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.

Read article on page 7
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 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

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 severe. 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 eye. You think you’re going to break. You’re not going to break. It’s ok.’ That helped me feel calming 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 for Langley. "The operation took place 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).
The strength of our centre is its size and diversity. 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

"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

"These northern communities, which are part of the McGill University's Réseau universitaire intégré de santé (RIUIS), 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. 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.

"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.

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 benefited children diagnosed with cancer. After discovering that she had a benign brain tumor 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- posing Andy 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.”

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.”

“When everyone around you. 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 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.”

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.

NEW AT THE MUHC

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 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.

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We want your opinion!
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.”

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 be working at the MUHC? Email us! public.affairs@muhc.mcgill.ca

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 A5-471 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

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.

Benefactor

Ram Panda

Naming proposal
The Reception Waiting Room of the Adult Emergency Department situated on the S1 floor of the C Pavillon of the Glen site as follows: “Salle d’attente de la famille Ram et Durga Panda family Waiting Room”

Benutzer

Canadian Imperial Bank of Commerce (CIBC)

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”

Benefactor

Canadian Imperial Bank of Commerce (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”

Benefactor

Power Corporation of Canada

Naming proposal
The two welcoming/ information kiosks located on level one along Blocs B and C at the Glen site to be associated with the name “Power Corporation of Canada”

Benefactor

Jacqueline Desmarais

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 Honorable Paul G. Desmarais.

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New members

Sarah Azzarello, MA
Charles Collin, McPharm, BA Science
Cecilia Costnui, BScPharm, MD,Msc, FRCP
Ariane Mallette, LLB, BCL
Shahad Salman, LLB, JD, LLM
Tony Joseph, BA
Marise Peterluni, Bpharm, Msc Science
Gabriel Gaze, Bpharm
Anushree Dave, BHS
Pierre-Luc Bernier, MD, MPH, FRSC
Areas of expertise

Community
Health (Pharm)
Science, Health (infectious diseases)
Legal
Legal
Community
Health (Pharm)
Science, Health (Pharm)
Community
Science, Health (cardiac surgery)
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.

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.

“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.”

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.”