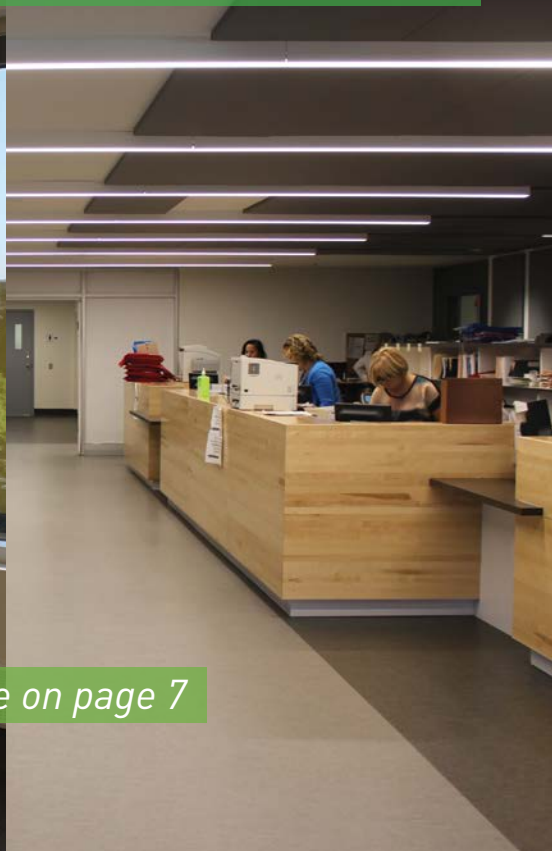




The McGill Academic Eye Centre opens



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FACES OF THE MUHC

The McGill International TB Centre at the RI-MUHC: experts united to fight tuberculosis

Tuberculosis affects nine million people a year worldwide and is the second leading infectious cause of death after HIV/AIDS. Although relatively uncommon in the general Canadian population, TB is a significant public health problem in aboriginal communities in the Far North and in areas within Canada's largest cities. To fight this disease, it takes passionate, committed scientists and healthcare workers with a wide range of expertise. The McGill International TB Centre based at the Research Institute of the McGill University Health Centre (RI-MUHC) has succeeded in bringing together over 20 world researchers who collaborate closely to better understand, diagnose and treat TB and other mycobacterial diseases.

Continued on page 4



MESSAGE FROM NORMAND RINFRET

Positive final report from Dr. Michel A. Bureau

The Minister of Health and Social Services, Dr. Gaétan Barrette, released today the final report by the MUHC ‘accompagnateur’ Dr. Michel A. Bureau. The report confirms that “...[translation]among all of the institutions who had to balance their budget, the extent and speed with which it was done by the MUHC is an unprecedented achievement, especially considering there was no major opposition from the medical profession or unions. It was accomplished with discipline and exemplary harmony, without cutting services. This demonstrates the caliber and commitment of the MUHC’s Board of Directors, its Director General and administration.”

The efforts made and the successes achieved in implementing the 49 recommendations of the Baron report are acknowledged. The MUHC:

- balanced the clinical operations budget in two years, without reducing services;
- established new governance that is accountable, efficient and courageous;
- resolved issues regarding the real estate portfolio and refocused the mission of IT services.

We can be proud of the progress made over the last two years. I wish to thank the entire MUHC personnel and our Board of Directors for contributing to this turnaround. We relied on our core values, and they guided us through the turmoil. We have learned to work more effectively together, and we can be proud of a financial transformation unparalleled in the history of the

healthcare system. All this took place while we redeployed our operations on four sites and ensured the safety and quality of care of patients. It is an extraordinary achievement.

Our vision of being a reference centre for excellence in health care, research and teaching pushes us toward continuous improvement. A certain number of goals, notably value-based health care, have already been identified towards which we will devote our energies in the coming months. We will finalize the transformation of ambulatory services and the full implementation of our clinical plan to steer patients towards local services so they can benefit from the right care at the right time.

The redeployment on four sites is just one step for the MUHC. We will also continue to modernize the Lachine Hospital and the Montreal General Hospital, and plan for the relocation of the Neuro to the Glen site by 2020. Optimizing the properties at 5252 and 5100 de Maisonneuve is also on the agenda. Finally, we will complete the revision of SYSCOR’s mandate to find the most effective structure for the MUHC while supporting the partnership developed with other institutions in the network.

A copy of the final report by the MUHC ‘accompagnateur’ can be accessed on the intranet.

Normand Rinfret,
President and Executive Director

HR CORNER

Notice to MUHC employees: New and improved HR Info-Centre menu

Need to contact Human Resources, a particular HR sector or HR representative?

Just remember this number: 31617. The automated service and improved menu route your call to the appropriate resource.

Questions about your benefits?

Communicate directly with your designated representative (see table below) or call 31617, select Benefits and enter your five-digit employee number (# *matricule* from your paystub). One of five Benefits Representatives will respond to all of your benefit needs, including leaves (maternity, parental, study, etc.), group insurance and more.

EMPLOYEE NUMBER	BENEFIT REPRESENTATIVE	EXTENSION	E-MAIL
from 00001 to 12730	Natacha Bailleto	47027	Natacha.bailleto@muhc.mcgill.ca
from 12731 to 15622	Marylou Boria	47028	Marylou.boria@muhc.mcgill.ca
from 15623 to 18250	Pina Carlone	47026	Pina.carlone@muhc.mcgill.ca
from 18251 to 21045	Victoria Raposo-DeMelo	47029	Victoria.raposo@muhc.mcgill.ca
from 21046 to 99999	Micheline Lacoste	47030	Micheline.lacoste@muhc.mcgill.ca

Our objective remains to continue all efforts towards enhancing our services. Should you require additional information or if you wish to share your comments with us, please contact Carmen Colicchio by email at carmen.colicchio@muhc.mcgill.ca

PATIENTS’ STORIES

Hip operation gives MUHC patient a new lease on life



Sandra Langley

Following a total hip replacement earlier this year at the Montreal General Hospital of the McGill University Health Centre, Sandra Langley says she feels renewed.

Langley had a developmental deformity of her hip socket, a condition that causes the rubbing away of the cartilage, but had been told in the past that nothing much could be done about her osteoarthritis, until it got really bad. “Before the operation, the pain in my left hip was at times very intense, but not constant. I didn’t know how long to wait until insisting on treatment,” she says. “When I finally got the surgery, I was very relieved.” “When the joint is worn out, we replace the head of the femur and the cup (part of the hip) with a prosthesis made out of metal and plastic,” explains Dr. Michael Tanzer, the orthopedic surgeon who performed Langley’s surgery. Soon after the operation, patients are allowed to walk and put all their weight on their hip. Most people, like Langley, are in the hospital for about three days and then go home.

“The total hip arthroplasty was described as one of the most beneficial operations of the 20th century because it has dramatic effect on people’s quality of life. Patients return to normal life pretty quickly after being disabled,” says Dr. Tanzer. “When I saw Dr. Tanzer, six weeks after the operation, I was still fearful about walking. He noticed and told me: ‘Stand up, look at me in the eyes. You think you’re going to break. You’re not going to break. It’s ok.’ That helped me be calmer and more active, without worrying that I might have a problem.” Langley also recalls a conversation that helped her feel at peace with her condition. “Prior to the operation, Dr. Tanzer showed me my x-rays and explained that my left hip socket was not completely formed,” she says. “He told me that because of this problem called dysplasia, more pressure had been put on my joint, and that was one reason why it had worn out prematurely. It was a great relief for me to know that my condition was not something I could help.” In addition to explaining the procedure, Dr. Tanzer always shows patients their x-rays before the surgery, afterwards and on the follow-up meetings, so they can understand what’s going on, why it hurts or why it doesn’t hurt anymore. He also believes it’s part of his job to reassure patients whenever needed. “Pre-operative and post-operative education is as important as the operation itself,” he says. “The hip replacement made a huge difference in my life. I do the housework in a quarter of the amount of time it took me before and since the pain is gone, I have a lot more concentration. It’s really marvelous.”



X-rays of Langley’s left hip, before the operation (top) and after the implantation of the prosthesis (below).

Continued from page 1

The strength of our centre is that we have a diverse range of people conducting research and outreach activities, from basic biomedical research, such as the study of DNA and its relation to infection, to epidemiological clinical trials examining the cost and effectiveness of different interventions in the field,” says Dr. Marcel Behr, director of the McGill International Tuberculosis (TB) Centre, MUHC microbiologist-in-chief and associate leader of the Infectious Diseases and Immunity in Global Health Program at the RI-MUHC.

The centre promotes the close interaction between research and clinical practice. For 20 years, Dr. Kevin Schwartzman, director of the MUHC’s Adult Respiratory Division, has been studying the epidemiology of tuberculosis



↑ Fiona McIntosh, manager of Containment Level 3 (CL3) for the Tuberculosis Research facility, and Dr. Marcel Behr, director of The McGill International TB Centre and MUHC microbiologist-in-chief.

“The CL3 lab meets the highest safety standards defined by Canadian guidelines and is an important resource for TB research. It allows us to work with live Mycobacterium tuberculosis bacteria and to do highly detailed immunologic studies.”
— Dr. Marcel Behr

in Montreal. His research also focuses on cost-effective ways to screen and prevent TB within the immigrant population.

“Our studies have shown that it’s more cost effective to invest in TB control in the countries of origin of immigrants than to tighten screening methods in Canada,” says Dr. Schwartzman, who is also professor at McGill University’s Faculty of Medicine. “That has influenced policy and, as a result, clinical practice and screening policies have been changed and investments in TB control overseas have been increased.”

Another key example is work done by Dr. Mahdakar Pai, associate director of the McGill International TB Centre, that has shown the limitations of some of diagnostic tests for latent TB infection. His studies have directly shaped Canadian TB practice guidelines and influenced usage and interpretation of certain diagnostic tests.

The TB Centre is also expanding as a high-level training facility. Besides welcoming trainees to work in laboratories and clinical or epidemiological projects, it offers them

“There’s a tight link to clinical and epidemiological research at the MUHC. Many of the patients we see at the Montreal Chest Institute are recruited for research studies.”
— Dr. Kevin Schwartzman

↓ Denis Francis, nurse clinician at the MUHC Tuberculosis Program, Dr. Kevin Schwartzman, director of the MUHC’s Adult Respiratory Division and professor at McGill University’s Faculty of Medicine and RI-MUHC clinical-researcher, and Amélie Fosso, nurse clinician at the MUHC Tuberculosis Program.

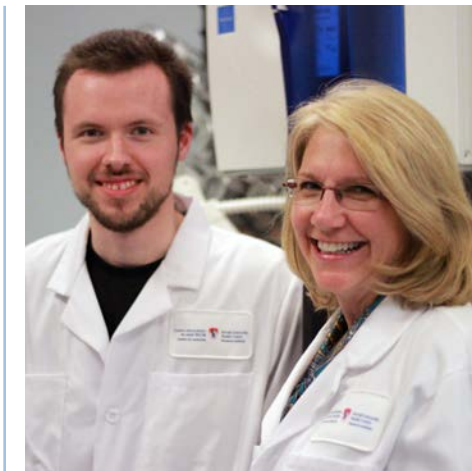


a variety of activities, including intensive advanced courses on TB research through the McGill Summer Institute in Infectious Diseases & Global Health.

“Students are attracted by the world class reputation of the centre and of our members, who are dedicated, passionate people, enthusiastic about their research,” says Lynn Dery Capes, program manager of the McGill International TB Centre.

Bringing world-class research to Northern Canada

Besides coordinating training activities, meetings and special events, Dery Capes is responsible for the very important task of finding grant opportunities for the centre. One such grant, from the Canadian Institutes of Health Research (CIHR), allowed members of the centre to



↑ Jean-Yves Dubé, Masters student in the Department of Microbiology and Immunology at McGill University and at the RI-MUHC, and Lynn Dery Capes, program manager of the McGill International TB Centre.

“Research focuses on the clinical and economic evaluation of interventions in tuberculosis and other respiratory diseases in addition to research on the local epidemiology of tuberculosis in Montreal, including spatial and geographic aspects.”
— Lynn Dery Capes

carry out research in Nunavik during an outbreak of tuberculosis in the North of Quebec in 2011-2012.

“These northern communities, which are part of the McGill University’s Réseau universitaire intégré de santé (RUIS), have the highest rates of TB and other infectious diseases in the province,” says Dr. Behr. “We were able to visit the village, do questionnaires and surveys and take bacteria samples to try to

determine not only the underlying root causes of the outbreak, but also the potential risk factors for the ongoing transmission of TB in the North.”

Looking ahead

The ‘ideal next step’ for the centre, according to Dr. Behr, would be to consolidate a training structure to welcome graduate students and postdoctoral fellows from abroad.

“By fostering the recruitment of future researchers from other parts of the world to come learn with us, we can in turn better contribute to the world’s TB research efforts,” says Dr. Behr.

Based on their excellent start and their world-class reputation, expectations are high.

Members of the McGill International TB Centre based at the Research Institute of the McGill University Health Centre (RI-MUHC) span widely different disciplines, but are united in their desire to better understand, diagnose and treat tuberculosis.



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

Finding the light:
a family’s journey
with childhood
cancer

September marks Childhood Cancer
Awareness Month

Nieve Corsino says she always felt
deeply touched by fundraising
initiatives that benefitted children
diagnosed with cancer. After discovering
that she had a benign brain tumour
several years ago, she felt compelled to
donate to a cause that would fund new
treatments and advances in pediatric
cancer research. She never could have
imagined that the very cause she was
supporting would one day touch her own
child’s life. But on January 27th, 2014
her then 7 year-old son, Andy Jr., was
given an unthinkable diagnosis: acute
lymphoblastic lymphoma, otherwise
known as ALL.

“I was completely shocked,” says
Nieve. “All this time I had been sup-
porting this cause, and lo and behold, my
own child gets sick. I felt lost.”

“It’s been a difficult
journey but I feel
so supported by
everyone around us.
It’s so encouraging.”

Facing an unthinkable diagnosis

Leukemia is a form of cancer that affects
the white blood cells (WBC). ALL, the type
that Andy Jr. has, makes up about 75 per
cent of childhood leukemia.

Shortly after receiving his diagnosis,
Andy Jr. started chemotherapy and
is now in the maintenance phase of
treatment. This new phase allows him
more time at home, and he is seen on an
outpatient basis, receiving some doses of
chemotherapy at home rather than in the
hospital.

A circle of support

Nieve credits the Hematology-Oncology
Division at the Montreal Children’s
Hospital of the McGill University Health
Centre for helping her through her son’s
lengthy hospitalizations by encouraging
her to take time for herself. “It was a
very stressful time for the whole family,”
Nieve explains. Originally from the
Dominican Republic, the mother of two
says she found it difficult and isolating to
deal with her son’s diagnosis at first.

“A cancer diagnosis affects everyone
in the family. As a single parent, I felt
like I had to be with my son all the time
and didn’t give myself permission to take
breaks. I remember one day Bertrand,
Andy’s Child Life Specialist, came up
to me and announced that a volunteer
would be with Andy Jr. all day and that I
should go home and rest, and then come
back. Up until that day I had never left his
side. It was a very special gift. He pushed
me to have greater trust in those around
me, and it really helped. It takes a village
to help get through something like this.”



Andy Jr. and his mother, Nieve Corsino.

Hope for the future

Affectionately known by other Hispanic
staff members at the Children’s as
their “Latin brother”, Andy Jr. now
makes the most of his bi-weekly visits
to the Hematology-Oncology Division by
cracking jokes with his physicians,
Dr. David Mitchell and Dr. Sharon Abish,
and playing games with Anna, a Child Life
Specialist. “Everyone here loves Andy!”
says his mom with a smile. “It’s been a
difficult journey but I feel so supported by
everyone around us. It’s so encouraging.”



WE WANT
YOUR
OPINION!

Our team always
seeks to improve
communications
for the MUHC
community, including
employees, doctors,
managers, volun-
teers, students,
partners, patients
and visitors.

In our next issue,
you’ll find a survey
about *enBref*
availability, content
and design. Both
paper and online
versions of the
survey will be made
available.

Please let us know
what you think!

We value your input.

Adult ophthalmology at the
MUHC: a new home, a new name

McGill University Health
Centre (MUHC)
adult outpatient
ophthalmology, formerly at
the Royal Victoria Hospital
and at the Montreal General
Hospital, has now moved to
brand-new facilities at 5252
de Maisonneuve West. This
facility, named the McGill
Academic Eye Centre (MAEC),
is located close to the Glen
site, one building west of the
Vendôme Metro station.

The MAEC is the academic
home of McGill ophthalmology
and the new home for all
MUHC adult ophthalmology-
related clinics. “It’s a state-
of-the-art clinic designed
to not only treat but to learn
from the most complex
cases in eye care in Quebec,”

says Dr. Leonard A. Levin,
chief of Ophthalmology at
the MUHC and professor
of Ophthalmology at McGill
University. The MAEC will
be used for examining
patients with complex
ophthalmological problems
(by referral only), performing
advanced diagnostic and
minor surgical procedures,
teaching and conducting
clinical research.

More than just eye exams

The new name for the MAEC
is a reflection of the varied
types of subspecialties
practiced within its walls.
Eye disorders such as
glaucoma, ocular cancer,
retina diseases, uveitis, and
even conditions related to

Where else to go for care?

In the case of an emergency related to eye health, patients
should visit the MGH Emergency Department. Patients
asked to visit MAEC will be given specific instructions
to do so.

How to get there?

Located at 5252 de Maisonneuve West (4th floor), the
MAEC is easily accessible by bus, metro, commuter train
or Transport adapté. There is a designated 15-minute
drop-off zone in front of the building on de Maisonneuve.
Patients looking for parking should do so either at the
Queen Elizabeth Health Complex on Marlowe Avenue
or at the Glen site, which is easily accessible via the
underground tunnel that connects it to the Vendôme
Metro station.



Dr. Leonard A. Levin

the brain and eye socket (to
name a few) are treated at the
Centre. “The MAEC focuses
primarily on treating tertiary
and quaternary care patients,
allowing us to devote time
and resources to our patients
with difficult-to-manage
diseases. The vast majority
of our physicians are experts
in specialized eye diseases.
This means that complex and
high-risk patients can receive
the best of the best in care,
knowledge and expertise
when they come to the MAEC
for treatment,” states Levin.

What’s more, the MAEC
shares its new location
with the MUHC’s Research
Institute’s Centre for
Outcomes and Research
Evaluation, which will bring
new opportunities to advance
clinical ophthalmology and
find new diagnostic and
therapeutic procedures. The

MAEC teams also plans to
collaborate on clinical trials
with the MUHC Research
Institute’s Centre for
Innovative Medicine, located at
the Glen site.

Training the next generation
of specialists

Evident in its name, the McGill
Academic Eye Centre is an
important hub for education.
With 25 residents at any given
time, the MAEC provides
these physicians with a
highly concentrated exposure
to all facets of ophthalmic
medicine. Residents will
learn from some of the most
specialized and complex
patients in Quebec. The clinic
itself has even been outfitted
with a clinical research
area, especially designed
with residents, graduate
students, and postdoctoral
fellows in mind.



Proud to be part of the MUHC

MARJOLAINE BERGERON
Oncology nurse, Cedars Cancer Centre

"I have the chance to work alongside motivated individuals who are hungry for knowledge, focused on enhancing their expertise, and quick to share what they've learned with others. I'm proud to be a member of this team."
"The MUHC is very pro study and pro nursing development, which is vital for me, because recognition in this profession goes hand-in-hand with the continuous improvement of our skills. At the Cedars Cancer Centre, people move around and change positions, and their paths continue to cross as they take on new challenges. I love working here."



CHRISTIAN COURSOL
Pharmacy manager, Glen site

"At the time, back when I first arrived as a student, I met such passionate, engaged and dedicated people who fueled my desire to continue down this path. Being able to begin your career where both the atmosphere and the team are incredible is a real motivator!"
"The complexity of care provided at the Royal Vic has always piqued my interest. Working in a tertiary and quaternary care environment has presented me with many opportunities for innovation."
"Everyone [in MUHC Pharmacy teams] is getting to know one another and learning how to work together to build a cooperative environment and that is something we can all be proud of."



KENNY SENECA
Housekeeper, Lachine Hospital

"Housekeeping is not a widely recognized occupation, but it's essential in a hospital to prevent the spread of infections and for the comfort of patients. Every day, I disinfect almost 25 stretchers. After a patient leaves, I must also disinfect everything they touched in the room, the light switch, the phone, the edges of windows, etc."
"I'm proud to be part of the MUHC family."

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

NATHALIE MAJOR
Child life specialist, Montreal Children's Hospital

"The moments that make me most proud happen when I can help reassure a child that was once terrified of a medical procedure feel more calm, and make it a positive experience."
"I use play techniques to familiarize them with the medical equipment. For example, I give patients the chance to practice breathing in an anesthesia mask, and then have them place it on their teddy bear. (...) It makes me especially happy when a child leaves the room all smiles and feeling better about an operation."
"I feel lucky to play such a pleasant role in these patients' experience...I see a lot of courage, beauty and authenticity every day."

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

Meeting highlights from June 16, 2015

In order to keep the community apprised of its decisions, our Board of Directors of the McGill University Health Centre (MUHC) regularly reports on resolutions that it has passed. After the enactment of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, and until the new members of the Board of Directors are named, we are fortunate to benefit from the advice of our former Board members who have accepted to remain in an advisory capacity to our President and Executive Director. The items below relate to decisions taken at the June 16th meeting.

- The Board of Directors approved:
- The *Rapport annuel de gestion du CUSM* (2014-2015) pursuant to section 295 of An Act respecting health services and social services;
 - The *Rapport financier annuel AS-471* for the fiscal year that ended March 31, 2015;
 - The PARI (*Programmation annuelle des projets et activités en ressources informationnelles*) for 2014-15;
 - The naming of certain areas at the Glen in recognition of benefactors contribution (1M\$) to the development of the facility through the Best Care for Life Campaign

Benefactor Ram Panda	Benefactor Canadian Imperial Bank of Commerce (CIBC)	Benefactor Canadian Imperial Bank of Commerce (CIBC)	Benefactor Power Corporation of Canada	Benefactor Jacqueline Desmarais
Naming proposal The Reception Waiting Room of the Adult Emergency Department situated on the S1 floor of the C Pavilion of the Glen site as follows: "Salle d'attente de la famille Ram et Durga Panda family Waiting Room"	Naming proposal The reception area and waiting rooms of the Breast Centre situated on level six of Bloc C at the Glen site to be associated with the name "CIBC"	Naming proposal The waiting room and play areas of the Pediatric Oncology Day Hospital situated on level seven of Bloc B at the Glen site to be associated with the name "CIBC"	Naming proposal The two welcoming/information kiosks located on the Promenade, the main public corridor situated on level one along Blocs B and C at the Glen site to be associated with the name "Power Corporation of Canada"	Naming proposal The large circular area, which features a sculpture from Linda Covit entitled Havre situated on the Welcome Plaza on the Glen site to be associated with the name "Jacqueline and the Honourable Paul G. Desmarais"

- On recommendation from the Council of Physicians, Dentists and Pharmacists, the Board approved:
- The extension of Dr. Molly Warner's Appointment as Division Director of Hematology in the MUHC Department of Medicine effective June 1st, 2015 for two years;
 - The appointment of Dr. Marvin Wexler as Medical Examiner for the MUHC Adult Sites effective April 1st, 2015.
- On recommendation from the Director of the Centre for Applied Ethics of the McGill University Health Centre, the Board approved:
- The appointment of new members below Members Appointment to the MUHC Research Ethics Board (REB) for the term 2015-06-16 to 2016-06-16.

New members Sarah Azzarello, MA Charles Collin, MsPharm, BA Science Cecilia Costniuk, BScPharm, MD,MSc, FRCPC Ariane Mallette, LLB, BCL Shahad Salman, LLB, JD, LLM Tony Joseph, BA Marise Peterlini, Bpharm, Msc Science Gabriel Gazze, Bpharm Anushree Dave, BHSc Pierre-Luc Bernier, MD, MPH, FRCSC	Areas of expertise Community Health (Pharm) Science, Health (Infectious diseases) Legal Legal Community Health (Pharm) Science, Health (Pharm) Community Science, Health (cardiac surgery)
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New sarcoma research fund aims to drive search for new treatments and cures

Montreal businessman François Angers partners with Montreal General Hospital Foundation to finance research on sarcoma

François Angers was personally touched by sarcoma, a rare but deadly cancer, when it claimed the life of his twin sister Nicole Angers Legault in 2010. Five years later, this former president and CEO of Omega Laboratories Limited, has formed a partnership with the Montreal General Hospital (MGH) Foundation to establish a \$4 million research fund.

“I know first-hand the consequences this disease can have on individuals and entire families,” says Angers. “I am healthy and have been very fortunate, and I think it’s my duty to contribute to research in this area so that we might one day be able to overcome this devastating cancer.”

This new fund will be dedicated to the development of treatments and cures for this type of cancer, which targets connective tissues, such as muscle, bones, nerves, fat and blood vessels, and affects people of all ages, from birth to the elderly. It will support basic research within the only provincially designated supraregional sarcoma program in Quebec, which provides sarcoma patients across the province with the complex care that they need.

This initiative will allow a committee to begin the hiring process for a researcher and support team at the Research Institute of the McGill University Health Centre (RI-MUHC). The search will be led by Dr. Robert Turcotte, the program’s medical director. The research goal will be to develop a better understanding of sarcoma, why and how it develops, and find ways to improve patient care.



From left to right: Dr. Robert Turcotte, François Angers, Jean-Guy Gourdeau and Dr. Armen Aprikian, MUHC chief of the Cancer Care Mission.

Continuing on the Terry Fox path

“All of us at the MUHC’s sarcoma program are grateful to Mr. Angers for his generosity, which will help us provide the best care to patients with this cancer that attacks the body’s connective tissue,” says Dr. Turcotte, also a world recognized leader in the field of orthopedic oncology, and in particular sarcoma cancer and research. “Donations such as these allow our team of specialists to continue making breakthroughs in research that can have life-changing impacts on sarcoma patients. We’ve come far since Terry Fox’s day but we still have a long way to go.”

Sarcoma care has changed significantly since Terry Fox was diagnosed with osteosarcoma at the age of 18 and had his right leg amputated. Today, on the eve of the 35th anniversary of the Terry Fox Run, the famous fundraising event, amputations such as his are rare. Some sarcomas are treated better with medication

than others. Chemotherapy treatment for Fox’s sarcoma has not evolved much. The research fund aims to change this.

Jean-Guy Gourdeau, president of the Montreal General Hospital Foundation, adds, “It is vitally important that we support patients suffering from all forms of cancer, including those that are extremely rare. The MGH Foundation thanks Mr. Angers for his leadership in supporting sarcoma research and for providing the resources to further advance our knowledge and understanding of this complex disease. At the MGH Foundation, we continue to support and invest in our world recognized orthopedics and our surgical oncology programs to further research and improve patient outcomes.”

Join us on line!

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 twitter.com/HopitalChildren

 facebook.com/cusm.muhc
 twitter.com/cusm_muhc