



**UHN** Canada's  
Hospital

2024-2025

# Annual Report

Department of  
Supportive Care

*Improving the lives of  
patients and families living  
with serious illnesses locally  
and worldwide.*





# Contents

---

Department Head Message	04
Department Overview	06
2024-2025 Snapshot	10
Clinical Care	12
Education and Training	28
Research and Innovation	39
TeamDSC	48

# Message from the Department Head

---

I'm pleased to share the 2024–2025 Annual Report for the Department of Supportive Care (DSC). As a multi-disciplinary team working across all University Health Network (UHN) sites and based at the Princess Margaret Cancer Centre, DSC continues to deliver compassionate, patient-centered care. Through our three divisions—Cancer Rehabilitation & Survivorship (CRS), Palliative Care, and Psychosocial Oncology—we strive to enhance the quality of life for patients and their families.

In the 2024-2025 fiscal year, DSC finalized the development of a bold five-year implementation plan for our department to contribute to the advancement of UHN's strategy. The DSC Management Team is leading the execution of the plan which focuses on five priorities: fortifying our departmental culture, enhancing experiences for patients and caregivers as well as our team members, developing integrated care pathways for our programs and services, elevating the impact of our research and education, and positioning DSC as a recognized system leader. Supported by enablers in operational efficiency and strategic investment, the plan reflects our aspiration to be a global leader in providing innovative and compassionate Supportive Care, empowering those we serve and contributing to our UHN vision of A Healthier World.

Our specialty clinics achieved outstanding milestones this year. Highlights include the Older Adults with Cancer Clinic's 10th anniversary, CALM training provided to over 230 clinicians nationwide, and the AYA Program's impactful patient events and education. The Caregiver Clinic earned a provincial Quality Award, while Music Therapy launched "Symphony for the Soul" with the TSO. The Cancer Pain Clinic expanded services, resulting in reduced wait times. The Conversation Lab™ trained 700+ clinicians in serious illness communication, and SGDC launched the Queer-community support group. The Sexual Health Clinic grew its team and reach, now serving eight cancer centres across Canada.

Our renowned education program continues to expand and attract learners from all over the world. In the last

year, DSC has welcomed 47 clinical and clinical research fellows from 13 countries. In addition, we have trained 13 undergraduates, 38 graduates and 131 postgraduates, and hosted 107 observers. This year, the Department successfully carried out its inaugural Supportive Care Update Conference, which shared new and innovative evidence-based updates in supportive care from our very own DSC experts. Several new courses, programs, and workshops were also launched and received outstanding feedback. In alignment with DSC Education strategic planning, the Department also welcomed the first palliative care social work fellow as part of the new Marvi and John C. Ricker Social Work Fellowship in Palliative Care. We will be continuing to expand our fellowship programs to include a Palliative Care Nursing Fellowship in the coming months.

Our researchers have been equally active, with a total of 137 new peer-reviewed publications, including in high-impact journals such as *Blood Advances*, *Journal of Geriatric Oncology*, *JAMA Network Open*, *Cancer*, *Journal of Urology*, *Lancet Oncology*, *Neuro-Oncology Practice*, *Journal of Clinical Oncology*, *Nature Reviews Psychology*, *The Lancet Child & Adolescent Health and Chest*. This year also again brought successful national grant funding for DSC, including from the Canadian Institutes of Health Research, the Canadian Cancer Society, Ovarian Cancer Canada and the Canadian Association of Nurses in Oncology.

I would like to express heartfelt thanks to the DSC team for their outstanding accomplishments, and to the Princess Margaret Cancer Foundation, the UHN Foundation, and our valued community partners for their steadfast support throughout another remarkable year.

Warm regards,



**Dr. Camilla Zimmermann, MD, PhD, FRCPC**  
Head, Department of Supportive Care



“

I would like to express heartfelt thanks to the DSC team for their outstanding accomplishments, and to the Princess Margaret Cancer Foundation, the UHN Foundation, and our valued community partners for their steadfast support throughout another remarkable year.

# Department Overview

The Department of Supportive Care (DSC) comprises a multidisciplinary team that spans all sites of the University Health Network (UHN). The DSC consists of three divisions – Cancer Rehabilitation and Survivorship, Palliative Care, and Psychosocial Oncology – that are underpinned by department-wide Education and Research programs. There are also several specialty programs that span these divisions to provide holistic supportive care.

The Department is guided by a Steering Committee comprised of multidisciplinary clinical leaders, as well as a team of administrative managers. Together, we are dedicated to supporting patients with advanced disease and their families to have the highest quality of life possible.



As DSC, we are a global leader in providing

**innovative and  
compassionate  
supportive care**

empowering those we serve and contributing to a healthier world



# Core Divisions



## Cancer Rehabilitation & Survivorship

The Cancer Rehabilitation & Survivorship Program delivers comprehensive, impairment-driven rehabilitation for individuals during and after cancer treatment. This division provides a multidisciplinary and tailored approach to address treatment-related side effects and disability and to optimize physical, cognitive, emotional, and functional outcomes while promoting long-term self-management and quality of life.



## Palliative Care

Palliative Care refers to physical, psychosocial and spiritual care that is provided as early as possible in the course of an incurable or life-threatening disease. This division provides consult services for patients in ambulatory as well as inpatient units. The focus is to support pain and symptom management, early palliative care, advance care planning and end of life care.



## Psychosocial Oncology

Psychosocial Oncology is a specialty in cancer care focused on the impact of cancer upon the whole person including the social, psychological, emotional, spiritual and functional aspects of the illness experience. This division provides direct care for the moderate to severe psychosocial distress and needs of the patients and their families who have cancer-related distress or psychosocial issues.

# Department Leadership



**Camilla Zimmermann**  
Department Head



**Breffni Hannon**  
Lead, Princess Margaret Cancer Centre Palliative Care



**Valerie Heller**  
Social Work Co-Lead, Psychosocial Oncology



**Jennifer Jones**  
Director, Cancer Rehabilitation & Survivorship



**Ebru Kaya**  
Lead, Toronto General Hospital Palliative Care



**Cheryl Koylass**  
Director, Department of Supportive Care



**Warren Lewin**  
Lead, Toronto Western Hospital and Toronto Rehab Institute Palliative Care



**Madeline Li**  
Co-Lead, Psychosocial Oncology



**Anna Wallwork**  
Social Work Co-Lead, Psychosocial Oncology

---

Together, we are dedicated to supporting patients with advanced disease and their families to have the highest quality of life possible.

# Steering Committee



**Camilla Zimmermann**  
Department Head



**Lydia Beck**  
Clinical Manager,  
Supportive Care



**Jennifer Catton**  
Clinical Director,  
Solid Tumour & Ambulatory,  
Supportive Care, Gattuso Rapid  
Diagnostic Centre



**Mary Elliott**  
Well-Being Lead,  
Supportive Care



**Kyle Fitzgibbon**  
Clinical Trials  
Manager,  
Supportive Care



**Breffni Hannon**  
Lead, Princess  
Margaret  
Cancer Centre  
Palliative Care



**Valerie Heller**  
Co-Lead, Psychosocial  
Oncology



**Jennifer Jones**  
Director, Cancer  
Rehabilitation &  
Survivorship



**Anet Julius**  
Director of Pro-  
fessional Practice,  
Princess Margaret



**Thomas Kais-Prial**  
Research Planning  
& Operations  
Manager, Supportive  
Care



**Ebru Kaya**  
Lead, Toronto  
General Hospital  
Palliative Care



**Cheryl Koylass**  
Director, Department  
of Supportive Care



**Warren Lewin**  
Lead, Toronto West-  
ern Hospital and Tor-  
onto Rehab Institute  
Palliative Care



**Madeline Li**  
Co-Lead,  
Psychosocial  
Oncology



**Myann  
Marks-Aitken**  
Business Oper-  
ations Manager,  
Supportive Care



**Athena  
Nicholas-Figliomeni**  
Education  
Manager,  
Supportive Care



**Gary Rodin**  
Director of Global Insti-  
tute of Psychosocial,  
Palliative & End-of-Life  
Care (GIPPEC) Cancer  
Experience, Princess  
Margaret



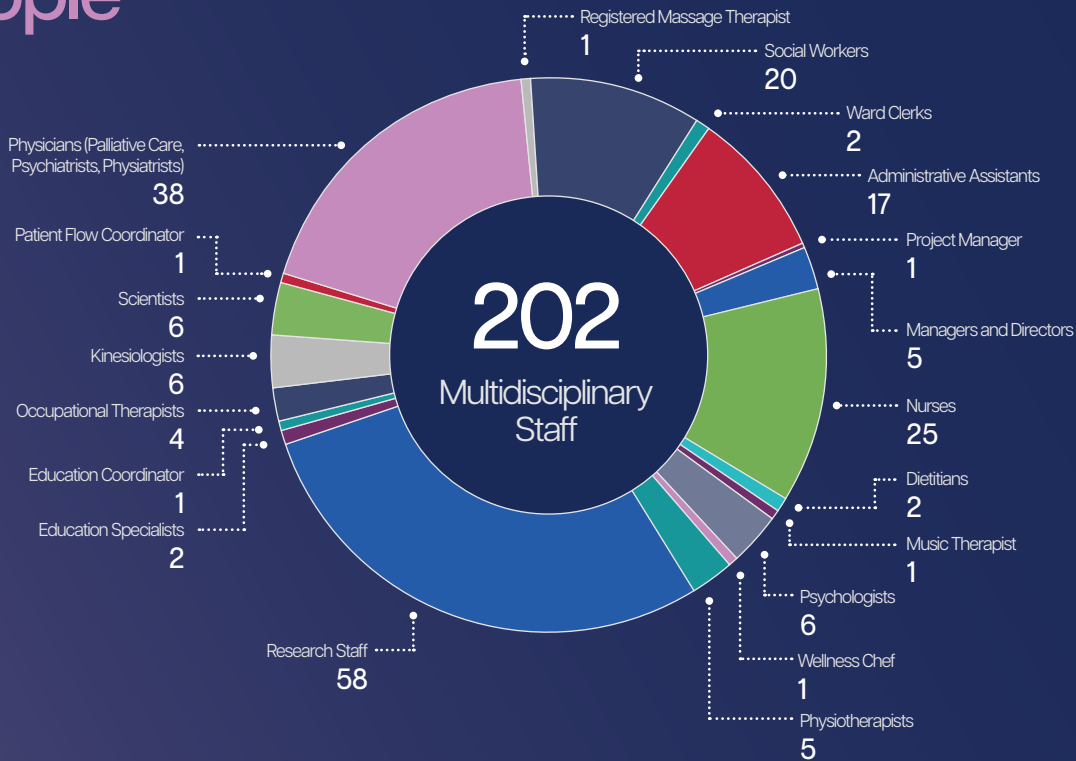
**Emily Steinbach**  
Senior  
Development  
Officer, Princess  
Margaret Cancer  
Foundation



**Anna Wallwork**  
Social Work  
Co-Lead,  
Psychosocial  
Oncology

# 2024-2025 Snapshot

## People



## Research



24

New research grants with DSC PI or Co-PI



11

New research grant collaborations



137

Peer-reviewed publications

\$6.5M

in new research grants

\$4.3M

in new research grants with DSC PI or Co-PI

\$2.2M

in new research grant collaborations

## Education

336

Learners trained

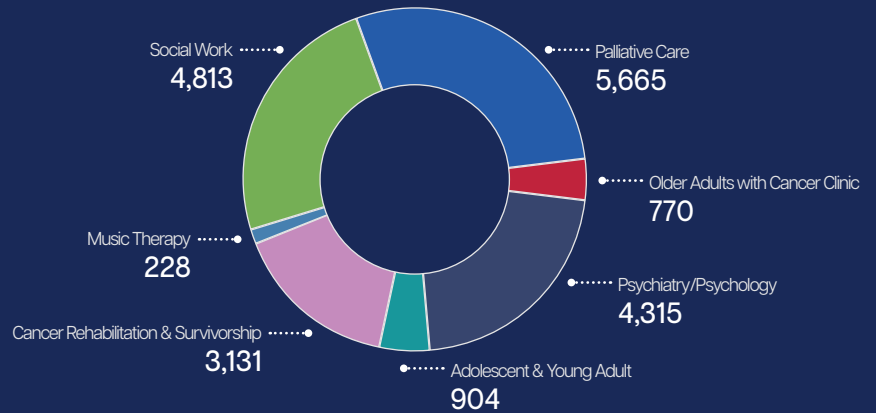
26

Education & research rounds hosted

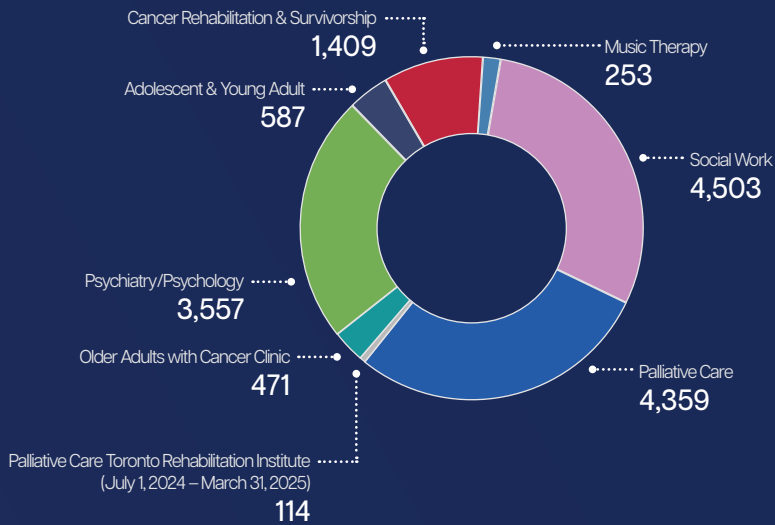


# Clinical Care

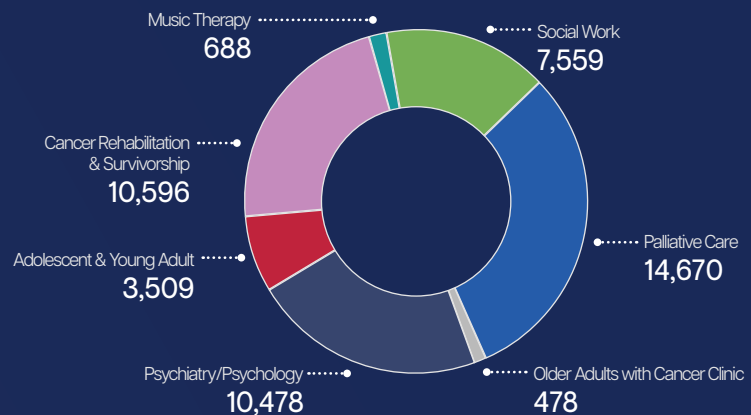
**19,826**  
Unique patients seen



**15,253**  
New consults



**47,978**  
Follow-ups



# Clinical Care

## Cancer Rehabilitation & Survivorship



This year marked several exciting developments and innovations across our clinical programs, reflecting our commitment to enhancing patient care and education.

We were pleased to welcome **Dr. Melissa Weidman** to the team as a staff physiatrist. Her addition strengthens our clinical capacity and brings valuable expertise to our rehabilitation services.

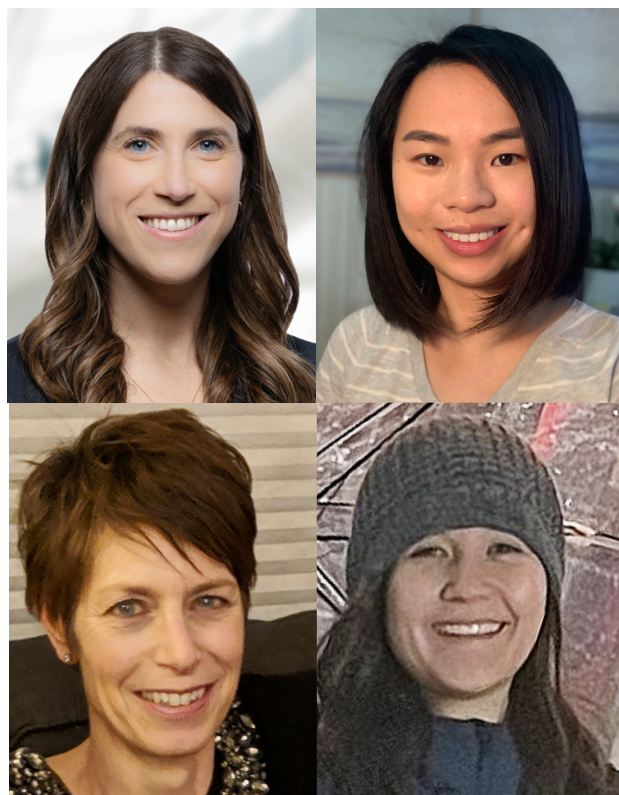
In September 2024, we launched the **CRS Procedure Clinic**, which now offers ultrasound-guided cortisone injections. This new service provides patients with timely access to interventional treatments and supports improved management of musculoskeletal conditions.

To increase awareness of our program offerings, a **CRS promotional trailer video** is now sent to every new patient. This initiative aims to improve patient engagement and understanding of available services. Additionally, we developed **Joint Initial Assessment and fitness assessment videos** to support teaching and patient education, further enriching our clinical resources.

Following a successful pilot, the **Cancer Rehabilitation and Exercise (CaRE) Adolescent & Young Adult (AYA) program** has transitioned into a full clinical offering. This program is designed to meet the unique rehabilitation needs of adolescent and young adult patients, providing tailored support during a critical phase of care.

The Breast and Truncal Lymphedema Project, led by **Anna Wong, Niki Travers, and Cheryl Yang**, introduced new tools to help patients manage swelling and discomfort. A comprehensive handout titled “How to Manage Breast and Truncal Lymphedema” was created to accompany our demo product box, offering guidance on the use of bras, SwellSpots, and foam chip pads. In addition, a second resource, “Manual Techniques for Breast and Truncal

Swelling”, outlines practical techniques for managing lymphedema through manual therapy. These materials are now available to patients and clinicians, enhancing education and self-management strategies.



*Melissa Weidman, Anna Wong, Niki Travers, and Cheryl Yang  
(top-left to bottom-right)*

# Princess Margaret Cancer Rehab & Survivorship

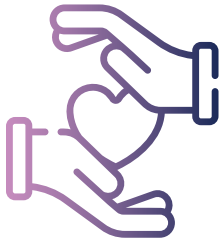
TORONTO, CANADA



CRS promotional trailer video sent to every new patient

# Palliative Care

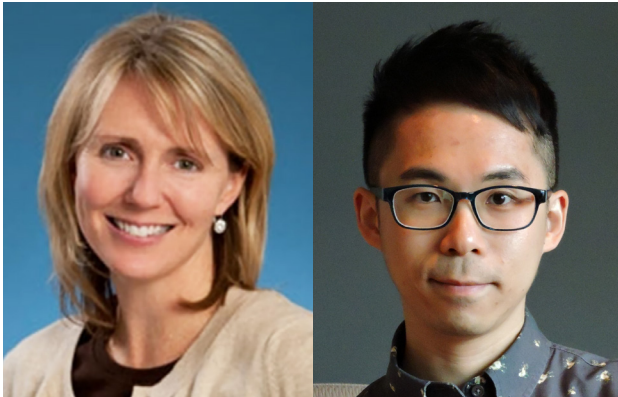
## Princess Margaret Cancer Centre



In 2024, we underwent Accreditation once again! Members of the Accreditation team spent time both on the palliative care unit (16P) and in our outpatient palliative care clinic, where they had an opportunity to engage with staff and patients. We received a standard rating of 100% with no unmet criteria, and the feedback was overwhelmingly positive. Our commitment to early, integrated palliative care was highlighted, as were the facilities on 16P and the compassionate care delivered there. Our work on enhancing the care delivered to patients and families with diverse cultural needs was commended. As a follow-up, we are working to formalize patient and family engagement to support service design and future quality improvement initiatives.

Such excellent results do not come without teamwork and effort. The Accreditation Leadership and Working Group teams, along with our team members **Trish Murphy-Kane** (Clinical Nurse Specialist on our inpatient palliative care unit), and **Dr. Ernie Mak**, (staff physician and quality

improvement physician lead) ensured our team was very well-prepared. A huge thanks to the entire palliative care clinical and management team for representing our values and philosophy not just for accreditation, but every day!



Trish Murphy-Kane and Ernie Mak (left to right)

# Toronto Western Hospital

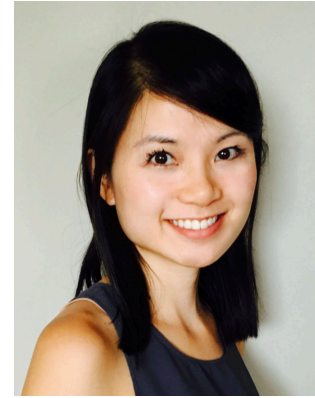
The Toronto Western Hospital (TWH) continues to see year-over-year growth in patient volume, with 2024–2025 marking the busiest year to date. This increase is driven in part by the ongoing expansion of outpatient clinic services. A few highlights over the past year are described below.

## Developing Evidence-Based Protocols to Guide Compassionate G-Tube Decision-Making

**Dr. Nadine Gebara** and **Dr. Haley Draper**, in collaboration with clinicians from General Internal Medicine, Geriatrics, Speech-Language Pathology, Clinical Nutrition, Interventional Radiology, and Ethics, are leading a quality improvement initiative at Toronto Western Hospital aimed at reducing the overuse of G-tube insertions in patients with advanced irreversible illness. This work was awarded the 2025 UHN Quality Improvement (QI) Grant Competition. Despite evidence that artificial nutrition does not improve outcomes in this population and may cause harm, there is currently no standardized approach at UHN to guide such care. Through root-cause analysis and case reviews, the team will develop an evidence-based protocol and education strategy to support compassionate, consistent, and patient-centered decision-making while improving safety and aligning care with best practices.



*Nadine Gebara and Haley Draper (left to right)*



## Supportive Care Neurology Clinic: Advancing Integrated Neuropalliative Care

Since 2021, **Dr. Melissa Li** has led the development, implementation, and ongoing expansion of the Supportive Care Neurology Clinic (SCNC) at Toronto Western Hospital (TWH), in close partnership with the Division of Neurology and with the dedicated support of palliative care clinical nurse specialist, **Archna Patel**. Originally piloted within the Memory Clinic, the SCNC received consistently positive feedback from patients and families, which catalyzed its expansion to a weekly service now accepting referrals from both the Memory and Movement Disorders Clinics at TWH. This growth reflects a broader institutional recognition of the critical gap in neuropalliative care for individuals living with progressive, life-limiting neurological diseases. These patients often experience significant symptom burden, psychosocial distress, and complex decision-making needs, yet have limited access to timely, specialized palliative care. The SCNC was established to bridge this gap by embedding a palliative approach within neurology care, providing an added layer of interdisciplinary, person-centered support focused on advance care planning, goals of care discussions, and expert symptom management.

In parallel, Dr. Li is leading a quality improvement (QI) research project in collaboration with the Division of Neurology to evaluate the clinic's impact on patient/caregiver outcomes and health systems resource use. This project aims to assess the impact of the SCNC on improving the frequency and quality of advance care planning and goals of care conversations, as well as the clinic's role in promoting goal-concordant care and reducing unnecessary acute care utilization, particularly in the final year of life. Through this work, the SCNC continues to evolve as a model for integrated neuropalliative care delivery within academic neurology settings.

# Toronto General Hospital

The Toronto General Hospital (TGH) continues to experience consistent year-over-year increases in patient volume, with 2024–2025 representing its busiest year so far. This growth is partly attributable to the continued expansion of outpatient clinic services.

## A Year of Impact: The Palliative Care Social Work Fellowship Experience at TGH

This year, the Palliative Care Social Work Fellowship was launched and became a bridge between expertise and compassion across the University Health Network. Within the TGH Palliative Care Outpatient Program, the Fellow worked closely with patients and families, offering psychosocial assessments and cognitive-behavioural counselling. Beyond clinical care, she connected individuals to vital resources and programs, ensuring that no one faced their journey alone.

The Palliative Care Social Work Fellow's work also extended to the TGH's Caregiver Clinic, where she listened deeply to the voices of those supporting loved ones. By assessing caregiver strain and creating personalized care plans, she helped families find balance—linking them to resources, guiding them through Advance Care Planning, and providing ongoing counselling that made a difference when it mattered most.

The Palliative Care Social Work Fellowship isn't just about care—it is about conversation. Through teaching at the University of Toronto Factor-Inwentash Faculty of Social Work and engaging with palliative care networks, the Fellow championed a powerful message, "Palliative care is not about dying—it's about living."

Together with the Fellowship Director, the Fellow brought this vision to life at Grand Rounds in the Department of Family &

Community Medicine, presenting, "Advancing Competency in Palliative Care: The Role of a Specialized Social Work Fellowship."

This year's Fellowship not only strengthened clinical practice—it also reshaped how we think about care, connection, and dignity at every stage of life.

---

**Palliative care is not about dying—it's about living.**



*Sam Ravenda, Palliative Care Social Work Fellow*

# Toronto Rehab Institute

## Defining a Palliative Rehab Standard at UHN and Beyond

Over the past few years, Toronto Rehabilitation Institute at University Centre (TRI-UC) has been caring for more seriously ill and medically complex patients. These include people with cancer, advanced heart, lung, liver, or kidney disease, and those with new brain injuries. All patients receive daily intensive rehabilitation from a multidisciplinary team, with the goal of helping them return home stronger and better prepared to continue treatment.

To better support this more complex patient population, in response to clinician requests for on-site consultative care, and in alignment with our division's goal of providing early and integrated palliative care across sites, a new on-site palliative care consultation model was piloted. It built on earlier support from our palliative care colleagues at TG and PM. As part of the pilot, Dr. Warren Lewin, a physician from our Toronto Western site relocated to provide on-site palliative care at TRI-UC from July to December 2024.

Early on, it became clear that many patients and families had significant palliative care needs. In response, and to

address common misunderstandings about palliative care and uncertainty about when to refer, an automatic referral model came into effect. This model applied to patients on the pilot wards who had stage IV cancer, a new brain cancer diagnosis, or were identified by the team as having unmet palliative care needs that would be best addressed by a specialist.

During the pilot, 75 unique patients were seen for symptom control, advance care planning, and/or for emotional support following a serious illness diagnosis. These patients were concurrently cared for by a broader team including hospitalists, physiatrists, physical- and occupational-therapists, nurses, and spiritual care providers. Most had stage IV cancer, but others had cirrhosis, heart failure, dementia, Parkinson's disease, or earlier-stage cancers. Notably, 60% had never seen a palliative care provider before, and 30% were discharged home with new outpatient or home-based palliative care follow-up.



*Dr. Warren Lewin (third from right) alongside clinical team members from the musculoskeletal rehabilitation program at TRI-UC*

While most patients returned home stronger after rehabilitation to continue treatment, 10% were discharged directly to a hospice or palliative care unit for end-of-life care as their condition progressed despite rehab.

Pilot feedback from the interdisciplinary team has been overwhelmingly positive.

“Dr. Lewin is the key piece of the puzzle to completing the complex oncology best practice picture within our program at Toronto Rehab Institute.” – Staff Occupational Therapist, TRI-UC

“It has been so rewarding to have the palliative team involved in family meetings... for patients with GBM to help support discharge and oncology treatment. What a change from before which makes me so grateful to have the palliative physician on board.” – Staff Psychiatrist, TRI-UC

“The ease and efficiency of having a palliative physician for the team is highly/greatly/wonderfully appreciated by the team!” – Staff Social Worker, TRI-UC

---

**It has been so rewarding to have the palliative team involved in family meetings... What a change from before which makes me so grateful to have the palliative physician on board.**

*– Staff Psychiatrist, TRI-UC*

The pilot showed early promise in shaping a potential standard for “palliative rehabilitation” at UHN. As a result, Dr. Lewin continues on-site consultant care daily, has expanded clinical operations to include consultative care across all rehab programs within TRI-UC, and established a virtual outpatient clinic to ensure continuity of care for these patients and their families beyond their inpatient stay. Together with an interdisciplinary team, he also co-developed a half-day training program for staff across disciplines at TRI-UC. This curriculum, which was required training for all front-line clinicians in the brain program and delivered over 8 half-day sessions, focused on essential communication strategies and palliative care skills that clinicians can integrate into their daily practice. The goal was to ensure that all patients and families are supported by a team equipped to respond more confidently and skillfully to the growing complexity of palliative needs within the rehabilitation setting.



*Drs. Warren Lewin (left) and Maxwell Charles (right) being festive at the TRI-UC holiday staff celebration*

# Psychosocial Oncology

2024-2025 has been another successful year for achievements in the division of Psychosocial Oncology, which is co-led by psychiatrist **Dr. Madeline Li** and social workers **Valerie Heller** and **Anna Wallwork**.

In June 2024, Psychosocial Oncology received a generous donation from SunLife allowing for the purchase of light boxes and grocery gift cards. This enabled us to establish a new psychiatry service, treating patients with Seasonal Affective Disorder through a light box lending program. We were also able to provide grocery gift cards at Thanksgiving and Christmas to 85 of our most highly marginalized patients identified through our PSO clinicians.

Our breast site social work team also established the Next Steps After Breast Cancer Treatment Workshop as a standard of care at Princess Margaret. This interdisciplinary workshop, currently led by **Kelly Antes** MSW RSW, addresses unmet psychosocial and informational needs to improve quality of life during breast cancer survivorship. Approximately 100 patients from Princess Margaret and other cancer centers in Ontario have registered for this monthly workshop, effectively extending the reach of PSO beyond Princess Margaret.

With a new role on the medical and radiation oncology inpatient units, **Robin Forbes** MSW RSW helped re-initiate interdisciplinary discharge rounds aimed at complex patient care needs and how to best look at length of stay (LOS) and complexity. Chaired by the PCC or Social Worker, these weekly discussions allow team members to identify concerns that impact LOS earlier and brainstorm around care plans. As a result, team collaboration has strengthened and LOS has lowered with currently no patient on 17A/B with a LOS of over 50 days.

Another interdisciplinary highlight has been the collaboration between our psychologist **Dr. Gilla Shapiro**, and **Megan Wexler**, MSW and Program Lead for Care and Connect, a novel lay navigator program designed to proactively strengthen patient-centred care and expand access to psychosocial oncology services. Their team have been awarded grant funding through the Canadian Institutes of Health Research (CIHR) to evaluate PM's Care and Connect program in patients with lung cancer.



*Madeline Li, Valerie Heller, Anna Wallwork, Robin Forbes, Gilla Shapiro, and Megan Wexler (top-left to bottom-right)*



# Specialty Programs & Clinics



## Older Adults with Cancer Clinic

This year marks the 10th anniversary of the Older Adults with Cancer Clinic, a milestone that reflects a decade of dedicated service and innovation in geriatric oncology. Since its inception, the clinic has welcomed over 2,300 new patients, with a significant impact on care planning—  
influencing cancer treatment decisions in over 40% of patients seen prior to treatment. Notably, pre-treatment consultations now comprise 70–80% of our patient population, underscoring the clinic’s growing role in guiding early treatment strategies.

We were pleased to welcome **Gillian Labrie** as our new Clinical Nurse Specialist, bringing fresh expertise and compassion to our team. At the same time, we bid a heartfelt farewell to **Rana Jin**, whose outstanding contributions helped shape the clinic’s success. Rana has taken on a leadership role in Oncology Nursing at Princess Margaret Cancer Centre, and we wish her continued success in this exciting new chapter.



*Observers from Singapore, Margaret Zjadewicz, Dr. Shabbir Alibhai, Susie Monginot, Rana Jin, Dr. Gabriella Hernandez (top: left to right)*

*Gillian Labrie and Rana Jin (second from top: left to right)*

*Dr. Gabriela Jacob, Susie Monginot, Dr. Gabriella Hernandez, Dr. Martine Puts, observer from England, Dr. Shabbir Alibhai, Dr. Murray Hudson (middle: left to right)*

*Michelle Cordeiro, Susie Monginot, observer from Wales (bottom: left to right)*

# Adolescents and Young Adult Program

The Adolescent and Young Adult Program has had an amazing year in patient engagement, patient education, health care provider education and engagement with partner hospitals. Our first AYA Health Care Provider Education Conference, held September 2024 was attended by over 50 registrants including many from across Canada. Our speaker line-up this year was superb. Alongside our usual patient engagement events (bimonthly AYA meet ups, monthly AYA book club, Look Good Feel Better Workshop, AYA Cooking Class with ELLICSR, AYA Yoga Class, AYA Move/Dance Class, ROM Day with AYA's, Gaming Room Day with AYA's, Cancer, Me and My Hair with Hair Gone Rogue, AYA Holiday Card Making Contest, bimonthly Alli's Journey Art Therapy, AYA Trivia Night) we also held an inaugural AYA Talent Show where patients were able to perform their talents to a cozy audience of 70 people in the 6th floor auditorium. Our 2nd Annual Island Day had 60 attendees this year – one patient told us that this was the most fun he has had since being diagnosed! The most special event we hosted was our first ever AYA Remembers ceremony that we held at

the Beaches and invited families who have lost their AYAs. Over 50 people attended and were brought together in the midst of their sorrow through poems, music and sharing. We have also continued to strive to provide a strong patient education platform and held webinars in sexual health, school and work, Money Matters, Sun Safety with Melanoma Canada, Community Connections with ELLICSR, Exercise, Nutrition, Reimagining the Holidays, Knowing Your Chemotherapy (led by pharmacy) and a Look Good Feel Better workshop. A huge shout-out to our team who were recipients of prestigious awards, Jennifer Catsburg: Michael Kamin Hart Award 2024, Samantha Scime: Michael Kamin Hart Award 2025. Jennifer Catsburg also made several media appearances highlighting the importance of AYA care. We welcomed Catherine Weadick (Ireland) a fellow with Sarcoma/AYA. Emma King has been covering maternity leave for Sharon D'Souza. Congratulations to the team! This year also marked a significant milestone as the AYA Program celebrated 10 years of delivering specialized care to adolescents and young adults at the Princess Margaret.



Adolescents and Young Adult Program activities in 2024-2025

# Cancer Pain Clinic

The Cancer Pain Clinic welcomed **Dr. Puneet Sayal** to the team consisting of Drs. Baig, Sahni, and Taras within the Department of Anesthesia and Pain Management. His expertise in cancer pain management will help further expand the cancer pain program at PMH. There has been ongoing growth of the program in collaboration with the oncology and supportive care services to provide ongoing care for patients with cancer related or cancer therapy related pain symptoms.

The clinic is staffed by a staff physician, an advanced practice nurse and trainees from various disciplines including chronic pain fellows, pain medicine residency trainees, palliative care residents and fellows, physical medicine and rehabilitation residents, and visiting residents/fellows from external centers. Referrals are seen from medical oncology, radiation oncology, surgical oncology, supportive care, as well as the cancer rehabilitation service within UHN. We have continued to build on the interventional aspect of the program and expand the eligible population for medical management. Consultations for both outpatients and inpatients undertake a multidimensional evaluation and provide a comprehensive pain management plan including pharmacological, non-pharmacological, and interventional therapeutic modalities.

The clinic is currently operating at a capacity of 2 full days of clinic plus 1 day of interventional procedures at PMH. Over this time, there has been significant expansion in the infrastructure and capacity of the clinic. The procedural day continues to provide interventional support for palliative patients and patients with chronic non cancer related pain. We are able to prioritize and provide timely access for urgent cancer pain interventions across the major cancer centers in the GTA and beyond. Currently we are performing various cancer pain procedures including fluoroscopic and ultrasound guided peripheral nerve blocks, sympathetic neurolytic blocks, and neuraxial procedures including intrathecal drug delivery.

In the last 12 months, we have been able to provide care for a total of 321 new patient assessments, 1345 follow up assessments, and 430 cancer pain interventions. The volume for the program continues to expand year over year and this is made possible by the expansion of the team since 2020. The average wait time for patients to be seen in clinic is currently at 1-2 weeks, which allows for early access to interventional treatment. We are currently providing longitudinal follow up of cancer patients with acute pain due to cancer therapy and transition them to cancer survivorship. The clinic continues to expand our referral base by doing rounds and education for palliative

care services at surrounding cancer centers with referrals being accepted through TAPMI. We have ongoing recruitment for a study being conducted on the use of intrathecal drug delivery (IDD) for cancer pain management and have 5 patients with active therapy.

Further directions for the clinic are to advocate for and secure dedicated Ministry of Health funding to ensure sustainability of the Cancer Pain program. Additional programs being developed include collaboratively working with various oncology groups to help identify patients at high risk for opioid dependence and help with opioid weaning post cancer treatment. Our goal is to ultimately provide early access to analgesic procedures for cancer patients to reduce opioid dosing, opioid related side effects, and improve quality of life.

---

**Our goal is to ultimately provide early access to analgesic procedures for cancer patients to reduce opioid dosing, opioid related side effects, and improve quality of life.**



*Dr. Puneet Sayal*

# Managing Cancer And Living Meaningfully (CALM)

An individualized therapy designed to help patients manage the challenges of living with cancer, reduce distress and promote psychological well-being



## Managing Cancer and Living Meaningfully (CALM)

Managing Cancer and Living Meaningfully (CALM) is a brief, evidence-based psychotherapy that supports patients and families facing the psychological, existential, and relational challenges of advanced cancer. Recognizing its value throughout the illness journey, we expanded CALM's use to key moments such as diagnosis, recurrence, and progression through CALM-TF, a trauma-focused adaptation.

The 2024–2025 year marked significant growth for the CALM National Program. We formed and strengthened partnerships with cancer care institutions across Canada, training over 230 multidisciplinary clinicians to deliver specialized psychological care.

CALM implementation is now active in seven provinces, collaborating with BC Cancer, Cancer Care Alberta, the University of Montreal Hospital Research Centre, Cancer Care Manitoba, Memorial University Newfoundland, Saskatchewan Cancer Agency, and Nova Scotia Health Authority. Supported by regional champions and customized strategies, these efforts advance community partnerships focused on health equity and cultural responsiveness. Looking ahead, the program's next phase will prioritize sustainability to ensure ongoing access and integration of CALM across Canada's cancer care system.

## Music Therapy Program

This year marked significant growth in music therapy initiatives, driven by innovative collaborations, academic integration, and expanded educational outreach.

### Symphony for the Soul: A New Initiative

In partnership with the Toronto Symphony Orchestra, we launched Symphony for the Soul, a monthly live music series featuring TSO musi-

cians performing across various inpatient units. This program brings the healing power of music directly to patients, families, and staff, enriching the hospital environment.

### Media Recognition

Our work was featured in LudwigVan Magazine, highlighting the transformative role of music therapy in Toronto's healthcare landscape. Click [here](#) to read the article.

# Caregiver Clinic

The Caregiver Clinic continues to advance clinical care, research, and education tailored to the unique needs of family caregivers. This year, the Clinic was recognized with an Honourable Mention in the Quality Award category at the 17th Annual Quality and Innovation Awards hosted by the Cancer Quality Council of Ontario (CQCO). This distinction highlights the Clinic's pioneering role as Canada's first cancer centre program dedicated to supporting family caregivers who face psychological, emotional, and physical challenges while caring for loved ones with cancer.

Thanks to a CIHR Knowledge Mobilization Grant, the Clinic expanded its reach through national and international training initiatives, including a featured presence at the Canadian Society of Palliative Care Physicians (CSPCP) Advanced Learning in Palliative Care Conference.

*DSC Caregiver Clinic Team (top)*

*Drs. Sarah Hales and Rinat Nissim, Co-Leads of the DSC Caregiver Clinic (left to right)*



# Global Institute of Psychosocial, Palliative & End-of-Life Care

The Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC) continues to develop and promote research and education focused on the psychological, physical and social consequences of life threatening and advanced disease.

A highlight of this past year built on work with our existing relationships with the African Palliative Care Association, and the University of North Carolina Project Malawi. In February, the collaborative hosted a multi-disciplinary virtual symposium with leading researchers, clinicians, and advocates from across Africa to explore critical themes in psychosocial oncology and palliative and supportive care. With over two hundred attendees, this event highlighted research and clinical work on extending the boundaries of existing supportive care research within Africa, the expansion of clinical interventions, dementia and advanced disease in Africa, grief and bereavement, and end-of-life care planning. Video segments of the event are available on YouTube here. A proceedings report is available here.

The planning committee and key stakeholders have submitted for publication key insights from the event and have identified actionable next steps to advance equitable palliative and end-of-life care across Africa. Building on this momentum, an in-person working session is being planned for the September 2025 8th Annual International African Palliative Care Meeting in Botswana. The aim of this session is to provide an overview of the current research landscape in palliative and supportive care across Africa, and to develop strategic action for emerging priorities in research within Africa.



# Sexual Health Program

The Sexual Health Clinic (SHC) continues to grow steadily, expanding both the scope of services offered and the team of specially trained professionals delivering them.

A major highlight this year is the expansion of our biopsychosocial sexual health care model to female patients. We are delighted to welcome **Taylor Roebotham** as the Director of Female Sexual Health. Dr. Roebotham completed her medical degree and residency in Obstetrics & Gynecology at Western University in 2024, followed by a fellowship in Mature Women's Health & Menopause at University of Toronto. She will begin her academic appointment as an Assistant Professor in the Department of Obstetrics & Gynecology at Western University this fall.

Complementing this leadership role, our team also includes **Nicolle Fox** and **Dalia Peres**, sexual health counsellors specializing in both female and male sexual health.

Demand for SHC services continues to grow. This year, we received 422 new referrals spanning 31 different cancer types, marking consistent growth since the clinic's launch three years ago and underscoring the critical need for specialized sexual health services in oncology.

Our research program continues to make meaningful progress. Through ongoing Canadian Cancer Society grant funding, we are expanding the Sexual Health and Rehabilitation eClinic (SHAReClinic)—a sub-clinic dedicated to sexual health care for prostate cancer survivors. SHAReClinic is now operational in eight cancer centres across Canada. Building on this success, we aim to extend the full suite of SHC services to these partner centres in the coming years.

Finally, our multidisciplinary team continues to contribute to the academic and clinical discourse through multiple peer-reviewed publications and presentations at national and international conferences, further advancing the field of sexual health in cancer care.

---

**Demand for SHC services continues to grow... marking consistent growth since the clinic's launch three years ago and underscoring the critical need for specialized sexual health services in oncology.**



*Dr. Taylor Roebotham, Nicolle Fox, Dalia Peres (top to bottom)*





*The Conversation Lab™ team members*

## The Conversation Lab: Advancing Serious Illness Communication

The Conversation Lab™, housed in the Department of Supportive Care, is UHN's hub for innovation, teaching, and research in serious illness communication. Since its launch in 2021, it has led efforts locally and nationally to develop a standardized, evidence-based training approach that equips frontline clinicians with the skills, confidence, and compassion to care for seriously ill patients and their families—ensuring care aligns with patient goals and values.

In 2024-25, our team:

- Surpassed 700 clinicians trained through our signature half-day simulation workshop using the VitalTalk™ method.
  - 99% agree they can use the skills in practice
  - 98% would recommend the workshop to colleagues
  - 97% agree it increased their confidence to share serious news
  - 99% agree it increased their confidence to communicate empathically

- Expanded the global reach of our online learning modules.
- Welcomed our first post-doctoral researcher, furthering our research capacity.
- Partnered with the Institute for Education Research at UHN to strengthen our academic impact.
- Published multiple peer-reviewed studies demonstrating the feasibility and effectiveness of our training tools.
- Completed a first-of-its-kind study highlighting the benefits of training a faculty cohort to teach serious illness communication—and the opportunity to scale this impact further at the institutional level.

The Conversation Lab™ continues to shape a new generation of educators, researchers, and clinicians, transforming how serious illness conversations happen in healthcare.



## Sexual and Gender Diversity in Cancer Care Program

The SGDC Program completed some important projects and milestones over the past 12 months. Our work continues to maintain our commitment to our 4 operational pillars: clinical, research, education and community.

In this unprecedented time of change within the political and global climate of anti-trans hate, our work is more important than ever to the patients we serve.

### Launch of the Queermunity Patient Support Group

The Group was launched January 23, 2025, providing an opportunity for patients to connect, bring their full

selves to the group and explore themes related to their cancer experience along with coping strategies. It is a unique group which is incredibly inclusive and diverse. Queer identities are made central in the exploration of cancer related issues, rather than addressed from the periphery. This first phase has proven to be very successful, providing a much-needed safe place to seek out and receive support. We have been deeply touched by the caring, support and unconditional acceptance which group members extend to one another. We look forward to continuing to offer the group and growing it further in the future.



*The SGDC Program team members and activities*



@PMChosenFamily  
Sexual and Gender Diversity in Cancer Care

# QUEERMUNITY

**A support group for 2SLGBTQ+ folks with cancer**

An in-person drop-in group held the second and fourth Thursday of the month from 4:00 – 5:30, for patients of The Princess Margaret Cancer Centre. An opportunity to meet other queer people going through cancer. Each group focuses on a theme with lots of time for sharing and discussion.

Open to all patients who identify as part of the sexual and gender diverse community.

**23**

Jan

## **Daring to Dream in 2025**

Discuss setting goals and intentions, why it can be challenging when you have cancer and are a queer person. Make your own vision board.

**13**

Feb

## **Queer Love**

Cancer treatment and side effects can affect our body image, self esteem and how we feel about ourselves within intimate relationships. Explore managing these feelings and relearning to love yourself after cancer.

**27**

Feb

## **Pride and Prejudice**

As a queer person dealing with many systems, we can run into discrimination and bias. Discuss micro aggressions, micro assaults & micro affirmations, the impact and connecting to resilience in ways we respond.

**13**

March

## **Spoken Word**

Explore the power of writing, poetry and speaking as a strategy to uncover and express your feelings & experience of cancer as a queer person.

**27**

March

## **Grounded by Pride**

Do you ever feel overwhelmed by big emotions? Make a queer cancer tool kit, reminders of helpful strategies to stay in the here and now, to foster hope to take one step at a time.

**10**

April

## **From Stress to Resilience**

Do experiences of queer or racial exclusion or discrimination take a big hit to your mental health? Learn about and practise a strategy to manage these stresses, protect yourself and build resilience.

**EMAIL [SGDC@UHN.CA](mailto:SGDC@UHN.CA) FOR INFORMATION ABOUT THE GROUP LOCATION. PLEASE PROVIDE YOUR MEDICAL RECORD NUMBER.**

**NEXT SCHEDULE OF TOPICS AVAILABLE IN APRIL.**

*Queermunity Patient Support Group events*

# Education & Training

In alignment with the purpose, values, and principles of the University Health Network (UHN), the Department of Supportive Care (DSC) strives for excellence in education, to further the provision and promotion of high-quality supportive care for patients and their families throughout the course of illness. Our inter-professional team, many of whom hold faculty positions at the University of Toronto, provide outstanding education programs and learning opportunities for fellows, residents, graduate students, medical students, summer students, and observers.

The Department of Supportive Care welcomes learners from a wide range of disciplines including palliative care, psychiatry, nursing, and allied health. Education programs are offered within all three of our divisions: Palliative Care, Psychosocial Oncology, and Cancer Rehabilitation and Survivorship as well as our integrated ten specialty programs.

144 learners rotated through the **Palliative Care Division** at Princess Margaret, Toronto General, and Toronto Western sites, with experiences in inpatient consults, outpatient clinics, and the palliative care unit. Our learners included clinical fellows, residents, medical students and observers.

41 learners rotated through the **Psychosocial Oncology (PSO) Division** including medical undergraduates (CC1-CC4), Psychiatry residents, Social Work students, and Psychology trainees. Evaluations were outstanding, which was also reflected by the increased frequency of rotation requests across all offered PSO programs.

68 learners rotated through the **Cancer Rehabilitation and Survivorship (CRS) Program** to gain an understanding and appreciation of the diverse services and types of care offered to patients during and after cancer treatment. Through immersion in clinic activities, trainees were able to learn about the inter-professional team, cancer-related impairments identified during comprehensive assessments, self-management support, and the overall patient experience.

## Diverse Learners



## Education Activities



# Learners in DSC Specialty Programs

The **Adolescent and Young Adult (AYA) in Oncology Program** trained a total of 13 learners. The program hosted their inaugural AYA Education conference in October 2024 as well as monthly nursing orientations and patient education webinars.

The **Cancer Pain Clinic** hosted 9 learners including 7 pain medicine fellows and 2 pain medicine residents as part of their University of Toronto Pain Medicine residency.

The **Caregiver Clinic** hosted 8 learners this year and had 5 presenters at the CAPO 2025 Conference.

The **Conversation Lab™** trained 199 learners this year: 128 MD Postgrad residents/fellows and 71 staff.

The **Global Institute of Psychosocial, Palliative, and End-of-Life Care (GIPPEC)** and the Managing Cancer & Living Meaningfully (CALM) Program made a substantial impact on education and capacity building this year. Dr. Gary Rodin's groups trained 28 learners. 37 supervisees from 5 different countries also attended monthly/bi-weekly CALM supervision under Global CALM. An additional 25 learners attended Dr. Sarah Hales CALM group from UHN, British Columbia, Alberta, the United States, and the Netherlands.

The **Music Therapy Program** led by Dr. SarahRose Black trained over 20 learners—including medical students, allied health professionals, fellows, and residents—through shadowing experiences with the clinical music therapy team. These opportunities fostered interprofessional understanding and highlight the therapeutic value of music in healthcare. The specialty program's collaboration with the University of Toronto's Faculty of Music continues to flourish. Students from SarahRose's *Introduction to Music Therapy* undergraduate course partnered with the Medical Surgical Intensive Care Unit at Toronto Western Hospital, in conjunction with UHN's Spiritual Care Department, to deliver live music experiences in the ICU. This initiative, supervised by SarahRose, provided students with hands-on clinical exposure while enhancing patient care.

The **Older Adults with Cancer Clinic (OACC)** hosted 24 unique learners who came a total of 85 times to our clinics. OACC has expanded offerings to include gynecological oncology fellows and senior radiation oncology residents. The specialty program also received generous funding

from Pfizer Canada for a one-year fellowship and won the Cancer Education Award for their set of geriatric oncology educational modules.

The **Sexual & Gender Diversity in Cancer Care (SGDc) Program** hosted 5 social work students and launched an eLearning course to help health care providers gain experience in topics of inclusion.

The **Sexual Health Program** welcomed sixteen learners—including graduate students, residents, and clinicians—for shadowing and training opportunities. Participants came from a range of disciplines including palliative care, AYA oncology, older adult care, psychosocial oncology, radiation oncology, and cancer rehabilitation. The program also hosts monthly topic-specific virtual seminars that attract more than 40 participants from across Canada, fostering national collaboration and knowledge exchange.

---

Our inter-professional team provides outstanding education programs and learning opportunities for fellows, residents, graduate students, medical students, summer students, and observers.



# Fellowships

The **Palliative Medicine Clinical Fellowship program** continues to grow and attracts highly qualified international applicants. In 2024, the program trained 13 clinical fellows from 10 countries: Saudi Arabia, France, Thailand, United Kingdom, Lebanon, Finland, Ethiopia, Philippines, Jordan, and Mexico. In addition, the **Older Adults with Cancer Clinic (OACC)** has trained 2 new geriatric oncology fellows in 2024 bringing their total to 12 graduated fellows. Three new fellows will start between March and July 2025.

The **Psychosocial Oncology Fellowship Program** trained 3 clinical fellows from Columbia, Thailand, and the Philippines. The clinical fellowship program continues to grow both in interest and capacity over the last year and is hoping to train even more fellows during the next academic cycle.

In 2024, the **Cancer Rehabilitation- Physical Medicine and Rehabilitation (PM&R) Fellowship** trained 1 fellow from Saudi Arabia and will be welcoming another new fellow in 2025.

## Psychosocial Oncology Fellows



**Juan Borda**  
Columbia



**Enrico Inocencio**  
Philippines

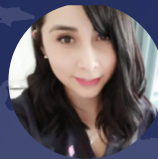


**Yanin Kiatpanabhikul**  
Thailand

## OACC Fellows



**Nitzan Segal**  
Israel



**Celia Gabriela Hernandez Torres**  
Mexico

## AYA Oncology Fellows



**Sofi Canales Albarren**  
Mexico



**Catherine Weadick**  
Canada

## Palliative Care Social Work Fellow



**Samantha Ravenda**  
Canada

# Palliative Medicine Fellows



**Emad Abuzakyah**  
Jordan



**Sarah AlSaif**  
Saudi Arabia



**Abdulaziz Al-Zhrani**  
Saudi Arabia



**Mohamed Alfagi**  
Saudi Arabia



**Ola Kamel Assaad**  
Lebanon



**Timo Carpén**  
Finland



**Maxwell Charles**  
United Kingdom



**Karla González**  
Mexico



**Criselda Isabel Cenizal**  
Philippines



**Elnathan Kebebew Bekele**  
Ethiopia



**Rich Ericson King**  
Philippines



**Laura Thery**  
France



**Adisorn Voharn**  
Thailand

## Sexual Health Fellow



**Taylor Roebottom**  
Canada



## PM&R Fellow

**Wafa Alketheeri**  
Saudi Arabia

# Innovations in Education

## New Fellowship Program

### John C. & Marvi Ricker Social Work Fellowship in Palliative Care

The inaugural John C. & Marvi Ricker Social Work Fellowship in Palliative Care was launched in September 2024 to enhance psychosocial support within UHN's palliative care services. This initiative embedded a dedicated social worker into the interprofessional team, strengthening patient and family support, improving care coordination, and advancing trauma-informed research and education.

**Sam Ravenda**, RSW, was selected from over 50 applicants to serve as the first fellow. Her work spanned multiple UHN sites, including Toronto General Hospital, and partner organizations such as the Indigenous Health Program, Sinai Health, and Casey House Hospice. Sam's clinical focus included evidence-based therapies, psychosocial assessments, and trauma-informed care—particularly for underserved populations.

During her rotation at TGH, Sam contributed to direct patient care and participated in advanced training in Managing Cancer and Living Meaningfully (CALM), Fear of Cancer Recurrence Therapy (FORT), The Conversation Lab™, and Prolonged Grief Therapy. Her research explored the integration of trauma-informed principles into palliative settings, identifying opportunities to improve patient engagement and reduce disparities in access to care.

Sam's reflections emphasized the emotional depth of bedside work and the importance of culturally sensitive, equity-focused care. Her feedback has informed future directions for the fellowship, including the potential for formalized community observerships and expanded cultural training.

Looking ahead, UHN plans to sustain and grow the fellowship annually, positioning it as a key component of its palliative care model. The program continues to demonstrate the critical role of specialized social workers in delivering compassionate, holistic care at the end of life.

---

The moments I have not forgotten are of love that I witnessed at the bedside of patients who are dying. Talking to families and hearing their stories, laughing or crying about their life – this is what I carry with me. We all have a unique and beautiful story to share, we all have meaning and purpose in this life.

– Sam Ravenda, RSW



Sam Ravenda

## The Conversation Lab: Training the Next Generation of Clinician Educators

**Dr. Maxwell Charles**, The Conversation Lab™'s second clinical research fellow, led a research project that adapted one of the Lab's innovative teaching techniques into an online learning module. Pilot data showed that the e-module was feasible to implement and effectively increased clinicians' knowledge and confidence in discussing prognostic uncertainty—a topic rarely covered in traditional training. In addition to this project, and among other accomplishments, Max completed over 40 hours of faculty development to become a certified VitalTalk™ faculty member, leading five local workshops and one national workshop to excellent feedback. Newly equipped with this evidence-based teaching approach, he shared that he now feels confident and prepared to teach communication skills to clinicians from diverse

backgrounds. With continued support from the team, The Conversation Lab™ is excited for Max to help expand this training locally and internationally as he completes his Fellowship at UHN.



*Dr. Maxwell Charles*

## Conferences, Workshops & Courses

### Diagnostics in Breast Imaging, Breast Cancer Treatment and Beyond Course

Cancer Rehabilitation and Survivorship clinical lead and occupational therapist, **Stephanie Phan**, was involved in the creation of the Survivorship module for the “Diagnostics in Breast Imaging, Breast Cancer Treatment and Beyond” course. Virtual and self-directed, this course was specifically designed for second year students in nuclear medicine, radiological technology, and radiation therapy in order to provide an early opportunity to delve into breast imaging.



## Supportive Care Update Conference

On May 9, 2024, the inaugural Supportive Care Update Conference marked a significant milestone in advancing education and collaboration within the supportive care community. Hosted entirely virtually, the event was organized in partnership with Michener Conference Services, ensuring a seamless experience for attendees across diverse locations.

This first-of-its-kind conference brought together thought leaders, clinicians, researchers, and advocates to share insights and innovations in supportive care. The virtual format enabled broad participation, removing geographical barriers and fostering inclusive dialogue. The event featured a dynamic lineup of speakers and panelists, whose expertise spanned multiple disciplines, reflecting the holistic nature of supportive care.

The success of this conference underscores the growing demand for accessible, high-quality professional development opportunities in the healthcare sector. It also sets the stage for future gatherings that continue to elevate the standard of care and support for patients and families.

Thank you to our speakers:

- **Camilla Zimmermann:** “Integrating Palliative Care in Oncology: Barriers and Opportunities”
- **Madeline Li:** “Medical Assistance in Dying”
- **Rinat Nissim:** “Caregiver Clinic: Best Practices in Caring for the Family Caregiver”
- **Margo Kennedy:** “Sexual and Gender Diversity in Cancer Care Program”
- **Jennifer Jones:** “The Development and Evolution of a Multidimensional Structured Cancer Rehabilitation Program: CaRE @Princess Margaret”
- **Jackie Bender:** “Cancer Navigation: Patient Navigation Across the Cancer Continuum”
- **Patricia Blinn:** “Cellulitis: Cellulitis Management in Secondary Lymphedema: What You Need to Know”
- **Jenny Lau:** “Opioid Use Disorder: Palliative Care for Patients with Opioid Use Disorder”
- **Sarah Hales:** “Psychedelics: Psilocybin-Assisted Psychotherapy For Patients with Advanced Cancer”
- **Warren Lewin:** “Serious Illness Communication: Let’s Talk! High-Yield Serious Illness Communication Skills for the Everyday Clinician”

To celebrate his past leadership and impact as department head, an honorary presentation was given by **Gary Rodin** on “Building a Department of Supportive Care”.



Camilla Zimmermann, Madeline Li, Rinat Nissim, Margo Kennedy, Jennifer Jones, Jackie Bender, Patricia Blinn, Jenny Lau, Sarah Hales, Warren Lewin, Gary Rodin (top-left to bottom-right)

## SGDc Program Launches e-learning Course

In time for Pride Month, the Sexual and Gender Diversity in Cancer Care (SGDc) Program at Princess Margaret Cancer Centre launched an eLearning course to help health care providers gain experience in four key topics of inclusion: pronouns, sexual orientation, gender identity and relationship diversity.

It uses avatars that allow learners to assume a variety of roles and choose to interact with patients who have different identities and life stories. The modules offer experience creating an inclusive environment for care providers in any medical program, but are particularly vital for those working with people who have cancer, says Dr. Christian Schulz-Quach, SGDc Program Director and a UHN clinician.

“In cancer care, we have a really significant mortality gap between the general population and some of our patients who are identifying as part of the queer community,” says Dr. Schulz-Quach, a psychiatrist in the Department of Supportive Care at the Princess Margaret. “This has to do with barriers in the cancer care system and much work left to be done in creating a background of safety and safe clinical spaces when accessing the cancer care system, as well as creating lived inclusion for SGDc patients within the cancer health care system.”

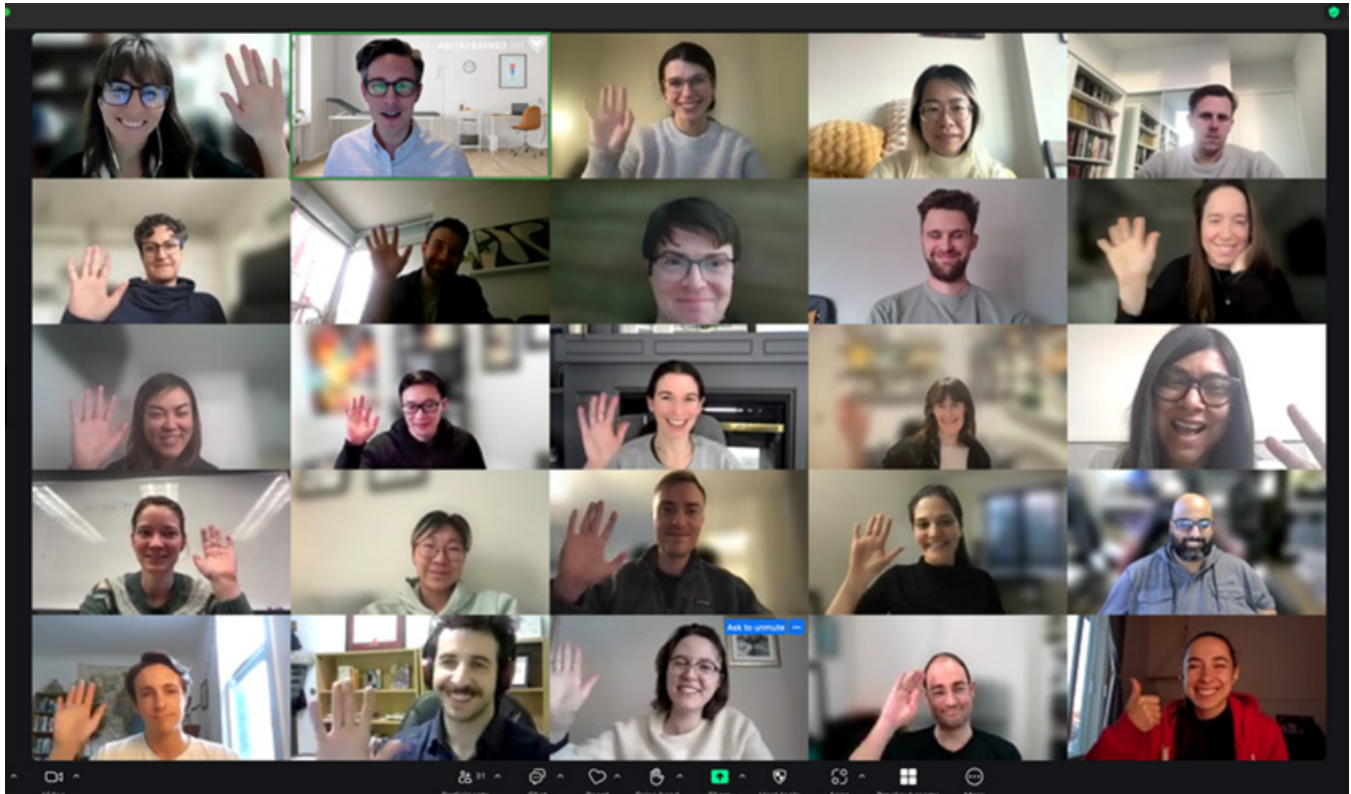
“That’s why this is so important. It’s not just about fun. It’s about using gamifying to change mortality rates and to close the gap between the general population and our queer communities with cancer.”

Members of the SGDc Program collaborated with software developers, design students at OCAD University and patients offering ideas and feedback based on their own lived experience. It was made possible through a Princess Margaret Cancer Centre Young Leaders Program Grant and a UHN Cancer Experience Seed Fund Grant.

---

**Much work is left to be done in creating a background of safety and safe clinical spaces when accessing the cancer care system, as well as creating lived inclusion for SGDc patients within the cancer health care system.**





## The Conversation Lab: VitalTalk-Powered Simulation Workshop

In February 2025, twenty-six students from across Canada came together for the country’s first national palliative care resident VitalTalk-powered simulation workshop. Locally developed course materials were tailored to meet learners’ needs, and faculty from British Columbia, Ontario, and Quebec collaboratively delivered the training to overwhelmingly positive feedback. This landmark initiative provided a unique learning experience for the next generation of palliative care teachers and leaders. Upon graduation, participants will be able to share these resources with their own learners and draw on The Conversation Lab™’s faculty for mentorship, helping to expand high-quality communication skills training nationwide. 100% of participants ‘strongly or somewhat agreed’ the course gave them more confidence to share serious news and that they can put the skills immediately into practice.

Sample resident feedback:

“Incredible workshop!”

“I think it should be a full day! It was so useful. I wish I could do more of this.”

“The standardized patients were great and the situations were realistic.”

Separately, The Conversation Lab™ was invited to deliver two additional first-of-their-kind national VitalTalk-powered simulation workshops to interdisciplinary faculty clinicians in practice at the leading Canadian conferences for both Family Medicine and Palliative Care.



First postgraduate national workshop (top) and workshop teachers at the in-person national palliative care conference (bottom)

## CALM Cancer Campus Modules

The CALM (Managing Cancer and Living Meaningfully) course, launched in 2025, trains clinicians to support patients with life-threatening cancers in four key areas: symptom management and communication with healthcare providers, changes in self and relationships with close others, sense of meaning and purpose, and thinking about the future, hope, and mortality. The course covers the research foundations and therapeutic approach of CALM, providing clinicians with the knowledge and skills needed to address patients' emotional, existential, and psychological challenges, including a trauma-informed focus for those with high levels of distress.

## Novel Educational Session for Spiritual Care Trainees

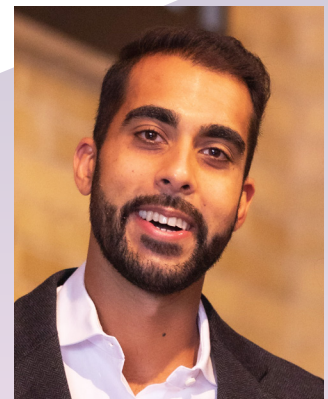
In collaboration with Linda Kuschnik (Spiritual Care Teaching Supervisor - UHN), **Dr. Jalal Ebrahim** and the **Toronto Western Hospital (TWH) Team** provided a novel teaching session for spiritual care trainees from across the city (including UHN, Unity Health, Sinai Health, Southlake Health, and CAMH) during their Clinical Psychospiritual Education (CPE) Education Day. During this interactive session, Dr. Ebrahim explored the physical, emotional, and psychological experiences that spiritual care trainees may face while providing end-of-life care. He also taught high yield communication and counselling strategies, as well as how spiritual care and palliative care can work together to provide the highest quality patient and family-centered

care. Feedback was outstanding and has informed plans to expand the length and number of similar sessions for future cohorts:

“We could have listened to this session for an entire day!”

“Learning more about the dying process...and common questions we may face, makes these conversations feel much less overwhelming.”

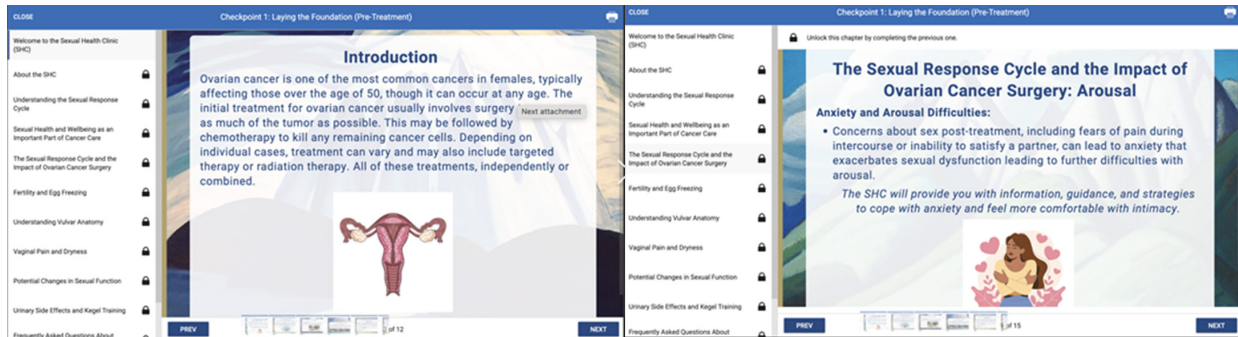
“Learning what to expect when supporting patients and families approaching end of life helps me finally feel comfortable providing this type of care!”



Dr. Jalal Ebrahim (right) and TWH Team (left)

## Sexual Health Clinic Educational Modules

The Sexual Health Clinic's virtual care services have continued to expand to support patients with ovarian cancer through a suite of educational modules featuring videos, animations, and an enriched patient library. Additionally, the virtual platform now integrates AI tools designed to enhance support for virtual sexual health counselling.



Sexual Health Clinic educational modules

# Excellence in Teaching



**Jackie Bender**  
Promoted to Associate Professor at the Alla Lana School of Public Health



**Wilson Kwong**  
Appointed to Assistant Professor in the Department of Medicine, University of Toronto



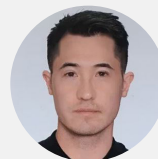
**Warren Lewin**  
Promoted to Associate Professor in the Department of Family and Community Medicine



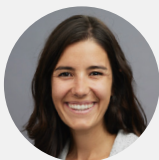
**Madeline Li**  
Promoted to Full Professor in the Department of Psychiatry



**Kim Miller**  
Won the Cancer Education Mentorship Award



**Jody Morita**  
Promoted to Assistant Professor in the Department of Psychiatry



**Angela Sekely**  
Appointed as Assistant Professor in the Department of Psychology, University of Toronto

# Research & Innovation

Research productivity has continued to be strong during 2024-2025, with high-quality publications and grants from our supportive care researchers. Across the divisions of Palliative Care, Psychosocial Oncology, and Cancer Rehabilitation & Survivorship, supportive care researchers received more than 30 new grants in 2024-2025. The Department's publication output has also continued to be high – there were 137 unique publications in 2024-2025, many of which involved intradepartmental and inter-organizational collaboration. Supportive care publications appeared in high-impact journals such as, *Blood Advances*, *Journal of Geriatric Oncology*, *JAMA Network Open*, *Cancer*, *Journal of Urology*, *Lancet Oncology*, *Neuro-Oncology Practice*, *Journal of Clinical Oncology*, *Nature Reviews Psychology*, *The Lancet Child & Adolescent Health* and *Chest*. They included clinical trials as well as qualitative and mixed methods studies, guidelines, and reviews. Select research highlights from 2024-2025 are featured in the subsequent sections.

24

New research grants with DSC PI or Co-PI

11

New research grant collaborations

137

Peer-reviewed publications

\$6.5M in new research grants

\$4.3M in new research grants with DSC PI or Co-PI

\$2.2M in new research grant collaborations



# Notable Publications

## Notable Original Research

### Toward a comprehensive supportive care intervention for Older men with metastatic Prostate cancer (TOPCOP3): A pilot randomized controlled trial and process evaluation

**Drs. Shabbir Alibhai, Andrew Matthew** and colleagues published a protocol paper for a trial to investigate whether older adults with cancer may benefit from several supportive care strategies including geriatric assessment and comanagement (GAM) and remote symptom monitoring (RSM). However, both GAM and RSM have been tested in older adults starting systemic therapy (mainly chemotherapy). Whether they work singly, or in combination, in people receiving other therapies such as hormonal therapy, remains unclear. This protocol paper describes a multi-centre phase II factorial randomized controlled trial where 168 older men with advanced prostate cancer will be randomized to receive GAM, RSM, both, or neither to see if we can establish if either or both supportive care strategies reduces severe toxicity and improves quality of life and other health outcomes. Published in the *Journal of Geriatric Oncology*.

### A phase 2 study of a longitudinal multidimensional rehabilitation program for allogeneic blood and marrow transplantation patients

**Drs. Jennifer Jones, Shabbir Alibhai** and colleagues conducted a phase two randomized controlled trial evaluating the feasibility and impact of CaRE-4-alloBMT, a 6-month multidimensional rehabilitation program for patients undergoing allogeneic blood and marrow transplantation. Using exercise prescriptions, wearable-based monitoring, e-learning modules, and remote health coaching, the study assessed feasibility, acceptability, and preliminary clinical effects. Findings showed strong recruitment and acceptable retention, with promising improvements in physical function, suggesting potential clinical value in supporting recovery after transplant. Published in *Blood Advances*.

### A tailored electronic survivorship care plan for prostate cancer survivors: A multicenter randomized controlled trial

**Drs. Jennifer Jones, Andrew Matthew, Doris Howell** and colleagues conducted a multicenter randomized trial evaluating whether a tailored electronic survivorship care plan (SCP), delivered by oncology nurses to early-stage prostate cancer survivors, could improve patient activation and self-management after treatment. Using a structured nurse-led session and personalized digital SCP, researchers measured patient activation, information satisfaction, and quality-of-life outcomes over 12 months. While the intervention did not improve patient activation, it significantly enhanced satisfaction with information and some self-management skills, underscoring SCPs as valuable components of comprehensive survivorship care. Published in the *Journal of Urology*.

### Enhancing care: Evaluating the impact of True North Sexual Health and Rehabilitation eTraining for healthcare providers working with prostate cancer patients and partners

**Dr. Andrew Matthew** and colleagues evaluated the Movember-funded True North Sexual Health and Rehabilitation eTraining (SHAReTraining) program. SHAReTraining is an intensive digital training program for healthcare providers designed to enhance their expertise in addressing the sexual health concerns in patients with prostate cancer. Using a clinically-informed pre-post evaluation for real-world impact, graduates showed significant gains in knowledge, competence, and confidence. To date, 146 national and international providers have completed the program. Its success has prompted Movember to launch an international SHAReTraining program. Published in *Sexual Medicine*.

### Cognitive symptoms across diverse cancers

**Drs. Samantha Mayo, Kim Edelstein, Madeline Li, and Lori Bernstein** studied cognitive symptoms among over 5,000 adults with various cancers seeking psychosocial support. Overall, 69% reported cognitive symptoms (i.e., difficulties with thinking, such as concentration), and 30% rated them as moderate to severe. Prevalence varied across cancer types, with highest among those with brain cancers. More severe symptoms were linked to central nervous system involvement of the cancer, depression, fatigue, anxiety, chemotherapy, and other health issues. Findings support routine screening and care for cognitive symptoms in cancer settings. Published in *JAMA Network Open*.

### “Walk me through the final day”: A thematic analysis study on the family caregiver experience of the Medical Assistance in Dying procedure day

**Drs. Rinat Nissim, Gary Rodin, Madeline Li,** and colleagues conducted a qualitative study to explore the experiences of family caregivers on the day of the Medical Assistance in Dying (MAiD) procedure. Through analysis of semi-structured interviews with participants whose family members received MAiD, the study identified five key aspects that shaped caregivers' experiences, including clinical support, preparation, setting, participation, and timing. The findings highlight the importance of a family-centered approach to MAiD delivery and suggest strategies to ease caregiver experience on the procedure day. Published in *Palliative Medicine*.

### Long-term neurocognitive and psychological outcomes in meningioma survivors: Individual changes over time and radiation dosimetry

**Dr. Angela Sekely** and colleagues examined long-term neurocognitive and psychological outcomes in meningioma survivors. They found that survivors experience neurocognitive deficits and psychological symptoms many years after diagnosis, and a proportion of them decline over time. Incidental radiation to brain regions beyond the tumor site may contribute to these sequelae. Future investigations should include radiation dosimetry when examining risk factors that contribute to the quality of survivorship in this growing population. Published in *Neuro-Oncology Practice*.

### Disparities in clinical trial enrolment at a Canadian comprehensive cancer center: A 15-year retrospective study

**Drs. Gilla Shapiro, Gary Rodin, Jennifer Jones,** and colleagues examined disparities to cancer clinical trial enrollment at the Princess Margaret Cancer Centre. Enrollment was found to be lower among patients who were female, older, non-English speakers, lived furthest from the cancer centre, and lacked a primary care provider. These findings reveal structural and operational barriers within the trial pathway and highlight modifiable system factors. This is the largest study of cancer clinical trials disparities in Canada. Published in *Cancer*.

### Palliative radiotherapy versus best supportive care in patients with painful hepatic cancer (CCTG HE1): A multicentre, open-label, randomized controlled phase 3 study

**Dr. Camilla Zimmermann** collaborated with Dr. Laura Dawson and colleagues on the Canadian Cancer Trials Group HE1 trial, which investigated the effectiveness of a single dose of palliative radiotherapy for pain relief in patients with advanced liver cancer. This randomized phase three study demonstrated that single-fraction radiotherapy plus best supportive care improved pain compared with best supportive care alone in patients with liver cancer, suggesting it could be a new standard for palliative care in this population. Published in the *Lancet Oncology*.

# Notable Reviews

## Global unmet psychosocial needs in cancer care: Health policy

**Dr. Madeline Li** and colleagues conducted this narrative literature review of the global prevalence of emotional distress and cancer-related needs, highlighting the access barriers to psychosocial care. This foundational paper for the Lancet Oncology Commission on The Human Crisis in Cancer, calls attention to the urgent need for health policy to consider resource allocation towards more equitable psychosocial cancer care around the world. Published in *eClinicalMedicine*.

## Late effects after allogeneic hematopoietic cell transplantation among children and adolescents with non-malignant disorders: A retrospective cohort study

**Dr. Samantha Mayo** co-authored a retrospective study of late effects in an international sample of 5,790 children treated with hematopoietic cell transplantation (HCT) for non-malignant diseases between 2000–2017. Nearly 20% developed at least one late effect, most commonly neurological events, renal failure, diabetes, and growth disturbances. Higher risk was associated with older age at transplant, unrelated donors, total-body irradiation, and graft-versus-host disease. The findings highlight the importance of lifelong, multidisciplinary follow-up care. Published in *Lancet Child & Adolescent Health*.

## Vaccination mandates and their alternatives

**Dr. Gilla Shapiro** and colleagues conducted this review, which synthesizes global evidence on vaccination mandates and alternative approaches to improving vaccine uptake. It critically examines the effectiveness, acceptability, ethics, and unintended consequences of mandates, and contrasts them with alternative strategies such as incentives, reminders, and provider recommendation. The paper offers policymakers a practical toolbox of evidence-based interventions designed to address the cognitive, emotional, and social determinants of vaccination that can be implemented alongside or as an alternative to mandates. Published in *Nature Reviews Psychology*.

## Translating the interplay of cognition and physical performance in COPD and interstitial lung disease: Meeting report and literature review

**Dr. Kirsten Wentlandt** and colleagues conducted this review, highlighting insights from a multidisciplinary two-day meeting examining how cognitive function interacts with physical performance in people with chronic lung diseases. Participants identified key contributors—such as dyspnea, fatigue, and age—that influence cognition and motor control, affecting daily functioning. The group emphasized the need for standardized cognitive assessments and noted the potential for pulmonary rehabilitation to enhance neuroplasticity, improve motor control, and support quality of life. Published in *Chest*.

## Palliative care for patients with cancer: ASCO guideline update

**Dr. Camilla Zimmermann** and **Dr. Arun Ghoshal** (palliative care clinical research fellow) collaborated with Dr. Justin Sanders, who led an ASCO guideline update providing evidence-based recommendations for integrating palliative care into standard oncology care. Based on a systematic review of literature from 2015–2023, the guidelines recommended early referral to specialized teams and expanding palliative care to patients with hematologic malignancies to improve quality of life and symptom management. Published in the *Journal of Clinical Oncology*.

# Notable New Funding



**A type 1 hybrid effectiveness implementation trial of a longitudinal multidimensional rehabilitation program for patients undergoing allogeneic blood and marrow transplantation (CaRE4alloBMT)**

PI: **Dr. Jennifer Jones**; Co-Is: **Drs. Shabbir Alibhai, Lori Bernstein & Samantha Mayo** (CIHR Project Grant)



**Collaborative co-design of a black patient navigator role to support patients undergoing treatment for breast cancer**

Co-Is: **Drs. Jennifer Jones, Shabbir Alibhai & Jackie Bender** (Canadian Cancer Society Health Equity Research Grant)



**Depression and decision-making for Medical Assistance in Dying (MAiD) in advanced cancer**

Co-PIs: **Drs. Madeline Li & Gary Rodin**; Co-Is: **Drs. Jennifer Bell, Sarah Hales, Rinat Nissim, Aliza Panjwani, Gilla Shapiro & Camilla Zimmermann**; Collaborators: Stefan Aguiar, Anne Rydall, Rebecca Wong & Anne Barbeau (CIHR Project Grant)



**Enhancing caregiver wellbeing: The role of exercise, nutrition, and stress management for caregivers of patients with advanced cardiac and pulmonary disease**

Co-PI: **Dr. Kirsten Wentlandt** (AMO Innovation Grant)



**Evaluation of the structural determinants of equitable cancer care for people who use drugs: A community-based participatory approach**

Co-PI: **Dr. Jenny Lau** (CIHR Catalyst Grant: Moving Upstream: Structural Determinants of Health)



**Improving access and wellbeing of patients with lung cancer: A randomized controlled trial of a lay navigation program**

Co-PIs: **Drs. Gilla Shapiro & Gary Rodin** (CIHR Project Grant)



**Prevalence and experience of traumatic stress in patients with newly diagnosed and recurrent advanced ovarian cancer**

Co-PI: **Dr. Gary Rodin**; Co-Is: **Drs. Sarah Hales & Gilla Shapiro** (Ovarian Cancer Canada Pragmatic Clinical Trial Competition)



**Randomized controlled trial of in-person and virtual Symptom screening with Targeted Early Palliative care (STEP2) in patients with advanced cancer**

PI: **Dr. Camilla Zimmermann**; Co-Is: **Drs. Jacqueline Alcade-Castro, Breffni Hannon, Jenny Lau, Samantha Mayo & Gary Rodin** (CIHR Project Grant)

# Notable Ongoing Projects

## A web-based peer navigation program for men with prostate cancer: A hybrid effectiveness implementation trial

PI: **Dr. Jackie Bender**; Co-Is: **Dr. Jennifer Jones** & **Dr. Andrew Matthew** (CIHR Project Grant)

*This project aims to advance knowledge on the effectiveness and implementation of a web-based peer navigation program for men after treatment for prostate cancer. The study recruited and trained 25 peer navigators to participate in the trial and recruited and randomized 172 patients into the trial, surpassing our sample targets. Effectiveness and cost utility analysis, and interviews with implementation stakeholders are underway.*

## Addressing inequities in prostate cancer care for Black men

Co-PI: **Dr. Jackie Bender**; Co-I: **Dr. Shabbir Alibhai** (Canadian Cancer Society – Health Equity Research Grant)

*The goal of this project is to identify and address systemic and structural barriers to high-quality prostate cancer care for Black men and their families across Canada in partnership with Black community organizations in Ontario, Nova Scotia, Alberta and Quebec. In Phase 1, we are conducting a systematic review of the literature on barriers and facilitators to prostate cancer care for Black men, and conducting interviews with Black men diagnosed with prostate cancer and their family caregivers.*

## Advancing the care experience in palliative care patient transitions from hospital to home (ACE-PATH)

Co-Is: **Dr. Kirsten Wentlandt** & **Dr. Camilla Zimmermann** (CIHR Transitions in Care - Phase 2 Team Grant)

*This project aims to involve patients receiving palliative care, including those who are frail, their caregivers, and healthcare providers at a sub-acute care facility as equal collaborators in the design of a sub-acute-to-home transition of care intervention. The goal of the intervention is to make the sub-acute-to-home transition seamless and patient-centered, while improving the palliative care experience for frail Canadians. This work was presented at the European Association for Palliative Care (EAPC) and a publication is currently underway.*

## Canadian cancer rehabilitation (Canrehab) team: Improving the systematic identification, management, and treatment of the adverse effects of cancer

Co-PIs: **Dr. Jennifer Jones** & **Dr. David Langelier** (CCS/CIHR Cancer Survivorship Team Grant)

*A large multi-centre grant that provides funding for three studies aimed at improving identification, reach and access to cancer rehabilitation. All three studies are in progress and recruiting patients.*

## Digital peer navigation for adolescents and young adults with cancer: A feasibility RCT

PI: **Dr. Jackie Bender**; Co-Is: **Dr. Jennifer Jones** & **Dr. Norma D'Agostino** (Canadian Cancer Society Grant)

*This project aims to adapt an existing digital peer navigation program for AYA and evaluate its feasibility to overcome barriers to care and support, and enhance patient activation among AYA during the challenging post-treatment phase. The study has adapted the digital peer navigation app and training program for AYAs, and has recruited and is presently training 16 young adult cancer survivors to be peer navigators. The feasibility trial launched in spring 2024.*

### **Emotion and symptom-focused engagement (EASE): A randomized controlled trial for individuals with acute leukemia**

Co-PIs: **Dr. Gary Rodin & Dr. Camilla Zimmermann** (CIHR Project Grant; CCS Project Grant; CCTG)

*Recruitment for the trial continues as the number of randomized participants nears 100 across existing sites at Princess Margaret, Kingston Health Sciences Centre, Sunnybrook Health Sciences Centre and the Ottawa Hospital. This year, Juravinski Cancer Centre in Hamilton, ON joined the team and opened the trial at their site for recruitment. Discussions have also been initiated with the Australian Trials Group to potentially expand the EASE trial internationally.*

### **Observing, understanding, and telling stories at end of life for opioid-use disorder patients (Outloud): Mixed-methods research and knowledge translation**

PI: **Dr. Jenny Lau**; Co-I: **Dr. Camilla Zimmermann** (CIHR Project Grant)

*We are in the process of preparing manuscripts for our additional cohort studies that examine the association between palliative care and end-of-life outcomes among patients with opioid-use disorder and palliative care for people who die from opioid toxicity. Further, we received ethics approval and are now actively recruiting participants for this project's qualitative phase. The objective of this study is to understand the palliative care experiences of people with opioid-use disorder and concurrent life-limiting illnesses, their caregivers, and their healthcare providers.*

### **Palliative care at the end of life among patients with cancer before and during the COVID-19 pandemic**

Co-PIs: **Dr. Camilla Zimmermann & Dr. Breffni Hannon**; Co-Is: **Dr. Gary Rodin, Dr. Jenny Lau & Javaid Iqbal** (CIHR Project Grant)

*Our findings have confirmed that the COVID-19 pandemic was associated with amplified socioeconomic disparities in death at home and Specialist Palliative Care (SPC) delivery at the end-of-life. Work is ongoing to explore the impact on systemic anticancer therapy and aggressiveness of care at the end-of-life. Our caregiver qualitative interviews are near completion and illuminate the significant and enduring impact of the COVID-19 pandemic on caregivers.*

### **Quality of life after treatment for relapsed and refractory B-cell lymphoma**

PI: **Dr. Samantha Mayo**; Co-PIs: **Dr. John Kuruvilla & Dr. Anca Prica**; Co-Is: **Dr. Lori Bernstein & Dr. Kim Edelstein** (Leukemia and Lymphoma Society of Canada/CCS – Blood Cancer Quality of Life Grant Program)

*In this study, investigators will evaluate quality of life outcomes among adults who were treated for relapsed or refractory (RR) B-cell lymphoma with autologous stem cell transplant (ASCT), which has been the traditional treatment option, versus chimeric antigen receptor T-cell (CAR-T) therapy, which has emerged as a new standard of care for this population. This study is currently open: investigators are recruiting patients and collecting data.*

### **Supporting older adults with cancer and their support person through geriatric assessment and remote exercise and education: The SOAR study**

Co-PIs: **Dr. Shabbir Alibhai & Dr. Jennifer Jones**; Co-I: **Dr. Andrew Matthew** (CIHR Project Grant)

*The trial is actively recruiting in two disease sites at two centres. We are expanding to a third disease site. The first cohort of participants is in the middle of the 12-week exercise program and is actively engaged with the program.*

### **The Canadian MAiD curriculum development project**

Co-PI: **Dr. Madeline Li** (Health Canada)

*The Canadian MAiD Curriculum was successfully completed and launched in September 2023. Across Canada 1,885 clinicians have taken part in the training to date and we published "Development of a Canadian Medical Assistance in Dying Curriculum for Healthcare Providers" in the Journal of Medical Education in August 2024.*

The harmonized intervention to maintain health via appropriate risk factor modification and lifestyle changes in adolescent and young adult cancer survivors (HIMALAYAS) trial

Co-PI: **Dr. Abha Gupta** (Canadian Cancer Society/CIHR Cancer Survivorship Team Grant)  
Patient recruitment of AYAs who are at risk of cardiotoxicity has begun.

## The Conversation Lab: Enhancing Research Opportunities and Rigor in the Lab

The Conversation Lab™ welcomed its first post-doctoral researcher, **Jacquelin Forsey**. During her early months with The Conversation Lab™, Jacqui drew on her experience in qualitative methods to help prepare existing projects for publication. She also designed and delivered workshops on research design and qualitative methods for clinical researchers and trainees and provided individualized consultations to support their work. Additionally, her efforts over the past year have focused on advancing a first of its kind study that is examining how participation in a condensed evidence-backed simulation workshop influences clinician communication behaviour. Preliminary findings are promising, showing that clinicians who completed the workshop communicate news more clearly, express greater empathy, and engage more confidently with patients and families. We believe these findings hold significant promise for improving patient care. In the

upcoming year, we look forward to conducting a more comprehensive analysis and sharing the results widely to inform practice and drive further impact.



*Dr. Jacquelin Forsey*

# Excellence in Research



## **Jennifer Bell**

Awarded a 2024 Fellowship in Compassion and Artificial Intelligence from AMS Healthcare for her project “Ethical AI: Using machine learning-generated reports and interactive chatbots to support patient autonomy in the context of precision medicine.”



## **Kaviya Devaraja**

A Master’s student in the Adolescent and Young Adults program supervised by Abha Gupta, won the Brain Tumour Foundation of Canada Award for her presentation “Understanding the individual challenges and experiences of young adults with high grade glioma” at the 2024 Canadian Association of Psychosocial Oncology Annual Conference.



## **Megan George**

A Master’s student supervised by Dr. Gary Rodin, was awarded a CIHR Canadian Graduate Scholarship (CGS-M).



## **Christian Lopez**

A PhD student supervised by Dr. Jennifer Jones, was awarded a Canadian Cancer Society (CCS) Research Training Award.



## **Argin Malakian**

Received the Merck Canada and Canadian Nurses Foundation Graduate Scholarship, a Doctoral Scholarship from the Oncology Nursing Foundation, an Ontario Graduate Scholarship, and the University of Toronto Rosenstadt Doctoral Dissertation Support Grant.



## **Samantha Mayo**

Inducted as a Fellow in the American Academy of Nursing.



## **Gilla Shapiro**

Awarded a Canadian Association of Psychosocial Oncology (CAPO) Early Career Investigator Award.

# TeamDSC

---

DSC's greatest strength lies in its people. With a dedicated team of 202 staff, the department continues to cultivate a culture of innovation, collaboration, and continuous learning—driving excellence in patient care. Throughout 2024–2025, DSC upheld its commitment to world-class service in clinical care, research, and education. The remarkable achievements of our talented staff exemplify the department's leadership and unwavering pursuit of quality and innovation in the patient experience.

## New Recruits

- **Cindy Chiu**, Interim Clinical Manager, DSC
- **Sandra Drozd**, Social Worker, PSO
- **Mackenzie Hui**, Clinical Nurse Specialist, PC
- **Annie Huynh**, Clinical Trials Nurse, DSC
- **Emma King**, Pediatric Oncology of Ontario (POGO) and AYA Counselor, AYA
- **Gillian Labrie**, Clinical Nurse Specialist, OACC
- **Donna Matheson**, Physiotherapist, CRS

- **Dimitri McCreath**, Kinesiologist, CRS
- **Masoud Mohammadi**, Nurse, PC
- **Madeleine (Maddie) Ritts**, Social Worker, PC
- **Angela Sekely**, Psychologist, PSO
- **Kryisia Theriault**, Clinical Nurse Specialist, PSO
- **Cheryl Yang**, Physiotherapist, CRS

## Departures

- **Jonathan Avery**, Researcher, PSO
- **Sarah Darling**, Administrative Assistant, PSO
- **Luana Flores**, Social Worker, PSO
- **Christian Schulz-Quach**, Psychiatrist, PSO
- **Katherine Stanley**, Patient Care Coordinator, PC
- **Yehudis Stokes**, Clinical Nurse Specialist, PSO
- **Tannis Walker**, Director Major Gifts, PM Cancer Foundation
- **Jillian Walker**, Kinesiologist, CRS



---

DSC's greatest strength lies in its people.

# Notable Awards



**Emily Barca** received an award for the Cell Therapy Transplant Canada (CTTC) 2024 Clinical: Pharmacy, nursing, other transplant support poster session for her poster entitled: Implementation of a Social Work-Led Advance Planning Clinic for CAR T-Cell Therapy Patients.



**Jackie Bender** was awarded a Leading Practice certificate by Health Standards Organization for her work in the Digital Peer Navigation Program for Cancer Patients and Caregivers.



**Kaviya Devaraja** received the Brain Tumour Foundation of Canada Award for her presentation “Understanding the individual challenges and experiences of young adults with high grade glioma” at this year’s Canadian Association of Psychosocial Oncology Annual Conference June 2024 in Calgary.



**Margo Kennedy** received the 2025 Canadian Association of Psychosocial Oncology (CAPO) Education Excellence Award.



**Wilson Kwong** received the 2024 Gerald Kirsh Humanitarian Award. The award provides grateful cancer patients and their families at the Princess Margaret Cancer Centre an opportunity to express their gratitude in a special way to the dedicated employees and volunteers, who are so integral to their cancer journey.



**Warren Lewin** received a Departmental Award: Excellence in Development and Use of Innovative Instructional Methods from the University of Toronto Temerty Faculty of Medicine.



**Pam Mosher** who received the Canadian Association of Psychosocial Oncology (CAPO) Clinical Excellence Award in Psychosocial Oncology. This award recognizes significant clinical contributions in psychosocial oncology.



**Rinat Nissim** and **Sarah Hales** selected as an Honourable Mention in the Quality Award category at the Cancer Quality Council of Ontario (CQCO) 17th Annual Quality and Innovation Awards. The Caregiver Clinic initiative implemented by the Princess Margaret Cancer Centre was recognized as part of the 17th annual Quality and Innovation Awards.



**Gary Rodin** was one of the inaugural inductees into the Princess Margaret Hall of Fame for his visionary leadership and decades of groundbreaking contributions in cancer care, research, and education.

## Student Awards



**Megan George** has been awarded a prestigious NSERC-CIHR Graduate Scholarship for her Master's degree program in the IMS on *A Feasibility Trial of Managing Cancer and Living Meaningfully (CALM) in Patients with Newly Diagnosed and Recurrent Ovarian Cancer*, supervised by Drs. Stephanie Lheureux and Gary Rodin.



**Alexandria Mansfield** and **Anchal Badwal** (supervised by Dr. Jennifer Jones) won Best Poster Presentations at the University Health Network (UHN) Summer Training and Research (STAR) Research Day on August 13, 2024.



**Melissa Miljanovski** (former IMS Mater's student supervised by Gary Rodin) won best poster presentation at the Barrie Rose Research Day.



**Stephanie Nanos** was awarded a Peterborough K.M. Hunter Charitable Foundation Graduate Award from the Temerty Faculty of Medicine. Stephanie was also awarded the 2024 Bultz Best Student Oral Award.



**Neha Pathak**, geriatric oncology fellow won an Esther and Saul Baker Award for outstanding geriatric care.



**Shenhab Zaig** (medical student, supervised by Dr Rinat Nissim and Dr Breffni Hannon) received an award for her poster entitled "*I had a needle and this program gave me the tread*": Caregivers' experiences in supporting loved ones with advanced cancer before and after a pilot intervention at the Montreal International Palliative Care Conference in October 2024.

# Team Building & Fundraising

This year, the Department of Supportive Care energized its fundraising efforts with a lively mix of events—from Trivia Night and Comedy Night to the ever-popular Bake Sale. Staff, families, and friends came together to support **Team Supportive Care** in the Ride, Journey, and Walk to Conquer Cancer.

A standout achievement: 22 riders joined the **2024 Princess Margaret Ride to Conquer Cancer**, more than doubling last year's participation and raising over \$50,000—a new fundraising record for DSC! With most riders participating for the first time, the team's momentum is stronger than ever as we look ahead to 2025.



Team Supportive Care at the 2024 Ride to Conquer Cancer



In June 2024, five Team Supportive Care walkers, joined by a few enthusiastic little ones, took part in the **Journey to Conquer Cancer**. Whether walking 1km, 3km, or 5km, each step along the route past Princess Margaret Cancer Centre was a powerful symbol of hope, unity, and determination.

Team Supportive Care proudly took part in the **22nd Annual Walk to Conquer Cancer**, with six dedicated walkers leading the charge. The team surpassed their fundraising goal, raising over \$10,000 in support of cancer research and care.



Top left to right: Stephanie Phan, Clinical Lead, Luana Flores Pereira, Social Worker, Myann Marks, Business Operations Manager, Lisa Marks, Kaimraj Dookie, Security Guard at Princess Margaret, Cherryl Koylass, Director of Supportive Care

Bottom left: Shalini Lobo, Physiotherapist

Bottom top-right: Luana Flores Pereira, Social Worker



Bottom bottom-right: Paty Lopez, Kinesiologist

# DSC Fundraising Committee



*Kyle Fitzgibbon (Co-Lead),  
Myann Marks (Co-Lead),  
Madelyn Fler, Argin Mala-  
kian, Angela Mathews,  
Emily Steinbach, and Ally  
Yu (top-left to bottom-right)*



*Dr. Chana Korenblum*

## Supportive Care Emerging Leader

The selection process for this year's Supportive Care Steering Committee Emerging Leader highlighted the incredible talent across our department. We're pleased to announce **Dr. Chana Korenblum** as this year's Emerging Leader.

Dr. Korenblum, a physician specializing in psychosocial support for adolescents and young adults with cancer, will lead two initiatives:

- Bridging the Gap: Enhancing the transition from pediatric to adult oncology care.
- DSC Onboarding Survey: Improving onboarding and strengthening departmental connection

We look forward to witnessing the impact of Dr. Korenblum's leadership, with improved transitions for both our patients and our staff.

# Advancing Equity, Diversity & Inclusion

The Department of Supportive Care (DSC) continues to prioritize equity, diversity, and inclusion (EDI) as a cornerstone of its commitment to inclusive excellence. Now in its third year of a multi-phase EDI initiative, the department has made significant strides in understanding staff needs, building EDI capacity, and improving hiring practices.

In 2024, the Department of Supportive Care EDI Team launched the **Story Huddle Learning Series (SHLS)**—an innovative, team-based educational initiative designed to strengthen equity, diversity, and inclusion (EDI) knowledge and skills among staff and learners.

Story huddles are interactive sessions where participants explore realistic workplace scenarios involving unconscious bias, microaggressions, psychological safety, and power dynamics. Through small group discussions and guided reflection, staff learn practical strategies to address EDI challenges in their daily work.

The SHLS was developed in response to a departmental EDI needs assessment, which identified gaps in understanding and application of core EDI principles. The goal: to create a more inclusive, respectful, and psychologically safe workplace.

The SHLS exemplifies DSC's commitment to inclusive excellence—empowering staff and learners to foster equity and belonging in every aspect of care.

In 2025, the DSC focused on enhancing equity in recruitment by developing a tailored hiring toolkit. The initiative aimed to:

- Conduct an environmental scan of existing equity-oriented hiring resources.
- Adapt a toolkit specifically for the DSC, using the Unity Health Hiring Toolkit as a foundation.
- Establish a diverse working group of hiring leaders across DSC programs to refine and implement the toolkit.

The hiring toolkit was co-led by Jackie Bender (CRS) and Myann Marks (DSC), with support from a multidisciplinary team including researchers, clinicians, HR professionals, managers and the DSC EDI Team.

Together, these initiatives reflect DSC's ongoing commitment to building a more inclusive, equitable, and

supportive workplace—where every team member is empowered to contribute to meaningful change.

## Supportive Care EDI Team



*Dr. Jackie Bender (Co-Lead), Myann Marks (Co-Lead), Logan Meyers (Clinical Research Coordinator), and Lauren Squires (PhD Student) (top-left to bottom-right)*

---

**DSC is committed to building a more inclusive, equitable, and supportive workplace—where every team member is empowered to contribute to meaningful change.**

# Acknowledgements

---

Myann Marks  
Shabbir Alibhai  
Ehtesham Baig  
Jackie Bender  
SarahRose Black  
Lesley Chalklin  
Kyle Fitzgibbon  
Laura Foran  
Abha Gupta  
Breffni Hannon  
Valerie Heller  
Jennifer Jones  
Ebru Kaya  
Margo Kennedy  
Cherryl Koylass  
Warren Lewin  
Madeline Li  
Andrew Matthew  
Athena Nicholas  
Rinat Nissim  
Anna Wallwork  
Supportive Care Steering Committee

The Department of Supportive Care is generously supported by the Princess Margaret Cancer Foundation and University Health Network Foundation



**Department of Supportive Care**  
University Health Network

X @uhn\_supportive