

Princess Margaret Cancer Centre

ANNUAL REPORT
2018



LEADERSHIP MESSAGE



Marnie Escaf MHA, HBBA
Senior Vice President, Executive Lead,
Princess Margaret Cancer Centre

We are pleased to present the 2018 Annual Report for Princess Margaret Cancer Centre at University Health Network (UHN). This report profiles our progress and activities in clinical care, research, and education during the past year.

Over the past five years, our 2013-18 strategy has inspired a more personalized approach to care, a strengthening of our research programs, and an expansion of our education efforts. While continuing to dedicate ourselves to the important commitments in our previous strategy, we embarked on a journey to renew our strategic plan in 2018. Together, we identified five strategic priorities that will guide our focus over the coming years and enable Future Care Now: 1) Shape the future of cancer care 2) Advance cancer control locally and globally 3) Harness the potential of data science 4) Drive cancer discovery, and 5) Support and champion the needs of people affected by cancer.



Mary Gospodarowicz MD, FRCPC, FRCR (Hon)
Medical Director,
Princess Margaret Cancer Centre

Our leading education programs continued to drive impact, including our Accelerated Education Program celebrating the delivery of its 50th course to over 1,300 radiotherapy professionals worldwide. Our research efforts enhanced our understanding of the disease through important advances in immunotherapy and data science, as well as novel clinical research that promises to transform how we detect, diagnose and treat cancer for the patients of today and tomorrow. We continued to expand our global engagement which included co-hosting the Toronto Global Cancer Control Conference (TGCCC) with the University of Toronto's Dalla Lana School of Public Health. TGCCC brought together leaders in cancer and global health to discuss critical challenges and pose potential solutions.

With generous support from The Princess Margaret Cancer Foundation, we made great progress in our renovations to transform our space. The newly renovated gynecologic oncology and palliative care clinics and outpatient pharmacy feature bright, welcoming spaces that improve the patient experience and facilitate the delivery of world class care. We also unveiled a new space dedicated to staff wellness.



Mitsu Ikura PhD
Interim Research Director (2017-2018),
Princess Margaret Cancer Centre

We would like to acknowledge our partner The Princess Margaret Cancer Foundation for its dedicated support and philanthropic efforts that help make our discovery and innovation possible. We thank our donors, granting agencies, sponsors, and event and lottery participants for their continued support.

Lastly, we thank our staff and volunteers for their unwavering dedication and determination in providing the very highest standard of care and support for our patients, and for continually pushing the boundaries of innovation and collaboration.

For more information, please visit us online at ThePrincessMargaret.ca.

OUR PROGRAM



Size

Clinical space	850,000 sq ft
Research space	417,400 sq ft
Beds	221



People

Total	>3,200
Oncologists	182
Nurses	576
Health professions staff	526
Researchers and research staff	1,097
Volunteers	380



Clinical Care

Surgical procedures	6,413
Systemic therapy and transfusion visits	50,000
Radiation therapy visits	88,452
Stem cell transplants	542
Ambulatory clinics	526
Clinic visits	230,920



Education

Nursing students	171
Health professions students	196
Residents	184
Fellows	140
Participants in enrichment programs	1,789



Research

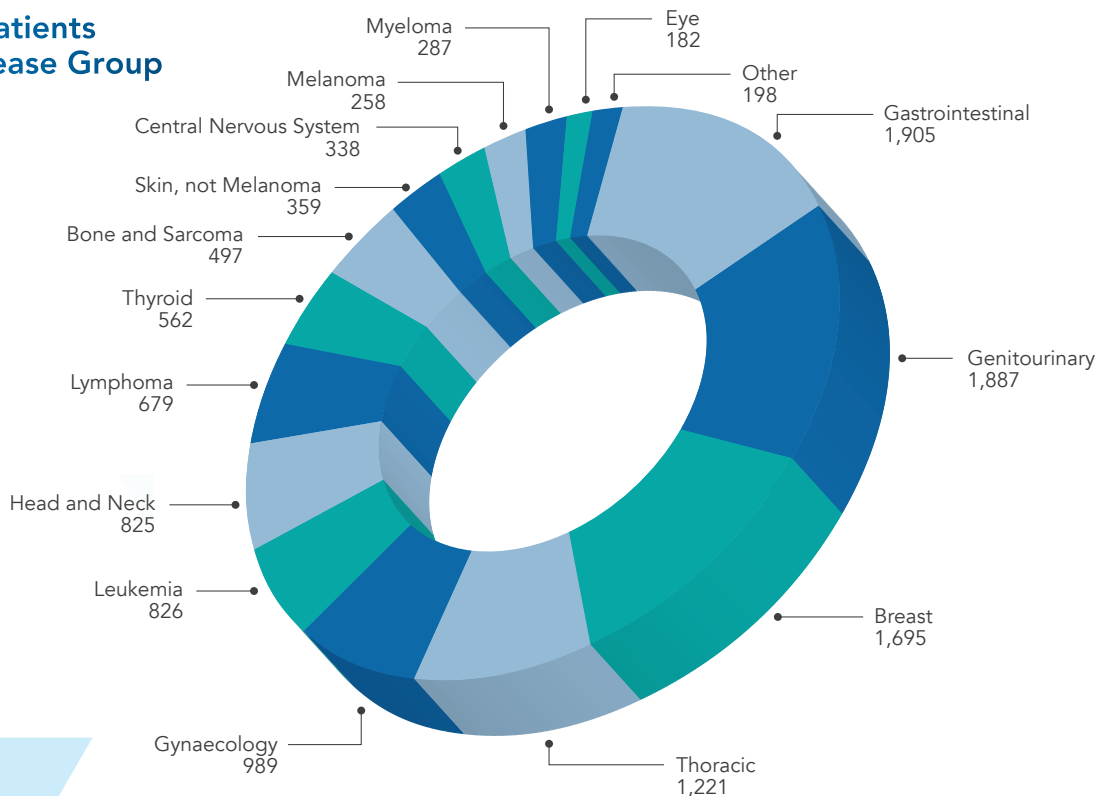
Research funding	\$142M
Peer reviewed publications	1,213
New clinical research studies opened	173
Patients in clinical research studies	7,259
Patients entered in clinical trials	1,993
Proportion of treated patients in clinical trials	16%



New Patient Volumes

Total	17,801
Malignant/in-situ/uncertain behaviour/other	12,708
Non-neoplastic	3,533
Benign	1,560

New Patients by Disease Group



OUR CLINICAL PROGRAMS




Medical Oncology and Hematology

Amit M. Oza MD

*Head, Medical Oncology and Hematology
 Director, Cancer Clinical Research Unit, Princess Margaret Cancer Centre
 Co-Director, Bras Family Drug Development Program, Princess Margaret Cancer Centre
 Daniel E. Bergsagel Chair in Medical Oncology
 Professor of Medicine, University of Toronto*

Medical Oncology and Hematology is dedicated to providing the most advanced therapeutic approaches to patients diagnosed with solid or hematologic malignancies. Our team includes 61 medical oncologists and malignant hematologists, 21 clinical associates, 70 clinical fellows, 6 hospitalists, and more than 150 practitioners, nurses, trainees, and allied health professionals. We are one of the largest Divisions in the Faculty of Medicine at the University of Toronto and have the largest Blood

and Marrow Transplant Program in Canada. We have contributed to seminal practice changing studies and have advanced clinical and biologic knowledge through our early phase clinical trials programs. We are home to internationally recognized programs in genomic medicine, immunotherapy, myeloproliferative neoplasm, and hematology programs. Together, we endeavour to be global leaders in improving outcomes, and advancing care through continuous innovation and research. 




Radiation Medicine

Fei-Fei Liu MD, FRCPC

*Chief, Radiation Medicine
 Senior Scientist, Princess Margaret Research Institute
 Dr. Mariano Elia Chair in Head and Neck Oncology
 Chair, Medical Advisory Committee, University Health Network
 Professor and Chair, Department of Radiation Oncology, University of Toronto*

The internationally acclaimed Radiation Medicine Program is the largest radiation treatment centre in Canada. Our program is committed to patient-centred care with a focus on quality, safety, and expertise. We improve the quality of radiotherapy worldwide through innovative research, education, and the uptake of cutting-edge radiation practices and technologies. Our program includes 16 linear accelerators, a state-of-the-art Magnetic Resonance-guided Radiation Therapy

(MRgRT) facility, a Leksell Gamma Knife Perfexion unit, a Gamma Knife Icon unit, an orthovoltage unit, a PET CT, a MRI 3T simulator, and three CT simulators. Our program includes 36 radiation oncologists, 30 medical physicists, 175 radiation therapists, and clinical, research, administrative, and technical support teams. This interprofessional group of over 380 staff work together to deliver high quality and safe radiation treatment to over 8,000 cancer patients annually. 



Surgical Oncology

Gelareh Zadeh MD, PhD, FRCSC

Chief, Surgical Oncology

Senior Scientist, Princess Margaret Research Institute

Wilkins Family Chair in Neurosurgical Brain Tumour Research

Head of Surgical Oncology, Cancer Care Ontario - Toronto Central Region

Associate Professor, Department of Surgery, University of Toronto

Surgical Oncology is committed to providing access to leading-edge surgical techniques and technologies that improve patient outcomes, with a focus on delivering comprehensive, compassionate care for our patients. With 71 dedicated cancer surgeons, our multidisciplinary surgical teams offer services for central nervous system, breast, skin and melanoma, sarcoma, urology, head and neck, thoracic, hepatobiliary, colorectal, gynecologic, ocular neoplasms, oncological

reconstruction, endocrine, and dental oncology. We have an internationally recognized interdisciplinary program dedicated to clinical and translational research, innovation, and education. We endeavour to meet the increasing demand for the surgical management of cancer, and we are committed to providing the best practice of care through collaboration, outreach, and partnership with our community. 🌐



Collaborative Academic Practice

Pamela Savage RN, MAEd, CON(C)

Director of Professional Practice

The Collaborative Academic Practice portfolio is firmly rooted in the strength and contribution that each profession brings to the whole. Our Portfolio includes 15 health professions including staff in anesthesia, chiropody, clinical nutrition, kinesiology, medical imaging technology, nursing, occupational therapy, physiotherapy, psychology, respiratory therapy,

radiation therapy, social work, speech language pathology, spiritual care, and therapeutic recreation. Collaboratively we lead the synthesis of practice, education and research within the individual professions and collectively integrating practice among the 15 health professions, connecting knowledge to care. 🌐



Supportive Care

Gary Rodin MD, FRCPC

Head, Supportive Care and Al Hertz Centre for Supportive and Palliative Care

Harold and Shirley Lederman Chair in Psychosocial Oncology and Palliative Care

Director, Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC)

Professor of Psychiatry, University of Toronto

Supportive Care is dedicated to supporting patients and families affected by cancer by providing programs and services that address the physical, psychosocial and spiritual needs throughout their cancer journey. Supportive Care is comprised of three divisions: Psychosocial Oncology, Palliative Care, and Cancer Rehabilitation and Survivorship. Clinical care is delivered by a large clinical team of social workers, psychiatrists, psychologists, palliative care physicians, nurses, music therapists, art therapists, kinesiologists,

occupational therapists, physiotherapists, registered massage therapists, dietitians, and other allied health professionals. We have also become an internationally recognized for research, and education, developing and testing novel approaches to treatment and training supportive care students and clinicians from all over the world. The unique integration of psychosocial, palliative care, and cancer rehabilitation supports a holistic and comprehensive approach to supportive care for cancer patients and their families at all stages of the disease. 🌐

Future Care Now: Unveiling the New Princess Margaret Cancer Centre Strategy



In the last 20 years, we have seen transformational progress in cancer care. Although the incidence and prevalence of cancer continue to increase, advances in the precision and personalization of care have resulted in improved outcomes and quality of life. These advances include progress in molecular imaging, advanced screening tests, image-guided therapeutics, radiopharmaceutical therapies, integration of robotic technology, and tremendous growth in the number of cancer drugs available.

Our aspiration is to be at the forefront of this transformational progress, setting new standards for patient care, embracing innovative treatment and technology, forging new pathways to discovery, and strengthening education and outreach to translate new knowledge to practice. Over the past five years, our strategy has inspired a more integrative and personalized approach at all levels of care, a strengthening of our clinical research program and an

expansion of our education efforts to achieve impact as a top comprehensive cancer centre in the world.

While we will continue to dedicate ourselves to these important commitments, it is time to take our next steps towards our new vision for **Future Care Now**. Over the past year, we have conducted an in-depth assessment of our healthcare environment, consulted with more than 1,500 patients, families, staff, and external partners to inform our future directions. Through this process, we heard clearly where we excelled and where we can evolve. We heard that our focus must remain steadfast on delivering excellence in patient care and experiences and we collectively see the enormous potential of further integrating our clinical, research and education programs. We value our partnerships and understand their essential role in creating seamless care and global impact.

Our New Strategic Priorities



Shape the Future of Cancer Care

Enabling future care now means challenging traditional models of care to create space for new possibilities. For patients, this means accessing state-of-the-art care when, where and how they choose. For providers, this means access to a sophisticated tool box of options that allows them to responsively and efficiently deliver the best possible care.



Advance Cancer Control Locally and Globally

The breadth and depth of our expertise positions us to effect broad-scale change beyond our walls. We will work to expand our strategic partnerships with healthcare organizations, government agencies and industry to revolutionize how cancer is treated and funded.



Harness the Potential of Data Science

As cancer care rapidly evolves and we embrace new technologies, data will continue to grow exponentially. Investing in data science will enable us to be at the forefront of inventing and applying novel analytical approaches and predictive models that hold the promise of transforming care, education and research.



Drive Cancer Discovery

The Princess Margaret has a rich history of leadership and innovation in advancing cancer care. We will continue to empower our clinicians and scientists across the full spectrum of basic, translational and clinical research to work collaboratively, spark creativity and accelerate discovery.



Support People Affected by Cancer and Champion Their Needs

A cancer diagnosis affects many facets of an individual's life and cancer care should encompass more than just the treatment of disease. We endeavor to enhance clinical care, education and research to better meet the full spectrum of patient and family needs across the cancer care continuum - from diagnosis to end of life and bereavement.

Together, we have identified five strategic priorities that will guide our focus and enable **Future Care Now**. Our goals and objectives will be achieved over a number of horizons – some setting the foundation for growth and potential and others pushing the boundaries of what is possible.

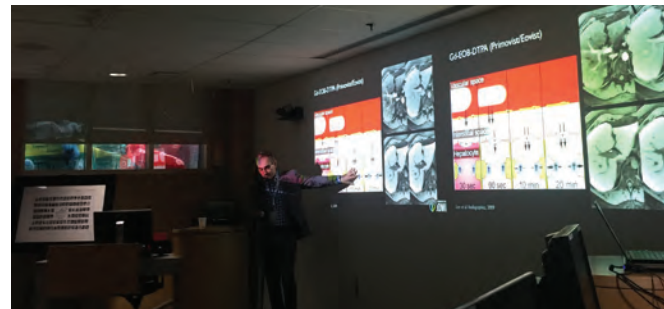
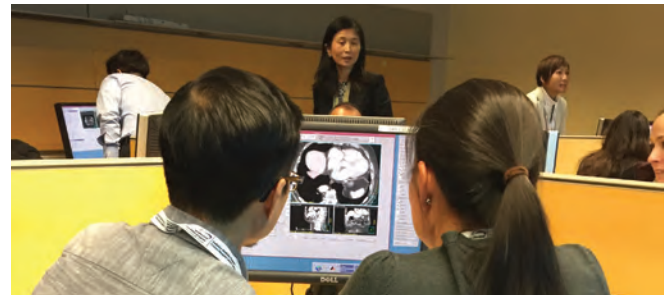
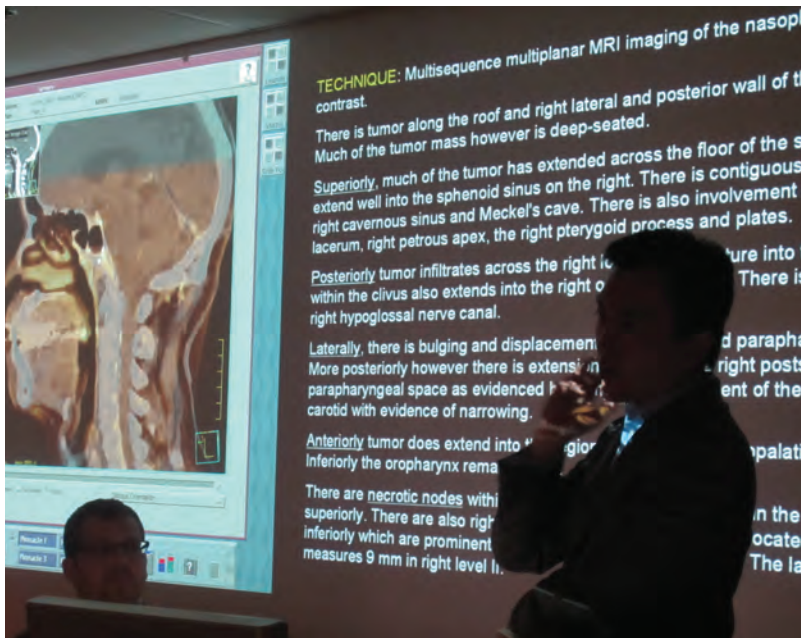
This strategy aligns with the University Health Network's 2019-23 Strategic Plan, the strategic directions of The Princess Margaret Cancer Foundation, Ontario Cancer Plan, and the University of Toronto Faculty of Medicine 2018 - 2023 Academic Strategic Plan. It is collectively

with our partners – both at home and abroad – that we will enable **Future Care Now**.

As work begins to put this plan into action, we recognize that the success of our strategy will depend on flexibility in our implementation plan. Our priorities will be adapted to take into account emerging issues and opportunities as well as our resources and talent pool. We look forward to working together to achieve these strategic priorities to enable **Future Care Now** at the Princess Margaret and beyond. For more information, please visit theprincessmargaret.ca/strategy.

The Accelerated Education Program:

Building Global Excellence in Radiotherapy Practice



Progress in cancer care is evolving at a rapid rate. The Princess Margaret is home to centres of excellence in education that enable providers and trainees to stay abreast of new knowledge and technology with the ultimate aim of delivering the best care for patients. Our culture of life-long learning and depth of expertise in teaching and training have resulted in a number of innovative programs for trainee and provider education.

The Radiation Medicine Program (RMP) has worked to improve the quality of radiotherapy worldwide. In 2005, RMP launched the Accelerated Education Program (AEP) with aim of delivering continuing education for professionals to acquire the knowledge, skills, and strategies to implement fundamental and innovative radiotherapy principles into practice.

“As one of the largest single-site radiation facilities in the world and a top research hospital, we perform more than 10,000 radiation treatment courses every year for a complex range of patients using state-of-the-art technologies and methods,” says Dr. Rebecca Wong, Director of Education, RMP. “That makes us an ideal base for both teaching and learning.”

Over the past 13 years, the program has grown exponentially and more than 1,300 professionals have now benefitted from the AEP’s offerings. Fifty-one, on-site courses have been delivered on fundamental and innovative radiotherapy skills and disease-focused techniques. Interactivity and networking opportunities were maximized. Personalized learning programs are also available to professionals seeking more first-



hand clinical experiences. Most recently, the program has added a variety of short, web-based education modules, enabling professionals from around the world to remotely access learning. Continued contact post-learning is highly encouraged.

The program involves more than 100 faculty including radiation oncologists, physicists and radiation therapists from RMP, as well as radiologists, pathologists, surgeons, hepatologists, medical oncologists from UHN.

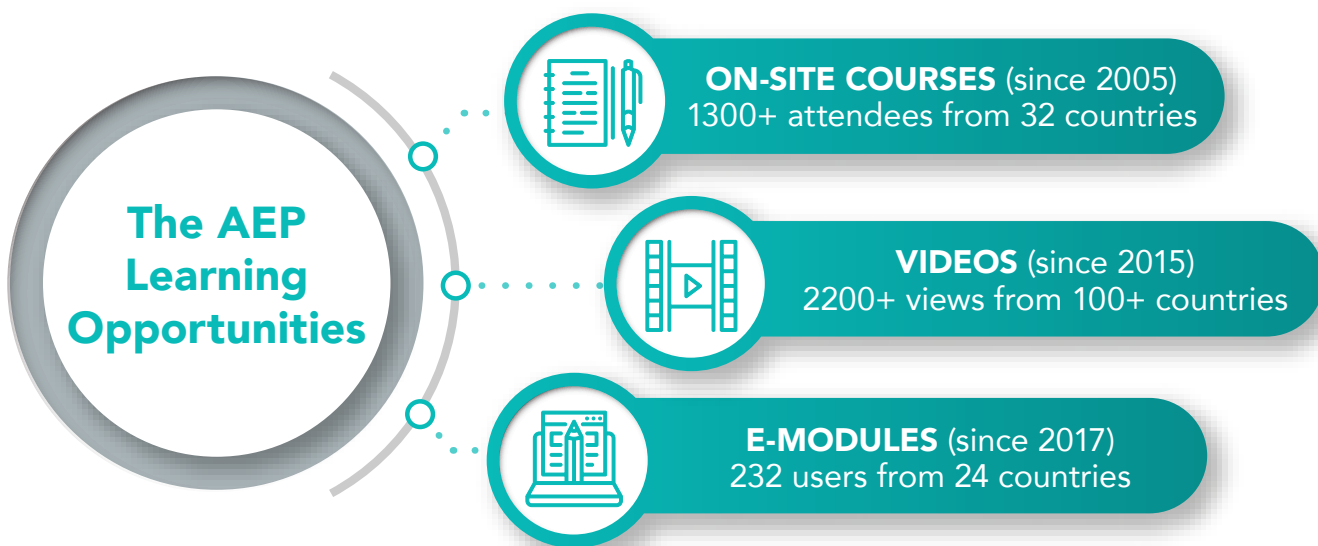
“The growth of the program is a testament to our hands-on, highly-engaged approach to education,” says Nicole Harnett, Director of the AEP. “Our educators are leaders in their field and incredibly passionate. We’ve made a conscious decision to keep our class sizes below 30 people and to create a very interactive, practice-based experience for learners. More than 50% of our participants report significant adjustments and improvements to their approach to care based on our teaching.”

AEP’s impact is global. Guest faculty have been invited from Europe, the U.S., China, Australia, and South America further enriching learning opportunities with perspectives and expertise from different parts of the world. Graduates from the program include professionals from 32 countries. The program has also exported its offerings to Kuwait, Jordan, Australia, and China. The result is a worldwide network of committed radiotherapy professionals who are actively involved in keeping up-to-date on best practices, sharing new knowledge with their colleagues, and translating their learning to benefit patients and families in their own communities.

“We’ve succeeded in developing educational methodologies that can influence practice, even in the most complex and rapidly changing environments,” says Harnett. “We will continue to evolve to meet the needs of learners and incorporate new discovery into practice.”

We’ve succeeded in developing educational methodologies that can influence practice, even in the most complex and rapidly changing environments.

Nicole Harnett, Director, Accelerated Education Program



Unblocking Immunotherapy:

Transforming Care Through Personalized Medicine

Dr. Daniel De Carvalho
*Senior Scientist,
Princess Margaret Research Institute*



Advances in technology and data science are making it increasingly possible to customize cancer care to individual patients for better outcomes. Personalized medicine targets care based on a patient's genetic or molecular profile – the underlying key to how the body responds to many factors, including the progression of disease and treatment response.

At the Princess Margaret, a number of clinicians and researchers are working to advance personalized medicine across every step of the patient journey and along multiple fronts. This work spans the full spectrum of basic, translational and clinical research and includes studying the underlying mechanisms that affect patient


susceptibility to cancer, understanding the intricacies of treatment response, leveraging data science to unlock new avenues for care, and translating these findings into practice.

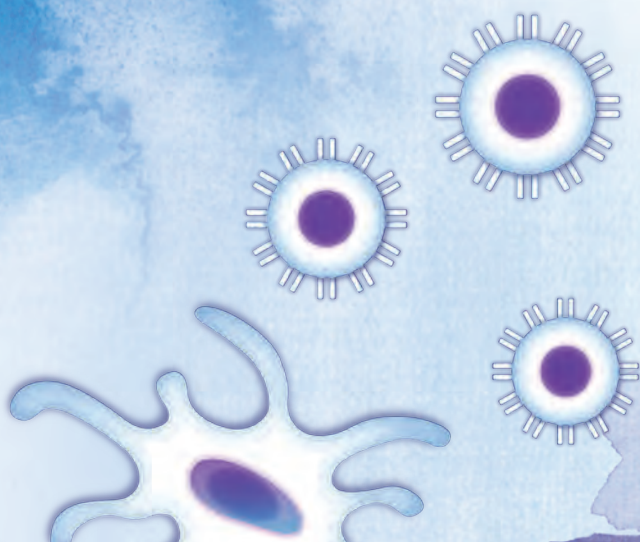
Dr. Daniel De Carvalho is a Senior Scientist with the Princess Margaret who is interested in the epigenetic mechanisms underlying cancer development, progression, and treatment. Epigenetics – or the way that genes are expressed to give us particular traits – has an important role to play in the outcomes of different types of cancer and the success of different therapies.

Last year, De Carvalho and his team published important research showing how genes involved in the extracellular matrix (ECM) are affected by cancer. The ECM is the material that surrounds and supports cells. Though not a part of a cancer cell itself, the ECM can be an important factor in how aggressively cancer spreads.

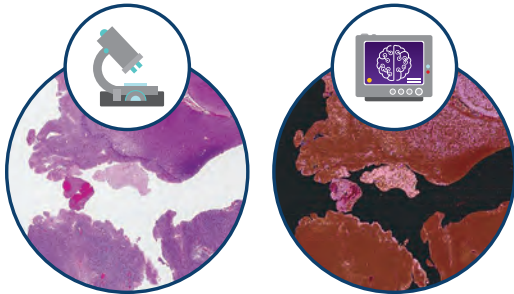
Using a 'big data' approach, the team examined thousands of patient samples from The Cancer Genome Atlas – a resource from the US National Institutes of Health that contains information on genetic changes in tumours from over 11,000 patients – to identify ECM genes associated with less favourable treatment outcomes. The analysis enabled the creation of a gene signature, a set of conditions used to predict patient responses to treatment. The signature out-performed other molecular markers in predicting whether immunotherapy would work.

Immunotherapies are a powerful anticancer strategy that work by helping a patient's immune system to target and kill cancer. While there are many complex reasons the various genes in the signature could influence the ECM and treatment resistance, many of the findings pointed to the TGF- β signalling molecule – which is secreted by many cell types and regulates the ECM – as a key player.

"These findings have the potential to personalize medicine on two levels," says De Carvalho. "In the immediate future, our gene signature provides a reliable predictor that may help clinicians decide the most effective course of treatment for patients. Over the long-term, TGF- β , or its downstream ECM genes, are interesting targets for pharmaceutical inhibition that could make immunotherapy effective for a greater number of patients." 



Artificial Intelligence and Deep Learning in Pathology



How a pathologist (left) and brAI (right) visualize biopsy material from different brain tumours.

Dr. Phedias Diamandis' quest for precision led him to explore the benefits of artificial intelligence (AI) in pathology. Dr. Diamandis and his team developed an artificial intelligence tool they call "brAI" – biological rendering through Artificial Intelligence and neural networks. It utilizes cutting-edge deep learning AI technology to automate diagnostics. The tool

Computers and humans excel at different aspects of image analysis, creating a dynamic duo for diagnostics. I see brAI augmenting the services provided by pathologists and, in the end, patients will benefit the most.

*Dr. Phedias Diamandis, Scientist,
Princess Margaret Research Institute*

compares the patterns of abnormal tissue to millions of other patients and communicates its interpretation to the physician using prediction scores to help diagnose the cancer.

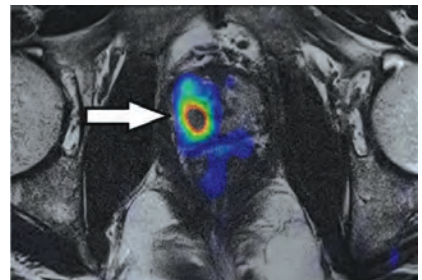
The tool can be shared over the internet. "This technology could help transform routine pathology from qualitative art to quantitative science and provide patients with more accurate diagnoses in shorter time frames." Dr. Diamandis explains, "We hope to make brAI a cost-effective and widely accessible diagnostic aid for remote cancer centres around the world." 🔄

PSMA-PET: Enhancing the Precision of Detection and Diagnosis

Continuous advances in medical imaging have been crucial in enhancing the ability to unveil and characterize diseases. A team of researchers at the Princess Margaret including Drs. Alejandro Berlin, Peter Chung, Antonio Finelli, Robert Hamilton, Aaron Hansen, Ur Metser, and Patrik Veit-Haibach are conducting studies to determine the role of novel molecular imaging technology to enhance the detection and diagnosis of prostate cancer.

In some instances, a rising prostate-specific antigen blood test could indicate presence or recurrence of cancer but subsequent testing with conventional imaging, such as a CT or bone scan, fails to reveal any presence of disease. In these cases, researchers are investigating the application of prostate-specific membrane antigen – positron emission tomography (PSMA-PET) which can detect disease throughout the

PSMA-PET scan of a tumor detected in the prostate gland.



body by using a novel radioactive tracer which binds to the PSMA that is expressed at higher levels in prostate cancer cells. The tracer detects and binds to cancerous cells making them "light up" in a PET scan. Current studies aim to investigate outcomes of using PSMA-PET when compared to conventional imaging including frequency of change in patients' care plans and increases in the number of clinically significant lesions found. This research holds the promise of informing practice changes in management of prostate cancer. This could lead to improved accuracy of diagnosis and tailored interventions at stages of the disease previously thought to be incurable. 🔄

Researchers Investigate Less Invasive Treatment Options Utilizing Photodynamic Therapy

Prostate cancer that has recurred after radiotherapy can be difficult to treat and can require invasive surgical procedures. Drs. Nathan Perlis, Neil Fleshner, Sangeet Ghai, Brian Wilson, and Robert Weersink are researching an alternative, less invasive option that utilizes photodynamic therapy.



Dr. Neil Fleshner



Dr. Nathan Perlis



Dr. Sangeet Ghai

Verteporfin is a drug that is absorbed by the body and only activated to destroy cancer cells when exposed to a wave of light from the SpectraCure P18 system. Designed with industry

partners, the SpectraCure P18 system has the unique ability to use algorithms in real-time to ensure that the correct light dose is delivered to each part of the tissue during treatment. Initial results of this research are promising and have led to international collaborations. This novel approach to treatment could provide a non-invasive option for patients that effectively targets cancer while preserving quality of life. 🔄

Photodynamic therapy involves the use of specialized drugs and light to kill cancer. For the first time, researchers are investigating the use of the Verteporfin in combination with photodynamic therapy and a novel delivery and monitoring device, the SpectraCure P18 system, to treat recurrent localized prostate cancer.

A Fluorescent Dye to Inform Surgical Decision Making

The majority of women with newly diagnosed ovarian cancer present with advanced stage disease, which may require a segment of bowel to be removed to achieve complete resection of disease. This invasive surgical procedure can cause an increased risk of complications and may delay initiation of chemotherapy, which may worsen survival. A research team at the Princess Margaret led by Dr. Taymaa May is investigating an innovative approach to bowel resection that could improve patient outcomes.

The study is the first Canadian to assess anastomotic perfusions using Indocyanine Green (ICG) in ovarian cancer patients. ICG Fluorescence Angiography (FA) is a novel test that is performed intra-operatively and in real-time during bowel resection procedures for ovarian cancer. ICG is a non-toxic and safe dye that is injected intravascularly to enable real-time visualization and assessment of anastomotic perfusions.

This research aims to determine if ICG-FA can accurately assess anastomotic perfusions, aid in intra-operative decision-making, and decrease post-operative complications. Preliminary results indicate that ICG-FA could enable objective and accurate assessment of intra-

operative anastomotic perfusions and holds promising potential to enhance clinical decision-making. Data continues to be collected and analyzed to assess the risk of complications after surgery. In combination with other risk-assessment strategies, surgeons can use the information gathered from the ICG-FA test to consider the optimal surgical procedures that can result in the best possible outcomes for patients. 🔄



Introducing a New Hospitalist Program to Enhance Inpatient Care

Patients who require hospitalization, or inpatient care, as part of their treatment typically have very medically complex needs or require highly specialized treatments. With the introduction of new cancer therapies, this complexity is expected to increase. Although the primary reason a patient is admitted to the Princess Margaret is cancer-related, their on-going monitoring and care is personalized to take into account their entire health history and other medical conditions.

In 2018, Medical Oncology and Hematology worked to enhance the inpatient model of care by recruiting a new cohort of experts and establishing the Hospitalist Program, led by Dr. Lauren Linett. Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. They ensure safety and continuity of care and facilitate timely discharge out of the hospital. Hospitalists

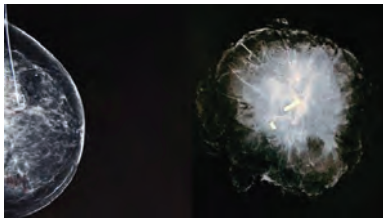


New Hospitalists at Princess Margaret Cancer Centre.

are able to monitor a patient’s day-to-day progress, quickly respond to fluctuating needs, and enhance communication and collaboration between multi-professional cancer teams, community health services, and family members.

Over the last year, the program has succeeded in decreasing variability of care, optimizing processes and treatments, improving patient flow and transitions, and developing education and capacity building initiatives. Hospitalist medicine is a relatively new model in academic cancer centres, and hospitalists at the Princess Margaret are uniquely positioned to advance hospital medicine in the cancer setting through education and research.

Magseed® Procedure Improves Breast Cancer Patient Outcomes and Boosts Team Efficiency



A hook wire is placed in the breast (left) and magnetized seeds placed in the breast (right) to guide surgeons during a lumpectomy procedure.

In 2018, a multi-professional team at the Princess Margaret was the first in Canada to remove small breast lumps using magnetized seeds instead of a hook wire. Traditionally, a hook wire has been placed into the breast to guide the surgeon in a lumpectomy. The wire typically sticks out several centimeters from the breast and is taped under the woman’s arm for several hours prior to surgery, causing discomfort. With the Magseed® procedure, a radiologist places a seed the size of a grain of rice into the lump creating a magnetic field that guides the surgeon more precisely. More

It’s a great example of a variety of health professionals coming together for the betterment of patient care and to move treatment practices forward.

Dr. Anne Koch, Breast Cancer Site Group Lead

precision means removing less tissue, which can lead to shorter surgical procedures, reduced discomfort, and a better cosmetic outcome. “Serendipity was at play. We had done a lot of work on the radioactive seeds, which meant we had learned a lot and were able to leap frog ahead when this new technology came along,” says Terri Stuart-McEwan, Executive Director, Solid Tumour Oncology and Gattuso Rapid Diagnostic Centre.

Magseed®-guided lumpectomy has now been performed on more than a dozen women at the Princess Margaret. Dr. Michael Reedijk, Surgeon-Scientist at UHN led the first procedure. “It reduces the angst and the pain for patients and offers them better cosmetic outcomes while increasing the team’s efficiency,” says Dr. Reedijk.

SPOTLIGHT

Dr. Jonas Mattsson: Director of the Hans Messner Allogenic Transplant Program



*Dr. Jonas Mattsson,
Director of the Hans Messner
Allogenic Transplant Program*

Dr. Jonas Mattsson was recruited to the Princess Margaret as the Director of the Hans Messner Allogenic Transplant Program in 2018. Dr. Mattsson obtained his medical degree, from the Karolinska Institutet, Sweden. He then received his PhD in 2001 and went on to complete a clinical immunology residency in Sweden, in 2007. From 2011-2017, Dr. Mattsson served as the Clinical Director of the Centre for Allogenic Stem Cell Transplantation,

Karolinska University Hospital, Huddinge. Before moving to Toronto, Dr. Mattsson served as a Professor in Cell Therapy, Karolinska Institutet and Senior Consultant for the Department of Hematology, Oslo University Hospital and Clinical Immunology, Karolinska University Hospital. Dr. Mattsson research interests include bone marrow transplants and immunotherapy. He has contributed to over 170 publications, and led 28 external research grants in addition to supervising numerous doctoral candidates.

In his new role, Dr. Mattsson will help to shape the future of the allogenic transplant program which has experienced significant growth and evolution in recent years as part of the Blood and Marrow Transplant Program – the largest of its kind in Canada. 🔄

Cancer at 29: Navigating the New Normal

After only two years together, Dory and her now husband were forced to think about family planning when Dory was diagnosed with breast cancer. Dory Kashin remembers “complete shock” when she got her cancer diagnosis. At 29, she had a busy career as an event planner, and was enjoying living in Toronto in a committed relationship with her boyfriend. Cancer was not part of her plans.

Her treatment plan involved a double mastectomy and reconstruction surgery, followed by chemotherapy and radiotherapy. After her diagnosis, Dory was introduced to the Adolescent and Young Adult Oncology Program (AYA) to explore resources available to support her through her cancer journey. Dory says her introduction to AYA is what helped her navigate many of the personal and professional concerns that came with her diagnosis. Dory says she has a different perspective on the importance of having balance in her life. After completing treatment, she is ready to start a family with her husband. 🔄



Dory Kashin learned to navigate her life after diagnosis with the support of the AYA.

Not only is it [cancer] difficult on their physical health, but also on their careers and academic goals, peer relationships, and potentially their ability to plan a family. The program has been established to normalize these concerns and help ensure AYA can still accomplish at some of their goals – even if it means exploring alternative ways of doing so.

Laura Mitchell, Clinical Nurse Specialist, AYA program

Advancing the Science and Practice of Quality



Attendees at the CQual inaugural retreat.

The future of cancer care relies on the innovative application of quality-based medicine. The success associated with using quality principles to improve manufacturing and other industries has led to substantial interest in adapting these principles to healthcare delivery as a way to optimize quality of care and maximize health outcomes. At the Princess Margaret, there is a small but growing group of researchers from across the cancer program involved in this type of work. The Cancer Quality Lab (CQuaL) was established to create a research hub that specializes in evaluating and improving the quality of care across the cancer continuum. Led by Dr. Monika Krzyzanowska, CQual is working to create sustainable infrastructure that builds capacity for applied quality science.

CQuaL falls at the intersection between the practice and the science of healthcare quality. We hope to close the loop between quality measurement and improvement to impact cancer care and improve patient outcomes at the institutional level and beyond by making Princess Margaret a leader in applied quality science.

Dr. Monika Krzyzanowska, Director of Quality, Medical Oncology and Hematology

In its first year, CQuaL conducted an assessment of the current state of quality improvement work within the cancer program. One of the initial projects completed in 2018 was a review of medication reconciliation practices in the ambulatory setting both within the Princess Margaret and across Canada with the aim of informing best practices. Other projects include developing a quality improvement project registry, a toolkit with methods and best practices, evaluating a maturity model for incident learning. Moving forward, CQual will continue its momentum to establish and lead interdisciplinary collaborations that build capacity and leadership in applied quality science. 🔄

Reaching Zero Preventable Harm

At the Princess Margaret, patient safety is at the heart of everything we do. Hospital Acquired Conditions (HACs) are defined as conditions that cause harm to patients, but are avoidable using reliable prevention activities. At UHN, six HACs have been prioritized due to the disproportionate amount of preventable patient harm they cause with the goal of significantly and sustainably reducing their overall occurrence.

There has been considerable attention in implementing HAC prevention across all inpatient units at the Princess Margaret. Heightened attention has been placed on the most prevalent HACs including *C. difficile* infections, central line infections, and falls. Between March and December 2018, patient falls were significantly minimized in a palliative care unit and solid



Reduction of hospital acquired conditions within inpatient units has been achieved through interprofessional collaboration.

tumour ward for approximately 60 days. In addition, two allogenic bone marrow transplant units achieved 120 days without a central line infection. With quality being a team sport, all interprofessional staff have come together to achieve some remarkable outcomes in a short timeframe. 🔄

SPOTLIGHT The Princess Margaret Elders Program



Members of the Princess Margaret Elders Council (L to R): Drs Ian Tannock (Chair), Michael Jewett and Richard Hill.

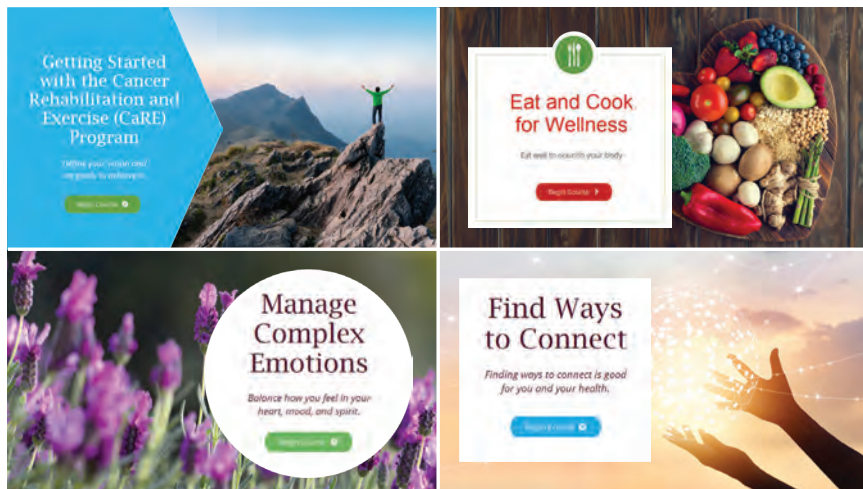
Our work at the Princess Margaret can be enriched by learning from the extensive experience of our retiring leaders. The Princess Margaret Elders Program was established to harness the experience of past Princess Margaret leaders to help further organizational goals and to facilitate the transfer of knowledge and wisdom from one generation to the next. The inaugural members of the Princess Margaret Elders Council include world-renowned leaders in education, research and clinical care – Drs. Ian Tannock (Chair), Michael Jewett and Richard Hill. Other Council members include Dr. Mary

Gospodarowicz and Pamela Savage, and the program is supported by Nazek Abdelmutti and the Cancer Strategy Stewardship team. The Council has supported internal and external partnerships, provided guidance on initiatives, and mentored young leaders who will shape the cancer centre of the future. Looking ahead, the Council will work to grow membership to include additional esteemed past leaders and contribute to organizational priorities in areas such as education and global engagement.

Cancer Rehabilitation from the Comfort of Home

The Cancer Rehabilitation and Survivorship (CRS) Program is at the forefront of integrating care and services that help people manage the effects of cancer and its treatment on the mind and body. The CRS program offers many services, including a group-based eight-week cancer rehabilitation program focused on increasing physical activity and teaching self-management skills. A limitation of the in-person, group-based approach is that many patients are unable to attend due to distance, cost, and other competing obligations. To address

this gap in care, CRS collaborated with the Cancer Education Program to adapt the group-based program to an on-line platform called CaRE@Home. The program consists of supported, home-based exercise through app-based videos, self-management e-modules, and wearable technology to monitor patients at home. The development of this innovative program promotes and ensures accessibility of cancer rehabilitation care and services beyond our walls.



I feel more capable of managing overall. I am happy that I was referred to the [Cancer Rehabilitation and Survivorship] Program as it made a difference to my physical, emotional, and cognitive wellbeing.

Patient participant



Modules from the CaRE@Home program

Building Competencies in Plain Language Communication

Approximately one-third of patients in Canada have low health literacy, and there is little training in plain language communication offered to healthcare providers. As a result of this, many healthcare providers use medical jargon that is difficult for patients and family to understand. Dr. Janet Papadakos, Tina



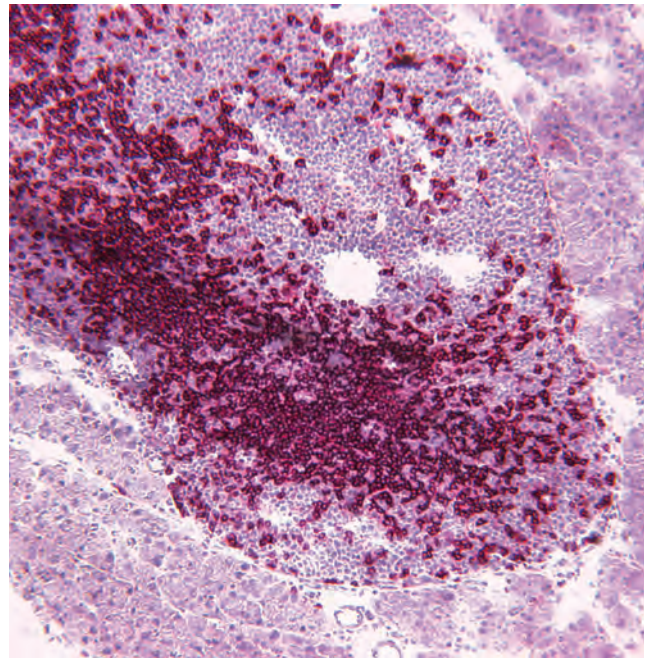
While medical school taught me the importance of patient-centred communication, I feel that this course has actually given me the tools to achieve this.

Course participant

Papadakos, and Dr. Meredith Giuliani from the Cancer Education Program, partnered with Mohammed Salhia, Jane Mattson, and Jennifer Levine from the Michener Institute for Education, to develop a plain language certificate program for healthcare providers to convey information to patients in an accessible manner. This is the first plain language certificate program that has been developed for continuing education in healthcare. The certificate program is an accelerated program that is targeted to busy healthcare professionals and is offered online. Since the launch in 2017, 78 healthcare providers have completed the program. "This course has been extremely helpful in providing me with a blueprint for plain language and improved communication," says Dr. Zachary Liederman, a hematology resident. 🔄

Teamwork and Creativity Help to Reduce the Wait for Pathology Reports

Approximately 10% of all the pathologists in Ontario work at the Princess Margaret/UHN, providing diagnostic expertise to patients across the region. A timely and complete pathology report is a critical component of a patient's treatment plan and involves a team of skilled experts that work behind the scenes to deliver high-quality, timely, and patient-centred care. In 2018, the UHN Surgical Pathology Laboratory team, led by Dr. Ilan Weinreb, worked together to examine opportunities to enhance their process and structure with the aim of reducing turnaround times for pathology reports. This involved redefining roles and responsibilities among pathology assistants to allow the team to be responsive to day-to-day fluctuations in demand and refreshing real-time reporting to identify and reduce bottle necks. The team was able to increase and sustain the proportion of reports ready within three days to 80% - 90%. This increase contributes to enhanced communication among the healthcare team and reduces the often difficult time for patients waiting to hear their diagnosis. 🔄



Toronto Regional Cancer Program

The Toronto Central Regional Cancer Program (TRCP) is one of 14 Regional Cancer Programs in the province. TRCP South is comprised of the Princess Margaret as the Regional Cancer Centre, and four partner hospitals that include Sinai Health System, St. Joseph's Health Centre, St. Michael's Hospital, and Women's College Hospital. TRCP South recognizes the contributions of the partners in TRCP North, including Sunnybrook Health Sciences Centre and Michael Garron Hospital, which enable the best care for our patients.



Kristin Borders a Health Promotion Coordinator (left) with attendees (right) at the Health Fair 2018 Council Fire at the cancer screening booth.

In 2018, TRCP South continued progress on three priorities - Complex Malignant Hematology (CMH), Cancer Screening, and the First Nation, Inuit and Metis (FNIM) Program. The CMH program continued to optimize quality care through patient tracking tools, new care partnerships and collaboration with other hospitals to harmonize provincial planning. The Cancer Screening program held 12 cancer prevention and screening presentations to over 800 local healthcare providers, and developed an implementation plan for the new lung cancer screening pilot program. In addition, the program focused on planning for the 2019 launch of the Fecal Immunochemistry Test for colorectal cancer screening including multiple stakeholder events, site specific impact analysis and team development. The FNIM program continued its work in the reconciliation era by supporting 14 regional leaders to complete the Aboriginal Relationship and Cultural Competence course. In addition, 73 staff at the Princess Margaret have initiated the Ontario Indigenous Safety Program course to build institution-wide cultural competency. The Toronto Central Region - Indigenous Cancer Program focused on increasing the number of patient navigator referrals, and addressing access barriers for Urban Indigenous patients. Exceptional teams dedicated to quality improvement have made advancing work in CMH, Cancer Screening, and FNIM programs possible. For more information, please visit trcp.ca.

SPOTLIGHT

Maria Filosa: From Patient to Volunteer



Maria Filosa, an 11-year head and neck cancer survivor, and 6-year volunteer with UHN.

Maria was diagnosed with tongue cancer in 2007. Her care at the Princess Margaret included radiation treatments, chemotherapy, surgery, and extensive rehabilitation to regain the ability to eat and swallow. Maria decided an important part of her own recovery would be to help other survivors. She has been a UHN volunteer for six years and contributed to developing a program for head and neck cancer survivors. Maria inspires survivors with her story. "My main message is always the same: Cancer and its aftermath is only one part of my life and not my whole life. I have adapted to live my best life possible."

The Dream Team Brings Global Expertise in Lung Cancer to Toronto

The 19th World Conference on Lung Cancer (WCLC 2018) of the International Association for the Study of Lung Cancer was held in Toronto from September 23rd -26th, 2018. This was the first time the WCLC was led by four female leaders in lung cancer dubbed “the Dream Team” - Honorary Chair Dr. Frances Shepherd and Co-Presidents Drs. Natasha Leighl, Andrea Bezjak, and Gail Darling.

The WCLC 2018 was the largest meeting in 40 years, with 7,443 delegates and 559 faculty members from nearly 100 countries. A highlight of the conference was the Presidential Symposium which featured groundbreaking research that has been changing practice at a global level, some of which has been published in the



The 19th World Conference on Lung Cancer in Toronto, Canada.

New England Journal of Medicine. The topics included the latest research in CT screening for lung cancer, immunotherapy for small cell lung cancer, new targeted therapies for advanced lung cancer, and maintenance immunotherapy for stage 3 lung cancer. This gathering of clinicians, researchers, scientists and others in the field of lung cancer provided an enriching forum for professional development, networking, and discussion on translating the latest findings to daily practice. 🔄

SPOTLIGHT

Dr. Frances A. Shepherd: A Force in Canadian Science



Dr. Shepherd, global leader in lung cancer.

Perseverance, ambition, grit, and tenacity are all words that have been used to describe Dr. Frances Shepherd’s unrelenting commitment to improving treatment for lung cancer. She has been instrumental in establishing a world-leading lung cancer program at the Princess Margaret.

Dr. Shepherd has been awarded a long list of prestigious awards recognizing the major clinical advances she has helped to orchestrate. Most recently, she was awarded the prestigious 2018 Canada Gairdner-Wightman Award “for her global leadership in oncology which has contributed significantly to improving survival outcomes of lung cancer patients worldwide.” Her commitment and ingenuity have been recognized by a number of academic and governmental bodies - she is an Officer of the Order of Canada, a member of the Order of Ontario, a recipient of the Queen Elizabeth II Jubilee Medal and was awarded an honorary law degree from York University – a Doctor of Laws *honoris causa*.

Dr. Shepherd has mentored 45 post-doctoral research fellows from around the world, and authored or co-authored more than 550 peer-reviewed publications and 35 book chapters. Under her leadership, the Canadian Clinical Trials Group Lung Cancer Site conducted many international landmark studies and she was instrumental in establishing lung cancer tumour banks that link the laboratory to the clinic. She currently holds the Scott Taylor Chair in Lung Cancer Research and is evaluating novel anti-cancer agents including immunotherapy and drugs that are directed against many new and emerging molecular targets. 🔄



Dr. Shepherd’s work has transformed the way that we think about lung cancer and the way that the world treats lung cancer.

Dr. Bradley Wouters, Executive Vice President, Science and Research, UHN

Global Leaders Join Forces in the Fight Against Cancer



Delegates at the Toronto Global Cancer Control Conference.



At the Princess Margaret, we want to be one of the best cancer centres in the world, and we understand being that without global engagement is not possible.

*Dr. Mary Gospodarowicz, Medical Director,
Princess Margaret Cancer Centre*

The Toronto Global Cancer Control Conference (TGCCC), co-hosted by the Princess Margaret and the University of Toronto's Dalla Lana School of Public Health, took place from March 1st – 3rd, 2018. This conference featured international leaders in cancer care and global health, and brought together 352 delegates from more than 30 countries.

TGCCC provided an opportunity for experts in global cancer care to discuss challenges faced across the globe and pose potential solutions. A wide range of topics were explored including opportunities to accelerate progress in cancer control and care delivery, research and innovation, healthcare economics and narrowing the divide in access to care, treatment outcomes and survival rates amongst patients in high-, middle- and low-income countries. 🌐

Cancerpedia Launches at the World Cancer Congress

The Princess Margaret launched Cancerpedia at the World Cancer Congress in Kuala Lumpur, Malaysia. Conceived from lessons learned from global engagement, Cancerpedia is a cohesive framework for comprehensive cancer centres or programs that are able to provide the full spectrum of care, serve as a hub for education and research, and are integrated into broader cancer control and health systems. The framework was constructed with the patient at the centre and provides a system-level perspective as well as a granular view of the fundamental resources and structures needed to build and maintain individual cancer centres and programs. Cancerpedia is relevant to high-, middle- and low-resource settings and can serve as a self-assessment checklist for healthcare administrators and professionals looking to develop, scale up, or maintain a comprehensive cancer centre.

Delegates stop by the Princess Margaret booth at the World Cancer Congress.



This body of work would not have been possible without input and contributions from a wide variety of experts at the Princess Margaret, UHN and the University of Toronto. The collective experience of the contributors involved in this body of work spans clinical, education, research, and population health domains as well as local and global engagement in oncology. For more information visit cancerpedia.ca. 🌐

Building a BRITe Future

It is the people and teams that make the Princess Margaret an exceptional centre for patient care, education, and research. To acknowledge and support the people and teams who make up this institution, Building Resilience within Institutions, Together with Employees (BRITe™) was developed. BRITe™ is a novel workplace program aimed at improving staff well-being and employee engagement through the cultivation of individual resilience 'on the go'. The BRITe™ program consists of an organizing framework, easy to use evidence informed practices, and an implementation and sustainability strategy. BRITe™ practices are one-minute practices based on mindfulness, positive psychology and emotional intelligence in busy health care settings.

Officially launched at the Princess Margaret in 2018, BRITe™ continues to evolve and expand. Recent survey results indicate that 89% of managers believe



The BRITe™ program kicks off at the Princess Margaret.

that BRITe™ is beneficial to the teams they manage. Early signals from our Employee Engagement survey results also indicate a 59% decrease in the number of disengaged staff from 22% (2016) to 9% (2018). In recognition of this success, BRITe™ will be expanded as a UHN-wide initiative in 2019. 🔄

Get Moving at the New Wellness Space

The Princess Margaret is celebrating the completion of a new space for staff. The new space on the seventh floor of 620 University Avenue features an employee lounge with a kitchen, lunchroom, a 24/7 gym and group fitness studio, a massage therapy treatment room, two multipurpose rooms, a quiet space, a family room, and the Occupational Health and Safety and Employee Relations offices.

Marnie Escaf, Senior Vice-President says, "This space provides employee services such as HR, Occupational Health, community space and gym facilities. We know employees have wanted this and it is important for us to have a space where our staff can re-energize and connect with each other." The space renovated with funding from our global consulting engagement with Kuwait which was a success due to the time and dedication of staff at the Princess Margaret. 🔄

We're very excited to have a space at the cancer centre dedicated solely to our staff.

Ms. Marnie Escaf,
Senior Vice President,
Executive Lead, Princess
Margaret Cancer Centre



The new wellness space for staff at the Princess Margaret.



Our People



NEW LEADERSHIP



Dr. John Kim

Dr. Kim was appointed Deputy Chief of Radiation Medicine Program and Department of Radiation Oncology (RMP/DRO). Previously, he served as the Director of Clinical Operations in RMP/DRO and has received an “Exceptional Service Commitment” Award from the Executive of Canadian Association of Radiation Oncology. Dr. Kim has also worked on the development of international consensus and practice guidelines for rectal cancer.



Dr. Rajat Kumar

Dr. Kumar was appointed Program Head of Malignant Hematology. Dr. Kumar comes to us from Cancer Care Manitoba at the Health Sciences Centre Campus where he served as the Leukemia/BMT Ward Director and Service Chief. Prior to this, he served as a Professor, held numerous administrative positions, and contributed to over 25 clinical trials.



Dr. Jonas Mattsson

Dr. Mattsson was appointed Director of the Hans Messner Allogeneic Transplant Program. He previously served as Clinical Director of the Centre for Allogeneic Stem Cell Transplantation at Karolinska University Hospital, Professor in Cell Therapy at the Karolinska Institute, and Senior Consultant for the Department of Hematology, Oslo University Hospital and Department of Clinical Immunology, Karolinska University Hospital.



Meaghan Stovel McKnight

Stovel McKnight was appointed Chief Operating Officer at The Princess Margaret Cancer Foundation. Previously, Stovel McKnight held the role of SVP and Chief Operating Officer with Trillium Health Partners Foundation and was recognized as one of the Association for Healthcare Philanthropy’s Top 40 Under 40 in 2018.



Dr. Fei-Fei Liu

Dr. Liu was appointed Chair of the Medical Advisory Committee. Dr. Liu is also Chief of the Radiation Medicine Program, Chair of the University of Toronto’s Department of Radiation Oncology, and a Senior Scientist at the Princess Margaret Research Institute. She holds the Elia Chair in Head and Neck Cancer Research.

NEW RECRUITS

**Dr. Christopher Blake**

Dr. Blake was appointed Palliative Care Physician. He completed his undergraduate medical education at McMaster University and trained in Family Medicine at the University of Toronto's Barrie Family Medicine Teaching Unit.

**Dr. Wilson Lam**

Dr. Lam was appointed Staff Physician with Medical Oncology and Hematology. Dr. Lam received his medical degree from Albany Medical College in the United States, trained in Internal Medicine at Queen's University, and trained in Hematology at the University of Calgary.

**Dr. Arjun Law**

Dr. Law was appointed Staff Physician with Medical Oncology and Hematology. Dr. Law received his medical degree from Rajasthan University in India. He completed his fellowship training in Leukemia and Allogeneic Blood and Marrow Transplantation at Princess Margaret.

**Dr. Lauren Linett**

Dr. Linett was appointed Program Lead of the Medical Oncology and Hematology Hospitalist Program. She obtained her medical degree from the University of Ottawa and completed a Masters in Health Care Management from Harvard T.H. Chan School of Public Health.

**Dr. Caroline McNamara**

Dr. McNamara was appointed Staff Physician with Medical Oncology and Hematology. Dr. McNamara obtained her medical degree from James Cook University, Australia. She completed dual hematology training at The Royal Brisbane and Women's Hospital and at The Townsville Hospital.

**Dr. Tracy Murphy**

Dr. Murphy was appointed Staff Physician with Medical Oncology and Hematology. Dr. Murphy completed her medical training University College in Ireland and her hematology training at Cambridge University Hospitals in the UK.

**Dr. Rebecca Prince**

Dr. Prince was appointed Staff Physician with Medical Oncology and Hematology. Dr. Prince was awarded her Bachelor of Medicine and Surgery from the University of Western Australia, completed basic physician training at Sir Charles Gairdner Hospital, and Advanced Training in Medical Oncology in Australia.

**Dr. Danielle Rodin**

Dr. Rodin was appointed Staff Physician and Clinician Investigator with Radiation Medicine. She completed her medical degree at the University of Toronto and her training in radiation oncology at the Princess Margaret and Sunnybrook Health Sciences Centre. She holds a Masters of Public Health from the Harvard T.H. Chan School of Public Health.

**Dr. Adrian Sacher**

Dr. Sacher was appointed Staff Physician with Medical Oncology and Hematology. Dr. Sacher completed his medical degree at the University of Toronto and his fellowship in thoracic oncology at the Dana-Farber Cancer Institute. His previous role was Assistant Professor of Medicine and Medical Oncologist at the Herbert Irving Comprehensive Cancer Center at Columbia University and New York-Presbyterian Hospital.

TRANSITIONS

Chief Medical Officer, UHN - Dr. Charlie Chan to Dr. Brian Hodges President and CEO, UHN - Dr. Charlie Chan to Dr. Kevin Smith



Dr. Chan was with UHN for over 20 years. Dr. Chan joined TGH as a respirologist in 1995 and went on to become UHN's Vice-President of Medical Affairs, Quality, and Safety, then Chief Medical Officer, and finally stepped in as Interim President and CEO of UHN.



Dr. Smith was appointed President and CEO of UHN. Dr. Smith spent his career at the interface of the university and academic hospital and is deeply committed to the mission of education, research and clinical care. He has held numerous leadership roles in university administration, academic hospitals and health systems.



Dr. Hodges was appointed Chief Medical Officer. Dr. Hodges holds the Currie Chair in Health Professions Education Research at the Wilson Centre and is Executive-Vice President Education at UHN. He is a practicing psychiatrist and teacher.

Research Director - Dr. Mitsu Ikura (Interim) to Dr. Aaron Schimmer



Dr. Ikura was the Interim Research Director starting in 2017. He is a Senior Scientist at the Princess Margaret and is a Tier 1 Canada Research Chair in Cancer Structural Biology. He is a renowned leader in the fields of nuclear magnetic resonance spectroscopy and structural biology.



Dr. Schimmer was appointed Research Director. He recently served as Interim Associate Director of Research. He is a clinician and researcher, and leads a vibrant translational research program to develop therapeutic strategies that target leukemia and leukemia stem cells.

Chair of Cancer Committee - Dr. Peter Ferguson to Dr. Anne Koch



Dr. Ferguson is an internationally renowned orthopedic surgeon specializing in sarcoma. As Site Leader for the Sarcoma Group, he served the longest term as Chair of Cancer Committee from September 2016 to August 2018.



Dr. Koch was appointed new Chair of the Cancer Committee. Dr. Koch is a Radiation Oncologist, Breast Site Group Leader, and Clinician-Investigator with the Department of Radiation Oncology at the University of Toronto. Dr. Koch received the Research Leadership Award and was a two-time nominee for the Gerald Kirsh Humanitarian Award.

TRANSITIONS

Head of Dental Oncology – Dr. Bob Wood to Dr. Michael Glogauer (Interim)



Dr. Wood served as the Chief of Dentistry for 13 years. In addition to his patented sense of humour and compassionate approach to treating patients, Dr. Wood was instrumental to growing the research presence of the Dental Oncology Department.



Dr. Glogauer was appointed Interim Chief of Dentistry. He is a Professor with the Faculty of Dentistry at the University of Toronto. He is an accomplished researcher with a focus on oral innate immunity, development of non-invasive diagnostic tools, and oral health in special needs patient populations.

RMP Director of Operations – Ms. Sophie Foxcroft to Ms. Colleen Dickie



Ms. Foxcroft joined the Princess Margaret in 2001 as a radiation therapist. She held the position of Manager of Radiation Medicine Program (RMP), and finally Director of Operations, RMP from 2013-2018. Ms. Foxcroft played a crucial role in both the strategic and operational aspects of the RMP.



Ms. Dickie was appointed Director of Operations for the Radiation Medicine Program (RMP). Ms. Dickie first joined RMP as a radiation therapist in 1999. Ms. Dickie is an Assistant Professor at the University of Toronto, Department of Radiation Oncology.

DEPARTURES



Ms. Darlene Dale

Ms. Dale was with the Princess Margaret for 16 years as the Head of the Cancer Registry. Her contributions include development of a cancer staging tool, assisting Cancer Care Ontario with expanding the collection of cancer staging information, and becoming the first Canadian elected to the North American Association of Central Cancer Registries.



Dr. Gerald Devins

Dr. Devins was with the Princess Margaret and UHN for 22 years specializing in psychosocial oncology. He was awarded the 2018 Lifetime Achievement Award from the Canadian Association of Psychosocial Oncology in recognition of his research contributions.



Dr. Alice Wei

Dr. Wei was with UHN for 14 years where she served as clinician-scientist and surgical oncologist. She spearheaded the development of an advanced laparoscopic HBP surgery program and advanced research in the area of clinical outcomes after surgery.

OUR LEADERS

Cancer Executive Committee

Mary Gospodarowicz (Chair) - Medical Director, Princess Margaret Cancer Centre

Judy Costello - Senior Clinical Director, Hematology, Hematologic Oncology and UHN Palliative Care

Marnie Escaf - Senior Vice President, Executive Lead, Princess Margaret Cancer Centre

Meredith Giuliani - Medical Director, Cancer Education

Anne Koch - Chair Cancer Committee

Fei-Fei Liu - Head, Radiation Medicine Program

Meena Merali - Director, Cancer Strategy Stewardship

Amit Oza - Head, Medical Oncology and Hematology

Gary Rodin - Head, Supportive Care

Pamela Savage - Director, Professional Practice

Terri Stuart-McEwan - Executive Director, Solid Tumour Oncology and Gattuso Rapid Diagnostic Centre

Martha Wyatt - Director, Regional Cancer Program and Medical Affairs

Gelareh Zadeh - Head, Surgical Oncology

Disease Site Group Leaders

Anne Koch (Chair) - Breast

Laura Dawson - Upper Gastrointestinal

Marc de Perrot - Lung

Peter Ferguson - Sarcoma

Anthony Finelli - Genitourinary

Danny Ghazarian - Skin

David Goldstein - Endocrine

Normand Laperriere - Central Nervous System

Stephanie Lheureux - Gynecology

Anca Prica - Lymphoma

Fayez Quereshey - Lower Gastrointestinal

John Waldron - Head and Neck

Karen Yee - Leukemia

Senior Management Team

Marnie Escaf (Chair) - Senior Vice President, Executive Lead, Princess Margaret Cancer Centre

Paul Cornacchione - Clinical Director, Radiology Management

Judy Costello - Senior Clinical Director, Hematology, Hematologic Oncology and UHN Palliative Care

Colleen Dickie - Director, Radiation Medicine Program

Jane Finlayson - Senior Advisor, Public Affairs

Zsolt Hering - Director, Finance

Jin Huh - Director, Pharmacy - Clinical and Operations

Terra Ierasts - Site Manager, Digital

Natasha Kuzmanov - Director, Human Resources

Hayley Panet - Manager, Strategic Projects

Pamela Savage - Director, Professional Practice

Terri Stuart-McEwan - Executive Director, Solid Tumour Oncology and Gattuso Rapid Diagnostic Centre

Martha Wyatt - Director, Regional Cancer Program and Medical Affairs

AWARDS

Frances Shepherd - Canada Gairdner-Wightman Award

David Jaffray - American Society for Radiation Oncology Gold Medalist

Pamela Ohashi - Robert L. Noble Prize, Canadian Cancer Society Research Institute

Rodger Tiedemann - William E. Rawls Prize, Canadian Cancer Society Research Institute

Gelareh Zadeh - William E. Rawls Prize, Canadian Cancer Society Research Institute

Jennifer Deering - Pfizer Award of Excellence in Nursing Clinical Practice, Canadian Association of Nurses in Oncology

Gerald Devins - Lifetime Achievement Award, Canadian Association of Psychosocial Oncology

Mary Gospodarowicz - Canadian Women in Global Health

Doris Howell - Research Excellence Award, Canadian Association of Psychosocial Oncology

Suzanne Kamel-Reid - Lifetime Achievement Award, Canadian Lung Cancer Conference

Jeffrey Lipton - Brian Druker Award in Extraordinary Care in Chronic Myelogenous Leukemia (CML), Canadian CML Network

Andrew Matthew - Education Excellence Award, Canadian Association of Psychosocial Oncology

Janet Papadakos - Founders Distinguished Service Award, Cancer Patient Education Network

Maitry Patel - Honour Roll Award, Canadian Association of Physician Assistants

Trevor Pugh - Stand Up To Cancer Phillip A. Sharp Innovation in Collaboration Award

James Till - Edogawa-Niche Prize, Nichi-In Centre for Regenerative Medicine



Dr. David Jaffray, recipient of the American Society for Radiation Oncology.



Dr. Frances Shepherd along with the recipients of the Canada Gairdner-Wightman Award.

Drs. Pamela Ohashi, Gelareh Zadeh, and Rodger Tiedemann, recipients of the Canadian Cancer Society Research Institute Awards.



More Than \$106 Million Granted to The Princess Margaret and More Than \$112 Million Raised!



The Princess Margaret Cancer Foundation granted over \$106 million to Princess Margaret Cancer Centre in the last year to advance research, space transformation, education and other key initiatives.

It was also a record-breaking fundraising year at the Foundation with \$112.1 million in net fundraising and lottery revenue in 2018.

It takes the efforts of many people from donors and volunteers to walkers, riders and lottery purchasers to hit such grand milestones. We are grateful to our community of supporters for helping make the impossible possible.



The new Gynecologic Oncology Clinic at Princess Margaret Cancer Centre consolidated three dark, outdated clinics into one bright, new space. (Photo Credit: Steve Dagg)



The newly opened Warren-Connelly Palliative Care Clinic provides a warm, welcoming space to better meet the needs of patients. (Photo Credit: Steve Dagg)



An artist rendering of the new spacious and inviting main floor lobby.

The Foundation's Research Campaign Fueling Research at the Cancer Centre

With game-changing breakthroughs such as the discovery of the cancer stem cell and the T-cell receptor, research is a critical component of the work being done at the Princess Margaret and the best defense against conquering this disease.

The Foundation's Research Campaign fuels discovery across six pillars of cancer research including Immunotherapy; Cancer Genomics, Epigenetics and Bioinformatics; Supportive Care; Tumour Biology and Imaging; Bio Discovery and Drug Development; and Stem Cells in Cancer. We are thankful to our generous donors who accelerate our work in this area, including a \$10.5 million anonymous gift to support Dr. Tak Mak and the Therapeutics Group, as well as Canadian senior mining company Agnico Eagle's \$5 million investment in promising immunotherapy research.

The Foundation looks forward to working alongside the Princess Margaret's new Research Director, Dr. Aaron Schimmer, as we continue to raise crucial funds for ground-breaking research at the cancer centre.

The Princess Margaret's Space Transformation Will Enable Future Care Now

Princess Margaret Cancer Centre is undergoing a dramatic makeover – one that will allow the physical space to better reflect the world-class treatment and care patients already receive.

The Space Transformation Campaign will modernize the cancer centre and optimize existing space to improve the patient experience and enable our experts to deliver Future Care Now. The cancer centre was built in 1995 to accommodate 7,000 new patients a year. It now sees 17,000 patients a year and that number is increasing as cancer cases continue to rise.

Now, more than a year into the campaign, some remarkable changes can already be seen, including the opening of a new Gynecologic Oncology Clinic that consolidates three outdated spaces into one bright new area that will improve patient experience.

The Warren-Connelly Palliative Care Clinic is also now open, providing more space to better meet the needs of patients and improve their quality of life at every stage of their cancer journey.

The entire main floor lobby of the cancer centre will be transformed, along with the entrances at both University Avenue and Murray Street. With a vision to create an atmosphere of care and excellence, every patient should feel they will be well taken care of from the moment they walk through the door.

Improvements are underway on the Outpatient Pharmacy and Blood Collection Centre to accommodate current and future patient growth. Transformation is still to come on the Patient Library to allow more resources for cancer patients and the Magic Castle to create a lively play area flooded with natural light for children whose parents are undergoing treatment. A new Digitally Enabled Hub will also be created in a dedicated space for the Foundation that will allow visitors to learn of upcoming events and news at the cancer centre.

With an ambitious \$50 million goal, the support of our donors is critical and appreciated. Join us to help make the new Princess Margaret Cancer Centre a reality. www.thepmcf.ca/transformation



ThePrincessMargaret.ca