Care Plan sent to family doctors as patients transition from treatment to survivorship.

"Whenever
you improve
communication,
you improve
care"

Give me guidance

Dr. Ruths explains that Drs Genevieve Chaput and Desanka Kovacina conducted a survey targeting family physicians at various Montreal sites in order to assess their needs and perceived barriers in caring for cancer survivors. The survey revealed that 46% of doctors who responded weren't familiar with current guidelines on surveillance of cancer survivors. In addition, 48% of family physicians expressed feeling uncertain about their role in caring for survivors. A further 53% said the

biggest barrier was lack of communication with specialists.

"Because it is an emerging field, a significant number of family physicians simply aren't aware of what cancer survivorship is," adds Dr. Gen Chaput, who is leading the stream of the RCN project to educate physicians, along with Dr. Manuel Borod, the RCN project champion at the MUHC. Dr. Chaput is a family doctor with a cancer survivorship expertise, and is the leader of the MUHC Cancer Survivorship program.

To address this, starting in January, a MAINPRO-accredited workshop created and delivered by Dr. Chaput has been offered at all RCN sites. The interest from family physicians has been huge. "We anticipated 30 to 40 family physicians," says Dr. Ruths, "So far 125 have participated in four workshops and another session is planned."

Dr. Chaput explains that a number of factors have changed the care plan in recent years. "Earlier detection and better treatments mean that cancer survivors are living longer; but this comes at a price: greater disease burden. Cancer survivors have more comorbid conditions compared to the general population."

In turn, family physicians have a specific list of issues they must screen for in any patient with a cancer history: they must monitor for late effects such as cardiovascular diseases and psychosocial problems.

Dr. Chaput says the main goals of the workshops are to raise awareness and educate family physicians about these specific cancer survivors' issues and surveillance needs.

Share early, share often

Cancer patients often see their family doctors while they're in treatment for a variety of other medical problems, and each intervention can potentially impact the other. This is the reason for the second stream of Finding Common Ground: the Standardized Treatment Plan.

"There is no standard way for family physicians to be informed about the diagnosis and planned treatment of their patients," explains Dr. Joan Zidulka, an oncologist leading this stream of the project and also the project champion at SMHC.

The idea is to develop a document that would record pertinent information from diagnosis until the end of treatment. "The document will be sent to physicians before treatment begins and updated to reflect changes in treatment or diagnosis, such as referrals to psychosocial services for anxiety, depression, etc," explains RCN Project Manager, Gligorka Raskovic.

Family doctors will receive updates if there are changes in treatment; the patient will also get a copy to share during a visit to a walk-in clinic or emergency room. The pilot project will be conducted over the course of a year with the support of family physician Dr. Susan Still at SMHC who is collaborating on developing the prototype, along with RCN site coordinator Francine Lavoie.

"This is about opening lines of communication and forming more of a team," adds Dr. Zidulka. "We want to ensure that non-oncological issues, like blood pressure, cholesterol and sugar levels, are being appropriately followed by family physicians. Patients assume we are taking care of these things, but we're not."

Planning for survivorship

The third stream is the development of a Survivorship Care Plan (SCP), a document meant to succinctly summarize a patient's cancer treatment and provide guidance on late effects and surveillance.

At the moment, a family doctor can consult the Dossier Santé Québec (DSQ) software that allows access to test results done in the public system, but the reports are not integrated into a plan and do not include a synopsis or recommendations for care. "We need better information — not too technical, concise, and relevant for decision making with individual patients," explains Dr. Grad.

Mike Shulha, the lead for this stream of the project, explains

that a series of expert panels made up of survivors, family physicians and oncologists from the JGH, SMHC and MUHC as well as from the CLSC Côte-des-Neiges will discuss what should be included. Statistical analysis will pare down the items everyone agrees on and the groups will discuss the results to finalize an SCP prototype.

Shulha notes that there are a variety of options for disseminating an SCP but the most common is to give it to the patient in a paper format. The next logical phase of work will be to develop a sustainable strategy for creating and delivering SCPs in electronic formats as well.

One certainty is that SCPs have the potential to fulfill important information needs, as Montreal breast cancer survivor Vivianne Korah can attest. Her own transition from cancer care to survivorship

hasn't run entirely smoothly. "During treatment, it's terrific," says Korah, who received her treatments at the MUHC. "There was a pivot nurse who could check with the oncologist if anything came up. Then I was followed in the breast clinic, so there was still someone to respond to my questions. But when treatment finishes, it's very hard not to worry."

"If I had a care plan it would put my mind at ease. I'd know when I should have my markers drawn or an electrocardiogram or an ultrasound. A care plan would diminish the anxiety of looking for signs and make you feel like you're not neglecting yourself."

And as Dr. Ruths notes, "Whenever you improve communication, you improve care." ♦



Montreal breast cancer survivor
Vivianne Korah.

Are you a primary care provider following cancer survivors?

Would you be interested in joining an education session about common survivor issues and surveillance needs?

Let us know at mcgill.ca/rcr-rcn/survivorship

Cancer care quality gets a shot in the arm

RCN RESEARCH GRANTS HELP SIX MULTI-HOSPITAL TEAMS TEST NEW WAYS OF IMPROVING CARE

Improving the quality of care for cancer patients takes teamwork. "Clinical problems are not unique to individual hospitals; we can learn from each other," explains Dr. Ari Meguerditchian, Program lead for the RCN's Cancer Quality & Innovation Program. "The goal of the RCN Research Grants is to stimulate innovation, collaboration and a network approach to problem solving."

Last fall, the RCN awarded six research grants, totaling \$550,000. Selected projects aim to impact cancer care quality, helping the network to improve the provision of care, increase survival rates, and reduce the burden of cancer.

They are also fostering an unprecedented level of collaboration between the RCN's partner institutions, since teams had to include co-applicants from at least two of the hospitals in the network.

"Centres that do quality of care research tend to be better at what they do," says Dr. Meguerditchian. "The grants also allow us to ensure that the McGill-affiliated hospitals become leaders in the field of cancer care quality, developing innovative ways of delivering care and evaluating their impact."

In this issue, we feature three of the six projects currently underway.

Straight talk about breast cancer

When a woman is diagnosed with breast cancer, she has no idea what to expect and often does not know where to find reliable information.

A team of RCN breast cancer specialists from SMHC and the MUHC is undertaking a research project, which in-

volves interviewing Canadian breast cancer patients and survivors to capture their experiences in their own words.

The recordings will then be posted on **HealthExperiences.ca** and will allow researchers to determine if the type of information provided by actual patients is more useful than standard information sources currently available. "There is a value in seeing and hearing people's real life experiences:

It helps others understand what it's really like to have breast cancer. It's like a support group online," notes Dr. Donna Stern, project leader and oncologist at SMHC. "In addition, we hope this project will describe breast cancer in a way not available from health professionals or accurately from the internet." Indeed, the interviews will also provide health care professionals with a deeper understanding of the experience of breast cancer.

The initiative is based on the award-winning Health Experiences Research Group at the University of Oxford in the United Kingdom.

Patients from across the country and from a broad range of cultural and socio-economic groups will tell their stories. The team is using rigorous qualitative research methods to capture the full range of experiences associated with breast cancer: Patients can be newly diagnosed or survivors spanning a number of years. While the interviewer will prompt patients with questions, the focus will be on the patient's story and what is most relevant to her, including the emotions surrounding the diagnosis and treatments, as well as the support systems available.

SMHC-MUHC team: Oncologist Dr. Donna Stern will lead a team that includes Dr. Tarek Hija, Dr. Neil Kopeck, Dr. Susan Law and Ms. Ilja Ormel.

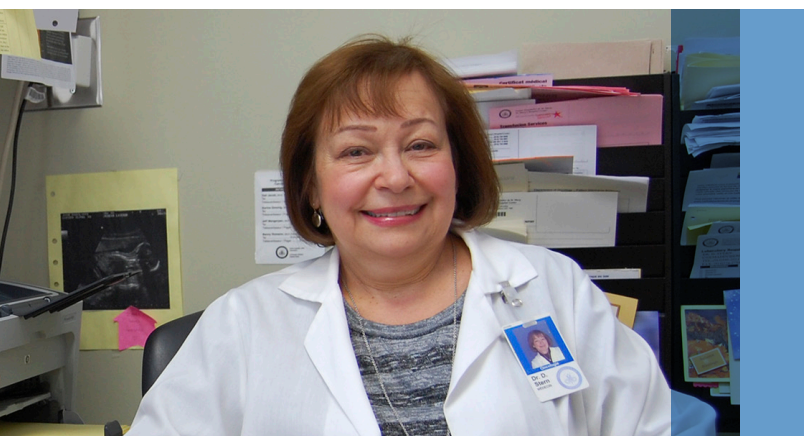
Looking for ways to reduce lymphedema

Beating cancer is a tremendous victory, however some patients face debilitating long-term complications. For instance, 10 to 30% of patients who undergo surgery for a gynecological cancer will develop lymphedema.

Lymphedema, a condition in which excess fluid (lymph) collects just beneath the skin causing swelling (edema), usually presents three to six months post-surgery and has a major impact on a patient's self-image and quality of life. Symptoms of lower limb lymphedema can include feeling as though your clothes are too tight, a feeling of fullness and stiffness in your legs and difficulty walking.

Currently, there are no guidelines on the prevention of lower limb lymphedema in gynecological cancer patients

"Centres that do quality of care research tend to be better at what they do"



Dr. Donna Stern: giving breast cancer survivors a voice.



Dr. Anna Towers and physiotherapist Shirin Shallwani: keeping lymphedema at bay.

treated with surgical lymph node dissection. A team of RCN health care professionals from the MUHC and the JGH will determine if the incidence of lymphedema can be reduced with the development of a comprehensive risk reduction program that includes compression stockings, a personalized exercise regime and patient education.

"We are hypothesizing that patients who get the intervention will be less likely to develop lymphedema, or the condition will develop more slowly and be less severe," explains Shirin Shallwani, the project co-lead and a physiotherapist with the MUHC Lymphedema Program.

The research project will recruit 50 patients and take two years to complete. The team will look for patients at risk of developing lymphedema based on their treatment history and the stage and grade of their cancer. The treatment group will then receive custom-fit compression stockings four weeks post surgery, an individualized exercise program as well as information on how to reduce the risk of developing the condition. The control group will only receive information.

"Without the grant, we would not have been able to conduct this study and develop a comprehensive approach at preventing or managing this chronic side effect of curative surgery," says Ms. Shallwani.

MUHC-JGH project team: Physiotherapist Ms. Shirin Shallwani and co-investigator Dr. Anna Towers will lead a team that includes Dr. Lucy Gilbert, Dr. Walter Gotlieb, Ms. Pamela Hodgson, Ms. Lisa Kham, Dr. Shannon Salvador and Ms. Angela Yung, supported by their collaborators, Ms. Rachel Pritzker, Dr. Judith Soicher and Dr. Jadranka Spahija.

Reducing post-operative complications for kidney cancer patients

Imagine potentially reducing post-operative complications after kidney cancer surgery by up to 50 percent. This is just one of the goals of an RCN research project being undertaken by urologists at the JGH and MUHC. The study's overall aim is to optimize the quality of care for patients with kidney cancer and decrease complications, side effects, mortality and length of stay.

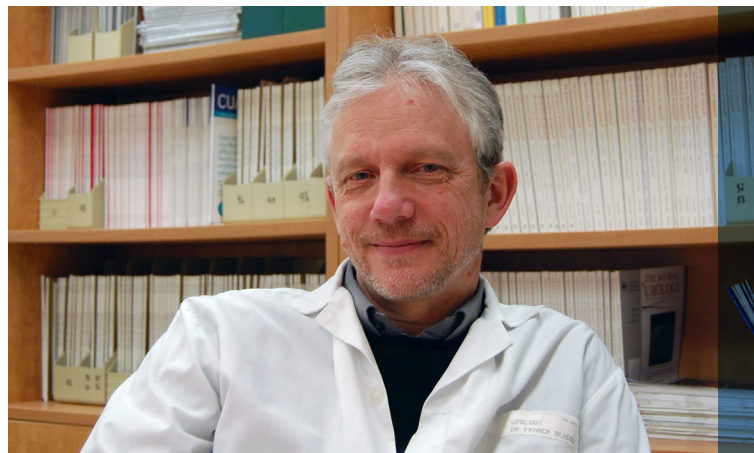
To achieve this, an Enhanced Recovery After Surgery (ERAS) team will be put in place in the Urology Departments of the JGH and the MUHC.

ERAS is an internationally recognized program that focuses on improving patient outcomes and speeding up recovery. ERAS programs focus on ensuring that patients are active participants in their own recovery process and that they always receive evidence-based care at the right time.

"The RCN-sponsored ERAS team will look at all areas of the patient's journey through the surgical process with the aim of replacing traditional practices with evidence-based best practices when necessary," says Dr. Franck Bladou, lead researcher and Chief of Urology at the JGH.

The seven-member JGH ERAS team which includes nurses, a urologist, anesthesiologist, surgeon, and dietician have begun meeting. A pre-study has been launched and will last six months. It involves establishing protocols, reviewing and creating education materials, developing checklists and conducting patient surveys.

Following this, the team will implement ERAS protocols and track various data pre and post establishment of the ERAS program to determine if over the two years of study, patient outcomes have improved.



Dr. Franck Bladou: helping patients sail through surgery.

"If our study achieves the expected results of improving the patient experience and reducing post-surgical complications rates, teams in other surgical programs for cancer or other diseases will likely be interested in establishing their own ERAS program," suggests Dr. Bladou.

JGH-MUHC project team: Urologist

Dr. Franck Bladou will lead a team that includes Dr. Maurice Anidjar, Dr. Wassim Kassouf, Dr. Simon Tanguay. ♦

2015 RCN Grant Recipients

Coming soon! We'll be announcing the latest RCN Research Grant recipients. Check back on mcgill.ca/rcr-rcn to find out more.

Moving forward together

MCGILL'S LEADING CANCER EXPERTS ARE WORKING TOGETHER TO STANDARDIZE CARE ACROSS THE NETWORK

The cancer centres of the McGill University-affiliated hospitals have always fostered a collegial approach to patient care. A number of oncologists from the different teaching hospitals already meet regularly to discuss cases in their specific tumour site (breast, colon, etc...).

But the best cancer networks in the world take this approach one step further: they have their oncologists pool their knowledge in order to concentrate expertise as cancer care continues to become more sub-specialized, and they present a united front to obtain the latest new treatments.

Starting last fall, the RCN did just that, creating seven tumour-specific working groups, called Disease Site Teams. These teams unite oncologists from the different McGill hospitals in order to track patient outcomes and target improvement initiatives, integrate patients into clinical trials, and develop network-wide treatment guidelines, to name just a few of their mandates.

"This is not only a practice that is the standard in world-class cancer centres, it's also essential to a network like ours where patients come from multiple institutions," explains Dr. Wilson Miller, Clinical Lead of the RCN and the Deputy Director of the Segal Cancer Centre at the JGH. "We need to ensure that each patient gets optimal care with input from experts across the McGill hospitals. The Disease Site Teams are crucial to creating a true network at the level of the delivery of cancer care for patients."

The teams are led by some of McGill University's foremost oncologists. They are experts in their fields who have contributed to the development of new effective therapies; researchers with

hundreds of clinical trials and publications to their name; leaders and future leaders in their sub-specialty. Their role will be to develop consensus and align colleagues behind a shared vision of care for their tumour site. ♦

"The Disease Site Teams are crucial to creating a true network at the level of the delivery of cancer care for patients"

The Breast Disease Site Team is led by Dr. Jamil Asselah.



The Gynecological Disease Site Team is led by Dr. Walter Gottlieb and Dr. Xing Zeng.

The Gastro-Intestinal Disease Site Team is led by Dr. Thierry Alcindor.



The Hematologic Malignancy Disease Site Team is led by Dr. John Storrington.

The Genito-urinary Disease Site Team is led by Dr. Franck Bladou and Dr. Simon Tanguay.



The Head and Neck Disease Site Team is led by Dr. Khalil Sultanem.

The Lung Disease Site Team is led by Dr. Victor Cohen and Dr. Scott Owen.



To learn more about the professional background and roles of the team leads as well as each group's specific mandates, visit mcgill.ca/rcr-rcn/disease-site-teams

For the first phase of the project last summer, a plasma screen was installed in the doctors' team room, allowing physicians to see how long patients have been waiting, and clarifying where patients were as they moved in the unit to see various health professionals. At the same time, a new work flow for managing the waiting room and the doctor's team room was implemented.

"When you see how long your patient has been waiting, that pushes you to adjust your behaviour – at least it certainly helped me adjust mine!" explains Dr. Tarek Hijal, project co-lead and a radiation oncologist at the MUHC. "Now that we see where our patient is in the unit, we can more easily go to see them."

Quick and easy

The next phase of the project last fall saw three new self-check-in kiosks installed. Now, returning patients just scan their medicare card to register and the entire health care team — oncologists, technologists, and administrative staff — knows immediately that they have arrived.

In addition to being able to take a seat more quickly, patients also benefit because staff at the registration

desk are now free to answer questions or help with forms or appointments.

After implementing these changes, wait times for registration

fell from over 10 minutes per patient (at peak times) to about 10 seconds. More than 80% of patients are now using the new system and over 85% were very satisfied with the speed and ease of use.

Eileen, who is receiving radiotherapy for breast cancer, felt it was a big improvement. "It's much more convenient: You just scan your card. The screen [on the kiosk] also shows you if your appointment is behind schedule."

Track your turn

For the next phase of the project a plasma screen will

be installed in the waiting rooms indicating which patient is being called and what room they should go to. As a result, patients won't need to strain to hear their name being called, and won't worry that they've missed their turn if they step out for a moment.

Lessons learned from the MUHC experience will inform similar self-check-in systems at the JGH and SMHC. ♦



Self-check-in team: *Front row, left to right: Mary Vescio, Palma Fava, Gligorka Raskovic, Annie Rompré, Back row, left to right: Dr. Tarek Hijal, Rachelle Dumas, John Kildea, William Parker. Not pictured: Suzana Darvasi, Ciro Maietta*

are not alone and they have access to a team of treating professionals at any time during treatment."

The material has been distributed to patients in the hospitals and has been viewed or downloaded on hospital and RCN websites.

And there is definitely plenty of interest on the part of patients: In the project's first six months, over 1800 patients viewed the video and over 2000 patients received booklets.

In the coming months, the RCN's ongoing patient satisfaction surveys will help the team review the project impact. ♦



Your Radiotherapy Journey team (from left to right): Linda Johnson, John Kildea, Renata Benc, Dr. Khalil Sultamen, Patrice Geairon, Devon Reid, Francine Lavoie, Dr. Tarek Hijal. Not pictured: Lucie Tardif, Nancy Posel.



MUHC Open House

Last December, as part of the MUHC's massive Open House weekend activities which welcomed 15,000 people, members of the RCN were able to speak to hundreds of visitors—both health care professionals and the public—and share how RCN initiatives are making a real difference in the lives of cancer patients in the network. It was an inspiring weekend for the team which met people whose lives are directly touched by our initiatives! ♦

McGill Department of Pathology Annual Retreat

The RCN is proud to have sponsored the McGill Department of Pathology retreat. Pathologists are a crucial part of the cancer care process: Without their precise diagnoses of the stage and type of cancer, doctors couldn't prescribe the most effective treatment and obtain the best possible outcome for their patients. Dr. Wilson Miller, the RCN Clinical Lead was on hand and spoke of the importance of working together across hospitals and disciplines towards standard pathology reporting. In this way,

the McGill-affiliated hospitals can benchmark their outcomes against leading cancer centres, and target improvements.

As a centre of excellence in Canada, McGill's teaching hospitals have instituted synoptic reporting—a best-in-class practice that uses standardized checklist for pathology reports. Thanks to the collaboration of the Chair of McGill's Pathology Department, Dr. Zu-Hua Gao and the Director of Pathology at the JGH, Dr. Alan Spatz, pathology reporting in all three hospitals is now done synoptically for the four major cancers (breast, colon, lung, prostate). ♦



World Cancer Day!

February 4 was World Cancer Day and the RCN celebrated by being on hand along with Cedars CanSupport to greet cancer patients, survivors and their families who turned out for the inspiring lecture held by McGill's Goodman Cancer Center titled *Surviving Cancer: Not Beyond Us*. ♦



RCN update

Editor: **Sophie Lorenzo**
Contributors: **Lisa Dutton**
Gillian Woodford
Translator: **Geneviève Gravelle**
Design: **RVH Medical Multimedia Services**

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About the RCN

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

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