



France oncology experts visit Cedars Cancer Centre



A team of cancer experts from Poitiers, France toured the impressive radiation oncology facility at the new Cedars Cancer Centre at the Glen site.

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Halloween is approaching

Discover our “creatures of the night”!
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PATIENT STORIES

A chance at fatherhood after testicle cancer

Greg Star was 22 years old when he suspected he had a tumour in his testicle. “I had a terrific pediatrician who taught me how to do the self-examination,” he says. “In February 2004, I noticed a mild discomfort in my left testicle, so I checked it and realized something was not quite right.”

After some tests, Star was diagnosed at the Royal Victoria Hospital of the McGill University Health Centre (RVH-MUHC) with testicular cancer, the most common form of cancer in men between the ages of 15 and 34. He had surgery that very same day.

“It was scary. They wanted to remove it as quickly as possible to prevent the cancer from spreading. There was a month of recovery and then chemotherapy began.”

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MESSAGE FROM NORMAND RINFRET

Passing of Quebec's Draft Bill 44 on Tobacco Control, Imminent: MUHC Adopts New Policy

As you may know, the Quebec government held a parliamentary commission this summer on its draft bill 44 ("Loi visant à renforcer la lutte contre le tabagisme"), which aims to bolster tobacco control and reduce the rate of smoking by 6 per cent within five years. We can now expect the bill to become law this month. Among other things, the law will likely:

- Impose the same restrictions on e-cigarettes as tobacco products, and eliminate flavours in both types of products;
- Extend smoke-free zones, such as by forbidding smoking within 9 metres of public spaces and terraces;
- Forbid smoking in automobiles when a minor below the age of 16 is present; and
- Tighten up the regulations on the sale of tobacco and impose new fines for minors and adults.

As an academic health centre and a member of the World Health Organization's international network of health promoting hospitals, the McGill University Health Centre (MUHC) has a responsibility to lead by example. With this in mind, the MUHC Management Committee (CODIR) adopted changes to our smoking policy to make our sites progressively free of smoke

and vape (e-cigarettes). The policy will be launched at the Glen site on November 1, 2015; at the Montreal General Hospital on January 4, 2016; at the Neuro and Allan Memorial on March 1, 2016; and at the Lachine Hospital and Camille-Lefebvre Pavilion on May 2, 2016.

In the coming weeks, the MUHC Wellness Taskforce will provide more information on our new Smoke- and Vape-free Environment policy, including details about the support services available for those who smoke and wish to quit.

By providing a healthier work setting and healing environment for our patients and their loved ones through this new policy, while continuing to encourage healthier lifestyles, the MUHC could help lessen the physical, emotional and financial burden of smoking-related diseases. Moreover, given that each week 250 Quebecers, with an average age of 13, take up smoking, it is easy to appreciate our potential impact over the long term. I therefore thank you for not only respecting the policy, but also for supporting its implementation.

**Normand Rinfret,
President and Executive Director**

PATIENT SAFETY

At the MUHC we put patient safety first!

October 26 to 30 is Canadian Patient Safety Week. Don't miss the MUHC activities taking place during this week!

Did you know:

- Partnering with patients and families in improving healthcare safety can yield many benefits, both in the form of improved health and outcomes for individuals and in safer and more productive work environments for healthcare professionals.
- Effective partnerships with patients and families can be created at every level of the organization - including in individual clinical encounters, in safety committees, in quality improvement efforts, in governance committees, in teaching and in research teams.
- Healthcare clinicians and staff can play a key role in creating partnerships by:
 - Routinely involving patients in informed decision making about all diagnostic tests and treatment options, including medications
 - Involving patients and family members as full partners in the design and redesign of clinical workflows and care delivery



Q&A WITH OUR EXPERTS

Borderline personality disorder: yes, it can be treated

October 4 to 10 is Mental Illness Awareness Week

The McGill University Health Centre (MUHC) will host the 14th Congress of the International Society for the Study of Personality Disorders the largest international conference on personality disorders from October 13 to 16 in Montreal. This year, the congress will generate much discussion about borderline personality disorder (BPD).

We met with psychologist Lise Laporte, research director of the Personality Disorders Program of the MUHC and chair of the Organizing Committee of the 14th Congress of the ISSPD, to ask her a few questions:

What is BPD?

It is a severe mental health disorder that affects adults and adolescents, men and women. Very impulsive and emotional, those who suffer from it live in great distress. They have many interpersonal difficulties, can have severe mood swings and adopt self-destructive behaviours, such as substance abuse. Alarmingly, 10 per cent of them eventually commit suicide.

However, behind these traits you often find engaging people with great qualities and skills. Sometimes they can have a great sense of humour and can detect vulnerabilities and sensitivities in others that most people don't notice. They are passionate and creative, artistic and curious. BPD is not just the caricature we see in the movies.

Who is attending the congress?

All of the big names in the field from around the world will be there. Many Quebec practitioners will be taking part, including psychiatrists, psychologists, social workers and psycho-educators. We are also pleased to be having about 100 students at the event.

A full day is devoted to families, who are invited to learn how to live better with people who have the disorder and how to help them. We are very proud that the Mental Health Mission of the MUHC helped to reduce the registration cost for families.

Why is it so important to talk about this?

It is important because of the distress caused by this disorder for patients and their loved ones, and because of the resources it monopolizes in the healthcare system (see sidebar *Numbers speak for themselves*). Often the people intervening don't have the knowledge, the skills or the attitudes needed to help these patients and their families.

There is also a stigma that must be eliminated, among the public and within the clinical community. Ten years ago, these patients were often seen as lost causes, but there have been great advances in research since then and a clear improvement in treatments. We hope that through the congress, many people will hear the message that we can really help individuals with a personality disorder.

What expertise do we have at the MUHC?

The MUHC has two well-established clinics. Open for 15 years, our short-term clinic manages to provide concrete help to patients in as little as 12 weeks. Our second clinic offers long-term therapies that can last up to two years, depending on the needs of the person. We also offer a unique outpatient consultation service at the Batshaw Youth and Family Centres.

In addition, our team is very active in research and teaching. Finally, we are fortunate to be working with Dr. Joel Paris, who founded the MUHC Personality Disorders Program and chairs the scientific committee of the congress. He is an internationally recognized expert.



Dr. Lise Laporte, psychologist

Do you have a message of hope?

There are many services in Montreal for people suffering from BPD and their families. It's important to look for help because there are ways to end the distress.

For more information about the congress, please visit: isspd2015.org

Numbers speak for themselves

- 12 to 13 per cent of the population suffers from a personality disorder.
- Approximately 1 per cent of the population has Borderline Personality Disorder (BPD). In the hospital setting, close to 30 per cent of the people admitted to psychiatry has this diagnostic, as well as 10 to 15 per cent of those who are seen in the E.D. and outpatient clinics.
- In Quebec, 20 per cent of mothers of children in youth centres have BPD.

Central Laboratories: Working the night shift on “the line”

October is often a month linked with ghouls, ghosts and goblins who haunt into the midnight hours. At the MUHC we have our own creatures of the night, but there is nothing ghoulish about them! Enter: our Medical Laboratory technicians of the night shift at the Glen...



The automated chain in Central Labs at the Glen site.

Hospitals are a hub of activity, and life at the McGill University Health Centre (MUHC) Glen site is no different. But at the end of the day, when all is quiet and most of the hospital has settled in for the night, the Central Labs are still abuzz—open 24 hours a day, seven days a week in order to churn out lab results and respond to urgent requests that, quite literally, come shooting down the pipes all hours of the day.

The automated chain is the driving force of the Central Laboratories, located on the 4th floor of Block E at the Glen. More fondly referred to by lab technicians as “the line”, it is one of the most sophisticated blood analyzing systems in North America. Measuring 50 metres in length, over 10 different specialized types of equipment are used as part of a systematic chain to process an average of 3,000

to 4,000 samples per day (100 to 200 in a night shift). With the ability to process a standard lab order in less than a half hour, this impressive piece of machinery takes a highly-skilled team to operate efficiently.

A typical day shift in the central lab is staffed by 13 to 15 employees, though this number is reduced to a core team of five lab technicians to cover the night shift. “The difference between the day and night shift is, well, like day and night,”

jokes Christine Nadeau, a lab technician. “On the day shift, everyone manages their own station; they’re highly skilled at handling one part of the line, and they are responsible for making that section run smoothly. But on the night shift, because there are not as many samples to run, we’re everywhere at once. We’re all trained to operate almost every station.”

Though the machine itself is automated, there are many instances that require human reaction. This is where being trained on each machine comes in handy. “That’s the part that is very interesting and exciting here – there is always an opportunity to learn, and lots of room for professional growth,” says Nadeau. To date, she is qualified to oversee every station except for chemistry testing, which she will begin training for in the coming weeks.

Reg Theriault, a lab technician, says the key to their success is teamwork. “When you handle every station and work in a smaller team like we do on the night shift, it’s very important to remain concentrated but more importantly, to communicate with one another. We need to insure that no one is overlapping tasks or forgetting a station. That’s the biggest challenge – to be able to be everywhere at once while maximizing efficiency. Luckily for us, we are such a close knit team that communication never seems to be an issue,” he says with a smile.

When watching them operate the line, one would never guess they have only



From left to right, top row: Patrick Villeneuve, Reg Theriault and Kevin Zhang, bottom row: Luis Valencia and Christine Nadeau

been working together for a few short months. Similar to many departments at the Glen, they came from separate legacy hospitals but quickly learned to work together. Luis Valencia, a 25-year lab veteran and coordinator of the night shift, has watched this fusion take place with pride: “Bringing people together from different hospitals, from different work environments, it doesn’t come without its own set of challenges. Yes, it wasn’t easy at the beginning and yes, it is an ongoing process; but the positive attitude from the team has enabled us to fuse into a well-oiled machine”.

Transitioning from a legacy hospital lab to one of the busiest in the country

requires a bit of an adjustment period. The Glen site Central Labs not only process all blood and urine samples from within the site, but also those incoming from the Montreal Neurological Hospital and any routine testing from the Montreal General Hospital (MGH) labs, along with any healthcare centre across the province whose laboratories are not equipped to handle ultra-specialized testing.

“There’s a much higher volume here - more activity; the lab is overall much busier than compared to what I was used to at the MGH,” says Patrick Villeneuve, a lab technician who recently celebrated his 28th year with the MUHC. “It keeps me on my toes.”

So what is it exactly about working nights that appeals to this crew? For some, like Patrick, Reg and Luis, it fits in well with their families’ schedules (not to mention the lack of commuter traffic).

For Kevin Zhang, the newest member of the night shift team, it offers him the perfect part-time experience while finishing his degree. An undergraduate studying agricultural engineering at McGill University, he often works the night shift then heads straight to school after work. The only downside? “Not much sleep,” he laughs, “but the nights tend to be a little calmer than working days, so it’s perfect for me right now.”

TELL US ABOUT YOUR SUCCESS STORIES! THEY DESERVE TO BE RECOGNIZED.

The Public Affairs and Strategic Planning department wants to highlight your accomplishments via its platforms, including web and printed publications (MUHC today, enBref, muhc.ca and social networks). If you, your team or your colleagues, across the MUHC, have provided exceptional care, completed a major project or simply demonstrated altruism, contact us! public.affairs@muhc.mcgill.ca



Lindsey Nixon and Reg Theriault receive samples from the pneumatic tube and prepare them for testing

Let's Get Healthy!

October is Healthy Workplace Month

The HR Training and Organizational Development Sector is running wellness programs to help you boost your mental and physical energies.

How energetic a person feels influences how she/he responds to all aspects of life! A person with more energy will cope more effectively. Why not put this to the test and set aside time to re-energize during healthy workplace month?

Take advantage of our programs aligned with our Self-Care for Better Patient Care motto.

- Corporate Courses with wellness themes such as mindfulness and stress relief
- Therapeutic Chair massage on all sites
- Fitness Classes and events such as Yoga, Pilates, Baladi and Walking Clubs
- Various Discount opportunities among different wellness providers such as Tennis 13, Énergie Cardio, YMCA, Concordia and McGill Gyms (for more information, visit muhc.ca > careers > benefits overview > corporate-discount-program)

Future Plans: Outdoor Fitness Equipment

A new fitness option will be offered to the MUHC community due to the positive feedback received during the trial period of the mobile workout unit called Conex.

The MUHC will be using the funds raised from Spartan Races 2013 and 2014 to purchase a unit in the spring of 2016. Future sporting events (Spartan 2016) will be organized in view of raising funds to purchase more units for the MUHC.

For detailed information on these programs, please email: training@muhc.mcgill.ca or phone 34043.



These three MUHC employees established an exercise routine over the summer from 11:30 a.m. - 12 p.m. each day throughout the trial period of the outdoor Conex workout unit.



f **Mary Ursula Harold:** Had my first appointment yesterday at the Glen. Very good experience. Easy to navigate, staff friendly and thorough care. Bravo!!

@glenbarkwith: So proud of @PKSubban1 for the amazing donation. My daughter spent 2 months at the @cusc_muhc @HopitalChildren NICU and is now healthy @ home

stephanielianne86 Break time on the evening shift at the Glen.



Stay informed and join the conversation!

Did you know that the MUHC has a Social Media Policy that is available on the Intranet?

France oncology experts visit Cedars Cancer Centre

How is the McGill University Health Centre (MUHC) improving the quality of care for cancer patients? That's what a team from a university cancer centre in Poitiers, France was curious to find out.

On September 8 and 9, the Rossy Cancer Network (RCN) — of which the MUHC is a founding member — welcomed a delegation from the Pôle de cancérologie du Centre hospitalier universitaire (CHU) de Poitiers, as part of an initiative to share best practices internationally.

Members of the RCN's Executive Committee, including Dr. Armen Aprikian, chief of oncology at the MUHC, Dr. Gerald Batist, director of the Segal Cancer Centre at the Jewish General Hospital, and Dr. Adrian Langleben, the chief of oncology at St. Mary's Hospital Center, met with the delegation during their two-day visit.

"This is a terrific opportunity to share knowledge with other teaching hospitals that are taking a patient-centered approach to the delivery of cancer care," explained Dr. Aprikian.

The team from Poitiers came to learn how the McGill-affiliated hospitals are organizing care pathways, structuring treatments and incorporating new opportunities to accompany patients. They toured each of the three hospitals and went on to meet a number of key stakeholders in the cancer care mission.

Among them, MUHC nurses and physicians, such as medical oncologist Dr. Scott Owen, co-lead of one of the RCN's Disease Site Teams, spoke of the work being done to unite cancer care and clinical trials across the network's three hospitals. Oncology nursing director Lucie Tardif, also a member of the RCN's Program Steering Committee, discussed the organization of nursing care.

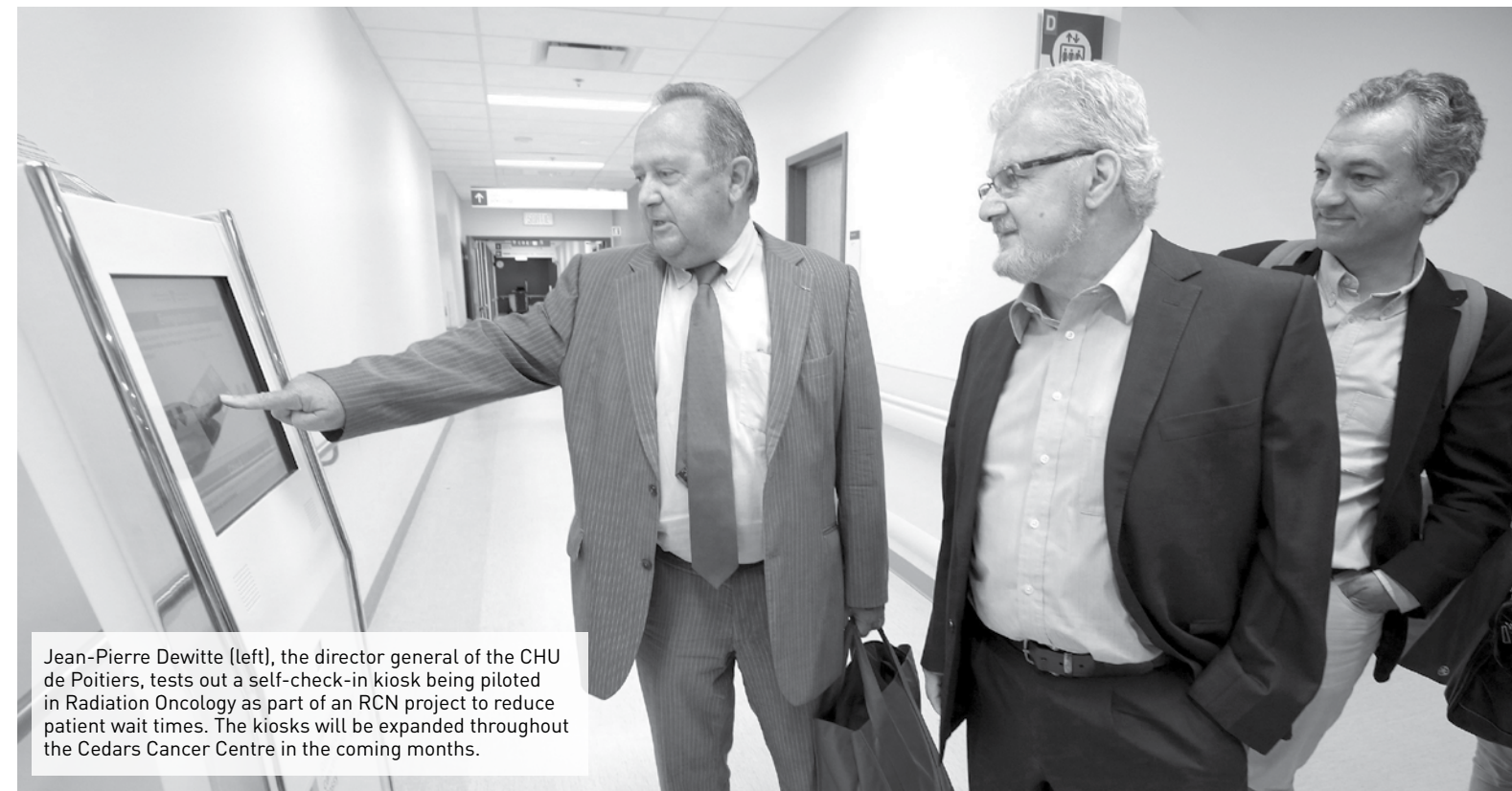
And surgical oncologist and RCN Executive Committee Member Dr. Ari Meguerditchian described how funding through the RCN's Cancer Quality and Innovation, which he heads, is impacting care in the hospitals.

The delegation included the Director General of the CHU de Poitiers, Jean Pierre Dewitte, along with Professor Jean-Marc Tourani, chief of the CHU's regional cancer centre. They were joined by four key members of their team. The CHU de Poitiers is an innovative health centre in France. With the inauguration of a new facility five years ago, they became the first CHU in the country to put the focus on whole person care.

"We were very impressed with the system of pivot nurses used to follow oncology patients. In our centre, the nurses are assigned to a structure rather than to a patient, so there isn't that connecting thread throughout the patient's cancer journey," explained Prof. Tourani. "That is something that we feel is very important for the patient. And I believe it would also free up clinicians and physicians to focus on other areas of care. We are definitely returning home with grounds for reflection."

The MUHC also introduced the French team to other MUHC staff, who are playing a key role in RCN projects, during a cocktail hosted by Norman Rinfret in the Atrium of the Research Institute of the MUHC. Also on hand were Bruce Shadeed and Jeff Shamie, respectively chairman and president of the Cedars Cancer Foundation whose fundraising efforts are essential to the work being done in the new cancer centre.

"We are very fortunate to have this connection with a CHU in France," said Mr. Rinfret. "It is important to be able to share our best practices among tertiary-care centres as we strive to provide exceptional whole person care."



Jean-Pierre Dewitte (left), the director general of the CHU de Poitiers, tests out a self-check-in kiosk being piloted in Radiation Oncology as part of an RCN project to reduce patient wait times. The kiosks will be expanded throughout the Cedars Cancer Centre in the coming months.

Alessandro Piscitelli has your safety at heart



October 4-10 is Fire Prevention Week

For Alessandro Piscitelli, fire prevention technician at the McGill University Health Centre (MUHC), the safety of patients and hospital staff is paramount. In the Emergency Measures Department for the last two months, Piscitelli has been taking part in prevention and training activities as well as disaster simulations staged at the MUHC. We met him to find out more about his profession.

What does your fire prevention work consist of?

As a fire prevention technician, I carry out inspections and teach staff about the different emergency codes used in our hospitals. Safety and prevention (not only of fires) are day-to-day concerns.

With my team, I also work on various simulations, including the code orange simulation we recently carried out at the Montreal Children's Hospital. More than 65 actors played the role of victims of a fictitious traffic accident involving a hazardous material spill. Our mandate was to prepare the premises for decontamination work and the care of victims.

Why did you choose this profession?

After working in the food service industry, I decided, at 31, to change careers, and it was then that I became interested in firefighting.

I took a training course at the Institut de protection contre les incendies du Québec and went on to complete a college diploma in fire prevention and intervention. I then had the opportunity to travel to Burkina Faso in Africa, where I gave training sessions to fire brigades. That was a hugely rewarding experience for me.

What prevention measures are taken at the MUHC to ensure the safety of patients and staff?

Over the years, initiatives have been taken in order to guarantee safety at the various MUHC sites. For instance, we installed sprinklers and fire hoses in buildings, and we drafted evacuation plans as well as an emergency measures guide that we constantly update in order to optimize efficiency and to prepare staff to react appropriately, in any circumstance.

Is there something in particular you like about your work, something that makes you especially proud?

I enjoy training people and helping them become more aware of their environment, and I also like working at the different sites within the MUHC and meeting new people every day. There's no such thing as a typical day for me!

That said, what makes me especially proud is being able to help people. Our medical staff works very hard to save lives, but I also believe that each member of the MUHC can make a difference in the lives of patients.

Discover other proud MUHC employees at muhc.ca in the Careers section, and on our Facebook page

Proud to work at the MUHC? Email us! public.affairs@muhc.mcgill.ca

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A chance at fatherhood after testicle cancer

A week after surgery, one of Star's urologists, Dr. Peter Chan, suggested he bank his sperm.

"Dr. Chan told me 'You're probably not thinking about it right now, but you're likely going to want to store some sperm, because chemotherapy can affect your fertility down the road.' I had other plans for my life at the time, but I did some research and decided I would definitely regret not doing it. So I made an appointment at the MUHC Reproductive Centre to have some of my sperm frozen."

"Sperm cryopreservation or sperm banking is very important," says Dr. Chan, who is also director of Male Reproductive Medicine at the MUHC and associate professor of Surgery at McGill University. "Even though the treatment for testicular cancer is highly effective – the survival rate is more than 90 per cent over five years – surgery, chemotherapy or radiation can have serious and lasting effects on the reproductive organs and on fertility."

One of Dr. Chan's goals is to create more awareness within oncology and psycho-social services, and the Reproductive Centre to better inform MUHC cancer patients about sperm cryopreservation.

"These young men are fighting cancer. They are not thinking about their fertility or about starting a family," says Dr. Chan. "But they might in the future. So oncologists could definitely improve the quality of life of cancer survivors if they informed them about sperm banking before starting cancer therapies."

A baby for a cancer survivor

After his successful cancer treatment, Greg Star continued his graduate studies in Pathology – he now works in sales for a biotechnology company – and he got married. But perhaps the sweetest part to Star's story is he is also a father.

"The happiest part of my day is when I wake up in the



"Any man who is diagnosed with testicular cancer should store his sperm." Testicular cancer survivor Gregory Star shows a picture of his nine-month-old son, Thomas.

morning and get to play with my son Thomas, who was born nine months ago," Star says. "I didn't know if I was going to be fertile or not after my treatments. Fortunately, I was. But if I wasn't, I see making the choice to freeze my sperm as a younger man was the best insurance policy for happiness there is."



"As soon as they call us, cancer patients can give one, two, three samples that can be frozen before they start cancer therapies. We give them a chance to have a biological child should they become sterile." – Dr. William Buckett, medical director, MUHC Reproductive Centre. From left to right: Dr. William Buckett; Qing Li, andrologist; Dr. Peter Chan, director of Male Reproductive Medicine, MUHC; Josée Lefebvre, andrologist; and María Belén Herrero, chief andrologist, MUHC Reproductive Centre.

A service that has proved its worth

A recent study conducted by María Belén Herrero, PhD, chief andrologist at the MUHC Reproductive Centre, in collaboration with Dr. Chan, showed that since 2010, when fertility preservation became free for cancer patients as part of the Quebec's public funding for assisted reproduction technologies (ART), patients have been willing to return for more sessions of sperm banking.

Another study, also conducted by Herrero and Dr. Chan, demonstrated that cancer survivors who had banked sperm and used it in fertility treatments later on presented at least similar reproductive outcomes as the population who used the sperm bank but didn't have cancer.

MUHC researchers make a breakthrough in fight against muscle wasting diseases

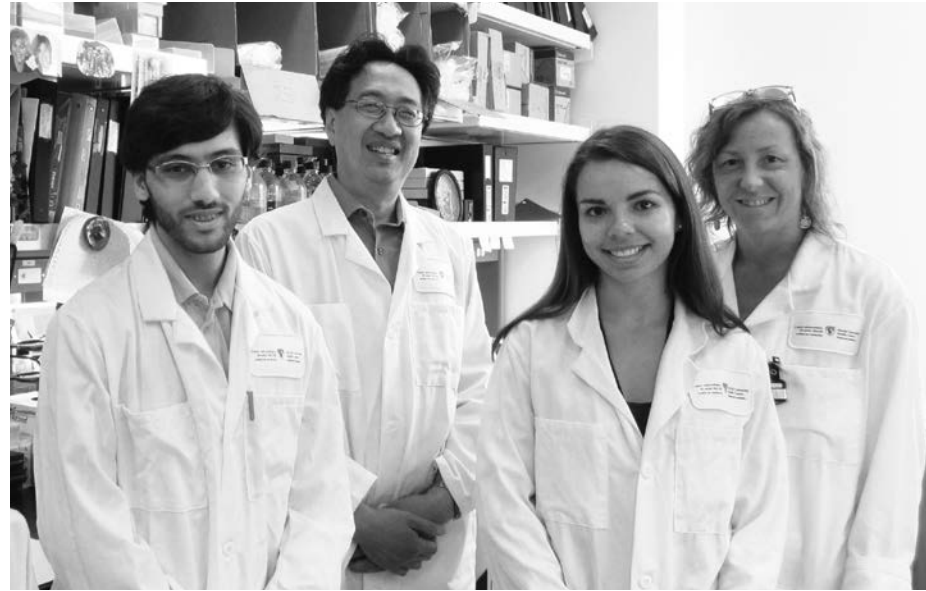
A research team from the Research Institute of the McGill University Health Centre (RI-MUHC) and collaborators from the University of Alberta discovered a gene involved in muscle wasting that could be a good target for drug development and a game changer for patients suffering from cachexia, improving both quality of life and longevity.

It is estimated that half of all cancer patients suffer from a muscle wasting syndrome called cachexia. Cancer cachexia impairs quality of life and response to therapy, which increases morbidity and mortality of patients. Currently, there is no treatment for muscle wasting. The findings could have huge clinical implications, as muscle wasting is also associated with other serious illnesses such as HIV/AIDS, heart failure, rheumatoid arthritis and chronic obstructive pulmonary disease and is also a prominent feature of aging.

“We discovered that the gene called USP19 appears to be involved in human muscle wasting and that in mice, once inhibited (when the gene’s activity is decreased or blocked), it could protect against muscle wasting,” says lead author Dr. Simon Wing, MUHC endocrinologist and director of the Experimental Therapeutics and Metabolism Program at the RI-MUHC. “Muscle wasting is a huge unmet clinical need. Recent studies show that muscle wasting is much more common in cancer than we think.”

In this study, researchers worked with mice models that were lacking the gene USP19 (USP19 KO) and decided to look at two common causes of muscle wasting. They observed whether such mice were resistant to muscle wasting induced by a high level of cortisol – a stress hormone released in your body any time you have a stressful situation such as an illness or a surgery.

The results showed that the mice with the inhibited USP19 gene were wasting muscle mass more slowly; in other words, inhibiting USP19 was protecting against both causes of muscle wasting. The researchers also observed that USP19 was expressed in human muscle samples from the most common cancers that cause muscle wasting: lung and gastrointestinal (pancreas, stomach, and colon).



From left to right: Samer Jammoul, Simon Wing (senior author), Erin Coyne and Nathalie Bédard (first author)

According to recent studies, the prevalence of cachexia is high, ranging from 5 to 15 per cent in chronic heart failure and COPD, and from 60 to 80 per cent in advanced cancer. In all of these chronic conditions, muscle wasting predicts earlier death.

“Cancer patients often present with muscle wasting even prior to their initial cancer diagnosis,” says Dr. Antonio Vigano, director of the Cancer Rehabilitation Program and Cachexia Clinic at the MUHC. “In cancer, cachexia also increases your risk of developing toxicity from chemotherapy and other oncological treatments, such as surgery and radiotherapy. At the McGill Nutrition and Performance Laboratory we specialize in cachexia and sarcopenia. By treating this pathologic condition through inhibiting the USP19 gene, at an early rather than late stage of the cancer trajectory, not only can we potentially improve the quality of life of patients, we can also allow them to better tolerate their oncological treatments, to stay at home for a longer period of time, and to prolong their lives.”

This study was supported by the Canadian Institutes of Health Research (CIHR) and the Terry Fox Research Institute (TFRI).

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