

## Fabulous despite the odds

YOUNG WOMAN FINDS HOPE  
AT THE MUHC AS SHE BATTLES  
RARE TYPE OF CANCER

*Read the article on page 6*

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### PERSPECTIVE

## Joint team work smooths transition from pediatric to adult care

**T**hanks to advances in diagnosis and treatment, more and more children with complex chronic diseases and medical conditions survive past adulthood. At the McGill University Health Centre (MUHC), many of these young patients build strong ties with their pediatric healthcare teams. To ensure a successful transition from pediatric to adult care, they need plenty of time, support and a warm welcome in an environment that meets their special needs.

"Transition is a process and it happens on both sides. Pediatric teams must help teenagers and families prepare for the transfer, whereas adult teams must ensure they offer a warm and supportive welcome to young patients with special needs," says

*Continued on page 8*



## New SpA Clinic will help prevent disability due to inflammatory arthritis

A new clinic at the Montreal General Hospital of the McGill University Health Centre (MGH-MUHC) is making it easier for patients with two types of spondyloarthritis — psoriatic arthritis and ankylosing spondylitis — to be treated sooner and prevent serious damage to their joints. The Spondyloarthritis Clinic, also known as the SpA Clinic, was inaugurated in December. It uses a fast-track referral system from family physicians throughout Quebec to give patients quick access to rheumatologists, specialized testing and personalized therapeutic interventions.

Dr. Alexander Tsoukas, rheumatologist at the MUHC and co-director of the clinic with Dr. Michael Starr, answers a few questions about the new clinic.

### Why are you treating those two diseases — psoriatic arthritis and ankylosing spondylitis — together?

Both diseases belong to the same family, spondyloarthritis. They share similar features in that they affect several joints and tendons throughout the body as well as the spine. Psoriasis is a common skin disease caused by a dysregulation



Dr. Alexander Tsoukas

of the immune system that affects over a million Canadians. A significant proportion — 10 to 20 per cent — of these individuals develop psoriatic arthritis, which can cause inflammation of the joints, tendons, and spine, often leading to chronic pain and disability. Ankylosing spondylitis is an inflammatory disease of the spine which affects up to one per cent of young adults. Chronic inflammation leads to joint damage and fusion of the

spine, resulting in pain, restricted range of motion and disability. Unfortunately, the diagnosis can be difficult to make and irreversible spinal fusion often occurs before patients are diagnosed.

### Is the difficulty of diagnosing and the potential results of this the reason fast-tracking is so important?

Absolutely. One of our goals is to diagnose patients early and start treatment as soon as possible to prevent damage and disability from occurring. In the case of psoriatic arthritis, we try to establish a program with dermatologists so that they ask certain questions when patients present with psoriasis. If they have inflammatory back pain, i.e. pain that's worse at night, associated with stiffness in the morning, swollen or tender joints, they should be referred to a rheumatologist for further testing to determine if they have psoriatic arthritis or ankylosing spondylitis.

FOR MORE Q&As AND TO LEARN ABOUT THE CLINIC, GO TO MUHC.CA/NEWSROOM, OR SCAN ME!



## START THE NEW YEAR OFF ON THE RIGHT FOOT!

Starting in January 2016, Wellness programs for employees are expanding at the MUHC

### Hatha Yoga: A little bit of Wellness at the Neuro (for MNH staff)

This class will introduce students to all of the elements of a balanced Hatha yoga practice, including standing and seated postures for balance, strength and flexibility, breathing exercises and relaxation. Adapted for all levels and capabilities, you will leave feeling energized and peaceful!

- **With Bhaskar Goswami, Happy Tree Yoga:** From Assam, India, Bhaskar was born into the yogic tradition. He has been trained at the Transcendental Meditation school of Assam in India, by Yogacharya Nandakumar in Kuwait and by Siromani Sriram and the Sivananda Yoga Vedanta in Canada. In 2007 he founded BODHI, a company dedicated to offering wellbeing to people in workplaces and schools.
- **FREE TRIAL CLASS:** Tuesday, January 26, 2016 from 12:05–12:50pm in the former RVH building, E building (E3.77)
- **For full details and to register,** please email wendybernadette.wanner@muhc.mcgill.ca or phone 42133

For the full Wellness activities schedule, click the 'HR Wellness activities' blue tab on the right hand side of the main MUHC intranet page.



An initiative of the Human Resources Directorate's Training and Organizational Development Sector offered in collaboration with the Council of Non-Clinical Personnel (CNCP) to support Wellness in the MUHC community

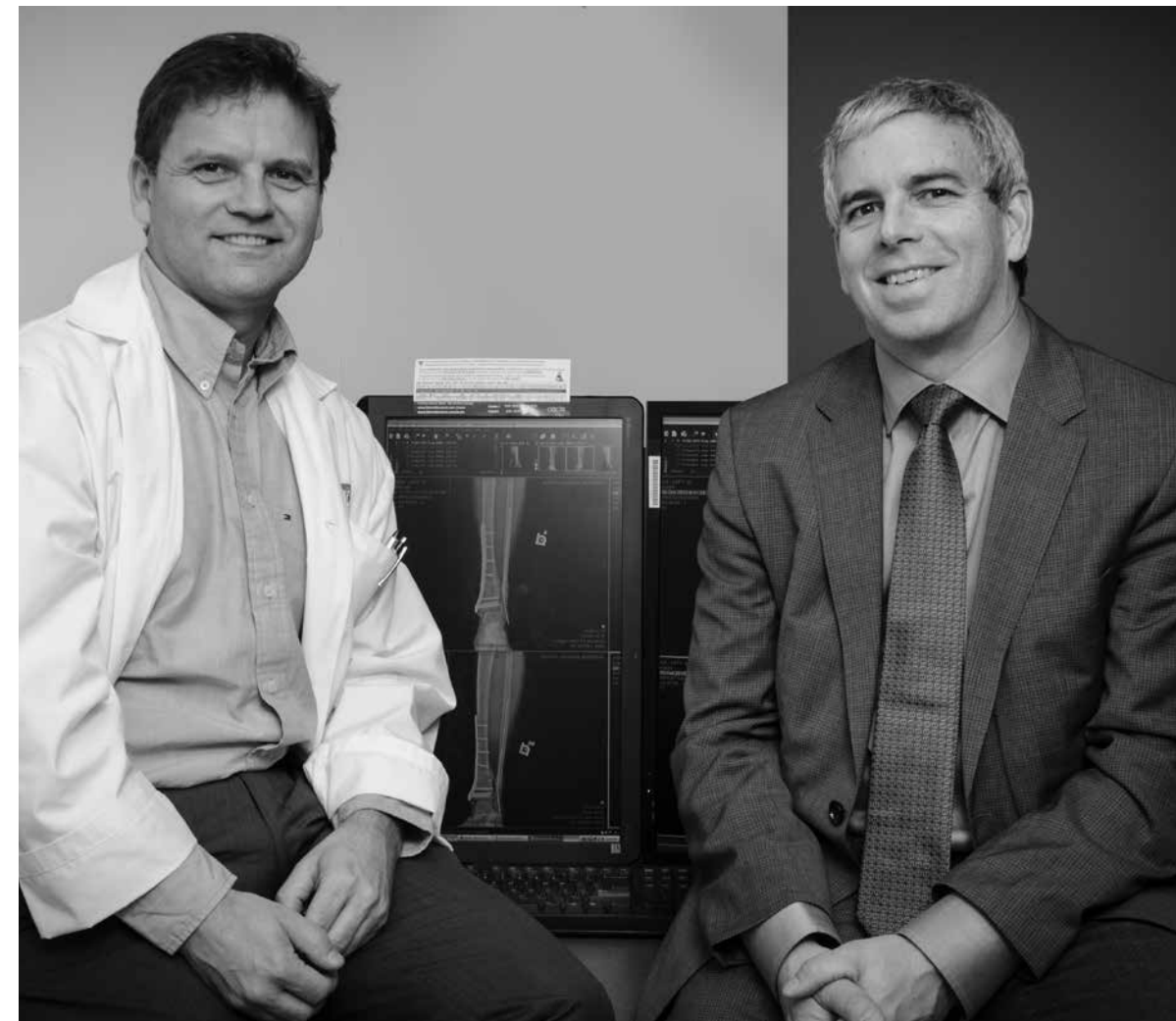
## Cleaning wounds: saline water trumps soap and water

Many scientific advances have been made in the delivery of care and infection prevention for open fractures, but the standard practice of wound cleaning with soap and water before surgery has remained unchanged. Now, an international team of investigators — Fluid Lavage of Open Wounds (FLOW) — led by McMaster University in collaboration with orthopedic surgeons at the Research Institute of the McGill University Health Centre has found that soap and water is actually less effective than just using a simple saline solution.

The findings, which were published in the *New England Journal of Medicine*, could lead to significant cost savings, particularly in developing countries where open fractures are common.

As part of the study, 2,400 people with open arm or leg fractures had their wounds cleaned with either soap and water, or a saline water solution, and one of three different levels of water pressure (low, middle, high). Patients were monitored to see who would need to have an additional operation within 12 months because of infection or problems with wound healing. The researchers found that very low water pressure was an acceptable, low-cost alternative for washing out open fractures, and that the reoperation rate was higher in the group that used soap.

"There has been a lot of controversy about the best way to clean the dirt and debris from serious wounds with bone breaks," says Dr. Mohit Bhandari, principal investigator and a professor of surgery for the Michael G. DeGroote School of Medicine at McMaster. "All wounds need to be cleaned out — a process



Study co-authors Dr. Rudy Reindl (left) and Dr. Edward Harvey (right), from the Orthopedic Trauma team at the Montreal General Hospital of the MUHC. Co-authors Dr. Greg K. Berry and Dr. Max Talbot (not pictured) are also orthopedic surgeons.

known as debridement — but evidence shows that cleaning wounds with soap was not better than just water, which was unexpected."

"These findings may have important implications for the care of patients with open fractures worldwide since developing countries deal with a disproportionate number of cases," adds one of the study's co-authors, Dr. Edward Harvey, chief of Orthopaedic Trauma at the McGill University Health Centre and a professor of surgery at McGill University. "Most of the time we were using soap and water with a high pressure delivery

system to clean the wound, but now we don't, and that makes the best practice much cheaper."

The study involved patients across 41 sites in the United States, Canada, Australia, Norway and India. The majority of patients were men in their 40s with a lower extremity fracture, and the most common reason for the injury was a motor vehicle accident.

The researchers added that their findings may be particularly relevant for low and middle income countries where 90 per cent of road traffic fatalities, and probably a similar proportion of open fractures,

occur, according to the World Health Organization.

The research was funded by the Canadian Institutes for Health Research, the U.S. Army Institute of Surgical Research Orthopedic Trauma Research Program, the U.S. Army Institute of Surgical Research Peer Reviewed Orthopedic Research Program and the Association Internationale pour l'Ostéosynthèse Dynamique.



## MUHC plastic surgery team: pushing boundaries in the name of our patients

Every day, plastic surgeons at the McGill University Health Centre (MUHC) take on complex reconstructive cases, literally changing patients' lives so they can face the world with confidence.



Dr. Lucie Lessard, chief of MUHC Plastic Surgery Division.

"All MUHC plastic surgeons focus on diverse 'super specialties' within the specialty, like craniomaxillofacial surgery, breast cancer reconstruction, or hand surgery," explains Dr. Lucie Lessard, chief of the MUHC Plastic Surgery Division. "Every staff member is also trained in pediatrics and is capable of taking care of any case arriving from the Emergency or Trauma departments."

Depending on the case, plastic surgeon services are required by many other specialists, from oncologists to neurosurgeons, orthopedists, ophthalmologists, cardiac surgeons, ENT's and obstetrician gynecologists, to name a few. In the clinic and in the OR, well trained nurses and other professionals who work with different specialties also participate in this team work at the MUHC.

Most adult patients who need plastic surgery have experienced trauma or cancer. The team sees at least 100 trauma patients every week, and this number sometimes climbs to 150. Hand surgery represents a big part of the cases seen in the Level 1 Trauma Centre at the Montreal General Hospital (MGH-MUHC). "If the hand fracture is severe or if the finger was completely cut off, we have to perform microsurgery. This means we have to reconnect the vessels, which can be less than a millimetre, with sutures smaller than a hair in diameter. These longer and more difficult surgeries are required when a nerve or an artery is cut. They are performed with sophisticated microscopes," explains Dr. Lessard.

The team also helps numerous women who need breast reconstruction following cancer. "The work to reconstruct a breast demands very complex three dimensional skills," says Dr. Lessard.

On the pediatric front, lives are also transformed. "We can make an amazing difference in the life of a child who is born with significant facial differences, like cleft lips for example," says Dr. Mirko Gilardino, director of the Montreal Children's Hospital of the MUHC Plastic Surgery Program.

"Some children are born without ears and ear canals. In these cases we can construct an ear using a child's rib. For a patient who is unable to smile we can reconstruct their face using a part of their leg to enable them to smile," says Dr. Lessard.

"The reason I like plastic surgery is that you get to operate on every part of the body. The greatest challenge for me is to reconstruct a part of the body that has been removed due to cancer, or other reason, and to make it look normal again," says MUHC Plastic Surgeon Dr. Teanoosh Zadeh.

"I like that we have such a big variety of cases, from facial trauma to reconstruction to wounds healing, and the greatest challenge is that every single patient and reconstruction is different. Nothing is ever exactly the same; there's no unique procedure and everything requires excellent problem solving skills,"

**"All MUHC plastic surgeons focuses on diverse 'super specialties' within the specialty, like craniomaxillofacial surgery, breast cancer reconstruction, and hand surgery"**

says Plastic Surgeon Dr. James Lee.

Education and research play an important role within the division, which welcomes several residents from around the world each year. Competition is

fierce and only the best are chosen. All residents touch all areas of expertise. In addition, several of them participate in research projects (Master's degree in Experimental Surgery) under the supervision of Dr. Anie Philip, head of the research laboratory in Plastic Surgery at the MGH-MUHC, as well as of Dr. Lessard and Dr. Gilardino. Research

at the MGH-MUHC focuses on wound healing/molecular biology, a field that has evolved a lot over the past 10 years.

Dr. Lessard is very proud of the talented and dedicated Plastic Surgery team. "It's a great specialty, I have to say. And a very rewarding one," she says. "By recovering the function or aesthetics of a part of their body, our patients are able to return to society, and this really matters. Seeing a happy patient is what keeps us going."



The MUHC Plastic Surgery team. From left to right: Dr. Sabrina Cugno, Dr. Omar Fouda Neel, Dr. James Lee, Dr. Lucie Lessard, Dr. Teanoosh Zadeh and Dr. Mirko Gilardino. Not present: Dr. H. Bruce Williams, Dr. Mario Luc, Dr. René Crépeau, Dr. Gaston Schwarz, and Dr. Broula Jamal. In the background: McGill plastic surgeon graduates from the last decades, in practice all over the world.

Dr. Lucie Lessard and MUHC Plastic Surgery residents. From left to right: Dr. Lucie Lessard, Dr. Fany Meng - R1, Dr. Julie Chakriya Kvann - R5, Dr. Hassan Alnaeem - R3, Dr. Nayif Alnaif - R2, Dr. Becher Alhalabi - R1, Dr. Alex Viesel-Mathieu - R2, Dr. Jonathan Kanevsky - R3, Dr. Parseh Bakirtzian - R5, Dr. Hani Shash - R4, Dr. Rafael Galli, - Craniofacial Fellow from Brazil, Dr. Marie-Christine Aumas - R5, Dr. Anne-Sophie Lessard - R4, Dr. Abdulrahman Alamri - R4, Dr. Camille Aubin-Lemay - R3, Dr. Liqin Xu - R3, and Dr. Alain Azzi - R1.

### 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](mailto:public.affairs@muhc.mcgill.ca)



Fabulous despite the odds

It was a typical October day. Through the chill of a cold breeze, Miranda Edwards arrived at her yearly check-up thinking that she'd be out of there in a matter of minutes. With her big blue eyes, her bouncy curls and pink lipstick, she entered the room and sat down.

A young resident introduced himself and looked at her in the eyes. "It's high," he said with concern. "The adrenaline levels in your urine are very high." "How is this possible?" she thought. "There is no way I can have this again. Not me. Not now." Miranda could see the agony in her husband's eyes. She was told they needed to run more tests. But nothing was going to stop her: in three days they would be going to Las Vegas for her 24<sup>th</sup> birthday and she was supposed to be celebrating five years cancer free.

**THE BEGINNING**  
Miranda's journey with cancer began when she was 19 years old and underwent surgery to treat a very rare tumour called pheochromocytoma. Usually located in the adrenal gland, this tumour leads to an overproduction of epinephrine and norepinephrine, hormones that control heart rate, metabolism, and blood pressure. The problem with pheochromocytoma is that, besides being a very rare tumour, it is also very hard to diagnose.

"Every single day I was vomiting, shaking uncontrollably and getting headaches that sometimes even blocked my vision," Miranda recalls. In spite of all these symptoms, doctors couldn't give her answers. As a healthy teenager with sporadic "energy attacks", doctors thought she was most likely drinking too much coffee, not sleeping enough and perhaps partying a little too much. Miranda went on with her life until one day her heart started beating so fast she thought she was having a heart attack. "My parents called an ambulance and I was taken to the Winchester Hospital in Ontario and then transferred to the Ottawa Heart Institute," says Miranda, who lives in Gatineau, QC. "I had no idea what to expect. There were so many teams coming in to ask questions and I was just there, undiagnosed and unable to leave the unit; I was continually plugged to a heart monitor and was kept in the hospital for two months." Because nothing was adding up, doctors decided to test her for pheochromocytoma. Then the unthinkable happened: Miranda tested positive and an endocrinology team detected a softball-size tumour in her abdomen that needed to be surgically removed. Since this kind of tumour releases large amounts of adrenaline in a very short period of time, the surgery required a lot of precision. Miranda's blood



Miranda Edwards

pressure needed to be lowered to almost a dangerous level and her vital signs needed to be closely monitored. Aside from the pain and complications that followed the surgery, Miranda's life went back to normal. According to doctors, she had less than a five per cent chance of experiencing any issues with pheochromocytoma again. "I had follow-ups every six months and when things got even better, it was once a year," Miranda recalls. That was until October 10, 2014, when she learned that Pheochromocytoma was in fact back. "I was in denial," Miranda explains with emotion. "I knew that from that day forward, nothing would ever be the same."

**REALITY CHECK**  
After the trip to Las Vegas, things moved fast. "They found multiple tumours near the same area as before," she explains. "But this time it was different. It was metastatic and recurrent, which is the most complicated type." At that point Miranda had only one goal in mind: get the best care possible, even if it meant going overseas. "While doing research on the internet, I stumbled upon Dr. Juan Rivera's name, a renowned specialist in pheochromocytoma, who worked right here in Quebec," she recalls. "I reached out to him via email and he answered in a matter of hours. He said he would see me and that I was going to meet with his multidisciplinary team."

Dr. Juan Rivera is an endocrinologist specialist and director of the Endocrine tumour Fellowship at the MUHC. "From a medical point of view, we had a good chance at helping Miranda by exploring her condition in depth," says Dr. Rivera. "We ran every test that was necessary to have a clear picture of the extent of the disease; these included specialized serum and urine tests, as well as radiology and medicine imaging. We wanted to come up with our own conclusions. It was a process that took around two months to complete." Dr. Rivera and Dr. Peter Metrakos, director of Hepatopancreatobiliary Surgery at the MUHC, determined that Miranda needed to undergo a second surgery to remove the new tumours. "We maximized the precautions," says Dr. Rivera. "And we took our time to prepare her because we knew how challenging the procedure would be." Between working with the pharmaceutical team to get special medication for Miranda, and having a close relationship with the nuclear medicine team to conduct radiotherapy, like an orchestra director, Dr. Rivera made sure everyone was doing their part to provide her with top quality care. "It's not just good," says Miranda. "The care is always extraordinary."

**PHEO VS FABULOUS**  
Always an optimist on life, Miranda has now put a positive spin on pheochromocytoma with a blog called *Pheo vs Fabulous*. Through this platform, she documents her journey in the hopes to better educate those who are also suffering from this rare disease. To date, she has connected with patients around the world, offering advice and comfort for those in need. "I realized I can control what I call my 'fabulous'," she says with a smile. "I am determined to not let this disease affect my appearance and who I am as a person. I think everyone has the capacity to remain strong. Plus, I'm lucky to be treated at a hospital where I'm taken seriously and where nothing is ever overlooked."

To know more about Miranda's story visit: [pheovsfabulous.wordpress.com](http://pheovsfabulous.wordpress.com)  
You can also learn more about Pheochromocytoma through an online support group : [facebook.com/groups/pheoparasupportgroup](https://facebook.com/groups/pheoparasupportgroup)



The new Appreciation of Contribution Program

At the McGill University Health Centre (MUHC), our employees are our greatest strength. Thanks to each and every one, we have been able to maintain our continuum of care, in tandem with carrying out large-scale projects. With most of these major projects now coming to an end, it is the ideal time to gain a broader perspective and develop a more long-term vision of the employees within our teams. The new Appreciation of Contribution Program, formerly known as the Performance Evaluation, will be launched on January 12, 2016. User-friendly software will serve as the basis for facilitating the exercise. The primary objective is to enable employees and managers to encourage the development of potential and talent, on an official and regular basis. The Appreciation of Contribution [Program] is a means of supporting team members, helping them achieve their goals and enhancing their contribution to the teams. Having opportunities to acquire or improve competencies and the prospect of growth are essential to engage and retain our employees. Client focus has been identified as a priority by the Executive Committee at the MUHC. All sectors and departments are required to evaluate employees on this competency (Attribute). Three other attributes can be chosen and are left to the discretion of the managers of each team. Please note that the MUHC's target is to have the process completed for 25 per cent of the staff by March 2016, and for 50 per cent by March 2017. I strongly encourage you to read the new policies: HR # 310 (for managers) and HR # 370 (for employees) available on the intranet, as well as to use the resources at your disposal. Your managers will keep you informed about how to proceed within your respective teams.

Joanne Brodeur  
Director, MUHC Human Resources and Organizational Culture

LACHINE NEWS

A long-awaited gift delivered at Lachine

This is a major event," said staff members of the Lachine Hospital of the McGill University Health Centre as they watched the arrival of a magnetic resonance imaging (MRI) scanner specifically adapted for people suffering from morbid obesity or claustrophobia. Like an enormous Christmas present wrapped in red plastic, the machine was installed through the roof with the help of a crane, on November 30. The new MRI unit of Lachine Hospital's Medical Imaging Service will be inaugurated in mid-January.

From left to right: Mohamed Merheb, Jean Bergeron, Tetra Tech, Hugo Castonguay, Paula Abi Nakhle, Claude Briault, Sylvie Landry, Florence Clerc, Karl Bissonnette, Éric Paiement and Julie Dumaine.





## Continued from page 1 — Joint team work smooths transition from pediatric to adult care

Dr. Lorraine Bell, as she addresses some 20 practitioners from the Montreal Children's Hospital (MCH-MUHC) and the Royal Victoria Hospital (RVH-MUHC) during the first Transition to Adult Care presentation at the Glen site of the McGill University Health Centre (MUHC).

Dr. Bell, who is the director of the Pediatric Renal Transplant Program for the MUHC and the director of the Pediatric Transition to Adult Care Project at the MCH, sees many potential advantages in the recent relocation of both the MCH and the RVH to the Glen.

"When an 18-year-old patient with a complex medical history goes to a first appointment in the adult side, everything is new in so many ways. Being in a familiar environment makes the experience less stressful for them," she says. "The proximity of the Royal Vic and the Children's makes it easier for practitioners from both sides to see patients together and it facilitates collaboration between adult and pediatric teams dealing with the same illness."

A few of these teams have started joint adolescent-young adult clinics in specialties such as Rheumatology, Hematology-Oncology, Congenital Heart Disease, Diabetes and Kidney Transplantation. Kidney transplant patient Amayrani Oropeza, who turned 18 last July, went through a preparatory stage before she was transferred to the RVH.

"I was told things would change, and they did. My nurse at the Children's would always remind me of my appointments," she says. "Now, I have to take on more responsibilities. To date, I haven't missed a single appointment, but I'm afraid I will, so I set alarms all over my cell phone."

#### A long, delicate process

According to Dr. Bell, the process of preparation for the move into adult care could start when kids are as young as 12 or 13 years old.

"It takes a fair amount of time and investment on the pediatric side to help children gradually mature and to guide parents to progressively give their child more responsibility without taking unnecessary risks," she says. "We have many transition

preparation tools to help our patients understand their illness well and to become comfortable asking questions, expressing concerns and taking care of their everyday needs. For physicians, there's also a great deal of work involved in preparing the transition chart."

The transition process is far from over once the transfer is complete. The challenges brought on by years living with a moderate to complex disease can have an impact on the social and psychological well-being of these patients and may make it more difficult for them to act independently.

"They're different than a young adult who's always been healthy and suddenly gets sick," explains Dr. Bell. "Some milestones may be delayed – graduation, first boyfriend, first vacation without a parent, first job – so they need more support and time to trust a new team."

In one aspect, though, these young patients are just like their peers: their brains are wired to take risks and won't be fully mature until their mid to late 20's.

"Teenagers and young adults have a drive to do things by impulse and may be more likely to have emotions override their judgement. The problem is that some situations may involve a bigger risk for kids who have a chronic illness."

#### Breaking down barriers between pediatric and adult care

The Transition to Adult Care presentations and meetings, which are held once a month, are intended not only to inform, but also to break down barriers between healthcare teams that often have different clinical approaches and management styles.

"When people are in the same room, there's a dialogue," says Dale MacDonald, MUHC transition

coordinator, Pediatric to Adult Care. "Once you start discussing and looking into some of the procedures and processes, and the needs of patients and families, people start getting on the same page."

Aligning care on the pediatric and adult sides can make a world of difference for kids with chronic conditions who are starting their adult lives. As Amayrani Oropeza sits in the waiting room moments before an appointment at the RVH, she still feels a little sad but hopeful that, with a little help from new friends at the RVH, she will adapt to her new environment.

"I feel I am well prepared for the transfer, especially because I still have Dr. Bell's support," she says. "But, when I come to the Glen, I always stop by the pediatric side to pay a visit to my former nurses. I will never forget the care I received at the Children's."



Eighteen-year-old Amayrani Oropeza, who was a patient of the MCH for the past three years, has just completed her transfer to the RVH, where she is now followed in the Young Adult Kidney Transplant Clinic by an interdisciplinary adult and pediatric team.



Dale MacDonald (left) and Dr. Lorraine Bell lead the series of presentations about the transition from pediatric to adult care at the MUHC.



#### Elaine Cheasley Paterson:

Thanks for sharing! The wonderful staff at the Children's and the amazing Dr. Beland are taking care of my middle son who is now 7 and was also born with a heart defect. So great to see a baby pic that is so similar to one's we have and to see this handsome young man next to it! I'll be showing my son too 🥰



**Happenstance Happenstance4:**  
@csm\_muhc Thank you for the opportunity to sing #xmascarols #pksubban with the kids and put some smiles on faces!



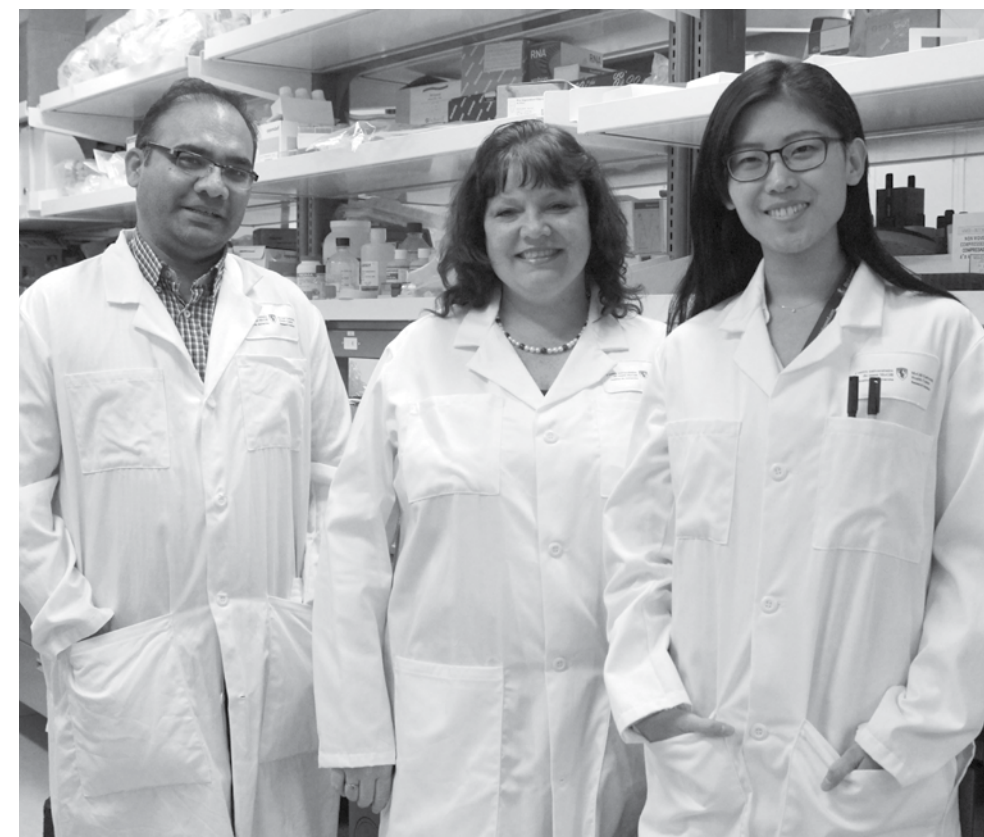
**itspeds:** happy new years from the MGH trauma bay! #ruleout2015 #graveyardshift #EtOHintox #dontdrinkanddrive



#### Stay informed and join the conversation!

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

## Québec Science honours RI-MUHC discovery



From left to right: Dr. Husheem Michael (first author), Dr. Christine McCusker (senior author) and Di Xue (one of the co-authors and PhD student in Dr. Bruce Mazer's laboratory). Other co-authors are Dr. Bruce Mazer, head of Child Health Research at the RI-MUHC, and the research assistants, Yuanyi Li, Jichuan Shan and Yufa Wang.

One of the top 10 scientific breakthroughs of 2015 selected by *Québec Science* magazine was achieved by a team from the Research Institute of the McGill University Health Centre (RI-MUHC) led by Dr. Christine McCusker, researcher from the Translational Research in Respiratory Diseases Program of the RI-MUHC and allergist-immunologist at the Montreal Children's Hospital (MCH) of the MUHC. Their innovative work, that attracted considerable media attention last spring, is featured in the current issue of the magazine.

Dr. McCusker's team tested a potential vaccine, administered as a nasal spray, which redirects the immune response away from developing allergies. This discovery could bring hope to millions of Canadians suffering from allergic airway disease.

"We studied a molecule called STAT6 that is important in the development of allergic response. In a collaborative effort, over several years, the team developed and tested a peptide (a small piece of protein) that blocks this STAT6 activity and teaches the immune system to tolerate allergens," says first author, Dr. Husheem Michael, MD, PhD in Dr. McCusker's lab.

"What's beautiful about our approach is that you do not have to couple the peptide with a specific allergen. Since it just nudges the immune system away from the allergic response, it will not matter if the child is exposed to pollen, cats or dogs. The immune system will simply not form an aggressive allergic reaction anymore," says Dr. McCusker.

Visit [quebecscience.qc.ca/10-decouvertes-2015](http://quebecscience.qc.ca/10-decouvertes-2015) to watch the video about their work and vote for YOUR favourite scientific discovery of 2015.

Highlights from the December 8, 2015 meeting

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. The newly appointed Board met on December 8th. The items below relate to decisions taken at the meeting.

- The Board of Directors:*
- approved the constitution and nomination of Board Members to its different committees
  - authorized the MUHC to implement the measures recommended by the Québec ombudsman and in particular to proceed with a revision of the rates for parking at the MUHC
  - authorized the MUHC and the Royal Victoria Hospital (RVH) to execute a deed of transfer in order to officially transfer to the MUHC the title and property rights of certain buildings known as the Montreal Chest Institute
  - authorized the MUHC and the Montreal Children’s Hospital (MCH) to execute a deed of transfer in order to officially transfer to the MUHC the title and property rights of certain buildings known as the Montreal Children’s Hospital
  - approved the policy with respect to end-of-life care
  - approved MUHC Policy M050 on Procurement and Contracting Policy for the Acquisition of Goods, Services, and Construction Work
  - approved the Rapport Cumulatif et prévisionnel RR-444 for period 7 that ended October 17, 2015 to be presented to the Ministry of Health and Social Services
  - approved the naming of certain areas at the Glen in recognition of benefactors contribution to the development of the facility through *The Best Care for Life Campaign*

**Benefactor: Anonymous Naming proposal**  
The MUHC Research Institute Atrium commemorates an anonymous donor who was raised and has lived for many years near this site. Her gifts and leadership contributions have enabled medical care and teaching to flourish in this community for this century.

**Benefactor: Just For Kids Foundation Naming proposal**  
Three large operating suites situated on the third floor of Block B of the Glen site to be associated with the name of “Just For Kids” Foundation

**Benefactor: The Honourable W. David Angus Naming proposal**  
The new Mental Health Emergency Brief Intervention Unit situated on the first floor of the Montreal General Hospital as follows: *“Jacqueline Angus Mental Health Emergency Unit”*

- approved the following financial institutions as those with whom the MUHC can make transactions:
  - BMO Bank of Montreal
  - BMO Harris N.A.
  - The Finance Minister, as Head of the Financing Fund
- approved that certain persons be designated and authorized to sign cheques, promissory notes, bills of exchange or other bank instruments
- authorized Yves Laguë, Associate Director of Human Resources at the MUHC, to sign, on behalf of the MUHC, the CSST form delineating the limits of liability for worker’s compensation in case of injury for the year 2016.
- approved a number of resolutions pertaining to loan authorizations in support of the establishments’ regular operations

- On recommendation from the Council of Physicians, Dentists and Pharmacists, the Board approved the:*
- appointment of Dr. Anne-Louise Lafontaine as the MUHC Chief Department of Neurology effective November 2, 2015 for a four-year term
  - reappointment of Dr. Jean-Marc Troquet as MUHC Chief Department of Emergency Medicine effective retroactively from April 16th, 2014 for a four-year term
  - reappointment of Mr. André Bonnici as MUHC Chief Department of Pharmacy effective September 25, 2015 for a four-year term
  - CPDP By-Laws

- On recommendation from the Director of the Centre for Applied Ethics of the MUHC, the Board approved the:*
- appointment of the new members of Research Ethics Boards of the MUHC
  - designation of Me. Marie Hirtle as the person mandated to authorize, according to the terms outlined in the “Framework for Public Health and Social Services Institutions, research conducted at more than one site,” the undertaking of research conducted at the MUHC, including the Montreal Neurological Institute and Hospital (the Neuro), according to the specific conditions that are applicable
  - renewal of the designation of the MUHC’s Research Ethics Board (REB) for the period beginning October 1<sup>st</sup>, 2015 and ending September 30<sup>th</sup>, 2018, upon the condition that the institution:
    1. Informs the Minister of all changes made to the composition of the board when they come into effect and, in the case of a nomination, attaches a copy of the curriculum vitae of the new member accompanied by proof of his or her nomination by the Board of Directors.
    2. Ensures that the REB produces an annual report of their activities, in the format prescribed by the MSSS, and sends it to the DEQ (Direction de l’éthique et de la qualité) according to the prescribed timetable.

