



Breakfast at Barbie's a great success

Lachine Mayor Claude Dauphin served up fresh coffee to customers during the second annual Breakfast at Barbie's fundraiser held on Saturday, September 29, 2012. The event took place at Barbie's Bar & Grill and raised \$41,000 in support of the Lachine Hospital's expansion and modernization project.

"We are very pleased with the success of the second annual Breakfast at Barbie's fundraiser and wish to thank all those who came out for a great breakfast for their continued support of this crucial project for us all," said Jacques Filion, chairman of the Lachine Hospital Foundation's Board of Directors.

The Lachine Hospital Foundation has already raised \$2.6 million towards the project, which includes a 30 per cent expansion of the space, twice as many beds, the transformation to single-patient rooms, and the acquisition of specialized equipment.

Since it began last year, the Breakfast at Barbie's fundraiser has received much support from community leaders, including Dorval Mayor Edgar Rouleau and Lachine



mayor Claude Dauphin, both of whom were on hand to enjoy the breakfast.

"It was a pleasure to once again support

this initiative, which truly illustrates the level of grassroots spirit that exists in both Lachine and Dorval," said Mayor Dauphin.

PROFILE

Dr. Julie Théroux —A valuable asset!

A young, motivated and passionate doctor who is full of energy—this description fits Dr. Julie Théroux, assistant director to the site director of General Medicine at the Lachine Hospital.

While still a student, Dr. Théroux decided to do humanitarian work in Africa and Central America. After receiving her bachelor's degree in Law, she then made a drastic change and turned her career aspirations to becoming a doctor so she could continue her humanitarian efforts, but this time at the level of her home community.

"There is a real sense of belonging at Lachine," says Dr. Théroux. "We went through many crises, which I think has contributed to bringing everyone together, in addition to affiliating with the MUHC. We are a team that is fully dedicated to making Lachine run as effectively as possible."

Dr. Théroux herself is very attached to the Lachine Hospital. "When I started here, there were very few specialists—which is rare in an urban environment—but this turned out to be very stimulating for me as a young doctor," she says. "Later on, it was the multidisciplinary work and cozy but efficient environment that convinced



Dr. Julie Théroux

me to continue my career at Lachine and widen my field of practice."

Today, Dr. Théroux's practice is quite varied, although her particular interest is in women's health, her other interests include palliative care and geriatric medicine. She also has two little interests at home—aged sixteen months and three and a half—who she finds particularly stimulating.

"I am eager to contribute to the continuous improvement of care at the Lachine Hospital," says Dr. Théroux. "And I am also looking forward to the continuing implementation of the Redevelopment Project."

EVENTS



Camille Lefebvre residents take it easy, harvesting music and apples

In keeping with the end of summer, residents of Camille Lefebvre took things at a leisurely pace. The Launch of the Fall Program opened with a performance by “Un don musical,” a group of musicians whose voluntary gifts were warmly appreciated.

The season wouldn't be complete without apple-picking so off they went, animated by Valérie Allard, to the Verger Richard Legault, in Saint-Joseph-du-Lac. There the group enjoyed an apple-themed feast, followed by their harvest in the orchards.

Lachine—stronger together



Ambulatory Care Clinic



Day Hospital



Laboratory



CT Scan

The Neuro – looking to the future Planning for 2015 and beyond

Construction at the Glen is progressing rapidly and all components of the McGill University Health Centre (MUHC) are preparing for the transition. At the Montreal Neurological Hospital and Institute (The Neuro), the transition committee is preparing for when the activities of the Royal Victoria Hospital (RVH) shift to the Glen in 2015 and the clinical team will have to continue to care for patients on University Street without the RVH.

The Neuro has collaborated with the RVH since 1934, sharing resources at both the clinical and clinical support service levels. Last year, an interdisciplinary committee began identifying the impact—and proposing solutions—of the RVH move to the Glen on The Neuro's clinical activities. The full range of clinical services and procedures, medical consults, nursing and allied-health professional services, in addition to logistic services such as food services, laundry and transport were analyzed and considerable reflection went into ensuring outstanding quality of patient care after the RVH move. The committee identified the activities to be reorganized and the resources to be deployed, including recruiting additional healthcare professionals. A detailed plan has been presented

to the Ministry of Health and Social Services and the Agence de Montréal, in order to secure their support and move forward with our preparations.

"Looking beyond the transition period, The Neuro, McGill University Health Centre and McGill University firmly believe that keeping the MNI and the MNH together on one site is key to our future and that moving to the Glen site, as a single-sited entity, will perpetuate The Neuro's international reputation for excellence and guarantee its success for years to come," says Martine Alfonso, interim director, Montreal Neurological Hospital and administrative director, Neuroscience Mission, MUHC. "In support of this recommendation, we are now working towards developing a detailed clinical plan and institutional proposal at the request of the Ministry of Health and Social Services and the Agence de Montréal."

"We are working together to ensure that The Neuro continues to be recognized internationally for integrating research, compassionate patient care and specialized training, all key to progress in science and medicine," says Philip Barker, interim director, Montreal Neurological Institute and James McGill professor of Neurology and Neurosurgery. "As plans become more de-



tailed and discussions advance in the coming months, you will be hearing more about the future of The Neuro."

STAFF PROFILE

Dr. David Rosenblatt: A rare doctor with a common touch

By Tamarah Feder

MUHC oncology patient Vicky Voyer with her daughter and husband enjoy Dr. David Rosenblatt's musical contribution to the weekly Cedar's Can Support Tea@2.



"You gotta sing for your cake!" Dr. David Rosenblatt calls out to Dr. Rhagu Rajan. Until that point, Rajan was just another face in a crowd of MUHC patients, volunteers, and staff who had swept into the 17th floor Family Room of the Montreal General Hospital (MGH). The crowd was lining up to a table overflowing with sumptuous homemade desserts, elegant silver teapots and floral china tea cups. It was the Cedar's CanSupport Tea@2, a weekly event hosted by the gracious Linda Chernin-Rosenblatt, Dr. Rosenblatt's wife, at the MGH and Royal Victoria Hospital.

His bi-weekly gig as volunteer hospital minstrel is just one side of the exceptional Dr. Rosenblatt and his commitment to the well-being of patients. As a geneticist at the MUHC and Chairman of the Department of Human Genetics → *continued on page 3*

Say yes to the flu shot this year



Normand Rinfret, Director General and CEO-MUHC

Our Director General and CEO takes the lead and rolls up his sleeve

It is 20 times better to be proactive about flu prevention than to deal with the consequences of getting this virus, for you personally and the people around you. The fact is that influenza is highly contagious and infects millions of Canadians every year. While most will recover in about a week, up to 8,000 people, including young children, seniors and our vulnerable patients, will die from flu-related complications such as pneumonia. As an academic health centre that strives to provide the very best care, preventing infections is a tremendous priority. That's why each of us should make the effort to get the flu shot. It only takes a few minutes, a small needle and a band aid to help protect our patient population and their families, not to mention our own families. On October 29, our annual flu campaign will begin. Please join me in setting the right example for our community—roll up your sleeve and say yes to a flu shot.”

—Normand Rinfret

Flu Influenza Grippe

VACCINATION

THE FLU SHOT

Live responsibly.
Just say yes.

Sure. You may be tough enough to take on the flu. But is the person next to you? The flu shot—it's not just about you... A vaccination schedule will soon be available.

GET YOUR FLU SHOT AND WIN!

Get vaccinated before December 7, 2012 and you will be eligible to win:

- A bicycle (value: \$300)
- One of 6 gift certificates from "Wayspa" (value: \$100 each)

STAFF PROFILE

→ continued from page 1

at McGill and a professor of Human Genetics, Medicine, Pediatrics, and Biology, Dr. Rosenblatt has dedicated his career to researching rare genetic diseases with a focus on patients with difficulty assimilating vitamin B12.

He approaches his research with a dual perspective of being able to help patients while broadening the understanding of human biology. "One of the strengths of studying patients with rare diseases is you can get to the bottom of things and you can learn about the normal functioning of biology in all people," says Dr. Rosenblatt, who also runs a diagnostic clinical lab at the MUHC that touches on everything from Huntington disease to hereditary breast cancer.

He argues that if not for rare disease research "we would still be looking at how to create a better iron lung - instead of treating the biological basis of illnesses like cystic fibrosis."

Rosenblatt's interest in rare disease began in 1971, when he was in Boston researching how folic acid affected human health. He returned to McGill to collaborate with others studying problems associated with B12 absorption. This led to developing a referral network where patient samples were sent in from all over the world. The biopsies were - and continue to be - used to grow cells and develop a series of tests to determine basic biological problems. This network has since evolved into one of the only two diagnostic labs of their kind internationally.

Most recently, Rosenblatt has been working on the creation of a project known as RaDiCAL (Rare Disease Consortium for Autosomal Loci) that will list over 1,000 single gene disorders for which causal genes are not known.

Rosenblatt is as outgoing as he is uncommon. "I have a very balanced and good life," says the doctor, who makes time to connect with patients in ways that might elude a rare disease researcher.

Meet Patricia Kearns— THE EXPERT PATIENT

By Daniel O'Leary

Patricia Kearns is well qualified to tell the patient's story. She has Diabetes, Multiple Sclerosis (MS) and related conditions. If there is such a thing as an "expert patient," Kearns might be the one.

"I have been a patient for a long time and I have been through a lot," she says. "But there are certain things and people that have stuck with me over the years like the guidance from Mavis Verronneau, a nurse at the Montreal General Hospital who taught me how to manage my diabetes."

Kearns also feels very fortunate about being cared for at the MS Clinic of the Montreal Neurological Hospital and Institute. "It has a great team of people," she says. "Among them is Diane Lowden, a nurse educator who provides information that enables patients to make informed decisions. We're lucky to have options today as patients but we need information to make choices."

With all of her insight gained, today Kearns helps out with the McGill University Health Centre (MUHC) MyToolbox project, a patient-focused program of mutual education and support. She is a strong advocate of self-management of chronic illnesses and of patients working with their doctors to track the course of an illness. "It is very important to keep notes," says Kearns. "I keep a health journal - it really helps me to see patterns through the months between visits. When you keep a record of your symptoms it becomes easier to discuss and detect problems or successes."

Kearns is a strong believer that patients need inspiration and she feels fortunate enough to encounter this often in her work with MyToolBox and as a patient of the MUHC. "I am amazed at the tales of resilience," she says. "But I guess that's part of the human spirit."

"We're lucky to have options today as patients but we need information to make choices."

PHOTO: DANIEL O'LEARY

Patricia Kearns



New rapid and point of care hepatitis C tests could be global game changers

—RI MUHC study evaluates accuracy and convenience

By Christine Zeindler

Timely screening and diagnosis is critical to the success of new treatments and ultimately to the survival of hepatitis C patients. A new study led by the Research Institute of the McGill University Health Centre (RI MUHC) is the first to show that hepatitis C rapid and point of care tests with a quick turnaround time are highly accurate and reliable as conventional first-line laboratory tests. This head-to-head analysis, published in the current issue of the *Annals of Internal Medicine*, will lead to changes in screening practices and ultimately impact the control of hepatitis C infection worldwide.

“We were able to determine that point-of-care and rapid tests in oral fluids and blood ranged in accuracy from 97 to 99 per cent, which is significant,” says senior author, Dr. Nitika Pant Pai, Assistant Professor in the Department of Medicine at McGill University and clinical researcher at the RI MUHC. “With their quick turnaround time and convenience we can now use these tests to screen many patients worldwide.”

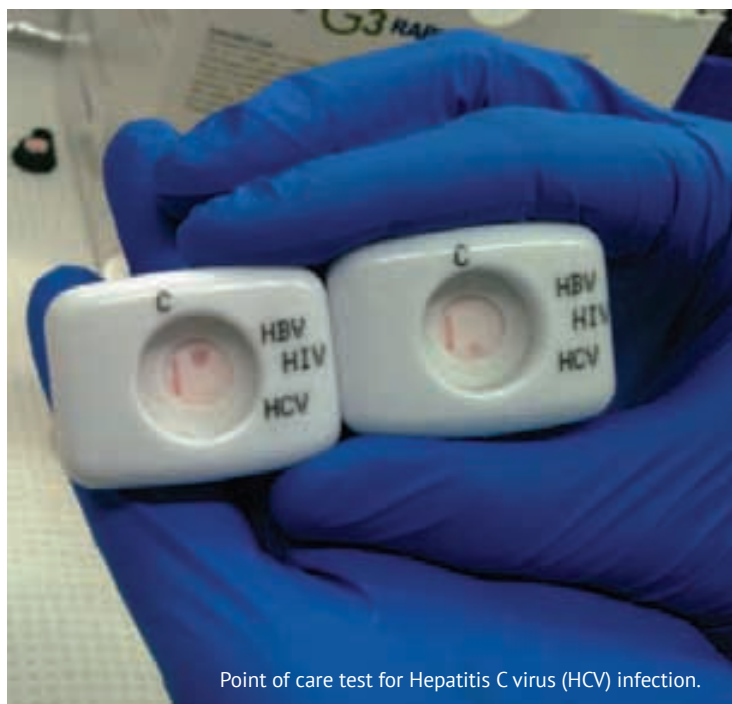
Although conventional lab testing is in place in developed countries, it is available only to those who visit community clinics and specialized hospitals and have a risk profile, or symptomatology, that warrant screening. Typically, results are available within a week, but may only be communicated to the patient during their next visit, which may be one to three months later. Delays like this may result in reduced patient follow-up and potentially impact transmission of the virus in the community.

Accurate and reliable point-of-care tests and rapid tests offer



Dr. Nitika Pant Pai

PHOTO: MUHC



Point of care test for Hepatitis C virus (HCV) infection.

NITIKA PAUT PAI

an alternative to standard tests. “First generation point-of-care tests are convenient, effective and informative for clinical decision making,” explains Dr. Pant Pai. “These tests usually don’t require specialized equipment, they can provide results within 30 minutes, or maximally within one patient visit or one working day, and many do not require electricity,” adds Sushmita Shivkumar, lead author of the study and a medical student at McGill University.

More than 170 million people are infected with hepatitis C worldwide due to unsafe blood transfusion, injection drug use and unsafe therapeutic injections. Hepatitis C and HIV co-infections contribute substantially to disease burden in North America, but the affect of the disease is highest in Africa and Asia. “With promising oral drugs for Hepatitis C on the horizon, accurate and reliable point-of-care and rapid tests will allow millions of infected individuals worldwide to be diagnosed and put on treatment, even when they do not have access to laboratory services,” explains the study’s co-author Dr. Rosanna Peeling, Professor and Chair of Diagnostics Research at the London School of Hygiene & Tropical Medicine.

“These tests have the potential to be game changers on a global scale, particularly where first line conventional laboratory based testing is not financed by under-resourced health systems,” concludes Dr. Pant Pai. “It is now time to optimize their potential by integrating them in routine practice settings.”

The MUHC gears up for Qmentum 2013

Once again, the MUHC is gearing up for its triennial visit from Accreditation Canada. Every three years this process—also known as Qmentum—is used to evaluate and improve services for patients, families and clients based on standards of excellence. In 2013, the accreditation surveyors will visit the MUHC from September 16 to 20.

Throughout this next year, your efforts will be mobilized to help make this process a resounding success.

We thank you in advance for your collaboration.

Qmentum updates will be posted regularly in various MUHC communications vehicles.



MUHC LIFTS RESTRICTIONS ON CELL PHONE USE IN HOSPITALS

The McGill University Health Centre (MUHC) has become the first hospital in Quebec to allow patients and visitors to use their cell phones within the institution. The move follows the successful completion of a pilot project that assessed the use of cell phones in certain areas of the MUHC. Although some restrictions will still apply, cell phones will be permitted in most waiting areas, clinics and patient rooms throughout the six sites of the health centre. The new policy will allow patients greater freedom to keep in touch with family members and friends, while maintaining patient safety and privacy.



LES BILLETS DU GALA SONT DISPONIBLES ! GALA TICKETS AVAILABLE !

Le samedi 17 novembre 2012

Les billets au coût de \$45 chacun sont disponibles

Aux endroits suivants :

- +Lafayette 6345, poste 3330
- +MUHC (F 600), poste 3330
- +MUHC 6345, poste 3330
- +MUHC 6345, poste 3330
- +2155, rue 144, poste 3330
- +2155, rue 144, poste 3330
- +2155, rue 144, poste 3330

Par téléphone : poste 3330

Par courriel : venue.glen@muhc.mcgill.ca

Par achat en ligne : muhc.ca/gala

Saturday, November 17, 2012

Tickets are available at the cost of \$45 each

At the following locations:

- +Lafayette 6345, post. 3330
- +MUHC (F 600), post. 3330
- +MUHC 6345, post. 3330
- +MUHC 6345, post. 3330
- +2155, rue 144, post. 3330
- +2155, rue 144, post. 3330
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Call: ext. 3330

Email: venue.glen@muhc.mcgill.ca

Purchase on line: muhc.ca/gala

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Centraide

2012 ANNUAL FUNDRAISING CAMPAIGN

Difficulties can strike any one of us especially when we least expect it and no one is completely safe from unemployment, divorce, depression or spousal abuse. Centraide of Greater Montreal works 365 days a year to brighten the lives of people across Montreal, Laval and communities on the South Shore. This umbrella organization supports 370 community agencies who help over 500,000 citizens across the metropolitan area each year.

We would like to solicit your participation to this year's campaign so that Centraide will be able to reach out to help even more people in need. To contribute, we invite you to fill one of the contribution forms and to return it by internal mail to **Alison Laurin, 2155 Guy Street, Bureau 600**. The campaign ends on December 7, 2012. The contribution form and additional information are available on the Centraide intranet page:

http://www.emuhc.muhc.mcgill.ca/?q=centraide/annual_campaign

Please note that all donors will have their names entered into a raffle to be eligible to win an electronic tablet.

Your generosity is much appreciated to provide hope and support to someone in need. Thank you for giving Centraide the power to help so many people from all walks of life in our community!



Close-up on
our
GLEN site





COMING SOON!

Want to know more about the Glen site?

Close-up on our Glen site, which is a compilation of brochures and videos starring our very own professionals, gives you an insider's look at our new state-of-the-art facility where exceptional healthcare environments, workplaces and research spaces have been created. To watch a teaser, visit: <http://muhc.ca/new-muhc/page/glen-video-teaser>

3D glasses a hit in the Operating Room

MINIMALLY INVASIVE SURGERY MEETS IMPROVED TECHNOLOGY AT THE MONTREAL CHILDREN'S HOSPITAL

By Julia Asselstine



Like the glasses required for 3D movie viewing, surgeons and team assistants at The Montreal Children's Hospital (MCH) have been donning similar spectacles to bring in a new era of minimally invasive surgery (MIS).

"Up until now, MIS, or what the general public mostly knows as 'keyhole surgery,' has required looking at an operative field on a TV monitor, which is a two-dimensional image," says Dr. John Paul Capolicchio, an MCH urologist. "The main problem with two-dimensional representations is that there is no depth perception, and depth perception is crucial for speed and accuracy of a surgery. It's the equivalent of driving with a patch over one eye."

When MIS first hit the medical scene 20 years ago, it was mostly used for removing diseased organs. But technology for minimally invasive surgery progressed to a point where it was also being used to repair organs. When repairing an organ, however, suturing is needed which requires accurate depth perception to use a tiny needle with precision. And the smaller the organ, or

Dr. John Paul Capolicchio (centre) performs a surgical procedure using the 3D Vision System. The enhanced photograph depicts the effect of using this advanced method for minimally invasive surgery.

the smaller the child, the more precise the suturing needs to be.

"Suturing is very difficult when operating on a 2D monitor," says Dr. Capolicchio. "Therefore, MIS to remove organs is common but to repair or reconstruct an organ is uncommon."

Dr. Capolicchio trialled the new technology in January and the results speak for themselves: "the operative time was significantly reduced and the precision with suturing was incredible."

One of the operations being performed with this new 3D technology is for a problem called urinary reflux, a condition in which urine can wash back up to the kidney instead of passing through the urethra. This is a common problem that leads to kidney infection in children.

The standard technique to correct this was always open surgery because it required such precise suturing, but in 2003 the MCH became the first hospital in

Canada to use MIS techniques. "I have been doing this as minimally invasive surgery since then, but the suturing is crude and therefore it is not a popular procedure," says Dr. Capolicchio. "Performing this surgery in 3D now is an amazing experience. I can do it in record time and I only have to make three entry points in the body instead of the traditional four."

With this new technology, called 3D Vision System (Viking), patients can expect better outcomes because of improved suturing and shorter surgery times. As a result, costs to the healthcare system will also be lower.

"I have been dreaming about working in 3D for years because I knew it was the next logical step," says Dr. Capolicchio. "So I kept my ear to the ground--the minute I heard it was available I pounced. Thanks to the Kurling for Kids Foundation, who purchased the equipment for our service, many children will benefit."



THE GLEN SITE: A REFLECTION OF US

Pharmacy Robot: The future of hospital care is here

By Stephen Huebl

Efficiency and safety are two of the top priorities for the McGill University Health Centre (MUHC), and to help achieve this the MUHC is enlisting the help of a high-tech Pharmacy Robot at the new Glen site when it opens in 2015.

While visions of R2D2 from Star Wars may come to mind, the robot to be used in the hospital's Pharmacy is actually more of an automated system that can dispense medication to patients safely and efficiently, while also keeping tabs on the inventory to ensure it is well stocked.

Here's how it works: The centrally-located pharmacy uses a network of special tubing to automatically dispense and transport patient medication throughout the hospital. This allows medication to reach patients quickly, but more importantly it ensures patients are given the right doses, and at the right times.

The ROBOT-Rx creates individual sealed

packages for each patient's medication and labels it with his or her name and a barcode. The nurse will then scan that barcode in the patient's room right before the medication is given, which automatically updates the electronic patient file. This ensures that pharmacists and healthcare professionals are always working from the latest information.

TECHNOLOGY THAT BENEFITS EVERYONE

With nearly 100 per cent of patients who are admitted to hospital requiring medication of some sort, this advanced system will benefit just about everybody.

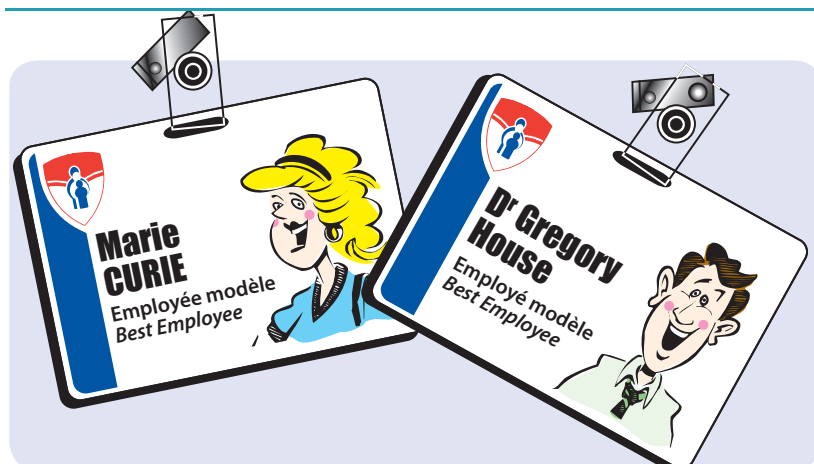
Some of the key benefits include:

- Increases accuracy to 99.9%**
- Reduces incidents of patients missing doses due to human error by 92%**
- Reduces time pharmacists spend checking medications by 90%**
- Lowers expired medication costs by 54%**

In addition, "Smart Pumps" that make use of the hospital's wireless system will be introduced. These are used to deliver medication through intravenous infusion. Where the "smart" part comes in is the fact that these pumps are programmable. That means a nurse can enter how many units of a medication per hour a patient should receive, and if this limit is exceeded the pump will alert the staff.

"Efficiency and patient safety is what it is all about," says André Bonnici, MUHC director of Pharmacy. "Everyday we strive to provide the best service possible for the patients we ultimately serve. With this revolutionary medication dispensing system, our ability to do so will continue to improve."

Thank you!



MUHC identification badges and self identification

MUHC patient safety is our first priority. Please wear your ID badge at all times—it's the law. Wearing your MUHC ID ensures the safety of patients and families and also serves as a disaster pass in the case of a public emergency.

The importance of wearing appropriate identification cannot be overemphasized.

Thank you for your cooperation.

For information on how to replace an outdated, damaged, lost or stolen ID card, contact Security at local 23040.

Winners of the 2012 RPCU Excellence Awards



From left to right: Pierre Blain, CEO of the RPCU, Claude Ménard, Chairman of the Board of the RPCU, Pierre Hurteau, Co-chair of the MUHC Users' Committee, Maria Mastracchio, Co-chair of the MUHC Users' Committee

Congratulations to the MUHC Users' Committee, which was named the Committee of the year by the RPCU (Regroupement des comités des usagers) at their gala dinner on October 1.

The RPCU Prix d'Excellence are awarded to recognize the work by users' and residents' committees to ensure that citizens are treated with respect and in recognition of their rights and freedoms within the health and social network. These committees also communicate with the MUHC on behalf of the users—giving them a voice they may otherwise not have.

All Quebecers are considered users of the health and social services network. Users can include pregnant women, newborn babies, teenagers in youth centres, people who want to quit smoking, people who are disabled, the elderly who live at home and who receive support services from their CLSC or from close relatives and so on.

The MUHC Users' Committee earned this award for their leadership and openness with respect to the merger of the six users' committees within the MUHC

PHOTO : CLAUDE GUILLET, RPCU.

Invest in a Healthy Lifestyle

A maintainable healthy lifestyle involves making healthy choices most of the time. Bad habits come easily, but a healthy lifestyle is what gives us energy and positively impacts mood and sleep quality, ultimately reducing stress and enhancing overall wellbeing.

A little physical activity is better than none, and more is better than a little.

Small acts add up. Try taking the stairs, walking/cycling to work, or going for a walk during your lunch hour or break. Choose activities you enjoy (have fun!), try new things and recruit friends and family to join you. These simple steps will make it easier to sustain the habits.



New MUHC Gym Fundraiser!

With the construction of the new MUHC at the Glen, a new fitness centre will ensure that physical activity is accessible and convenient to the employee population at large. A healthy team means a happy team, so we will be counting on generous contributions from various upcoming initiatives to make this a reality.

MUHC Wellness Programs

The holidays will soon be here, and along with it the MUHC Holiday Challenge – a pedometer program open to all employees. The final day to register is November 2nd, don't miss out! Contact Kara Martin (extension 71628) for more information.

Fundraising Flash

RECENT RESULTS:

\$606,000

7th Annual Cedars CanSupport "Rain or Shine" Dragon Boat Race & Festival Presented by Fuller Landau: This fun day of friendly competition took place Saturday, September 22 in Parc René-Lévesque in Lachine and was an outstanding success with the participation of over 800 paddlers.

\$625,000

Montreal Children's Hospital Foundation Golf Tournament – The Montreal Children's Hospital Foundation is proud to announce that on September 10, its annual Golf Tournament raised over \$625,000 to fund groundbreaking research and innovative projects. Nearly 250 people participated in the tournament.

COMING SOON:

Thursday, November 1:

Festival of Divine Wine and Food – Treat your palette to some of the finest wines France has to offer, with proceeds supporting the Cedars Sarcoma Fund of the Cedars Cancer Institute. Guests will be invited to taste a selection of 10 Burgundy wines alongside specially chosen gourmet canapés. Location: Decca77 (1077 rue Drummond). Time: 6 to 8 p.m. Tickets: \$250 (includes partial tax receipt). Contact: 514 934-1077 or cedars.ca/events

Saturday, November 3:

Splash & Dash – Families, students and co-workers are invited to form a team and compete in a variety of running and swimming relay races at the McGill University Sports Complex (475 Pine Avenue West). All money raised benefits Sarah's Floor at the Montreal Children's Hospital. Contact: 514 934-1934, ext. 71207 or splashanddash.ca

Wednesday, December 5:

The Annual Cedars Raffle and Abracadabra Auction – This event has become a tradition for thousands of supporters who look forward to the pre-Christmas event for their chance to win over \$80,000 in cash and prizes. Proceeds will go towards the acquisition of a state-of-art PET-CT scanner for the new Cancer Centre at the Glen site. Location: Le Windsor (1170 rue Peel). Time: 6 p.m. Tickets: \$125. Contact: 514-934-1934, 71230 or cedars.ca/events