Montreal’s gift to the world

MARKING THE 50TH ANNIVERSARY OF DISCOVERY OF CARCINOEMBRYONIC ANTIGEN (CEA)

It was 50 years ago that Dr. Phil Gold (pictured here) and Samuel Freedman discovered the first biomarker specific to cancer, the carcinoembryonic antigen (CEA). The CEA blood test is still the cancer exam most commonly used in the world.

Read the story behind this discovery on page 7

PATIENT STORY

Enjoying life after heart surgery

Specialized cardiac care at the MUHC saves patient’s life

At 72 years old, Robert Palov described himself as a busy man on the go. Juggling time between a marketing job and golf courts, he took good care of his health to maintain his busy lifestyle. But in May 2015, Palov experienced two weeks of chest pains. Following a visit with a cardiologist at the Lakeshore Hospital he knew his lifestyle was about to change.
 MUHC Staff Celebration

As we wrap up the busiest year in the McGill University Health Centre (MUHC) history, we invite everyone to take a moment to celebrate our hard work and enjoy some holiday spirit together. All MUHC staff and volunteers are welcome to events taking place on four sites.

- LACHINE HOSPITAL: Thursday, December 10, from 10:45 am – 1 pm; 4:45 – 6:30 pm and at 1 am on Dec. 11 in the cafeteria. A meal will be served.
- GLEN SITE: Tuesday, December 15, from 2- 6 pm in the Research Institute Atrium
- NEURO: Wednesday, December 16, from 3- 5 pm in the Jeanne Timmins Foyer
- MONTREAL GENERAL HOSPITAL: Thursday, December 17, from 2 – 6 pm in Livingston Hall

PLUS: a special invite from the MUHC and RVH foundations!

Join the MUHC Foundation (MUHCF) and the Royal Victoria Hospital Foundation (RVHF) in celebrating the holidays — and you! We want to thank the staff of the MUHC, for all your hard work throughout the year, in providing the best possible care to our community.

Grab a cup of coffee or tea and a treat on us in the hallway leading to the Research Institute on Thursday, December 17 from 10 am to 7 pm. This will be the future home of the MUHC and the RVHF in 2016!

In this spirit, I would like to express my sincerest apprecia- tion to my senior management team, the medical leadership, all clinical, research and support staff, as well as all volunteers. Your dedication clearly knows no bounds. Thanks to all of you, we continue to fulfill our mission in spite of the challenges that we face daily. Somehow, we find a way to do the impossible. Your determination, talent, compassion, and loyalty play an immeasurable role in our success.

I would also like to extend heartfelt gratitude to our board of directors, to our foundations and their donors, to our patients and their families, and to our community as a whole. We are very conscious of your leadership, generosity and sustained support. As the adage goes, if you want to walk fast, walk alone, but if you want to walk farther, walk together. Thank you for helping us to walk farther and improve our patients’ experience and outcomes.

Finally, please accept my best wishes for health and happiness. The world may be full of wonders, but it is not without its troubles. Let us therefore count our blessings, extend a helping hand to those in need, and hope for peace on earth and goodwill to all.

Normand Rinfret
President and Executive Director

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Enjoying life after heart surgery

“After running different tests for two days, my doctor decided to admit me to the hospital on the spot; she also suggested that I see another doctor at the McGill University Health Centre (MUHC) for specialized testing,” recalls Palov with emotion. “The following Friday morning, I was transferred to the Royal Victoria Hospital (RVH-MUHC) for an angiogram.”

The angiogram was very clear: Palov had extensive blockage in his veins (85 to 90 per cent) and needed to undergo surgery as soon as possible. It was Dr. Patrick Ergina, cardiac surgeon at the RVH-MUHC, who treated Palov. “Mr. Palov came to the MUHC because he needed an Aortic valve replacement and coronary bypass surgery,” he explains.

Dr. Ergina’s mission was to help restore the blood flow to Palov’s heart by replacing the blocked aortic valve with a new prosthetic valve and by bypassing the blocked coronary arteries with vessels that were taken from his legs. A month after the operation, unexpected complications surfaced and Palov had to be taken back into the operating room. “Mr. Palov was at the right place at the right time,” says Dr. Ergina. “We were able to provide him with the best type of care, despite the unexpected circumstances, and that’s one of the things that helped him. His positive attitude and efforts towards the rehab process was also a huge factor in his recovery.”

After a few days in the intensive care unit (ICU), Palov began a slow recovery process. He was moved out of the ICU, but had to stay in the hospital for a while longer. “My condition put a lot of demand on the staff,” he recalls. “From my temperature, to scans, to blood tests, there was always someone coming to the room to make sure that everything was ok.”

Raji Cambow was one of Palov’s physiotherapists during his stay at the MUHC. As part of the unit’s multidisciplinary team, Cambow’s main role consists of helping patients gain back their mobility after a cardiac surgery.

“Mr. Palov was very motivated and participated very well in the exercise plan we had for him,” says Cambow. “As a physiotherapist, I have to gain the trust of patients. It becomes easier for them to participate in the exercises if they feel at ease with us. That’s exactly what happened with Mr. Palov—he was able to get up and moving by following our guidelines.”
United against AIDS

December 1st was World AIDS Day. This year we celebrated the research advances in prevention and treatment, the improved accessibility to therapies, and the increased awareness and understanding of the human immunodeficiency virus (HIV) that causes AIDS. We also acknowledged that despite encouraging statistics, the global epidemic continues.

At the McGill University Health Centre (MUHC), our researchers, doctors, students and employees are all contributing in their own ways to halting the spread of HIV and offering the best possible care to those who are affected by the disease, bringing them hope and comfort. Here are some of their faces and messages.

Some facts and figures about the MUHC’s Chronic Viral Illness Service
• The team follows patients who are living with HIV, hepatitis C, and HIV/hepatitis C co-infection
• 2,000 patients with HIV have been followed in the past year
• 250 new HIV patients are admitted each year
• More than half of the patients are over 50 years old

AIDS around the world
UNAIDS is an UN-affiliated organization whose goal is to reduce HIV transmission, improve access to treatment, and eliminate the infection of children, stigmatization and discrimination. UNAIDS furnishes the following global statistics:
• 15.8 million people accessing antiretroviral therapy (June 2016)
• 36.9 million people globally living with HIV (end 2014)
• 2 million people newly infected with HIV (end 2014)
• 1.2 million people died from AIDS-related illnesses (end 2014)

We are so fortunate in Canada; because of the excellence in health care and research we will witness what it means to live and grow old with HIV. But the HIV epidemic is not over. Many people remain at risk or are living undiagnosed and not receiving care. HIV testing and engagement in care saves lives and can contribute to stopping the epidemic.

– Dr. Joseph Cox, medical director, Chronic Viral Illness Service of the MUHC

The efficacy of the new treatments allows patients to live healthy lives with very minimal risks of transmission to others. However, there are still far too many people who do not get tested as seen in the increased rates of HIV and other sexually transmitted diseases. This forces us to re-evaluate our approach and adapt our strategies such as expanding accessibility to HIV testing centres and pre-exposure prophylaxis treatment.

– Lina Delbasco, nurse clinician, Chronic Viral Illness Service of the MUHC

When we first tell children they have HIV, they always ask me the same thing: “Can I get married?” and “Can I have kids?” And I tell them enthusiastically, yes you can. With the advancements in discoveries and treatments in the field of pediatric HIV, that’s the hope we are able to give kids.

– Dr. Christos Karatzios, pediatric infectious disease specialist, Montreal Children’s Hospital of the MUHC

I see a great diversity of patients at the clinic, they have different origins, personalities, lifestyles, histories and health concerns. My challenge is to try and help them at their stage of the disease. Thanks to major strides in the knowledge about HIV, most of them can have normal life expectancy and good quality of life. Nevertheless, 30 years down the road, we’re still waiting for a vaccine.

– Dr. Catherine Hogan, fellow and resident, Chronic Viral Illness Service of the MUHC

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

Discover other faces on MUHC.ca!
HR CORNER

Discounts and wellness initiatives for all MUHC employees

Employee wellness and recognition is always at the core of the Human Resources (HR) Directorate initiatives and programs. The HR Training and Organizational Development department has been working hard at enlarging their corporate employee discount program and at organizing many wellness initiatives for MUHC employees.

The corporate discount program now includes a record 67 different companies. Employees may benefit from a pre-determined discount upon the presentation of an MUHC identification card when shopping at these companies. Companies that are part of our program range from Auto Care, Dining, Entertainment, Hotels, Home Repairs, Insurances, Shopping, Beauty Care and Fitness. The Corporate Discount Program has now a QR code that allows all employees having a smart phone to obtain the rebates at arm’s length. For those that don’t have access to a smart phone, you can go on the MUHC intranet and on our website at much.ca/careers (Benefits Overview).

Our MUHC wellness initiatives are also being organized at rocket speed; we have increased the number of sessions and made some adjustments for your convenience. Taking care of yourself is the first step in taking care of patients. We have scheduled the following to increase resilience in the face of personal and professional challenges:

- A fitness program including pilates, yoga, zumba, African dancing, rebel roots, walk clubs
- Massage therapy once a month at each site
- Free African Dance classes 12:15 pm
- NEW: Fine Arts workshop entitled Creativity on the Go!

For more information on our corporate employee discount program, please contact ricardo.telamon@muhc.mcgill.ca

For more information on our wellness programs, please contact wendybernadette.wanner@muhc.mcgill.ca

Please spread the word.

Prize winners of the Corporate discount Program raffle

Aaffle took place on Wednesday November 18th to reward MUHC staff for their exceptional contribution in providing the best care for life. Close to 600 employees from all sites participated in the raffle and 37 gifts were delivered. Pictured below are the winners of the three biggest and more popular prizes, which were delivered by Ricardo Telamon, a human resources training officer.

Larissa Venditti: Thank you to our Child Life Specialists for your amazing dedication and for making a difference in the lives of these precious little people

sabrinabar06: Gratitude to the team at the Blroom -muhc for the TLC & for safely delivering my daughter this week! Exceptional care!

@gabalt: First snow view from the Children’s Hospital - Winter’s not looking that bad after all

Stay informed and join the conversation!

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

HR Corner Buzz

SOCIAL MEDIA BUZZ

Spotlight

Marking the 50th anniversary of discovery of Carcinoembryonic Antigen (CEA)

A major preoccupation for cancer researchers in the early 1960’s was the search for a specific biomarker, material for molecule, that would distinguish tumour cells from regular cells – in essence, a way to identify cancer through a simple blood test. “Numerous attempts had been made, but none had been successful. The common wisdom at the time was that such a marker would not be found,” said Dr. Phil Gold, the Douglas G. Cameron professor of Medicine at McGill University, the first director of the Goodman Cancer Centre, and former chair of the McGill Department of Medicine. “For myself and my then PhD supervisor Dr. Samuel Freedman, it sounded like a challenge we were happy to accept.”

Luisa Venditti: Thank you to our Child Life Specialists for your amazing dedication and for making a difference in the lives of these precious little people

Dr. Phil Gold and Dr. David Thomson pictured here in 1971 working together in the laboratory.

After completing his first year of residency at the Montreal General Hospital (MGH), Dr. Gold worked on his PhD in the laboratory of Dr. Freedman, who was the director of the Division of Allergy at the MGH and subsequently dean of medicine at McGill University. In 1965 they published their discovery of the carcinoembryonic antigen (CEA), which is produced during the growth of the bowel. Subsequent studies led to the development of the CEA blood test - the first blood test approved, internationally, for the detection and management of human cancer. A lot has changed in the past five decades, but the CEA test remains the most frequently used blood test in oncology around the world today. This year marks the 50th anniversary of this breakthrough discovery by the two researchers, a true gift from Montreal to the world.

Dr. Gold shares some of his memories of the groundbreaking discovery. The research utilized a few new and unique ideas: “We employed immunologic technologies, which had not been used in cancer research at that time,” recalled Dr. Gold. “We focused on rabbits because they are good producers of antibodies, and we used colon tumours because they grow differently from other tumours making it easier to compare the tumour tissue with normal tissue, which was taken from the same individual.”

Dr. Gold and Freedman explored how new rabbits to samples of normal tissue of the human colon, to make them immunologically tolerant to these tissues. Later, they injected the rabbits with cancer cells from the same donor. The rabbits responded to the molecule in the cancer tissue. This identified the cancer molecule, which was subsequently found in human embryonic digestive organs, as well as in cancer, leading to the designation of CEA. “The discovery of CEA was child-like in its simplicity because for the first time that a tumour biomarker had been clearly demonstrated to exist, even though very small amounts of CEA were also present in normal tissue,” explained Dr. Gold. “Therefore, we were able to establish a blood test that allowed us to examine the blood samples of individuals with a variety of different conditions to see if this would be helpful in the diagnosis, management, and treatment of cancer patients.”

After a good deal of work in the field, involving laboratories from around the world, it was demonstrated that CEA is present in elevated and increasing concentrations in 70 per cent of all human cancers. The blood test for CEA was the first blood test for cancer sanctioned by the Food and Drug Administration (FDA) in the United States, and then by virtually every country in the world.

Dr. Alan Barkun, director of Therapeutic Digestive Endoscopy and Quality in the Division of Gastroenterology at the MUHC highlights the importance of this discovery: “The CEA test is the standard against which other tumour markers are measured. It is presently the most common blood test for cancer, 50 years down the road from the time that it was discovered.”

He said: “This discovery has helped shape the modern era of cancer immunology and tumour markers.”

Dr. Gold’s distinguished career has earned him an induction to the Canadian Medical Hall of Fame, an appointment as an Officer of l’Ordre National du Quebec as well as a Companion of the Order of Canada, amongst other coveted awards. When asked about the future of cancer, Dr. Gold is optimistic: “I have no doubt that a variety of cures for cancer will be forthcoming. Indeed, many are already in place and such conditions as Hodgkin’s disease and chronic myelogenous leukemia are now virtually curable,” he said. “In addition, many other common cancers such as those of the bowel, breast, and even lung, are now being treated with ever increasing success.”

Dr. Gold and Dr. Freedman, and the 50th anniversary of the discovery of the CEA, were celebrated at a scientific symposium on Tuesday, November 24, 2015. Dr. Gold, who was one of the speakers, addressed a full house made up of healthcare workers, researchers, and the general public.
The MUHC community is thrilled to see this type of artistic creation stem from cancer patients’ experiences. “Keeping a positive outlook during treatment is an important tool for any patient,” says Dr. Sarkis Meteressian, director of the Cedars Breast Clinic of the MUHC. “It’s a delight to see such positivity and creativity adorning the walls of the Glen. It offers hope and inspiration to others facing similar challenges.”

“The MUHC is proud to be the first hospital to welcome the exhibit Breast(s),” which was originally initiated by the Group Sensation Mode in collaboration with La Vie en Rose during the 2015 Edition of the Festival Mode et Design. It is made possible at the Glen site by the RBC Art and Heritage Centre, the MUHC Foundation, the MUHC Foundation and the Rossy Institute. It is on display at the Glen Site until January 2016.

On November 19, the MUHC held a vernissage in the presence of the artists, the eight women, some patients and members from the staff. A total of 50 people gathered at this successful event. A panel discussion about femininity and breast cancer— including Can-Support Founder Gwen Nacos and Can-Support Director Andrémie Rabbatée — was mostly moderated by Dr. Genevieve Chateau, head of the MUHC Cancer Survivorship Program.

Why do an ERCP?*

An ERCP can be used to:

- look for the cause of constant abdominal pain or swelling
- find or remove gallstones in the bile duct
- open a narrowed duct by inserting a stent (small tube)
- take a biopsy (a tissue sample to be examined under a microscope)
- diagnose diseases of the pancreas, liver, gallbladder and bile ducts, such as inflammation, infection or cancer

*Source: Canadian Cancer Society

Dr. Alan Barkun performing an ERCP for a group of doctors in Myanmar (Burma).

Breast cancer, seen differently

Breast(s): A different kind of cancer story. An exhibit not to be missed!

The McGill University Health Centre (MUHC) welcomes the exhibit Breast(s), which is a series of photographs and accompanying cartoon drawings of eight women between the ages of 26 and 60 who show their resilience in the face of breast cancer. Wearing scarves to symbolize hair loss during chemotherapy, these women reclaim their femininity by wearing colourful outfits imagined by Jenn Pocobene (stylist) as they pose for Julia Marois (photographer). Along with each photo, the women share their anecdotes or intimate moment concerning their experience, as illustrated by Lili Sohn (cartoonist).

A former patient of the Cedars Breast Clinic of the MUHC, Sohn began drawing her own experience with cancer in a humorous blog called Tcha’ Günther in February of 2014, when she was first diagnosed. “There was so much going on, so many emotions that drawing it out made the most sense,” says Sohn, who is now 31. “Not only was it a way for me to better understand my situation, but a way for me to explain it to others. I am proud to be able to come back to the hospital with this exhibit. It’s a way for me to give back to the staff because they gave me so much during my cancer treatments.”

Sohn recently published her second comic book, entitled La guerre des tétons, tome 2: Extermination.

The artists and women from the exhibit: Julia Marois (photographer), Nancy Claudier, Lucie Piché, Lolitta Danjey, Nalga Aguilin, France Montréal, Mathia Guu, Lili Sohn (Illustrator), Maude Sidor and Jenn Pocobene (Stylist).

Dr. Alan Barkun, an internationally renowned gastroenterologist and the director of Digestive Endoscopy and Quality in the Division of Gastroenterology of the McGill University Health Centre (MUHC), traveled to Myanmar in the summer of 2015 to share his knowledge and expertise as part of a 10-day trip organized by the American Society for Gastrointestinal Endoscopy (ASGE). During this holiday period, when the spirit of altruism is in the air, we thought it only appropriate to share this interview that was conducted with Dr. Barkun this fall.

Please tell us about the program that you participated in. It was basically a philanthropic initiative aimed at exporting endoscopic medical care, expertise and teaching to regions around the world that are in need. After applying for the Myanmar trip, I was chosen along with three other doctors from different countries. As “ambassadors,” we were able to give some of our time to advance this initiative.

What did you teach?

My role was to tackle complex cases using the available resources. More specifically, I was asked to teach cholangio-pancreatoigraphy (ERCP), a procedure that uses X-rays and an endoscope to examine or treat organs like the pancreas, liver and gallbladder.

How did it go?

It was a demanding but gratifying experience. We started each day presenting at a two-hour conference before spending six hours seeing patients. I taught 30 people at a time, quite a contrast to the three people we would generally have gathered here for that kind of session in the fluoroscopy room. Everyone involved was extremely competent, which is why we had to adapt to local realities. The equipment wasn’t bad, the people were competent and there were adequate resources, but it’s true that everything didn’t function quite as well as we’re used to here. One day there was a power outage that lasted several hours. Another time, a patient had a heart attack but when the crash cart came, the equipment wasn’t working. Thankfully, the resuscitation procedures were enough.

What other allowances does this kind of trip require?

You have to keep the context, cultural and political—and even religious—in mind. Asking for informed consent from a Buddhist patient isn’t quite the same as asking for it from a Catholic Christian.

What did you take away from this experience?

When we travel for work, or even when we’re just here at the MUHC, we’re used to being in the company of some of the top specialists in the world. On this kind of trip, you realize that there are extremely competent people out there, often working on a shoestring budget, and that we never hear about them. It’s truly a lesson in humility.

You also realize how lucky we are to work under North American conditions— even though everything isn’t always perfect — and it brings you back to the underlying values of medicine and the real reason we practice this profession, which is to help patients.

I’ll never forget the kindness of our hosts and their desire to learn in order to improve the health of the population they serve. I met many inspiring people, especially the endoscopy society leaders, who are women working with a vision, a largeness of spirit and a sense of responsibility and duty to their country. They weren’t there just for their careers but to do what is right for their patients and colleagues.

Overall, it was an enriching experience both culturally and personally. It also allowed me to contribute to improving the health of a vulnerable population and to broadening the reach of the MUHC and McGill far beyond our borders.
When the Holiday Season goes into full swing, decorating, shopping and cooking become paramount for many of us. But in between hectic schedules and present lists, some people find ways to give back to the community. Here are some inspiring initiatives from some of our employees at the McGill University Health Centre (MUHC).

“JULIE WETTREICH-MATSCHEK AND JESSIKA MATSCHEK

“We have been helping gather nonperishable items, new toys, hygiene products, baby food, diapers and pet food for Sun Youth for about 10 years,” says Julie Wettreich, who works in Surgical Administration at the Montreal General Hospital of the McGill University Health Centre (MGH-MUHC). “I got involved through my daughter. She has always been volunteering; ever since I can remember.”

Julie’s daughter, Jessica, works at the Glen part time as a unit coordinator, and is on her second bachelor’s degree. “I think some people take our good fortune as granted without thinking about others,” says Julie, who thinks this kind of effort for the less fortunate should be done all year round.

At 22, Jessica has seen firsthand the poverty that exists in the world. “I think most people take our good fortune as Canadians for granted without thinking about people who are in disadvantaged situations because of health reasons, or they were laid off, or something happened… we need to give back. Plus, it is such a nice feeling.”

JOSIE PRETEROTI

“Every year, we really look forward to pulling out our elf costumes,” says Josie Preteroti, who works in departments ranging from Medical Records to Payroll, IT and Trauma.

“JOHANNE CADIEUX AND HER ELVES

For the past dozen years, Johanne Cadieux, administrative agent, Medical Record and Standardization of the Medical Records Forms Services, has made it her Holiday Season mission to bring happiness to a disadvantaged family by offering them gifts that match their expressed needs and wishes. Over that time, quite a number of colleagues and friends joined in on the fun. This year, ten jolly elves are on the job, six of whom work at the MUHC in departments ranging from Medical Archives to Payroll, IT and Trauma.

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Join us on line!

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