



Supportive Care Annual Report

Highlights 2020-2021

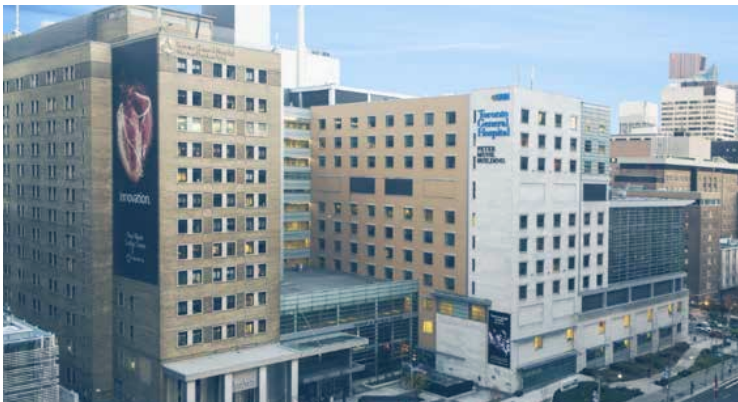
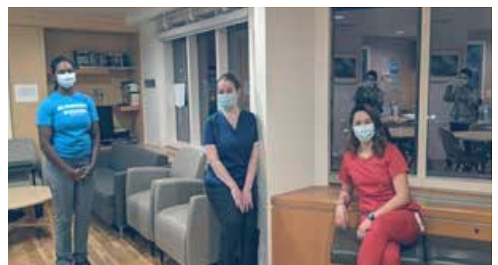


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NEW LEADER FOR THE DEPARTMENT OF SUPPORTIVE CARE



As of March 1st, 2020 Camilla Zimmermann was appointed as the Head of the Department of Supportive Care. Camilla has been at the Princess Margaret for over 20 years, building a globally recognized palliative care program. She is a Senior Scientist at the Princess Margaret Cancer Centre Research Institute as well as a Professor of Medicine and holds the Rose Family Chair in Palliative Medicine and Supportive Care. She is the inaugural Director of both the Division of Palliative Medicine and the interdepartmental Division of Palliative Care, in the Department of Medicine at the University Health Network and the University of Toronto, respectively. Dr. Zimmermann is internationally known for her research on palliative and supportive cancer care, particularly in the area of early palliative care. She has published more than 200 papers in peer-reviewed journals, is co-editor of the textbook Supportive Oncology, is a member of several journal editorial boards, and is an Associate Editor for BMJ Supportive and Palliative Care. She co-chairs the Supportive Care committee of the Canadian Cancer Trials Group. She has received several research awards, including the William E. Rawls Prize by the Canadian Cancer Society. Camilla has shown visionary leadership in building palliative care at UHN and the University of Toronto. We look forward to having Camilla lead the Department of Supportive Care to new heights.

Leadership Message from Dr. Camilla Zimmermann, Head of the Department of Supportive Care:

This past year has been one unlike any other, with challenges that we could not previously have imagined. Through these obstacles, the Department of Supportive Care has demonstrated consistent commitment and dedication to providing the best possible care for our patients. This year more than ever, it is important for us to pause to reflect and take stock of our accomplishments.

It is my pleasure to present to you the Department of Supportive Care Annual Report for 2020-2021. In the face of all the challenges posed by the COVID-19 pandemic, the Supportive Care Team came together to innovate, collaborate and support our patients so that they could receive care safely and reliably. This year the Supportive Care Team saw over 15,000 patients, trained 64 students, and published 190 peer-reviewed publications. In short, this annual report is inspiring. The words 'thank you' are not enough to express my deep gratitude and appreciation to the Supportive Care Team, the Princess Margaret Cancer Foundation, the UHN Foundation and our community partners for their unwavering support during this extraordinary year.

Sincerely,

A handwritten signature in black ink, appearing to be 'C. Zimmermann'.

Dr. Camilla Zimmermann
Head, Department of Supportive Care

THANK YOU DR. GARY RODIN



On March 1st 2020, Dr. Gary Rodin stepped down as Department Head. Dr. Rodin developed and led our multidisciplinary Department at the Princess Margaret for over 20 years. Under his leadership, the department has seen significant growth, including expanding from what was originally the Department of Psychosocial Oncology and Palliative Care to the current Department of Supportive Care that also includes Cancer Rehabilitation and Survivorship.

Gary worked together with members in our Department during his term to build many ground-breaking programs, including the Distress Assessment and Response Tool (DART) screening program, the UHN Medical Assistance in Dying (MaiD) program, the music therapy program,

the Healing Beyond the Body volunteer support program, the Magic Castle, the PM/ SickKids Joint Program in Supportive Oncology, the Geriatric Oncology Program, the Adolescent and Young Adult (AYA) Program, and the BRITE staff wellness program. His world-renowned research together with Dr. Sarah Hales on Managing Cancer and Living Meaningfully (CALM) led not only to a publication in the Journal of Clinical Oncology but also to the establishment of the Global CALM program, and recently to the publication of a book with Oxford University Press. Gary also established a partnership with Kensington Health for the planning of the Kensington Hospice, which has flourished and will soon be adding another 9 beds to the existing 10. These immense contributions have led our department to be globally renowned.

Gary remains the director of the Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), which he established as an international centre of program development, education, and research, and also took on an additional role as PM's Director of Cancer Experience, effective July 2020. We will be forever grateful to Gary for laying the foundations of our Department and leading it to international acclaim.

QUICK FACTS

ABOUT THE DEPARTMENT OF SUPPORTIVE CARE

VISION

We meaningfully improve the lives of patients and families living with serious illnesses locally and worldwide.

MISSION

We will provide and promote high quality supportive care for all patients and their families throughout the course of illness, through excellence in clinical care, research and education.

PEOPLE

The Department of Supportive Care has a total of 136 staff that come from a wide variety of disciplines.

| Profession | # (people, not FTE) |
|-------------------------------|---|
| Research Staff | 32 |
| Physicians | 32 Palliative Care, Physiatrists, Psychiatrists |
| Admin Assistants | 10 |
| Social Workers | 17 |
| Nurses | 10 |
| Scientists (OCI appointed) | 7 |
| Psychologists | 5 |
| Kinesiologists | 4 |
| Physiotherapists | 3 |
| Occupational Therapists | 3 |
| Managers | 3 |
| Education Coordinators | 2 |
| Project Managers | 2 |
| Registered Massage Therapists | 2 |
| Ward Clerks | 2 |
| Wellness Chef | 1 |
| Dietician | 1 |
| TOTAL | 136 |

OUR PATIENTS

| | |
|---|---------------|
| Total Unique Patients Seen – Department of Supportive Care (DSC) | 15,156 |
| Social Work | 6,465 |
| Palliative Care (PC) | 3,270 |
| Psychiatry/Psychology | 2,640 |
| Cancer Rehabilitation and Survivorship (CRS) | 2,155 |
| Music Therapy | 350 |
| Art Therapy | 276 |

| | |
|-----------------------------------|--------------|
| Total New Consults for DSC | 9,056 |
| Social Work | 4,112 |
| Psychiatry/Psychology | 1,762 |
| Palliative Care | 1,763 |
| CRS | 1,245 |
| Music Therapy | 350 |
| Art Therapy | 144 |

| | |
|---|---------------|
| Total Follow Ups for DSC | 50,953 |
| Social Work | 23,704 |
| CRS | 9,760 |
| Psychiatry/Psychology | 9,508 |
| Palliative Care Princess Margaret (PM)/Toronto General Hospital (TGH) | 5,577 |
| Music Therapy | 1,837 |
| Art Therapy | 432 |
| Toronto Western Hospital (TWH) Hospice admissions | 135 |

RESEARCH

Total \$ New Research Funding = \$5,920,169

Total # of New Research Grants with DSC PI or Co-PI = 10 (\$3,333,251)

Total # of New Research Grant collaborations = 10 (\$2,586,918)

Total # of Active Research Grants with DSC PI or Co-PI = 25

Total # of Active Research Grant collaborations = 21

Total # of Peer-Reviewed Publications = 190

See Appendix for a complete list of Research Grants and Publications

EDUCATION

Total # of Fellows 15

Total # of Research Trainees 27

Total # of Observers 18

Total # of Research Seminars/Rounds hosted 42

STRATEGIC PLAN UPDATE

The Department of Supportive Care is committed to advancing the care and services we provide to patients at the University Health Network. As a world-leading program for supporting patients to improve their quality of life, we are committed to the following strategic initiatives to be completed by 2023.

| Department Priority | Strategic Initiatives |
|---|--|
| Integrate across our department, UHN and external partners to improve the patient experience | Improve integration with other programs across all UHN sites for seam-less patient care transitions to palliative care |
| | Improve coordination of services to enhance the patient experience |
| | Increase capacity and build community partnerships to extend care and support |
| Standardize our care models and pathways | Standardize and advance models of inpatient and outpatient palliative care across sites |
| | Set the standard of care for supportive care regionally, provincially, na-tionally and internationally |
| | High-quality, personalized, accessible and equitable holistic cancer reha-bilitation is delivered to all PM patients in need |
| Advance academic supportive care by expanding research and education programs | Support UHN in providing quality, evidence-informed palliative care edu-cation for all health care trainees |
| | Build research collaborations locally, nationally and internationally |
| | Improve the quality of patient care by empowering staff with a multi-dimensional range of skills and knowledge related to psychosocial oncol-ogy |
| | Expand the clinical and clinical research fellowship programs |
| | Create a Cancer Rehabilitation and Survivorship Educational Academy that is recognized internationally |
| Increase patient, staff and trainee wellbeing | Establish a well-being program for the department |
| | Empower staff across UHN to provide sustainable, best standard models of palliative care on the foundation of quality, evidence-informed faculty development and education |
| | Improve efficiency of patient care delivery in psychosocial oncology |
| | Deliver new models of care that are tailored to particular groups includ-ing adolescents, young adults, older adults and caregivers |
| Improve the patient experience through technology and virtual care | Develop novel interventions and models of virtual care across all UHN sites |
| | Create innovative and sustainable models of care delivery, using state of the art technology |

A YEAR IN REVIEW

The past fiscal year has undoubtedly been the most challenging yet. Here, the leaders for our three divisions of Palliative Care, Psychosocial Oncology and Cancer Rehabilitation and Survivorship share an overview of the year's activities.

Palliative Care Program

The Palliative Care program at Princess Margaret Cancer Centre has continued to grow in 2020. The rapid emergence of virtual care in the ambulatory setting allowed us to stay connected to our outpatients despite the restrictions imposed by the COVID-19 pandemic, and our team successfully pivoted to >80% virtual visits within 2 weeks of the pandemic's declaration.

Referrals to our inpatient consultation team at the Princess Margaret grew by an unprecedented 25% in 2020, with all consultations continuing to be provided in-person by our clinical nurse specialists Kelly McGuigan and Jocelyn Brown and our physician team.

Occupancy levels on our acute palliative care unit dropped in the initial stages of the pandemic, a phenomenon seen in units across the city in response to strict visitor policies and fears about exposure to COVID-19. Modifications to our admission criteria, spearheaded by our unit medical director Dr. Jenny Lau, clinical nurse specialist Patricia Murphy-Kane, and manager Pearlina Dawes brought the unit back to near-capacity occupancy by the end of the fiscal year.

Our Palliative Care team at the Toronto General is focused on improving integration and access to palliative care for patients with non-cancer diagnoses. Many of our research projects were put on hold at the start of the pandemic and our clinical programs had to adapt.

Despite this, many innovations in program development, curriculum and education were possible through engagement with stakeholders locally, provincially, and nationally.

The Toronto Western Palliative Care team partnered with other UHN sites, University of Toronto (U of T), regional hospitals and long-term care homes and provincial and international organizations. Together, they provided educational talks, tools, seminars, and in-the-moment clinical care to manage the needs of clinicians, patients, and families in the face of the global pandemic. A highlight was the creation of two video guides posted on local and provincial websites aimed to equip front-line providers with skills needed to manage challenging COVID-related conversations. At TWH, the team embedded directly onto the COVID ward, established routine touchpoints with the Emergency Department and Intensive Care Unit to ensure continuity of palliative care provision for admitted patients facing serious illness.



Psychosocial Oncology Program

Early in the pandemic, the Psychosocial Oncology and Palliative Care group urgently decanted from their space to create room for a COVID-19 unit and planning for new in-patient hospital beds. All disciplines pivoted to virtual care with over 90% of all appointments offered virtually. Patients are offered phone or video counseling sessions, which has increased access to psychosocial support as patients no longer need to travel from their homes or try to be seen by psychosocial clinicians in between other appointments at the hospital.

Referrals to the inpatient units increased in 2020-2021 for Psychiatry and Social Work, making up 24% of all referrals to the department. Social workers rearranged themselves into two teams for Solid Tumor to minimize staff required on the solid tumor inpatient unit, with the two dedicated teams alternating between covering 17A, 17B and 16A and focusing solely on the needs of referrals from ambulatory clinics. Psychiatrists divided into separate in-patient and out-patient teams to minimize the risk. Inpatient unit family meetings are primarily virtual as the social workers arranged for iPads to be made available, which has allowed greater participation of family members in the meetings even as the number of visitors has been restricted.



Inpatient Hematology social workers have increased their use of technology and virtual connections with their inpatients who are at high risk of infection due to their treatment related immune suppression.

To help address the needs of our patients, we produced psycho-educational brochures on managing mental health during COVID-19 for cancer patients and caregivers. With this we collated a comprehensive virtual and community mental health resource list for patients during COVID-19. To help support our staff delivering virtual care, a self-care tip sheet for providing virtual care was developed.

The Cancer Rehabilitation and Survivorship Program

The Cancer Rehabilitation and Survivorship (CRS) Program abruptly shifted services to be delivered virtually as of March 16th, 2020. All adaptations to the CRS program were reactive to the COVID-19 crisis and planned over the course of one week prior to the suspension of all non-essential in-person visits. The adaptations were planned collaboratively and involved the CRS program director, program manager, and clinical team lead who shared this information with all clinical and administrative staff in team meetings to answer questions and obtain feedback from staff.

All in-person visits were rescheduled and delivered by telephone or through the Ontario Telemedicine Network (OTN), a secure two-way videoconferencing telehealth platform. Previously developed programs and resources (e.g., CaRE@Home, education modules) facilitated adaptation to virtual care and mitigated the extent to which program elements were removed.

Patient and Health Care Practitioners (HCP) participants highlighted the ability for virtual care to increase

access and attendance to rehabilitation programming. Patients emphasized being able to better manage household and childcare responsibilities while attending virtual appointments, as well as managing multiple visits and transportation. HCPs highlighted the potential to increase the program's capacity because of reduced burden for additional clinic space.

The ability of the CRS program to abruptly shift to virtual care was facilitated by regulations surrounding billing for virtual care, as well as organizational capacity and readiness for change. CRS successfully adapted to virtual formats to deliver cancer rehabilitation programming. Virtual delivery became a feasible and acceptable alternative to in-person care during physical distancing recommendations.

Due to COVID-19, our CaRE-Advanced Cancer Program has been switched from in-person to virtual delivery. After patients receive fitness in-person – to assess their needs and abilities, patients attend group education classes using the MS Teams platform and complete their individualized exercises on their own, supported by weekly coaching calls and technology, such as Fitbit and Physitrack.



 Physitrack®



Palliative Care

Our clinical services have continued to grow and expand through 2020. The pandemic and its associated restrictive visitor policy saw an initial drop in occupancy on our palliative care unit, with more patients choosing to remain at home when possible; this improved throughout the year. Our average length of stay has reduced from 11 to eight days on average, and is the shortest in across the organisation. Our inpatient consultation service saw almost 750 patients in 2020, up from 577 the previous year. Virtual family meetings and regular phone check-ins with family members unable to visit became the norm for our inpatient clinical teams, who worked tirelessly to ensure that patients received timely care and to facilitate rapid home discharge where possible. We partnered closely with our Internal Medicine colleagues at Toronto General and Western, and with the Palliative Care team and Intensive Care Unit teams at Mount Sinai to facilitate the transfer of patients with advanced cancer out of acute settings and back to the cancer centre as quickly as possible.

Our ambulatory clinics switched from in-person to virtual care in response to the pandemic, and saw a record-breaking 4600 patients in-total for 2020, 1100 of whom were new referrals to the service. To this end, our entire team of administrative assistants, nurses, learners and physicians have developed new pathways to communicate and share information, and to ensure patient care remains seamless despite working at a distance from one another. Our education leads Dr. Ahmed Al-Awamer and Dr. Wilson Kwong, have developed orientation resources for new learners to support virtual care.

We continue to grow our ambulatory program and currently include the following diagnostic groups:

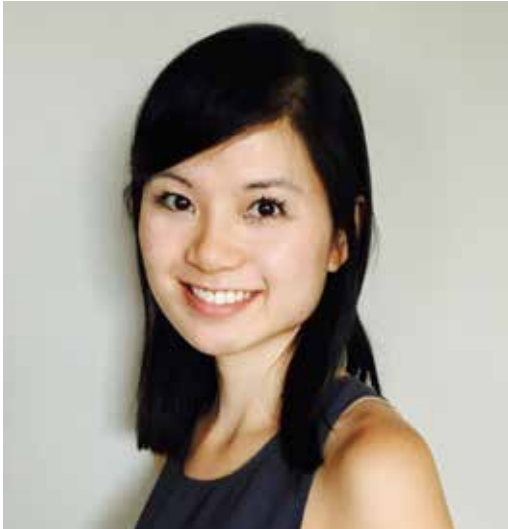
- Heart failure clinics
- Cardiac Ventricular device clinics
- Chronic Kidney disease including patients attending the dialysis unit at Toronto General
- Pulmonary Hypertension
- Advanced Liver disease clinics
- CALM for non-cancer populations
- Pre and post Lung Transplantation

Our inpatient consultation service remains busy. On average we see over 1000 new consults from many departments throughout the hospital but due to the pandemic our referrals were lower this year. To improve access to palliative care, we developed an innovative new service model across Toronto General and Toronto Western to integrate better with the Emergency Department, General Internal Medicine and Critical Care.

A unique partnership was formed with our long-term-care (LTC) partners to enhance palliative care delivery for the sector most negatively impacted by COVID-19. When one of our LTC homes faced a crisis with >100 of their residents being diagnosed with COVID-19, we immediately responded by providing 24/7 consultative support; rounded twice-weekly with their clinicians to help address unmet patient/family and staff needs; assisted in creating a palliative electronic order set; and made recommendations for interventions to build primary palliative care capacity in LTC. This virtual model of care can now be quickly implemented for any LTC home experiencing a crisis with high palliative care needs.

Another way that the team built community palliative care capacity was through publishing a peer-reviewed paper aimed at helping family doctors feel confident about leading conversations about what matters most to people during COVID-19 to enable the delivery of goal-concordant care. They also contributed to an instruction manual to help clinician-educators learn how to pivot to teach effectively using virtual formats, enabling high-calibre medical education to continue during the pandemic. Finally, Dr. Nadine Gebara and Dr. Haley Draper helped frontline providers deliver palliative care during COVID-19 through providing a specialist lens as panelist speakers for Extension for Community Healthcare Outcomes (ECHO), an interactive 12-part educational videoconference program linking interprofessional expert teams with healthcare providers.

Palliative Care



The team has recruited Dr. Melissa Li, a recent palliative care graduate from U of T's Department of Family and Community Medicine. Dr. Li's interests include teaching, quality improvement and program development. She is co-leading the expansion of outpatient palliative care clinics at Toronto Western Hospital.

In her first year of practice, Dr. Li established palliative care services for patients and families living with advancing neurodegenerative illnesses within the outpatient Neurology Memory Clinic. Patients with dementia and other complex neurological diseases are jointly seen in this clinic by their long-standing neurology team (e.g., specialist physician, social worker, and nurse) as well as by a palliative care nurse and a specialist physician to discuss advance care planning. One of the aims of the clinic is to provide the neurology team with insights as to how they can provide basic palliative care to their patients, which is why the model of care has all clinicians present simultaneously for the consultation.



The team at PM has recruited Dr. Wilson Kwong. Dr Kwong completed his medical training at Queen's University, followed by internal medicine residency at the University of Toronto and a palliative care fellowship at the University Health Network. His interests include medical education, and has recently been appointed as the education lead for medical students and residents rotating through palliative care at the Princess Margaret. He is also interested in medical writing, and has completed a Certificate in Health Impact journalism fellowship through the University of Toronto. He is currently completing a research project exploring how palliative care is represented in the print media, and is also engaged in work around the use of interpreters in the palliative care clinic. Along with our colleague Dr. Ernie Mak, he co-authored a paper on the rise of racism directed towards the Asian community during the pandemic.

Psychosocial Oncology

Referrals for psychosocial services remained constant, and all professions had high referral volumes for both inpatient and outpatient services. The loss of a physical clinic space did impact the ability for patients to walk in and access resources or book an appointment with a clinician, but patients and other clinics adapted to contacting us via phone or email. By offering virtual services, our clinicians were able to see people who otherwise would not be able to access our services easily due to distance, parking costs, or other impediments to physically being present in the hospital.

The Patient Education pamphlets *“Managing Psychosocial and Family Distress after Cancer”* and *“Psychosocial Oncology Clinic: Emotional and Practical Supports at Princess Margaret Cancer Centre”* were both updated and relaunched for patients and caregivers. Changes in how we work and access to technology enabled us to launch different group offerings, including an existential AYA group therapy. Our new virtual AYA music therapy group for adolescents and young adults—called Music Meet-up—is designed as a figurative digital music coffee house to appeal to and reach this poorly supported group. Accredited Music Therapist and Registered Psychotherapist Dr. SarahRose Black and Dr. Chana Korenblum are collaborators on this initiative.

The Princess Margaret CREATE and UHN Cares programs offered mental health support to all hospital staff and utilized the expertise of Psychosocial Oncology staff members in developing these services.



The Cancer Rehabilitation and Survivorship Program

Throughout the year we have been adapting to hospital advice on in-person visits related to COVID-19 by changing the referral triaging process and deciding on what visit type to offer to ensure safety and effectiveness of patient care. We have reached a good balance, considering the pandemic reality, between in-person and virtual visits that best meets patients' needs. Currently, only 20% of patient visits are done in-person.

The Cancer Rehabilitation and Survivorship Program was able to leverage previously developed on-line e-modules as part of the CaRE@Home program and offer patients the option of participating in an 8-week virtual cancer rehab program with exercise and education in place of in-person groups.

The CRS 8-week CaRE@Home remote program includes e-module based education and exercise prescriptions patient follow independently - after patients get an in-person fitness assessment to assess their needs and abilities. This program integrates remote monitoring (Fitbit) and the Physitrack app that delivers exercise prescriptions and support with videos, and OTN/ phone-based coaching. The team has created a clinician dashboard for remote monitoring of the Physitrack app and Fitbit data (activity, sleep, nutrition).

For patients with advanced cancer, the CaRE-AC program transitioned from in-person groups to virtual fitness assessments, exercise prescription via Physitrack, phone health coaching and virtual group education sessions by multi-disciplinary facilitators from CRS and Palliative Care teams on topics including: Get Started with CaRE, Managing Pain, Reduce Fatigue and Improve Sleep, Boost Your Brain Health, Eat and Cook for Wellness, Manage Your Emotions, Be Mindful and Plan for Your Future). Advanced cancer patients found value and benefit with connecting to other patients virtually, sharing of their experience and learning strategies to improve their quality of life. We have started to build the CaRE-AC education sessions into e-modules to further enhance accessibility for patients in the future.

CaRE@Home

• 8-week program for patient with identified disability/impairments

• Comprised of:

- weekly e-modules providing interactive education to promote self-management skills
- individualized progressive exercise prescription supported with mobile application (Physitrack)
- wearable technology (Fitbit) to track activity & sleep
- weekly brief telephone counselling (supported by Qualtrics)

• Launched 2019

• April 2020-March 2021 n=353



Work is underway to offer the CaRE program to allo allogeneic bone marrow transplant (BMT) patients.

In close collaboration with the BMT team, we are in the process of developing the CaRE-4-alloBMT program. It will consist of creating an integrated rehab pathway, remote e-module education and individualized progressive exercises, nutrition, and exercise remote monitoring.

Group education classes

All the in-person individual group patient education classes are now delivered virtually. The following classes are open to all PMH patients: Cancer Related Fatigue; Cooking for Vitality; Return to Work; Cancer Related Brain Fog. CRS patients are offered the Lymphedema Management and Talking Lymphedema virtual group classes, and recently developed Fear of Recurrence.

Education e-modules

Furthermore, all patients have access to e-modules that have been developed by CRS clinicians, in collaboration with Cancer Education, and are now posted on <https://pmcancerclasses.ca>: Cancer Related Fatigue; Return to Work; Cancer Related Brain Fog; Lymphedema Management; Lymphedema Awareness; Exercises After Breast Cancer Surgery (2 modules). The following e-modules are in progress: Sexual Health; Pain Management for advanced cancer; Nutrition and Exercise for Advanced Cancer Patients

Pamphlets

To enhance patients' ability to self-manage their long-term effects of cancer, the following additional patient education pamphlets were created: Exercise Guidelines for Lymphedema: Frozen Shoulder Education Sheet: Chemo-induced Peripheral Neuropathy: Tips for Returning to School and Work After Cancer



QUALITY IMPROVEMENTS

The following highlight 2020 projects in the DSC.

Palliative Care

A quality improvement project is being conducted in the new Supportive Care Memory Clinic. The findings will be used to expand palliative care access by offering a template to expand this model of interdisciplinary outpatient care for this vulnerable population. Based on early experiences, the team is contributing to a regional educational curriculum that will help enable neurology clinicians to deliver basic palliative care to their patients and families when specialist palliative care is not available to them.

A second quality improvement project is well underway in the resident-led clinic at the TWH Family Health Team and aims to increase the quality of advance care planning (ACP) documentation for patients living with advanced chronic obstructive pulmonary disease (COPD) or followed at home due to frailty. The intervention comprises 3 parts: (1) a newly created structured conversation guide template that was embedded into electronic medical record EMR, (2) a 1-hour teaching session that explained the purpose and benefit to using the guide, and (3) coaching by a specialist palliative care physician to co-lead discussions or answer clinician questions to help enable the guide. A pre/post workshop survey was completed to assess confidence, perceived skill and perceived usefulness of the guide and component skills taught to lead and document these discussions. A 1 and 3-month chart review post-implementation is currently underway to assess changes to the quality of documented conversations. Results will be available this spring; feedback and recommendations will be made to help continue to build primary palliative care capacity in this primary care setting.

Championed by our quality improvement committee, co-led by Dr. Ernie Mak and Patricia Murphy-Kane, Clinical Nurse Specialist, we are engaged in several quality improvement projects on our acute palliative care unit at the Princess Margaret. These include improving venous thromboembolism prophylaxis discussions on admission to the acute palliative care unit, and transfer of accountability for admissions and transfers to the acute palliative care unit.



Psychosocial Oncology

In response to the high demand for resources with a specific emphasis on the primary mental wellness challenges brought on during the pandemic, we have developed a support booklet entitled 'How to Maintain Your Mental Health During the COVID-19 Pandemic: Guidance for Family Caregivers'. The helpful booklet contains relevant and accessible information on a variety of topics including calming advice on gathering facts from the right sources, making a plan in case of the need to self-quarantine, limiting screen-time and pandemic-related news, understanding anger, challenging unhelpful thoughts, and strategies for meeting uncertainty. The booklet is digitally 'prescribed' and distributed to patients and caregivers by the oncology teams and is also available through our Caregiver Clinic website.

Due to the pandemic lockdowns, Healing Beyond the Body (HBB) volunteers have not been on-site and have since converted the program to an immersive virtual-support experience. Our volunteers have been successfully connecting with patients and their caregivers through digital technologies like Microsoft Teams, a user-friendly collaborative program that links our HBB volunteers seamlessly across multiple channels, including video calling and a handy messenger app. HBB volunteers can now connect with any patient or caregiver at any time, anywhere.

As part of shifting to virtual care, procedures were established for digital triage, charting, prescriptions, and faxing. A new synoptic note for consultations was also developed to standardize documentation in the EPR. These processes facilitated the ability of staff to work from home and reduce risk to patients from potential exposure.

In 2020, Psychosocial Oncology worked with ambulatory oncology teams to develop a process map and standard of work for the management of patients with urgent mental health needs. This included new protocols with readily accessible medications for chemical restraint within Code White Kits. With this shift to virtual care, a Virtual Code White Policy was also initiated.



Cancer Rehabilitation and Survivorship

Several quality improvements were made to the CRS program including the development of 42 new Standard Operating Procedures and Standards of Work that supported clinical staff and improved efficiency in delivering virtual care and setting staff up for working remotely.

The second QI project we undertook is adapting our virtual classes to make them more interactive rather than lecture-based. Patients were asked to do e-modules prior to the class – to get familiar with the content in advance. This has benefited our patients during COVID-19, allowing them to attend the classes from home, connecting with other patients and asking questions over a virtual platform.

Lastly, CRS has improved integration with TRI outpatient rehab by working together to improve transitions in care from the CRS Clinic to TRI Outpatient Therapy such as revision to referral forms, TRI discharge summary, referral back to the CRS CaRE program. We have initiated developing a data collection system to better track the transition in care between the two programs. Our program continues to focus on highlighting staff accomplishments, supporting team connection and communication to improve workflows and quality of care provided to our patients.



EDUCATION

Palliative Care

The palliative care team at TWH has created an innovative, interactive, half-day workshop for students, faculty and practicing clinicians to teach them evidence-based skills and approaches to leading serious illness conversations. Effectively engaging in these conversations is a core tenet for the delivery of high-quality palliative care and expanding these skills to all clinicians is needed to meet the needs of our aging population. This course received Mainpro+ Continuing Medical Education (CME) certification this year through the College of Family Physicians of Canada and has been delivered provincially.

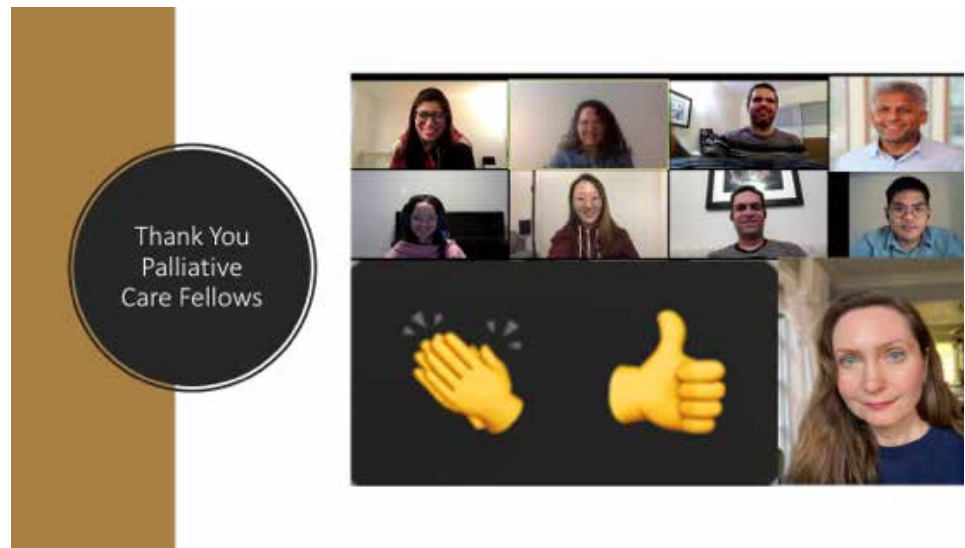
A condensed version of the course was also created and refined to train larger audiences and those who cannot commit to a half-day course. Over the last year, this course has been taught to:

- Residents and fellows in the palliative care, cardiology, hospitalist, family medicine and care-of-the-elderly training programs at U of T and across UHN
- Nurse practitioners at Toronto Western Hospital
- Interprofessional clinicians attending a provincial conference and a provincial COVID-19 educational event.

Our education program for medical students and residents has continued to thrive under the leadership of Dr. Ahmed Al-Awamer and Dr. Wilson Kwong, supported by our Education Coordinator Sherene Tay. Our program attracts learners from a variety of backgrounds, including family medicine, psychiatry, anesthesiology, radiation oncology, medical oncology, and general internal medicine. Learners are exposed to the acute palliative care unit, inpatient consultation service and the outpatient clinic, along with customised formal teaching sessions delivered by the interprofessional team on a variety of topics including opioid initiation and rotation, palliative care emergencies, ethical issues, and self-care strategies. Learner evaluations for palliative care rotations at the Princess Margaret are consistently among the highest in the city.

Our domestic and international fellowship program attracted a record number of 32 applicants for 2021-22. Successful fellows from Canada, Mexico, India, Argentina, and Nigeria will join us in July 2021, for one-year clinical fellowships or two-year clinical-research fellowships.

Dr. Kaya chairs a national working group responsible for an online self-study palliative exam preparation course consisting of four modules on the following topics: Complex Symptoms, Heart Failure, Chronic Obstructive Pulmonary Disease and Pediatric Palliative Care. Residents and faculty from around the country attend this course in preparation for sitting the Royal College of Physicians of Canada Palliative Medicine Subspecialty exam.



Other highlights include:

- Developing guidelines for prescribing medications in palliative care – our group developed order sets, symptom guides and protocols for use throughout UHN that are easily accessible via UHN's intranet site.
- Teaching Family medicine teams in the province and Internal Medicine Residents to engage in serious illness conversations.
- Dr. Kaya is the program director for the University of Toronto Palliative Medicine residency program and chairs the subcommittees within the residency program and is the Education lead for the Division of Palliative Medicine. This year she is busy preparing for accreditation of the program by the Royal College of Physicians.
- Teaching at local, provincial, national, and international conferences and events
- Dr. Kaya and Dr. Wentlandt co-lead the development of provincial COVID-19 specific palliative care teaching resources. They partnered with the Michener Institute at UHN to create a total of 23 materials such as podcasts, slide decks and webinars on topics ranging from symptom management to how to complete a death certificate to communication skills. Over 250 institutions throughout the province have signed on to access this online resource: www.Covidcarelearning.ca
- Dr. Kaya, Dr. Wentlandt, Dr. Lau and Dr. Zimmermann have created a national palliative care registry for patients with COVID-19 that will assist with surveillance on a national level to improve care, health care capacity and preparedness: www.virtualhospice.ca/covidregistry/

Psychosocial Oncology

In total the department of Psychosocial Oncology hosted 45 psychiatry, nine psychology, four palliative care, and five music therapy undergraduate students, as well as residents, or clinical fellows in the 2020-2021 fiscal year. Due to changes in how services were being provided and the onset of social work placements coinciding with Wave 1, placements for year two Masters of Social Work students were on hold but will resume in 2021. PSO social work staff contributed to the education of social work and allied health students at the University of Toronto by participating in events such as University of Toronto Centre for the Study of Pain - Interfaculty Pain Curriculum (UTCSP-IPC) and offering a presentation to Faculty of Social Work University of Toronto second year MSW students on palliative care.

Psychosocial Oncology re-initiated the MARTINI clinic (MultidisciplinARy Trainee cLINic) for joint PSO assessments by psychology and psychiatry trainees. Patients who were new referrals to the department were seen jointly by psychiatry and psychology trainees under the supervision of a staff psychiatrist and psychologist, with a debrief following each assessment. The program exposes different disciplines to interdisciplinary practice and different profession-based approaches to assessment.

Under the leadership of Dr. Kim Miller, the department piloted entirely virtual clinical clerk elective experiences. Feedback was positive and the program is continuing with more trainees queued up into 2021 for virtual elective experiences.

Outside of UHN, Psychosocial Oncology staff gave eight invited speaker presentations, published eight textbook chapters, participated in leadership roles in the National MAID Curriculum Executive Committee for the development of a curriculum related to MAID assessment and provision, and offered a webinar for the Society for Neurooncology (SNO) on advance care planning for patients with central nervous system (CNS) cancers and their families.

Finally, three of the PSO program staff were enrolled in the Education Scholars Program at the University of Toronto, further developing their expertise and skills as Clinician-Educators.

Cancer Rehabilitation and Survivorship

The CRS Program has partnered with the Michener Institute of Education at UHN in hopes of creating a future Cancer Rehabilitation and Survivorship Educational Academy. In June 2020, members of the CRS team delivered a virtual synchronous course entitled, *"Cancer & Exercise for Fitness & Health Professionals"*, that was managed by Michener's Continuing Education Department. The content of this eight-module, four-week course included a review of the exercise guidelines for people with cancer, common exercise adaptations required for people during and after cancer treatment and showcased the model of care used in the Princess Margaret's Cancer Rehab and Exercise (CaRE) Program. Interactive activities (including polls, cases, and knowledge check questions) were used to engage participants and to support an applied understanding of exercise in people with cancer. A second course entitled, *"Introduction to Cancer Rehabilitation and Survivorship"* is currently under development and will serve as a foundational course for the future academy.

The CRS Program values and supports the training of learners and observers in the area of cancer-related impairment assessment, treatment, and education. We adopt a self-management approach that emphasizes empowering patients to play an activated and engaged role in their health care decisions and care plan. The CRS team has undertaken a series of Motivational Interviewing (MI) training and practice sessions and applied the techniques of open-ended inquiry, reflective listening, empathy, change talk, and other strategies to influence health behaviour change with patients during assessment, follow-up, and health coaching sessions.

During the pandemic, our training of learners transitioned from in-person to virtual observership and student placements. We had a total of 18 observerships and continued to provide teaching to fellows (Breast Surgical Oncology, AYA, Physiatry), residents (Family Medicine), healthcare providers (OT, PT, RKin, RN), and undergraduate students (Durham College Physical Fitness Program, Research, OT, PT, RKin). Through virtual observership, learners obtained a better

understanding of RMT program offerings (which translates to increased awareness of the patient experience of cancer-related impairments and who is appropriate to refer to the CRS program), value of multi-disciplinary team roles (physiatry, OT, PT, RKin, SW, RD, Neuro-psychologist, RMT), and points in care (comprehensive assessments, lymphedema care pathway, specialty consults, virtual CaRE program, referrals to TRI or other programs, and community resources).

Monthly Clinical Sharing Rounds were switched from in-person to virtual, so that we could continue to enhance professional development within the CRS team as well as provide a platform to further integrate interprofessional education and collaboration with TRI (University Centre and Rumsey Site), community partners as well as other programs/clinics within the Princess Margaret Cancer Centre to learn about, from and with each other. Education presentations by MD, OT, RD, Wellness Chef, Neuropsychologist, PT, and Physiatry have included the following topics: Interventional Cancer Pain Management, Common Arthralgias in Patients Treated for Breast Cancer, Deconditioning and Falls Prevention, Return to Work, Cooking for Vitality, Chemotherapy-induced Peripheral Neuropathy and Exercise.

Team members have been invited to provide webinar presentations at the University of Toronto Department of Occupational Therapy and Occupational Science, Lymphoma Canada, Manitoba AYA Support Group, Lymphedema Association of Ontario, Canadian Association of General Practitioners in Oncology Annual conference, and Canada's 4th Annual Lymphoma and CLL Patient conference.



RESEARCH

Palliative Care

The COVID-19 pandemic led to an unexpected disruption to many of the Princess Margaret Palliative Care clinical research activities in 2020. The emergence of virtual care as a model of care in the ambulatory clinic has opened new research avenues, however. Our randomized controlled trial of Symptom Screening and Targeted Early Palliative Care (STEP) will switch from in-person to virtual screening. In tandem with this, our team is conducting a systematic review of virtual care in palliative care, a qualitative study exploring the experiences of patients and staff around switching from in-person to virtual visits, and a pilot study of electronic outcome measures for family caregivers. The impact of COVID-19 on our clinical practice is also a focus of several ongoing research projects.

Our team at PM has published more than 35 papers over the past year, related to early palliative care, the impact of the COVID-19 pandemic on palliative care delivery, palliative care for adolescents and young adults, medical assistance in dying, and advance care planning, among others. Our team was successful in obtaining several grants, including one from the CIHR investigating the effects of COVID-19 on end-of-life care.

Three Master's students are completing their research within our department currently, exploring diverse areas of double awareness, prognostic understanding, and the experiences of patients around enrollment in early palliative care. A PhD student will look at the impact of the COVID-19 pandemic on end-of-life care for patients with advanced cancer in Ontario.

The COVID-19 pandemic impacted the Toronto General (TG) palliative care clinical research activities in 2020. However, our team is leading research into the characteristics of palliative patients with COVID-19 across the country, via a National online patient registry. Our team at TG has published many papers over the past year, related to non-cancer palliative care, the impact of the COVID-19 pandemic on palliative care delivery, and new models of palliative care delivery. Several of our team competed for grant funding in 2020 and had abstracts accepted for presentation at local, national, and international conferences.

The COVID-19 pandemic afforded TWH opportunities to disseminate knowledge to further build capacity for palliative care delivery and to explore innovative medical education models during and in a post-pandemic era. The team published an article aimed at helping family doctors to feel more confident in their ability to lead conversations about what matters most to people during the pandemic and to help people avoid

unwanted hospitalization near end of life. A virtual model of post-graduate wellness support was created, implemented and evaluated, with findings accepted for presentation at an international conference in 2022. Quality Improvement initiatives are also underway through collaborations with our neurology and family medicine partners aiming to improve the quality of primary palliative care received in the outpatient setting. Multiple abstracts have been accepted for presentation at provincial, national and international conferences. The team also holds 2 university grants that are funding projects investigating post-graduate and faculty attitudes and perceptions towards communication skills training needs. Data from these projects will be used to develop and implement a university-wide communication skills training program enabling an evidence-based approach to instill confidence for all front-line clinicians who lead serious illness conversations.



Psychosocial Oncology

It has continued to be a productive year for research in PSO, with scientists securing 16 new Principal Investigator/Co-Principal Investigator grants, contributing to 38 ongoing active research studies and 3 clinical trials. New grants have focused on the unique needs of family caregivers of patients with cancer. These have included a CIHR-funded study on traumatic stress in caregivers of patients with acute leukemia, and studies focused on the quality of death and bereavement during COVID-19, as well as mental health supports for caregivers in palliative care throughout the pandemic. Three PSO projects were also successful in the PM Cancer Experience Grand Challenge: improving support offered to family caregivers at PM; developing new mobile app technologies to support staff wellness; and enhancing proactive and universal access to psychosocial support for all new patients at PM.



Ongoing studies in the department include a clinical trial on intranasal ketamine for depression in palliative care and the Emotion And Symptom-focused Engagement (EASE) psychotherapy trial in acute leukemia, as well as both cross-sectional and longitudinal studies on Medical Assistance in Dying (MAiD), the impact of patient-reported outcome measures, neurocognitive outcomes in cancer, the needs of adolescent and young adult cancer patients, and cytokine-based biomarker predictors of cancer-related symptom clusters. This research has supported the training of 6 research fellows and 5 graduate students over the last year.

The research group has been productive with a total of 111 peer-reviewed publications, including two papers in the *Journal of Clinical Oncology* – one a clinical trial of a telephone-supported self-care intervention for depression in cancer survivors, and a second on physical activity and neurocognitive outcomes in adult survivors of childhood cancer.

Cancer Rehabilitation and Survivorship

The CRS clinical-research program focuses on the following themes: 1) Assessing the prevalence and impact of persistent and late effects of cancer and its treatment; 2) Development and evaluation of sustainable, cost-effective interventions and health care delivery; and 3) Knowledge translation and implementation.

Despite the COVID-19 disruptions, the CRS team was able to move our integrated clinical-research program forward and we were successful in obtaining several large grants and published 25 papers in 2020. This work has included a large team grant funded through Canadian Cancer Society and the Canadian Institutes for Health Research for \$2.5 million entitled the *Canadian Cancer Rehabilitation (CanRehab) Team: Improving the systematic identification, management, and treatment of the adverse effects of cancer* (Nominated PI Dr. Jennifer Jones). Dr. Bender has also been successful in moving ahead her research platform on peer navigation by securing a 3-year CIHR grant entitled *A Web-Based Peer Navigation Program for Men with Prostate Cancer: Hybrid Effectiveness-Implementation Trial*. Both projects have launched. The CRS CaRE program, an 8-week multidimensional structured cancer rehabilitation program offered to our patients with cancer-related disability, has continued to evolve to an on-line format (CaRE@Home) and a tailored group for those with advanced disease (CaRE-AC). The pilot study of CaRE@Home was recently published in the *Journal of Clinical Medicine* and Drs. Jones and Langelier were awarded a grant through GIPPEC to conduct a pilot study of the CaRE-AC group, which will finish in 2021.

In response to COVID-19, the clinical team also worked to evaluate and describe the transition to virtual cancer rehabilitation care and this important work was recently accepted for publication (*Archives of Physical Medicine and Rehabilitation*).

NEW RECRUITS

Administration

Administrative Assistant
Administrative Assistant

Reilly Bootle
Srishti Srishti

Research

Clinical Research Coordinator
Clinical Research Coordinator

Twinkle Arora
Kyle Fitzgibbon

Clinical

Occupational Therapist
Kinesiologist
Palliative Care Physician
Palliative Care Physician
Clinical Nurse Specialist

Trish Blinn
Gerilyn Danischesky
Wilson Kwong
Melissa Li
Susie Monginot

DEPARTURES

Clinical Research Coordinator
Palliative Care Physician
Administrative Assistant
Clinical Research Analyst
Clinical Nurse Specialist
CNS in AYA Program
Clinical Investigator
Social Worker BMT

Ekaterina An
Chris Blake
Deanna Clarke
Alanna Chu
Allison Loucks
Meghan McMillan
Daniel Santa Mina
Danielle Taylor

NEW TRAINEES

GIPPEC MD Program Research Trainee
Music Therapy Student
Clinical Palliative Care Fellowship
Palliative Care PhD Student
Psychology Intern
Music Therapy Student
CRS MD Program Research Trainee
Psychosocial Oncology Postdoctoral Fellowship
Clinical Palliative Care Fellowship
Clinical Palliative Care Fellowship
Clinical Palliative Care Fellowship
GIPPEC CALM Research Trainee

Jenny Cho
Mason Gibson
Jenna Gim
Javaid Iqbal
Daria Kolmogorova
Kelly LeFaive
Elizabeth Milosevic
Aliza Panjwani
Nasreen Saleem
Patricia Warlet Caldeira
Itthipon Wongprom
Jungmin Woo

STAFF AWARDS

**2020 Innovation
in Education
Award**



Ahmed Al-Awarmer

**New Investigator
in Psychosocial
Oncology, CIHR
Institute of
Cancer Research**



Jennifer Bell

**Princess Margaret
Employee
Engagement &
Wellness Award
in the Leadership
Impact category**



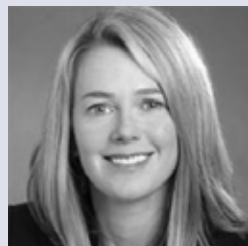
Christine Cameron

**Gerald Kirsh
Humanitarian
Award**



Robin Forbes

**Excellence in
Psychotherapy
Supervision Award,
Department of
Psychiatry UoT
for her CALM
supervision group**



Sarah Hales

**Canadian
Association of
Psychosocial
(CAPO) Life Time
Achievement
Award**



Doris Howell

**CIHR Institute
of Research,
Research
Excellence Award**



Jennifer Jones

**DFCM Art of the
Possible Award**



Warren Lewin

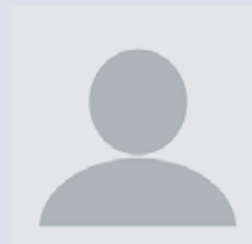
STAFF AWARDS CONT'D

**Gerald Kirsh
Humanitarian
Award**



Madeline Li

**DFCM
Waddington
Fellowship Award**



Katie Marchington

**Preceptorship/
Mentorship/
Teaching Award**



Trish Murphy-Kane

STUDENT AWARDS

**Cancer Education
2020 Best Fellow
Award**



Mohamed Abdelaal

**Best
Accomplishment
by a Fellow
Award from the
Department of
Psychiatry, UoT**



Froukje deVries

**Ontario
Graduate
Scholarship**



Bryan Gascon

**Ontario Graduate
Scholarship**



Alla Kubant

STUDENT AWARDS CONT'D

**Ontario Graduate
Scholarship from the
Institute of Medical
Science,
UoT and the Institute
of Medical Science
Joseph Wong
Memorial Award**



Kelly LeFaive

**CIHR Postdoctoral
Fellowship Award**



Gila Shapiro

**Ontario Graduate
Scholarship**



Rachel Sue-A-Quan

**Robin Hunter
Memorial Travel
Award and the
Resident
Scholarship
Development
Award**



Tharshika Thangarasa

**ARCC and
CIHR CGS-M
scholarships**



Helen Yang

TEAM BUILDING & FUNDRAISING

The Weekend to Conquer Cancer (Myann Marks-Aitken, Team Captain)

Team Supportive Care

**Raised
over
\$200,000
since 2012**

**Raised
\$17,437.35
in 2020**





Ride to Conquer Cancer (Ali Henderson, Team Captain)

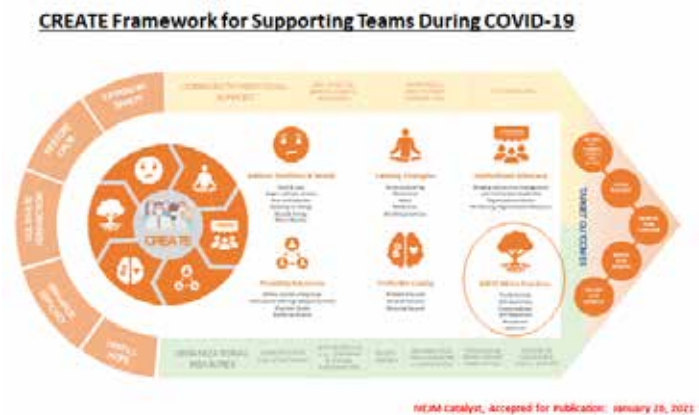
**Raised
\$5,000
in 2020**



ENHANCING STAFF WELL-BEING

Staff Well-Being is one pillar of the Department of Supportive Care (DSC) Strategic Plan. This year we have established a Staff Well-Being Collaborative, chaired by Dr. Mary Elliott. It has the mission to foster a culture and conditions that allow staff and trainees to thrive. This collaborative composition ensures the needs of all staff and trainees are represented. The deliverables of this committee encompass developing awareness, interventions, research, education initiatives, and networks to promote the well-being of staff and trainees within the DSC and beyond.

The COVID-19 pandemic has impacted healthcare workers (HCW) in unprecedented ways. Fostering a healthy workforce has been vital to preserving the cancer system. Aiming to help prevent HCW stress from becoming distress, Drs. Mary Elliott and Madeline Li developed CREATE, Compassion, REsilience, And TEam-Building, a proactive, team-based intervention delivered at point of care, using an evidence-based framework. Importantly, the CREATE framework incorporates the five elements of mass trauma—establishing safety, restoring calm, enhancing self and team efficacy (sense of ability to influence outcomes), cultivating connection and instilling hope along with adaptive coping strategies. It was designed to complement other institution level well-being initiatives. Among the strengths of this program are that it was rapidly deployed at the start of the pandemic; it is embedded into the workflow of the HCW teams so as not to add to HCW time pressures; and it pairs managers with psychosocial coaches to deliver support custom-tailored for the unique context and needs of each team. The experience and positive impact of CREATE was published in the NEJM Catalyst. Sabrina Bennet, one of the clinical managers, described how CREATE supported her team: “The CREATE program has normalized talking openly about our mental health and has empowered us with the tools to support our frontline health care workers during this unprecedented time.” During the 1st Wave of the pandemic, 15 Psychosocial Coaches were paired with 10 Managers, representing 39 teams. The program has continued to expand.



ENHANCING RESIDENT WELLNESS

One of the palliative care team members joined the Division of Palliative Care Resident Wellness Committee as a curriculum co-lead and as a co-facilitator for the interprofessional-led Resident Wellness Course. This novel curriculum was designed using local and national core competencies related to wellness, burnout, and resiliency that residents are expected to achieve upon graduating.

The goal of this Resident Wellness Course is to develop skills and knowledge to mitigate burnout and promote safe, high-quality patient care as residents transition from learners to independent practice. The course is delivered through four 2-hour workshops. The facilitators have received positive feedback and their evaluation has been accepted for presentation at an international palliative care conference (delayed to 2022 as a result of the pandemic).

A highlight of the course is a trip to the Art Gallery of Ontario where participants learn how art and space can be used to deepen observation, reflection, and communication skills. During this trip, the residents also explore the relationship between environment and wellness and leave with skills they can bring back to their day-to-day practices. This helps the learners understand the importance of incorporating wellness practices throughout their day instead of as isolated events they do 'after' or 'before' work.

Dr. Nadine Gebara served as a Co-Lead for the Division of Palliative Care (DPC) Grand Rounds Planning Committee. She helped select topics based on the needs and interests of DPC members, invited and coordinated speaker dates, moderated discussions, assisted with accreditation standards, and reviewed participant feedback to enhance the program's impact.

LEADERSHIP



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Jennifer Jones
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Robin Forbes
Social Work Co-Lead,
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Department of Supportive Care Steering Committee

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Visual Services Department, UHN

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Princess Margaret Cancer Foundation and University Health Network Foundation*

APPENDIX PUBLICATIONS

DSC Publications Annual Report FY Apr 1, 2020-Mar 31, 2021

1. **Abdelaal, M., Blake, C., & Lau, J. (2020).** Challenges of Providing Palliative and End-of-Life Care to Refugee Claimants in Canada: A Case Report. *J Palliat Med.* <https://doi.org/10.1089/jpm.2020.0422>
2. **Abdelaal, M., Mosher, P. J., Gupta, A., Hannon, B., Cameron, C., Berman, M., Moineddin, R., Avery, J., Mitchell, L., Li, M., Zimmermann, C., & Al-Awamer, A. (2021).** Supporting the Needs of Adolescents and Young Adults: Integrated Palliative Care and Psychiatry Clinic for Adolescents and Young Adults with Cancer. *Cancers (Basel)*, 13(4): 770. doi: 10.3390/cancers13040770
3. **Abraham, E. H., Khan, B., Ling, E., & Bernstein, L. J. (2020).** The Development and Evaluation of a Patient Educational Resource for Cancer-Related Cognitive Dysfunction. *J Cancer Educ.* <https://doi.org/10.1007/s13187-020-01793-3>. Published online June 17, 2020.
4. **Adams, S. C., Herman, J., Lega, I. C., Mitchell, L., Hodgson, D., Edelstein, K., Travis, L. B., Sabiston, C. M., Thavendiranathan, P., & Gupta, A. A. (2021).** Young Adult Cancer Survivorship: Recommendations for Patient Follow-up, Exercise Therapy, and Research. *JNCI Cancer Spectr*, 5(1), pkaa099. <https://doi.org/10.1093/jncics/pkaa099>
5. **Adams, S. C., Petrella, A., Sabiston, C. M., Vani, M. F., Gupta, A., Trinh, L., Matthew, A. G., Hamilton, R. J., & Mina, D. S. (2021).** Preferences for exercise and physical activity support in adolescent and young adult cancer survivors: a cross-sectional survey. *Support Care Cancer*, 1-15. <https://doi.org/10.1007/s00520-020-05897-w>
6. **Aggarwal, R., Hueniken, K., Eng, L., Kassirian, S., Geist, I., Balaratnam, K., Liang, M., Paulo, C. B., Geist, A., Rao, P., Mitchell, L., Magony, A., Jones, J. M., Grover, S. C., Brown, M. C., Bender, J., Xu, W., Liu, G., & Gupta, A. A. (2020).** Health-related social media use and preferences of adolescent and young adult cancer patients for virtual programming. *Support Care Cancer*, 28(10), 4789-4801. <https://doi.org/10.1007/s00520-019-05265-3>
7. **Ahmad, A. E., Richard, P. O., Leao, R., Hajiha, M., Martin, L. J., Komisarenko, M., Grewal, R., Goldberg, H., Salem, S., Jain, K., Oliaei, A., Horyn, I., Timilshina, N., Zlotta, A., Hamilton, R., Kulkarni, G., Fleshner, N., Alibhai, S. M. H., & Finelli, A. (2020).** Does Time Spent on Active Surveillance Adversely Affect the Pathological and Oncologic Outcomes in Patients Undergoing Delayed Radical Prostatectomy? *J Urol*, 204(3), 476-482. <https://doi.org/10.1097/JU.0000000000001070>
8. **Ahmed, S., Barbera, L., Bartlett, S. J., Bebb, D. G., Brundage, M., Bryan, S., Cheung, W. Y., Coburn, N., Crump, T., Cuthbertson, L., Howell, D., Klassen, A. F., Leduc, S., Li, M., Mayo, N. E., McKinnon, G., Olson, R., Pink, J., Robinson, J. W., Santana, M. J., Sawatzky, R., Moxam, R. S., Sinclair, S., Servidio-Italiano, F., & Temple, W. (2020).** A catalyst for transforming health systems and person-centred care: Canadian national position statement on patient-reported outcomes. *Curr Oncol*, 27(2), 90-99. <https://doi.org/10.3747/co.27.6399>
9. **Alam, S., Pope, A., Le, L., Al-Awamer, A., Banerjee, S., Lau, J., Mak, E., Zimmermann, C., & Hannon, B. (2020).** Outpatient palliative medicine consultations: urgent or routine? *BMJ Support Palliat Care.* <https://doi.org/10.1136/bmjspcare-2020-002201>
10. **Ali, A., Ahmed, T., Ayub, A., Dano, S., Khalid, M., El-Dassouki, N., Orchanian-Cheff, A., Alibhai, S., & Mucsi, I. (2020).** Organ donation and transplant: The Islamic perspective. *Clin Transplant*, 34(4), e13832. <https://doi.org/10.1111/ctr.13832>
11. **Alibhai, S. M. H., Breunis, H., Matelski, J., Timilshina, N., Kundra, A., Lee, C. H., & Li, M. (2020).** Age-related cytokine effects on cancer-related fatigue and quality of life in acute myeloid leukemia. *J Geriatr Oncol*, 11(3), 402-409. <https://doi.org/10.1016/j.jgo.2019.04.009>
12. **Al-Mohawes H, Amante M, Hannon B, Zimmermann C, Kaya E, & Al-Awamer A. (2021).** Online Bridging Program for new international palliative medicine fellows: development and evaluation. *BMJ Support Palliat Care.* 2021 Mar 18;bmjspcare-2020-002797. doi: 10.1136/bmjspcare-2020-002797. Epub ahead of print.
13. **Almugbel, F. A., Timilshina, N., AlQurini, N., Loucks, A., Jin, R., Berger, A., Romanovsky, L., Puts, M., & Alibhai, S. M. H. (2020).** Role of the vulnerable elders survey-13 screening tool in predicting treatment plan modification for older adults with cancer. *J Geriatr Oncol*, 2020 Dec 17: S1879-4068(20)30504-X. doi: 10.1016/j.jgo.2020.12.002. Epub ahead of print.
14. **An, E., Wennberg, E., Nissim, R., Lo, C., Hales, S., & Rodin, G. (2020).** Death talk and relief of death-related distress in patients with advanced cancer. *BMJ Support Palliat Care*, 10(2), e19. <https://doi.org/10.1136/bmjspcare-2016-001277>
15. **Atallah, S., Barbera, L., Folwell, M., Howell, D., Liu, Z., & Croke, J. (2021).** Feasibility of implementing a cervix cancer-specific patient-reported outcome measure in routine ambulatory clinics. *Support Care Cancer*, 29(1), 499-507. <https://doi.org/10.1007/s00520-020-05500-2>
16. **Avery, J., Mosher, P. J., Kassam, A., Srikanthan, A., D'Agostino, N., Zimmermann, C., Castaldo, Y., Aubrey, R., Rodrigues, C. M., Thavaratnam, A., Samadi, M., Al-Awamer, A., & Gupta, A. (2020).** Young Adult Experience in an Outpatient Interdisciplinary Palliative Care Cancer Clinic. *JCO Oncol Pract*, 16(12), e1451-e1461. <https://doi.org/10.1200/OP.20.00161>
17. **Aye, J. M., Chi, Y. Y., Tian, J., Rudzinski, E. R., Binitie, O. T., Dasgupta, R., Wolden, S. L., Hawkins, D. S., & Gupta, A. A. (2020).** Do children and adolescents with completely resected alveolar rhabdomyosarcoma require adjuvant radiation? A report from the Children's Oncology Group. *Pediatr Blood Cancer*, 67(5), e28243. <https://doi.org/10.1002/pbc.28243>

18. **Barbera, L., Sutradhar, R., Earle, C. C., Howell, D., Mittman, N., Li, Q., Thiruchelvam, D., & Seow, H. (2020).** The impact of routine Edmonton symptom assessment system use on receiving palliative care services: results of a population-based retrospective-matched cohort analysis. *BMJ Support Palliat Care*. <https://doi.org/10.1136/bmjspcare-2020-002220>
19. **Barbera, L., Sutradhar, R., Seow, H., Earle, C. C., Howell, D., Mittman, N., Li, Q., & Thiruchelvam, D. (2020).** Impact of Standardized Edmonton Symptom Assessment System Use on Emergency Department Visits and Hospitalization: Results of a Population-Based Retrospective Matched Cohort Analysis. *JCO Oncol Pract*, 16(9), e958-e965. <https://doi.org/10.1200/JOP.19.00660>
20. **Barbera, L., Sutradhar, R., Seow, H., Mittman, N., Howell, D., Earle, C. C., Li, Q., & Thiruchelvam, D. (2020).** The impact of routine Edmonton Symptom Assessment System (ESAS) use on overall survival in cancer patients: Results of a population-based retrospective matched cohort analysis. *Cancer Med*, 9(19), 7107-7115. <https://doi.org/10.1002/cam4.3374>
21. **Barlow-Krelina, E., Chen, Y., Yasui, Y., Till, C., Gibson, T. M., Ness, K. K., Leisenring, W. M., Howell, R. M., Nathan, P. C., Oeffinger, K. C., Robison, L. L., Armstrong, G. T., Krull, K. R., & Edelstein, K. (2020).** Consistent Physical Activity and Future Neurocognitive Problems in Adult Survivors of Childhood Cancers: A Report From the Childhood Cancer Survivor Study. *J Clin Oncol*, 2020 Jun, 38(18), 2041-2052. <https://doi.org/10.1200/JCO.19.02677>
22. **Barry, A., Murphy, T., Prince, R., May, T., Zimmermann, C., & Elliott, M. (2020).** Time to "Buddy Up"—Simple Strategies to Support Oncologists During the Coronavirus Disease 2019 Pandemic. *Adv Radiat Oncol*, 5(4), 601-602. <https://doi.org/10.1016/j.adro.2020.04.004>
23. **Bell, J. A. (2020).** Relational Autonomy as a Theoretical Lens for Qualitative Health Research. *IJFAB: International Journal of Feminist Approaches to Bioethics*, 13(2), 69-92.
24. **Bell, J. A. H., Kelly, M. T., Gelmon, K., Chi, K., Ho, A., Rodney, P., & Balneaves, L. G. (2020).** Gatekeeping in cancer clinical trials in Canada: The ethics of recruiting the "ideal" patient. *Cancer Med*, 9(12), 4107-4113. <https://doi.org/10.1002/cam4.3031>
25. **Bender, J. L. (2020).** The Internet as a Route to Health Information, Support, and Healthcare for Cancer Survivors. *J Natl Compr Canc Netw*, 18(11), 1586-1588. <https://doi.org/10.6004/jnccn.2020.7672>
26. **Bender, J. L., Flora, P. K., Milosevic, E., Soheilipour, S., Maharaj, N., Dirlea, M., Parvin, L., Matthew, A., & Kazanjian, A. (2021).** Training prostate cancer survivors and caregivers to be peer navigators: a blended online/in-person competency-based training program. *Support Care Cancer*, 29(3), 1235-1244. <https://doi.org/10.1007/s00520-020-05586-8>
27. **Bender, J. L., Hueniken, K., Eng, L., Brown, M. C., Kassirian, S., Geist, I., Balaratnam, K., Liang, M., Paulo, C. B., Geist, A., Rao, P., Magony, A., Smith, E. C., Xu, W., Liu, G., & Gupta, A. A. (2021).** Internet and social media use in cancer patients: association with distress and perceived benefits and limitations. *Support Care Cancer*. <https://doi.org/10.1007/s00520-021-06077-0>
28. **Benites, A. C., Rodin, G., Leite, A., Nascimento, L. C., & Dos Santos, M. A. (2021).** 'The experience of spirituality in family caregivers of adult and elderly cancer patients receiving palliative care: A meta-synthesis'. *Eur J Cancer Care (Engl)*, e13424. <https://doi.org/10.1111/ecc.13424>
29. **Berger, I., Beck, L., Jones, J., MacEachen, E., & Kirsh, B. (2020).** Exploring the Needs of Cancer Survivors When Returning to or Staying in the Workforce. *J Occup Rehabil*, 30(3), 480-495. <https://doi.org/10.1007/s10926-020-09877-z>
30. **Black, SR, Bartel, L., & Rodin, G. (2020).** Exit Music: The Experience of Music Therapy within Medical Assistance in Dying. *Healthcare (Basel)*, 2020 Sep 10, 8(3), E331. doi: 10.3390/healthcare8030331
31. **Brahmbhatt, P., Sabiston, C. M., Lopez, C., Chang, E., Goodman, J., Jones, J., McCready, D., Randall, I., Rotstein, S., & Santa Mina, D. (2020).** Feasibility of Prehabilitation Prior to Breast Cancer Surgery: A Mixed-Methods Study. *Front Oncol*, 10, 571091. <https://doi.org/10.3389/fonc.2020.571091>
32. **Budhwani, S., Moineddin, R., Wodchis, W. P., Zimmermann, C., & Howell, D. (2020).** Do Longitudinally Collected Symptom Scores Predict Time to Death in Advanced Breast Cancer: A Joint Modeling Analysis. *J Pain Symptom Manage*, 59(5), 1009-1018. <https://doi.org/10.1016/j.jpainsymman.2019.12.006>
33. **Budhwani, S., Moineddin, R., Wodchis, W. P., Zimmermann, C., & Howell, D. (2021).** Longitudinal Symptom Burden Trajectories in a Population-Based Cohort of Women with Metastatic Breast Cancer: A Group-Based Trajectory Modeling Analysis. *Curr Oncol*, 28(1), 879-897. <https://doi.org/10.3390/curroncol28010087>
34. **Buick, C., Murphy, K. J., Howell, D., & Metcalfe, K. (2021).** Understanding the role of oncogenic human papillomavirus (HPV) status on adherence behaviors among women with abnormal cervical cytology. *BMC Womens Health*, 21(1), 29. <https://doi.org/10.1186/s12905-020-01168-2>
35. **Campbell, C., Nowell, A., Karagheusian, K., Giroux, J., Kiteley, C., Martelli, L., McQuestion, M., Quinn, M., Rowe Samadhin, Y. P., Touw, M., & Moody, L. (2020).** Practical innovation: Advanced practice nurses in cancer care. *Can Oncol Nurs J*, 30(1), 9-15. <https://doi.org/10.5737/23688076301915>

36. Caruso, R., Nanni, M. G., Rodin, G., Hales, S., Malfitano, C., De Padova, S., Bertelli, T., Murri, M. B., Bovero, A., Miniotti, M., Leombruni, P., Zerbinati, L., Sabato, S., Grassi, L., & Study, C. A.-I. (2020). Effectiveness of a brief manualized intervention, Managing Cancer and Living Meaningfully (CALM), adapted to the Italian cancer care setting: Study protocol for a single-blinded randomized controlled trial. *Contemp Clin Trials Commun*, 20, 100661. <https://doi.org/10.1016/j.conctc.2020.100661>
37. Caruso, R., Sabato, S., Nanni, M. G., Hales, S., Rodin, G., Malfitano, C., Tiberto, E., De Padova, S., Bertelli, T., Belvederi Murri, M., Zerbinati, L., & Grassi, L. (2020). Application of Managing Cancer and Living Meaningfully (CALM) in Advanced Cancer Patients: An Italian Pilot Study. *Psychother Psychosom*, 89(6), 402-404. <https://doi.org/10.1159/000505875>
38. Chan, R. J., Howell, D., Lustberg, M. B., Mustian, K., Koczwara, B., Ng, C. C., Kim, Y., Napoles, A. M., Dixit, N., Klemanski, D., Ke, Y., Toh, Y. L., Fitch, M. I., Crichton, M., Agarawal, S., & Chan, A. (2020). Advances and future directions in the use of mobile health in supportive cancer care: proceedings of the 2019 MASCC Annual Meeting symposium. *Support Care Cancer*, 28(9), 4059-4067. <https://doi.org/10.1007/s00520-020-05513-x>
39. Chan, R. J., Mayer, D. K., Koczwara, B., Loerzel, V., Charalambous, A., Agbejule, O. A., & Howell, D. (2020). Building Capacity in Cancer Nurses to Deliver Self-management Support: A Call for Action Paper. *Cancer Nurs*, 43(5), 341-342. <https://doi.org/10.1097/NCC.0000000000000855>
40. Chow, R., Zimmermann, C., Bruera, E., Temel, J., Im, J., & Lock, M. (2020). Inter-rater reliability in performance status assessment between clinicians and patients: a systematic review and meta-analysis. *BMJ Support Palliat Care*, 10(2), 129-135. <https://doi.org/10.1136/bmjspcare-2019-002080>
41. Chrisinger, J. S. A., Wehrli, B., Dickson, B. C., Fasih, S., Hirbe, A. C., Shultz, D. B., Zadeh, G., Gupta, A. A., & Demicco, E. G. (2020). Epithelioid and spindle cell rhabdomyosarcoma with FUS-TFCP2 or EWSR1-TFCP2 fusion: report of two cases. *Virchows Arch*, 477(5), 725-732. <https://doi.org/10.1007/s00428-020-02870-0>
42. Christiansen, D., Porter, S., Hurlburt, L., Weiss, A., Granton, J., & Wentlandt, K. (2020). Pulmonary Arterial Hypertension: A Palliative Medicine Review of the Disease, Its Therapies, and Drug Interactions. *J Pain Symptom Manage*, 59(4), 932-943. <https://doi.org/10.1016/j.jpainsymman.2019.11.023>
43. Chung, J., Kulkarni, G. S., Bender, J., Breau, R. H., Guttman, D., Maganti, M., Matthew, A., Morash, R., Papadakos, J., & Jones, J. M. (2020). Modifiable lifestyle behaviours impact the health-related quality of life of bladder cancer survivors. *BJU Int*, 125(6), 836-842. <https://doi.org/10.1111/bju.15007>
44. Daniel, L. C., Sabiston, C. M., Pitock, M., Gupta, A. A., Chalifour, K., Eaton, G., & Garland, S. N. (2020). Fertility Preservation in Young Adults: Prevalence, Correlates, and Relationship with Post-Traumatic Growth. *J Adolesc Young Adult Oncol*. <https://doi.org/10.1089/jayao.2020.0073>
45. Dare, A. J., Gupta, A. A., Thippavong, S., Miettinen, M., & Gladdy, R. A. (2020). Abdominal neoplastic manifestations of neurofibromatosis type 1. *Neurooncol Adv*, 2(Suppl 1), i124-i133. <https://doi.org/10.1093/oaajnl/vdaa032>
46. de Oliveira Faria, S., Howell, D., Lopes Carvalho, A., de Oliveira Faria, R., & Eluf Neto, J. (2021). Adherence to intensive nutrition care in head and neck cancer patients undergoing radiotherapy. *Eur Arch Otorhinolaryngol*. <https://doi.org/10.1007/s00405-020-06550-2>
47. de Oliveira Faria, S., Howell, D., Vamondes Kulcsar, M. A., & Eluf-Neto, J. (2020). Nutritional outcomes in head and neck cancer patients: is intensive nutritional care worth it? *Cancer Treat Res Commun*, 25, 100233. <https://doi.org/10.1016/j.ctarc.2020.100233>
48. Eggen, A. C., Reyners, A. K. L., Shen, G., Bosma, I., Jalving, M., Leigh, N. B., Liu, G., Richard, N. M., Mah, K., Shultz, D. B., Edelstein, K., & Rodin, G. (2020). Death Anxiety in Patients With Metastatic Non-Small Cell Lung Cancer With and Without Brain Metastases. *J Pain Symptom Manage*, 2020, Aug, 60(2), 422-429, e421. <https://doi.org/10.1016/j.jpainsymman.2020.02.023>
49. Elliott, M., Macedo, A., & Escaf, M. (2021). Building Resilience within Institutions Together with Employees (BRITE): Preliminary experience with implementation in an academic cancer centre. *Health Manage Forum*, 34(2), 107-114. <https://doi.org/10.1177/0840470420981595>
50. Eng, L., Alton, D., Song, Y., Su, J., Zhang, Q., Che, J., Farzanfar, D., Mohan, R., Krysz, O., Mattina, K., Harper, C., Liu, S., Yoannidis, T., Milne, R., Abdelmurti, N., Brown, M. C., Vennettilli, A., Hope, A. J., Howell, D., Jones, J. M., Selby, P., Evans, W. K., Xu, W., Goldstein, D. P., Giuliani, M. E., & Liu, G. (2020). Awareness of the Harms of Continued Smoking Among Cancer Survivors. *Support Care Cancer*, 28(7), 3409-3419. <https://doi.org/10.1007/s00520-019-05175-4>
51. Eng, L., Bender, J., Hueniken, K., Kassirian, S., Mitchell, L., Aggarwal, R., Paulo, C., Smith, E. C., Geist, I., Balaratnam, K., Magony, A., Liang, M., Yang, D., Jones, J. M., Brown, M. C., Xu, W., Grover, S. C., Alibhai, S. M. H., Liu, G., & Gupta, A. A. (2020). Age differences in patterns and confidence of using internet and social media for cancer-care among cancer survivors. *J Geriatr Oncol*, 11(6), 1011-1019. <https://doi.org/10.1016/j.jgo.2020.02.011>
52. Flora, P. K., Bender, J. L., Miller, A. S., Parvin, L., Soheilipour, S., Maharaj, N., Milosevic, E., Matthew, A., & Kazanjian, A. (2020). A core competency framework for prostate cancer peer navigation. *Support Care Cancer*, 28(6), 2605-2614. <https://doi.org/10.1007/s00520-019-05059-7>

53. **Fonseca, A., Ryan, A. L., Gibson, P., Hendershot, E., Hopyan, S., Ranson, M., Stimec, J., & Gupta, A. A. (2020).** Radiological Assessment and Outcome of Local Disease Progression after Neoadjuvant Chemotherapy in Children and Adolescents with Localized Osteosarcoma. *J Clin Med*, 9(12), 4070. <https://doi.org/10.3390/jcm9124070>
54. **Foran SJ, Laperriere N, Edelstein K, Janzen L, Tadic T, Ramaswamy V, Shultz D, Gentili F, Bouffet E, & Tsang DS. (2020).** Reirradiation for recurrent craniopharyngioma. *Adv Radiat Oncol*. 2020 Aug 7, 5(6), 1305-1310. doi: 10.1016/j.adro.2020.07.020
55. **Fu, T. S., Sklar, M., Cohen, M., de Almeida, J. R., Sawka, A. M., Alibhai, S. M. H., & Goldstein, D. P. (2020).** Is Frailty Associated With Worse Outcomes After Head and Neck Surgery? A Narrative Review. *Laryngoscope*, 130(6), 1436-1442. <https://doi.org/10.1002/lary.28307>
56. **Gewarges, M., Gencher, J., Rodin, G., & Abdullah, N. (2020).** Medical Assistance in Dying: A Point of Care Educational Framework For Attending Physicians. *Teach Learn Med*, 32(2), 231-237. <https://doi.org/10.1080/10401334.2019.1682588>
57. **Goldberg, H., Ajaj, R., Caceres, J. O. H., Berlin, A., Chandrasekar, T., Klaassen, Z., Wallis, C. J. D., Ahmad, A. E., Leao, R., Petrella, A. R., Kachura, J. R., Fleshner, N., Matthew, A., Finelli, A., Jewett, M. A. S., & Hamilton, R. J. (2020).** Psychological distress associated with active surveillance in patients younger than 70 with a small renal mass. *Urol Oncol*, 38(6), 603 e617-603 e625. <https://doi.org/10.1016/j.urolonc.2020.02.015>
58. **Goldberg, H., Mohsin, F. K., Berlin, A., Chandrasekar, T., Wallis, C. J. D., Klaassen, Z., Ahmad, A. E., Saskin, R., Kenk, M., Saarela, O., Kulkarni, G. S., Alibhai, S. M. H., & Fleshner, N. (2021).** The suggested chemopreventive association of metformin with prostate cancer in diabetic patients. *Urol Oncol*, 39(3), 191 e117-191 e124. <https://doi.org/10.1016/j.urolonc.2020.08.032>
59. **Goldberg, H., Mohsin, F. K., Saskin, R., Kulkarni, G. S., Berlin, A., Kenk, M., Wallis, C. J. D., Chandrasekar, T., Klaassen, Z., Saarela, O., Penn, L., Alibhai, S. M. H., & Fleshner, N. (2020).** The deleterious association between proton pump inhibitors and prostate cancer-specific mortality - a population-based cohort study. *Prostate Cancer Prostatic Dis*, 23(4), 622-629. <https://doi.org/10.1038/s41391-020-0248-9>
60. **Goldberg, H., Mohsin, F. K., Saskin, R., Kulkarni, G. S., Berlin, A., Kenk, M., Wallis, C. J. D., Klaassen, Z., Chandrasekar, T., Ahmad, A. E., Sayyid, R. K., Saarela, O., Penn, L., Alibhai, S. M. H., & Fleshner, N. (2020).** The Suggested Unique Association Between the Various Statin Subgroups and Prostate Cancer. *Eur Urol Focus*, 2020 Jun, in press. <https://doi.org/10.1016/j.euf.2020.06.005>
61. **Goldberg, R., Nissim, R., An, E., & Hales, S. (2021).** Impact of medical assistance in dying (MAiD) on family caregivers. *BMJ Support Palliat Care*, 11(1), 107-114. <https://doi.org/10.1136/bmjspcare-2018-001686>
62. **Goldstein, D. P., Sklar, M. C., de Almeida, J. R., Gilbert, R., Gullane, P., Irish, J., Brown, D., Higgins, K., Enepekides, D., Xu, W., Su, J., & Alibhai, S. M. H. (2020).** Frailty as a predictor of outcomes in patients undergoing head and neck cancer surgery. *Laryngoscope*, 130(5), E340-E345. <https://doi.org/10.1002/lary.28222>
63. **Gounder, M., Schöffski, P., Jones, R. L., Agulnik, M., Cote, G. M., Villalobos, V. M., Attia, S., Chugh, R., Chen, T. W., Jahan, T., Loggers, E. T., Gupta, A., Italiano, A., Demetri, G. D., Ratan, R., Davis, L. E., Mir, O., Dileo, P., Van Tine, B. A., Pressey, J. G., Lingaraj, T., Rajarethinam, A., Sierra, L., Agarwal, S., & Stacchiotti, S. (2020).** Tazemetostat in advanced epithelioid sarcoma with loss of INI1/SMARCB1: an international, open-label, phase 2 basket study. *Lancet Oncol*, 21(11), 1423-1432. [https://doi.org/10.1016/s1470-2045\(20\)30451-4](https://doi.org/10.1016/s1470-2045(20)30451-4)
64. **Graham, C. A., Chaves, G., Harrison, R., Gauthier, L. R., Nissim, R., Zimmermann, C., Chan, V., Rodin, G., Stevens, B., & Gagliese, L. (2020).** Health Care Professionals' Reports of Cancer Pain Cues Among Older People With Delirium: A Qualitative-Quantitative Content Analysis. *J Pain Symptom Manage*, 60(1), 28-36 e21. <https://doi.org/10.1016/j.jpainsymman.2020.01.021>
65. **Greenspoon, T., Charow, R., Papadakos, J., Samadi, M., Maloney, A. M., Paulo, C., Forcina, V., Chen, L., Thavaratnam, A., Mitchell, L., Lorenzo, A., & Gupta, A. A. (2020).** Evaluation of an Educational Whiteboard Video to Introduce Fertility Preservation to Female Adolescents and Young Adults With Cancer. *JCO Oncol Pract*, 16(6), e488-e497. <https://doi.org/10.1200/op.19.00365>
66. **Grewal, R., Sklar, M. C., de Almeida, J. R., Xu, W., Su, J., Thomas, C. M., Alibhai, S. M. H., & Goldstein, D. P. (2021).** Evaluation of the Braden scale in predicting surgical outcomes in older patients undergoing major head and neck surgery. *Laryngoscope Investig Otolaryngol*, 6(1), 103-108. <https://doi.org/10.1002/lio2.491>
67. **Haase, K. R., Avery, J., Bryant-Lukosius, D., Kryzanowska, M., Kukretti, V., Liu, G., Mayo, S. J., Jones, J., & Howell, D. (2021).** Patient and clinician perspectives of desired features for a web-based self-management program (icanmanage.ca): exposing patients "hard work" of managing acute cancer. *Support Care Cancer*, 29(4), 1989-1998. <https://doi.org/10.1007/s00520-020-05683-8>
68. **Haase, K. R., Puts, M., Sattar, S., Gray, M., Kenis, C., Donison, V., Hall, S., McLean, B., Wills, A., & Howell, D. (2020).** Protocol for a systematic review of self-management interventions for older adults living with cancer. *Syst Rev*, 9(1), 80. <https://doi.org/10.1186/s13643-020-01346-1>
69. **Hahn, E., Dickson, B. C., Gupta, A. A., & Nofech-Mozes, S. (2021).** Case of epithelioid hemangioendothelioma occurring in the postradiation setting for breast cancer. *Genes Chromosomes Cancer*, 60(2), 112-115. <https://doi.org/10.1002/gcc.22912>
70. **Hannon, B., Mak, E., Al Awamer, A., Banerjee, S., Blake, C., Kaya, E., Lau, J., Lewin, W., O'Connor, B., Saltman, A., & Zimmermann, C. (2020).** Palliative care provision at a tertiary cancer center during a global pandemic. *Support Care Cancer*, 1-7. <https://doi.org/10.1007/s00520-020-05767-5>

71. Hausner, D., Tricou, C., Mathews, J., Wadhwa, D., Pope, A., Swami, N., Hannon, B., Rodin, G., Krzyzanowska, M. K., Le, L. W., & Zimmermann, C. (2020). Timing of Palliative Care Referral Before and After Evidence from Trials Supporting Early Palliative Care. *Oncologist*. <https://doi.org/10.1002/onco.13625>
72. Howell, D., Li, M., Sutradhar, R., Gu, S., Iqbal, J., O'Brien, M. A., Seow, H., Dudgeon, D., Atzema, C., Earle, C. C., DeAngelis, C., Sussman, J., & Barbera, L. (2020). Integration of patient-reported outcomes (PROs) for personalized symptom management in "real-world" oncology practices: a population-based cohort comparison study of impact on healthcare utilization. *Support Care Cancer*, 28(10), 4933-4942. <https://doi.org/10.1007/s00520-020-05313-3>
73. Howell, D., Mayer, D. K., Fielding, R., Eicher, M., Verdonck-de Leeuw, I. M., Johansen, C., Soto-Perez-de-Celis, E., Foster, C., Chan, R., Alfano, C. M., Hudson, S. V., Jefford, M., Lam, W. W. T., Loerzel, V., Pravettoni, G., Rammant, E., Schapira, L., Stein, K. D., Kocswara, B., & Global Partners for Self-Management in, C. (2020). Management of cancer and health after the clinic visit: A call to action for self-management in cancer care. *J Natl Cancer Inst*, djaa083. <https://doi.org/10.1093/jnci/djaa083>
74. Howell, D., Rosberger, Z., Mayer, C., Faria, R., Hamel, M., Snider, A., Lukosius, D. B., Montgomery, N., Mozuraitis, M., Li, M., & i, P. C. T. (2020). Personalized symptom management: a quality improvement collaborative for implementation of patient reported outcomes (PROs) in 'real-world' oncology multisite practices. *J Patient Rep Outcomes*, 4(1), 47. <https://doi.org/10.1186/s41687-020-00212-x>
75. Hueniken, K., Douglas, C. M., Jethwa, A. R., Mirshams, M., Eng, L., Hope, A., Chepeha, D. B., Goldstein, D. P., Ringash, J., Hansen, A., Martino, R., Li, M., Liu, G., Xu, W., & de Almeida, J. R. (2020). Measuring financial toxicity incurred after treatment of head and neck cancer: Development and validation of the Financial Index of Toxicity questionnaire. *Cancer*, 126(17), 4042-4050. <https://doi.org/10.1002/cncr.33032>
76. Iqbal, J., Sutradhar, R., Zhao, H., Howell, D., O'Brien, M. A., Seow, H., Dudgeon, D., Atzema, C., Earle, C. C., DeAngelis, C., Sussman, J., & Barbera, L. (2020). Operationalizing Outpatient Palliative Care Referral Criteria in Lung Cancer Patients: A Population-Based Cohort Study Using Health Administrative Data. *J Palliat Med*, 23(5), 670-677. <https://doi.org/10.1089/jpm.2019.0515>
77. Isenberg, S. R., Kavalieratos, D., Chow, R., Le, L., Wegier, P., & Zimmermann, C. (2020). Quality versus risk of bias assessment of palliative care trials: comparison of two tools. *BMJ Support Palliat Care*. Online first. <https://doi.org/10.1136/bmjspcare-2020-002539>
78. Isenberg, S. R., Killackey, T., Saunders, S., Scott, M., Ernecoff, N. C., Bush, S. H., Varenbut, J., Lovrics, E., Stern, M. A., Hsu, A. T., Bernstein, M., Zimmermann, C., Wentlandt, K., & Mahtani, R. (2021). "Going home [is] just a feel-good idea with no structure": A qualitative exploration of patient and family caregiver needs when transitioning from hospital to home in palliative care. *J Pain Symptom Manage*. <https://doi.org/10.1016/j.jpainsymman.2021.02.026>
79. Jiang, D. M., Berlin, A., Moody, L., Kumar, R., Hannon, B., Krzyzanowska, M. K., Dhani, N., Cole, H., Elliott, M., & Sridhar, S. S. (2020). Transitioning to a New Normal in the Post-COVID Era. *Curr Oncol Rep*, 22(7), 73. <https://doi.org/10.1007/s11912-020-00956-1>
80. Jones, J. M., Fitch, M., Bongard, J., Maganti, M., Gupta, A., D'Agostino, N., & Korenblum, C. (2020). The Needs and Experiences of Post-Treatment Adolescent and Young Adult Cancer Survivors. *J Clin Med*, 2020 May 13, 9(5), 1444. <https://doi.org/10.3390/jcm9051444>
81. Jones, J. M., House, R. D., & Ucci, C. (2020). Collaborative Rescue from Double Trouble: Case Review. *J Emerg Nurs*, 46(3), 364-367. <https://doi.org/10.1016/j.jen.2020.02.005>
82. Jones, J. M., Saeed, H., Katz, M. S., Lustberg, M. B., Forster, V. J., & Nekhlyudov, L. (2020). Re-Addressing the Needs of Cancer Survivors during COVID-19: A Path Forward. *J Natl Cancer Inst*. <https://doi.org/10.1093/jnci/djaa200>
83. Jung, P., Puts, M., Frankel, N., Syed, A. T., Alam, Z., Yeung, L., Malik, U., Rosario, C., Ayala, A. P., Hudson, J., & Alibhai, S. M. H. (2020). Delirium incidence, risk factors, and treatments in older adults receiving chemotherapy: A systematic review and meta-analysis. *J Geriatr Oncol*, 2020 Sep 14: S1879-4068(20)30425-2. doi: 10.1016/j.jgo.2020.08.011. Epub ahead of print.
84. Kahn, J. M., Brazauskas, R., Tecca, H. R., Bo-Subait, S., Buchbinder, D., Battiwala, M., Flowers, M. E. D., Savani, B. N., Phelan, R., Broglie, L., Abraham, A. A., Keating, A. K., Daly, A., Wirk, B., George, B., Alter, B. P., Ustun, C., Freytes, C. O., Beitinjaneh, A. M., Duncan, C., Copelan, E., Hildebrandt, G. C., Murthy, H. S., Lazarus, H. M., Auletta, J. J., Myers, K. C., Williams, K. M., Page, K. M., Vrooman, L. M., Norkin, M., Byrne, M., Diaz, M. A., Kamani, N., Bhatt, N. S., Rezvani, A., Farhadfar, N., Mehta, P. A., Hematti, P., Shaw, P. J., Kamble, R. T., Schears, R., Olsson, R. F., Hayashi, R. J., Gale, R. P., Mayo, S. J., Chhabra, S., Rotz, S. J., Badawy, S. M., Ganguly, S., Pavletic, S., Nishihori, T., Prestidge, T., Agrawal, V., Hogan, W. J., Inamoto, Y., Shaw, B. E., & Satwani, P. (2020). Subsequent neoplasms and late mortality in children undergoing allogeneic transplantation for nonmalignant diseases. *Blood Adv*, 4(9), 2084-2094. <https://doi.org/10.1182/bloodadvances.2019000839>
85. Kalocsai, C., des Ordons, A. R., Sinuff, T., Koo, E., Smith, O., Cook, D., Golan, E., Hales, S., Tomlinson, G., Strachan, D., MacKinnon, C. J., & Downar, J. (2020). Critical care providers' support of families in bereavement: a mixed-methods study. *Can J Anaesth*, 67(7), 857-865. <https://doi.org/10.1007/s12630-020-01645-0> (Soutien des familles en deuil par les intervenants aux soins intensifs : une etude de methodes mixtes.)

86. **Kontos, P., Colobong, R., Grigorovich, A., Palma Lazgare, L. I., Binns, M., Alibhai, S., Parsons, T., Nesrallah, G., Jassal, S. V., Thomas, A., & Naglie, G. (2021).** Fit for Dialysis: a prospective 2-site parallel intervention trial of a filmed research-based drama to increase exercise amongst older hemodialysis patients. *Int Urol Nephrol*. <https://doi.org/10.1007/s11255-020-02745-y>
87. **Koranyi, S., Philipp, R., Quintero Garzon, L., Scheffold, K., Schulz-Kindermann, F., Harter, M., Rodin, G., & Mehnert-Theuerkauf, A. (2020).** Testing the Treatment Integrity of the Managing Cancer and Living Meaningfully Psychotherapeutic Intervention for Patients With Advanced Cancer. *Front Psychol*, 11, 561997. <https://doi.org/10.3389/fpsyg.2020.561997>
88. **Kreimeike, K., Frerich, G., Romotzky, V., Bostrom, K., Dojan, T., Galushko, M., Shah-Hosseini, K., Junger, S., Rodin, G., Pfaff, H., Perrar, K. M., & Voltz, R. (2020).** The desire to die in palliative care: a sequential mixed methods study to develop a semi-structured clinical approach. *BMC Palliat Care*, 19(1), 49. <https://doi.org/10.1186/s12904-020-00548-7>
89. **Kwan, J. Y. Y., Famiyeh, P., Su, J., Xu, W., Kwan, B. Y. M., Jones, J. M., Chang, E., Yip, K. W., & Liu, F. F. (2020).** Development and Validation of a Risk Model for Breast Cancer-Related Lymphedema. *JAMA Netw Open*, 3(11), e2024373. <https://doi.org/10.1001/jamanetworkopen.2020.24373>
90. **Kwong, W., & Mak, E. (2021).** A link between dishonest data reporting and xenophobia. *Public Health*, 190, e27-e28. <https://doi.org/10.1016/j.puhe.2020.12.004>
91. **Lambert, S. D., Duncan, L. R., Ellis, J., Schaffler, J. L., Loban, E., Robinson, J. W., Culos-Reed, N., Matthew, A., Clayberg, K., Santa Mina, D., Goldberg, L., Pollock, P., Tanguay, S., Kassouf, W., Saha-Chaudhuri, P., Peacock, S., & Katz, A. (2020).** Acceptability and Usefulness of a Dyadic, Tailored, Web-Based, Psychosocial and Physical Activity Self-Management Program (TEMPO): A Qualitative Study. *J Clin Med*, 9(10). <https://doi.org/10.3390/jcm9103284>
92. **Lautz, T. B., Chi, Y. Y., Tian, J., Gupta, A. A., Wolden, S. L., Routh, J. C., Casey, D. L., Dasgupta, R., Hawkins, D. S., & Rodeberg, D. A. (2020).** Relationship between tumor response at therapy completion and prognosis in patients with Group III rhabdomyosarcoma: A report from the Children's Oncology Group. *Int J Cancer*, 147(5), 1419-1426. <https://doi.org/10.1002/ijc.32896>
93. **Lewin, J., Malone, E., Al-Ezzi, E., Fasih, S., Pedersen, P., Accardi, S., Gupta, A., & Abdul Razak, A. (2021).** A phase 1b trial of selinexor, a first-in-class selective inhibitor of nuclear export (SINE), in combination with doxorubicin in patients with advanced soft tissue sarcomas (STS). *Eur J Cancer*, 144, 360-367. <https://doi.org/10.1016/j.ejca.2020.10.032>
94. **Lewin, W. (2020).** Making treatment recommendations during the COVID-19 pandemic. *CMAJ*, 192(19), E521. <https://doi.org/10.1503/cmaj.75485>
95. **Lewin, WH., Marchington K., and Zimmermann, C. (2020).** Blog: Primary care communication and palliative care in the era of COVID-19. *Canadian Family Physician*, July 9, 2020: <https://www.cfp.ca/news/2020/07/09/07-10>
96. **Lopez, C., McGarragle, K., Pritlove, C., Jones, J. M., Alibhai, S. M. H., Lenton, E., & Santa Mina, D. (2020).** Variability and limitations in home-based exercise program descriptions in oncology: a scoping review. *Support Care Cancer*, 28(9), 4005-4017. <https://doi.org/10.1007/s00520-020-05453-6>
97. **Lopez, C. J., Edwards, B., Langelier, D. M., Chang, E. K., Chafrańskaia, A., & Jones, J. M. (2021).** Delivering virtual cancer rehabilitation programming during the first 90 days of the COVID-19 pandemic: A multimethod study. *Arch Phys Med Rehabil*, in press. <https://doi.org/10.1016/j.apmr.2021.02.002>
98. **Lopez, C. J., Pritlove, C., Jones, J. M., Alibhai, S. M. H., Sabiston, C. M., Chang, E., & Santa Mina, D. (2020).** "This is my home-based exercise": Exploring environmental influences on home-based exercise participation in oncology. *Support Care Cancer*. <https://doi.org/10.1007/s00520-020-05843-w>. [Epub ahead of print 23 Oct 2020]
99. **Loughan, A. R., Aslanzadeh, F. J., Brechbiel, J., Rodin, G., Husain, M., Braun, S. E., Willis, K. D., & Lanoye, A. (2020).** Death-related distress in adult primary brain tumor patients. *Neurooncol Pract*, 7(5), 498-506. <https://doi.org/10.1093/nop/npaa015>
100. **MacDonald, A. M., Chafrańskaia, A., Lopez, C. J., Maganti, M., Bernstein, L. J., Chang, E., Langelier, D. M., Obadia, M., Edwards, B., Oh, P., Bender, J. L., Alibhai, S. M., & Jones, J. M. (2020).** CaRE @ Home: Pilot Study of an Online Multidimensional Cancer Rehabilitation and Exercise Program for Cancer Survivors. *J Clin Med*, 9(10), 3092. <https://doi.org/10.3390/jcm9103092>. [Addendum published on 26 October 2020, see *J Clin Med*, 2020, 9(11), 3440].
101. **Madariaga, A., McMullen, M., Sheikh, S., Kumar, R., Liu, F. F., Zimmermann, C., Husain, S., Zadeh, G., & Oza, A. M. (2020).** COVID-19 Testing in Patients with Cancer: Does One Size Fit All? *Clin Cancer Res*, 26(18), 4737-4742. <https://doi.org/10.1158/1078-0432.CCR-20-2224>
102. **Mah, K., Chow, B., Swami, N., Pope, A., Rydall, A., Earle, C., Krzyzanowska, M., Le, L., Hales, S., Rodin, G., Hannon, B., & Zimmermann, C. (2021).** Early palliative care and quality of dying and death in patients with advanced cancer. *BMJ Support Palliat Care*, 2021 Feb 22. [Epub ahead of print]. <https://doi.org/10.1136/bmjspcare-2021-002893>
103. **Mah, K., Shapiro, G. K., Hales, S., Rydall, A., Malfitano, C., An, E., Nissim, R., Li, M., Zimmermann, C., & Rodin, G. (2020).** The impact of attachment security on death preparation in advanced cancer: The role of couple communication. *Psycho-Oncology*, 29(5), 833-840. <https://doi.org/10.1002/pon.5354>

104. Mah, K., Swami, N., Le, L. W., Chow, R., Hannon, B. L., Rodin, G., & Zimmermann, C. (2020). Validation of the 7-item Functional Assessment of Cancer Therapy-General (FACT-G7) as a short measure of quality of life in patients with advanced cancer. *Cancer*, 126(16), 3750-3757. <https://doi.org/10.1002/cncr.32981>
105. Mah, K., Swami, N., O'Connor, B., Hannon, B., Rodin, G., & Zimmermann, C. (2021). Early palliative intervention: effects on patient care satisfaction in advanced cancer. *BMJ Support Palliat Care*, 2021 Jan 8. [Epub ahead of print]. <https://doi.org/10.1136/bmjspcare-2020-002710>
106. Malik, N. H., Maganti, M., McQuestion, M., Tjong, M. C., Keilty, D., Monteiro, E., Huang, S. H., Jang, R. W., Gomes, A., Pun, J., & Ringash, J. (2021). Pre-treatment psychoeducational intervention and outcomes in head and neck cancer patients undergoing radiotherapy. *Support Care Cancer*, 29(3), 1643-1652. <https://doi.org/10.1007/s00520-020-05627-2>
107. Malik, U., Alam, Z., Loucks, A., Jin, R., Yokom, D., Watt, S., Berger, A., Romanovsky, L., Puts, M., & Alibhai, S. M. H. (2020). Downstream consequences of abnormal cognitive screening in older adults seen pretreatment in a geriatric oncology clinic. *J Geriatr Oncol*, 2020 Jun, 11(5), 784-789. <https://doi.org/10.1016/j.jgo.2019.10.022>
108. Mallya, S., Daniels, M., Kanter, C., Stone, A., Cipolla, A., Edelstein, K., & D'Agostino, N. (2020). A qualitative analysis of the benefits and barriers of support groups for patients with brain tumours and their caregivers. *Support Care Cancer*, 28(6), 2659-2667. <https://doi.org/10.1007/s00520-019-05069-5>
109. Mathews, J., & Zimmermann, C. (2020). Palliative care services at cancer centres - room for improvement. *Nat Rev Clin Oncol*, 17(6), 339-340. <https://doi.org/10.1038/s41571-020-0374-2>
110. Mathews, J. J., Hausner, D., Avery, J., Hannon, B., Zimmermann, C., & Al-Awamer, A. (2021). Impact of Medical Assistance in Dying on palliative care: A qualitative study. *Palliat Med*, 35(2), 447-454. <https://doi.org/10.1177/0269216320968517>
111. Matthew Adebayo, A., Olaiya Adeniyi, B., Oluwasanu, M., Hassan, A., Ada Ajuwon, G., Chidinma Ogbuji, Q., Adewole, D., John Osho, A., Olukolade, R., Alabi Ladipo, O., & Johnson Ajuwon, A. (2020). Tuberculosis treatment outcomes and associated factors in two states in Nigeria. *Trop Med Int Health*, 25(10), 1261-1270. <https://doi.org/10.1111/tmi.13467>
112. Mayo, S. J., Lustberg, M., H, M. D., Nakamura, Z. M., Allen, D. H., Von Ah, D., M, C. J., Chan, A., Olson, K., Tan, C. J., Toh, Y. L., Oh, J., Grech, L., Cheung, Y. T., Subbiah, I. M., Petranovic, D., D'Olimpio, J., Gobbo, M., Koeppen, S., Loprinzi, C. L., Pang, L., Shinde, S., Ntukidem, O., & Peters, K. B. (2020). Cancer-related cognitive impairment in patients with non-central nervous system malignancies: an overview for oncology providers from the MASCC Neurological Complications Study Group. *Support Care Cancer*. <https://doi.org/10.1007/s00520-020-05860-9>
113. Mayo, S. J., Messner, H. A., Rourke, S. B., Howell, D., Victor, J. C., Lipton, J. H., Kuruvilla, J., Gupta, V., Kim, D. D. H., Michelis, F. V., & Metcalfe, K. (2020). Predictors of the trajectory of cognitive functioning in the first 6 months after allogeneic hematopoietic stem cell transplantation. *Bone Marrow Transplant*, 55(5), 918-928. <https://doi.org/10.1038/s41409-019-0746-3>
114. Mayo, S. J., Rourke, S. B., Atenafu, E. G., Vitorino, R., Chen, C., & Kuruvilla, J. (2021). Computerized cognitive training in post-treatment hematological cancer survivors: a feasibility study. *Pilot Feasibility Stud*, 7(1), 36. <https://doi.org/10.1186/s40814-021-00778-3>
115. Mayo, S. J., Wozniczka, I., Brennenstuhl, S., Rourke, S. B., Howell, D., Metcalfe, K. A., & Lipton, J. H. (2020). Late cognitive outcomes among allogeneic stem cell transplant survivors: follow-up data from a 6-year longitudinal study. *Support Care Cancer*. <https://doi.org/10.1007/s00520-020-05761-x>
116. McCusker, J., Jones, J. M., Li, M., Faria, R., Yaffe, M. J., Lambert, S. D., Ciampi, A., Belzile, E., & de Raad, M. (2021). CanDirect: Effectiveness of a Telephone-Supported Depression Self-Care Intervention for Cancer Survivors. *J Clin Oncol*, <https://doi.org/10.1200/JCO.20.01802> [Published online February 08, 2021].
117. McCusker, M. R., Bazinet, R. P., Metherel, A. H., Klein, R. Y., Kundra, A., Haibe-Kains, B., & Li, M. (2020). Nonesterified Fatty Acids and Depression in Cancer Patients and Caregivers. *Curr Dev Nutr*, 4(11), nzaa156. <https://doi.org/10.1093/cdn/nzaa156>
118. McDowell, L., So, N., Keshavarzi, S., Xu, W., Rock, K., Chan, B., Waldron, J., Bernstein, L. J., Hui Huang, S., Giuliani, M., Hope, A., O'Sullivan, B., Bratman, S. V., Cho, J., Kim, J., Jang, R., Bayley, A., & Ringash, J. (2020). Sexual satisfaction in nasopharyngeal carcinoma survivors: Rates and determinants. *Oral Oncol*, 109, 104865. <https://doi.org/10.1016/j.oraloncology.2020.104865>
119. McGuinty, C., Leong, D., Weiss, A., MacIver, J., Kaya, E., Hurlburt, L., Billia, F., Ross, H., & Wentlandt, K. (2020). Heart Failure: A Palliative Medicine Review of Disease, Therapies, and Medications With a Focus on Symptoms, Function, and Quality of Life. *J Pain Symptom Manage*, 59(5), 1127-1146 e1121. <https://doi.org/10.1016/j.jpainsymman.2019.12.357>
120. McLean, B., Hossain, N., Donison, V., Gray, M., Durbano, S., Haase, K., Alibhai, S. M. H., & Puts, M. (2021). Providing Medical Information to Older Adults in a Web-Based Environment: Systematic Review. *JMIR Aging*, 2021 Feb 9, 4(1), e24092. <https://doi.org/10.2196/24092>
121. McQuestion, M., & Cashell, A. (2020). A qualitative descriptive study of patients' experiences of a radiation skin reaction associated with treatment for a head and neck cancer. *Can Oncol Nurs J*, 30(4), 287-292. <https://doi.org/10.5737/23688076304287292>

122. **Mehnert, A., Koranyi, S., Philipp, R., Scheffold, K., Kriston, L., Lehmann-Lae, A., Engelmann, D., Vehling, S., Eisenecker, C., Oechsle, K., Schulz-Kindermann, F., Rodin, G., & Harter, M. (2020).** Efficacy of the Managing Cancer and Living Meaningfully (CALM) individual psychotherapy for patients with advanced cancer: A single-blind randomized controlled trial. *Psycho-Oncology*, 29(11), 1895-1904. <https://doi.org/10.1002/pon.5521>
123. **Meng, H., Dai, T., Hanlon, J. G., Downar, J., Alibhai, S. M. H., & Clarke, H. (2020).** Cannabis and cannabinoids in cancer pain management. *Curr Opin Support Palliat Care*, 14(2), 87-93. <https://doi.org/10.1097/SPC.0000000000000493>
124. **Montgomery, N., Howell, D., Ismail, Z., Bartlett, S. J., Brundage, M., Bryant-Lukosius, D., Krzyzanowska, M., Moody, L., Snyder, C., Barbera, L., & Cancer Care Ontario Patient Reported Outcome Advisory, C. (2020).** Selecting, implementing and evaluating patient-reported outcome measures for routine clinical use in cancer: the Cancer Care Ontario approach. *J Patient Rep Outcomes*, 4(1), 101. <https://doi.org/10.1186/s41687-020-00270-1>
125. **Moradian, S., Krzyzanowska, M., Maguire, R., Kukreti, V., Amir, E., Morita, P. P., Liu, G., & Howell, D. (2020).** Feasibility randomised controlled trial of remote symptom chemotherapy toxicity monitoring using the Canadian adapted Advanced Symptom Management System (ASyMS-Can): a study protocol. *BMJ Open*, 10(6), e035648. <https://doi.org/10.1136/bmjopen-2019-035648>
126. **Morey, T., Scott, M., Saunders, S., Varenbut, J., Howard, M., Tanuseputro, P., Webber, C., Killackey, T., Wentlandt, K., Zimmermann, C., Bernstein, M., Ernecoff, N., Hsu, A., & Isenberg, S. (2020).** Transitioning From Hospital to Palliative Care at Home: Patient and Caregiver Perceptions of Continuity of Care. *J Pain Symptom Manage*. <https://doi.org/10.1016/j.jpainsymman.2020.12.019>
127. **Nadler, M. B., Barry, A., Murphy, T., Prince, R., & Elliott, M. (2020).** Strategies to support health care providers during the COVID-19 pandemic. *CMAJ*, 192(19), E522. <https://doi.org/10.1503/cmaj.75499>
128. **Nadler, M. B., Rose, A. A. N., Prince, R., Eng, L., Lott, A., Grant, R. C., Jones, J. M., & Enright, K. (2020).** Increasing Referrals of Patients With Gastrointestinal Cancer to a Cancer Rehabilitation Program: A Quality Improvement Initiative. *JCO Oncol Pract*, Op2000432. <https://doi.org/10.1200/op.20.00432>
129. **Nekhlyudov, L., Duijts, S., Hudson, S. V., Jones, J. M., Keogh, J., Love, B., Lustberg, M., Smith, K. C., Tevaarwerk, A., Yu, X., & Feuerstein, M. (2020).** Addressing the needs of cancer survivors during the COVID-19 pandemic. *J Cancer Surviv*, 14(5), 601-606. <https://doi.org/10.1007/s11764-020-00884-w>
130. **Nguyen, D. D., Berlin, A., Matthew, A. G., Perlis, N., & Elterman, D. S. (2021).** Sexual function and rehabilitation after radiation therapy for prostate cancer: a review. *Int J Impot Res*. <https://doi.org/10.1038/s41443-020-00389-1>
131. **Nguyen, M., Fujioka, J., Wentlandt, K., Onabajo, N., Wong, I., Bhatia, R. S., Bhattacharyya, O., & Stamenova, V. (2020).** Using the technology acceptance model to explore health provider and administrator perceptions of the usefulness and ease of using technology in palliative care. *BMC Palliat Care*, 19(1), 138. <https://doi.org/10.1186/s12904-020-00644-8>
132. **Nissim, R. S., Roth, A., Gupta, A. A., & Elliott, M. (2020).** Mindfulness-Based Cognitive Therapy Intervention for Young Adults with Cancer: A Pilot Mixed-Method Study. *J Adolesc Young Adult Oncol*, 9(2), 256-261. <https://doi.org/10.1089/jayao.2019.0086>
133. **Oberoi, S., Yang, J., Woodgate, R. L., Niraula, S., Banerji, S., Israels, S. J., Altman, G., Beattie, S., Rabbani, R., Askin, N., Gupta, A., Sung, L., Abou-Setta, A. M., & Zarychanski, R. (2020).** Association of Mindfulness-Based Interventions With Anxiety Severity in Adults With Cancer: A Systematic Review and Meta-analysis. *JAMA Netw Open*, 3(8), e2012598. <https://doi.org/10.1001/jamanetworkopen.2020.12598>
134. **O'Connor, B., Kerr, C., Shields, N., Adair, B., & Imms, C. (2021).** Steering towards collaborative assessment: a qualitative study of parents' experiences of evidence-based assessment practices for their child with cerebral palsy. *Disabil Rehabil*, 43(4), 458-467. <https://doi.org/10.1080/09638288.2019.1629652>
135. **O'Neill, M., Samaroo, D., Lopez, C., Tomlinson, G., Santa Mina, D., Sabiston, C., Culos-Reed, N., & Alibhai, S. M. H. (2020).** The Effect of Yoga Interventions on Cancer-Related Fatigue and Quality of Life for Women with Breast Cancer: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Integr Cancer Ther*, 19, 1534735420959882. <https://doi.org/10.1177/1534735420959882>
136. **Papadopoulos, E., Alibhai, S. M. H., Dore, I., Matthew, A. G., Tomlinson, G. A., Nesbitt, M., Finelli, A., Trachtenberg, J., & Santa Mina, D. (2020).** Associations between self-reported physical activity, quality of life, and emotional well-being in men with prostate cancer on active surveillance. *Psycho-Oncology*, 29(6), 1044-1050. <https://doi.org/10.1002/pon.5375>
137. **Papadopoulos, E., Mina, D. S., Culos-Reed, N., Durbano, S., Ritvo, P., Sabiston, C. M., Krahn, M., Tomlinson, G., O'Neill, M., Iqbal, A., Timilshina, N., Matthew, A., Warde, P., & Alibhai, S. M. H. (2020).** Effects of six months of aerobic and resistance training on metabolic markers and bone mineral density in older men on androgen deprivation therapy for prostate cancer. *J Geriatr Oncol*, 11(7), 1074-1077. <https://doi.org/10.1016/j.jgo.2020.02.013>
138. **Perlis, N., Finelli, A., Lovas, M., Berlin, A., Papadakis, J., Ghai, S., Bakas, V., Alibhai, S., Lee, O., Badzynski, A., Wiljer, D., Lund, A., Di Meo, A., Cafazzo, J., & Haider, M. (2020).** Creating patient-centered radiology reports to empower patients undergoing prostate magnetic resonance imaging. *Can Urol Assoc J*. <https://doi.org/10.5489/cuaj.6585>

139. **Petricone-Westwood, D., Hales, S., Galica, J., Stragapede, E., & Lebel, S. (2021).** What do partners of patients with ovarian cancer need from the healthcare system? An examination of caregiving experiences in the healthcare setting and reported distress. *Support Care Cancer*, 29(3), 1213-1223. <https://doi.org/10.1007/s00520-020-05599-3>
140. **Pritlove, C., Capone, G., Kita, H., Gladman, S., Maganti, M., & Jones, J. M. (2020).** Cooking for Vitality: Pilot Study of an Innovative Culinary Nutrition Intervention for Cancer-Related Fatigue in Cancer Survivors. *Nutrients*, 2020 Sep 10, 12(9), E2760. <https://doi.org/10.3390/nu12092760>
141. **Puts M, Szumacher E, Dawe D, Fitch M, Jones J, Fülöp T, Alibhai SMH, Hsu T, Strohschein F; Canadian Network on Aging and Cancer. (2021).** Never too old to learn new tricks: Surveying Canadian healthcare professionals about learning needs in caring for older adults with cancer. *J Geriatr Oncol*. 2021 Mar, 12(2), 262-273. doi: 10.1016/j.jgo.2020.08.010.
142. **Rai, Y., Zheng, S., Chappell, H., Pulandiran, M., & Jones, J. (2020).** Kidney cancer survivorship care: Patient experiences in a Canadian setting. *Can Urol Assoc J*, 14(11), E560-E567. <https://doi.org/10.5489/cuaj.6217>
143. **Richard, P. O., Timilshina, N., Komisarenko, M., Martin, L., Ahmad, A., Alibhai, S. M. H., Hamilton, R. J., Kulkarni, G. S., & Finelli, A. (2020).** The long-term outcomes of Gleason grade groups 2 and 3 prostate cancer managed by active surveillance: Results from a large, population-based cohort. *Can Urol Assoc J*, 14(6), 174-181. <https://doi.org/10.5489/cuaj.6328>
144. **Rodin, G., Zimmermann, C., Rodin, D., Al-Awamer, A., Sullivan, R., & Chamberlain, C. (2020).** COVID-19, palliative care and public health. *Eur J Cancer*, 136, 95-98. <https://doi.org/10.1016/j.ejca.2020.05.023>
145. **Rosenblat, J. D., Carvalho, A. F., Li, M., Lee, Y., Subramaniepillai, M., & McIntyre, R. S. (2020).** Correction. *J Clin Psychiatry*, 81(2). <https://doi.org/10.4088/JCP.20lxc13315>
146. **Rosenblat, J. D., Kurdyak, P., Cosci, F., Berk, M., Maes, M., Brunoni, A. R., Li, M., Rodin, G., McIntyre, R. S., & Carvalho, A. F. (2020).** Depression in the medically ill. *Aust N Z J Psychiatry*, 54(4), 346-366. <https://doi.org/10.1177/0004867419888576>
147. **Rosenblat, J. D., & Li, M. (2020).** Is Ketamine a litmus test for capacity in assisted dying with depression? *Psycho-Oncology* 30: 417-420. <https://doi.org/10.1002/pon.5586>
148. **Rozenberg, D., Sitzer, N., Porter, S., Weiss, A., Colman, R., Reid, W. D., Shapera, S., Fisher, J., & Wentlandt, K. (2020).** Idiopathic Pulmonary Fibrosis: A Review of Disease, Pharmacological, and Nonpharmacological Strategies With a Focus on Symptoms, Function, and Health-Related Quality of Life. *J Pain Symptom Manage*, 59(6), 1362-1378. <https://doi.org/10.1016/j.jpainsymman.2019.12.364>
149. **Salas, M. Q., Atenafu, E. G., Bascom, O., Wilson, L., Lam, W., Law, A. D., Pasic, I., Kim, D. D. H., Michelis, F. V., Al-Shaibani, Z., Gerbitz, A., Viswabandya, A., Lipton, J. H., Mattsson, J., Alibhai, S. M. H., & Kumar, R. (2021).** Pilot prospective study of Frailty and Functionality in routine clinical assessment in allogeneic hematopoietic cell transplantation. *Bone Marrow Transplant*, 56(1), 60-69. <https://doi.org/10.1038/s41409-020-0979-1>
150. **Samadi, M., Avery, J., Black, S., Gupta, A., & Korenblum, C. (2021).** Letter to the Editor: Music Meet Up- Preliminary Results of a Novel Music Therapy Group Intervention for Adolescents and Young Adults with Cancer. *J Adolesc Young Adult Oncol*. <https://doi.org/10.1089/jayao.2020.0181>
151. **Santa Mina, D., & Alibhai, S. M. H. (2020).** Prehabilitation in geriatric oncology. *J Geriatr Oncol*, 11(4), 731-734. <https://doi.org/10.1016/j.jgo.2019.05.017>
152. **Santa Mina, D., Au, D., Papadopoulos, E., O'Neill, M., Diniz, C., Dolan, L., Lipton, J., Chang, E., & Jones, J. M. (2020).** Aerobic capacity attainment and reasons for cardiopulmonary exercise test termination in people with cancer: a descriptive, retrospective analysis from a single laboratory. *Support Care Cancer*, 2020 Sep, 28(9), 4285-4294. <https://doi.org/10.1007/s00520-019-05094-4>
153. **Santa Mina, D., Dolan, L. B., Lipton, J. H., Au, D., Camacho Perez, E., Franzese, A., Alibhai, S. M. H., Jones, J. M., & Chang, E. (2020).** Exercise before, during, and after Hospitalization for Allogeneic Hematological Stem Cell Transplant: A Feasibility Randomized Controlled Trial. *J Clin Med*, 9(6). <https://doi.org/10.3390/jcm9061854>
154. **Santa Mina, D., van Rooijen, S. J., Minnella, E. M., Alibhai, S. M. H., Brahmabhatt, P., Dalton, S. O., Gillis, C., Grocott, M. P. W., Howell, D., Randall, I. M., Sabiston, C. M., Silver, J. K., Slooter, G., West, M., Jack, S., & Carli, F. (2020).** Multiphasic Prehabilitation Across the Cancer Continuum: A Narrative Review and Conceptual Framework. *Front Oncol*, 10, 598425. <https://doi.org/10.3389/fonc.2020.598425>
155. **Sattar, S., Haase, K., Kuster, S., Puts, M., Spoelstra, S., Bradley, C., Wildes, T. M., & Alibhai, S. (2021).** Falls in older adults with cancer: an updated systematic review of prevalence, injurious falls, and impact on cancer treatment. *Support Care Cancer*, 29(1), 21-33. <https://doi.org/10.1007/s00520-020-05619-2>
156. **Sawka, A. M., Ghai, S., Ihekire, O., Jones, J. M., Gafni, A., Baxter, N. N., Goldstein, D. P., & On Behalf Of The Canadian Thyroid Cancer Active Surveillance Study, G. (2021).** Decision-making in Surgery or Active Surveillance for Low Risk Papillary Thyroid Cancer During the COVID-19 Pandemic. *Cancers (Basel)*, 13(3). <https://doi.org/10.3390/cancers13030371>

157. **Sawka, A. M., Ghai, S., Yoannidis, T., Rotstein, L., Gullane, P. J., Gilbert, R. W., Pasternak, J. D., Brown, D. H., Eskander, A., Almeida, J. R., Irish, J. C., Higgins, K., Enepekides, D. J., Monteiro, E., Banerjee, A., Shah, M., Gooden, E., Zahedi, A., Korman, M., Ezzat, S., Jones, J. M., Rac, V. E., Tomlinson, G., Stanimirovic, A., Gafni, A., Baxter, N. N., & Goldstein, D. P. (2020).** A Prospective Mixed-Methods Study of Decision-Making on Surgery or Active Surveillance for Low-Risk Papillary Thyroid Cancer. *Thyroid*, 2020 Jul, 30(7), 999-1007. <https://doi.org/10.1089/thy.2019.0592>
158. **Schuitema, I., Alexander, T., & Edelstein, K. (2021).** Aging adult survivors of childhood cancer. *J Clin Oncol*, in press.
159. **Sekeres, M. A., Guyatt, G., Abel, G., Alibhai, S., Altman, J. K., Buckstein, R., Choe, H., Desai, P., Erba, H., Hourigan, C. S., LeBlanc, T. W., Litzow, M., MacEachern, J., Michaelis, L. C., Mukherjee, S., O'Dwyer, K., Rosko, A., Stone, R., Agarwal, A., Colunga-Lozano, L. E., Chang, Y., Hao, Q., & Brignardello-Petersen, R. (2020).** American Society of Hematology 2020 guidelines for treating newly diagnosed acute myeloid leukemia in older adults. *Blood Adv*, 4(15), 3528-3549. <https://doi.org/10.1182/bloodadvances.2020001920>
160. **Sethi, R., Rodin, G., & Hales, S. (2020).** Psychotherapeutic Approach for Advanced Illness: Managing Cancer and Living Meaningfully (CALM) Therapy. *Am J Psychother*, 73(4), 119-124. <https://doi.org/10.1176/appi.psychotherapy.20190050>
161. **Shank, J., Chamorro-Vina, C., Guilcher, G. M. T., Langelier, D. M., Schulte, F., & Culos-Reed, S. N. (2020).** Evaluation Tools for Physical Activity Programs for Childhood Cancer: A Scoping Review. *J Pediatr Oncol Nurs*, 37(3), 163-179. <https://doi.org/10.1177/1043454219891987>
162. **Shapiro, G. K., Mah, K., de Vries, F., Li, M., Zimmermann, C., Hales, S., & Rodin, G. (2020).** A cross-sectional gender-sensitive analysis of depressive symptoms in patients with advanced cancer. *Palliat Med*, 34(10), 1436-1446. <https://doi.org/10.1177/0269216320947961>
163. **Shapiro, G. K., Mah, K., Li, M., Zimmermann, C., Hales, S., & Rodin, G. (2020).** Validation of the Death and Dying Distress Scale in patients with advanced cancer. *Psycho-Oncology*, 2020 Dec 26; <https://doi.org/10.1002/pon.5620>
164. **Shapiro, G.K., Schulz-Quach C., Matthew, A., Mosher P, Rodin, G., de Vries, F., Hales, S., Korenblum, C., Black, SR., Beck, L., Miller, K., Morita, J., Li, M., & Elliott, M. (2021).** An institutional model for health care workers' mental health during Covid-19 [Commentary]. *NEJM Catalyst Innovations in Care Delivery*, March 12, 2021. doi: 10.1056/CAT.20.0684. [Online publication]
165. **Shi, W., Misra, S., Li, M., Su, J., Chong, L. P., McCuske, M., Williams, J., Xu, W., Ghoraie, L. S., Sutherland, D. R., Han, K., Minden, M. D., Bratman, S. V., Yip, K. W., & Liu, F. F. (2020).** Inflammatory Biomarkers, Hematopoietic Stem Cells, and Symptoms in Breast Cancer Patients Undergoing Adjuvant Radiation Therapy. *JNCI Cancer Spectr*, 4(5), pkaa037. <https://doi.org/10.1093/jncics/pkaa037>
166. **Simmonds, A., Nunn, A., Gray, M., Hardie, C., Mayo, S., Peter, E., & Richards, J. (2020).** Pedagogical practices that influence professional identity formation in baccalaureate nursing education: A scoping review. *Nurse Educ Today*, 93, 104516. <https://doi.org/10.1016/j.nedt.2020.104516>
167. **So, N., McDowell, L.J., Lu, L., Xu, W., Rock, K., Waldron, J., Bernstein, L.J., Chan, H.B., Huang, S.H., Giuliani, M., Hope, A., O'Sullivan, B., Bratman, S.V., Cho, J., Kim, J., Jang, R., Bayley, A., & Ringash, J. (2020).** The prevalence and determinants of return to work in nasopharyngeal carcinoma survivors. *Int J Radiat Oncol Biol Phys*, 106(1), 134-145. doi: 10.1016/j.ijrobp.2019.09.008.
168. **Sohi, G., Caraceni, A., Moulin, D. E., Zimmermann, C., Herx, L., & Gilron, I. (2020).** Nonopioid drug combinations for cancer pain: protocol for a systematic review. *Pain Rep*, 5(6), e856. <https://doi.org/10.1097/PR9.0000000000000856>
169. **Sopfe, J., Gupta, A., Appiah, L. C., Chow, E. J., & Peterson, P. N. (2020).** Sexual Dysfunction in Adolescent and Young Adult Survivors of Childhood Cancer: Presentation, Risk Factors, and Evaluation of an Underdiagnosed Late Effect: A Narrative Review. *J Adolesc Young Adult Oncol*, 9(5), 549-560. <https://doi.org/10.1089/jayao.2020.0025>
170. **Spring J, McKinlay J, Puxty K, Metaxa V, Detsky M, Mehta S, Thyagu S, McGuigan K, & Munshi L. (2021).** Perspectives on Advance Care Planning for Patients with Hematologic Malignancies: An International Clinician Questionnaire. *Ann Am Thorac Soc*. 2021 Jan 5. doi: 10.1513/AnnalsATS.202006-678OC. [Epub ahead of print].
171. **Sridhar, S. S., & Alibhai, S. M. H. (2020).** Key Perspectives on Managing Older Patients with Prostate Cancer: What We Know About the Fit and What We Need to Know About the Frail. *Eur Urol Oncol*, 3(4), 410-411. <https://doi.org/10.1016/j.euo.2020.05.006>
172. **Starkman, R., Alibhai, S., Wells, R. A., Geddes, M., Zhu, N., Keating, M. M., Leber, B., Chodirker, L., Sabloff, M., Christou, G., Leitch, H. A., St-Hilaire, E., Finn, N., Shamy, A., Yee, K., Storrung, J., Nevill, T., Delage, R., Elemery, M., Banerji, V., Lenis, M., Kirubananthaan, A., Mamedov, A., Zhang, L., Rockwood, K., & Buckstein, R. (2020).** An MDS-specific frailty index based on cumulative deficits adds independent prognostic information to clinical prognostic scoring. *Leukemia*, 34(5), 1394-1406. <https://doi.org/10.1038/s41375-019-0666-7>
173. **Subramaniam, C. B., Bowen, J. M., Gladman, M. A., Lustberg, M. B., Mayo, S. J., & Wardill, H. R. (2020).** The microbiota-gut-brain axis: An emerging therapeutic target in chemotherapy-induced cognitive impairment. *Neurosci Biobehav Rev*, 116, 470-479. <https://doi.org/10.1016/j.neubiorev.2020.07.002>
174. **Sung, J. H., Brown, M. C., Perez-Cosio, A., Pratt, L., Houad, J., Liang, M., Gill, G., Moradian, S., Liu, G., & Howell, D. (2020).** Acceptability and accuracy of patient-reported outcome measures (PROMs) for surveillance of breathlessness in routine lung cancer care: A mixed-method study. *Lung Cancer*, 147, 1-11. <https://doi.org/10.1016/j.lungcan.2020.06.028>

175. **Tedesco, A., Brown, J., Hannon, B., Hutton, L., & Lau, J.** (2021). Managing Opioids and Mitigating Risk: A Survey of Attitudes, Confidence and Practices of Oncology Health Care Professionals. *Curr Oncol*, 28(1), 873-878. <https://doi.org/10.3390/curroncol28010086>
176. **Thomas, C. M., Sklar, M. C., Su, J., Xu, W., De Almeida, J. R., Alibhai, S. M. H., & Goldstein, D. P.** (2021). Longitudinal Assessment of Frailty and Quality of Life in Patients Undergoing Head and Neck Surgery. *Laryngoscope*. <https://doi.org/10.1002/lary.29375>
177. **Tse, B. C., Said, B. I., Fan, Z. J., Hueniken, K., Patel, D., Gill, G., Liang, M., Razooqi, M., Brown, M. C., Sacher, A. G., Bradbury, P. A., Shepherd, F. A., Leighl, N. B., Xu, W., Howell, D., Liu, G., & O’Kane, G.** (2020). Longitudinal health utilities, symptoms and toxicities in patients with ALK-rearranged lung cancer treated with tyrosine kinase inhibitors: a prospective real-world assessment. *Curr Oncol*, 27(6), e552-e559. <https://doi.org/10.3747/co.27.6563>
178. **Urquhart, R., Kendell, C., Cornelissen, E., Madden, L.L., Powell, B.J., Kissmann, G., Richmond, S.A., Willis, C., & Bender, J.L.** (2020). Defining sustainability in practice: views from implementing real-world innovations in health care. *BMC Health Serv Res*, 20(1): 87. doi: 10.1186/s12913-020-4933-0
179. **Veitch, Z. W., Fasih, S., Griffin, A. M., Al-Ezzi, E. M., Gupta, A. A., Ferguson, P. C., Wunder, J. S., & Abdul Razak, A. R.** (2020). Clinical outcomes of non-osteogenic, non-Ewing soft-tissue sarcoma of bone--experience of the Toronto Sarcoma Program. *Cancer Med*, 9(24), 9282-9292. <https://doi.org/10.1002/cam4.3531>
180. **Wadhwa, D., Hausner, D., Popovic, G., Pope, A., Swami, N., Maganti, M., & Zimmermann, C.** (2020). Systemic Anti-Cancer Therapy Use in Palliative Care Outpatients With Advanced Cancer. *J Palliat Care*, 825859720975949. <https://doi.org/10.1177/0825859720975949>
181. **Wan, B. A., Nazha, A., Starkman, R., Alibhai, S., Wells, R. A., Geddes, M., Zhu, N., Keating, M. M., Leber, B., Chodirker, L., Sabloff, M., Christou, G., Leitch, H. A., St-Hilaire, E., Finn, N., Shamy, A., Yee, K. W. L., Storing, J., Nevill, T. J., Delage, R., Elemetry, M., Banerji, V., Parmentier, A., Siddiqui, M., Kirubananthaan, A., Mamedov, A., Zhang, L., & Buckstein, R.** (2020). Revised 15-item MDS-specific frailty scale maintains prognostic potential. *Leukemia*, 34(12), 3434-3438. <https://doi.org/10.1038/s41375-020-01026-y>
182. **Wang, X., Howell, D., Tang, L., Shao, J., & Ye, Z.** (2020). Comparative study on prevalence of metabolic syndrome based on three criteria among adults in Zhejiang province, China: an observational study. *BMJ Open*, 10(4), e035216. <https://doi.org/10.1136/bmjopen-2019-035216>
183. **Wang, X., Tang, L., Howell, D., Shao, J., Qiu, R., Zhang, Q., & Ye, Z.** (2020). Psychometric Testing of the Chinese Version of the Coping and Adaptation Processing Scale-Short Form in Adults With Chronic Illness. *Front Psychol*, 11, 1642. <https://doi.org/10.3389/fpsyg.2020.01642>
184. **Wang, X., Tang, L., Howell, D., Zhang, Q., Qiu, R., Zhang, H., & Ye, Z.** (2020). Theory-guided interventions for Chinese patients to adapt to heart failure: A quasi-experimental study. *Int J Nurs Sci*, 7(4), 391-400. <https://doi.org/10.1016/j.ijnss.2020.09.004>
185. **Weiss, A., Porter, S., Rozenberg, D., O’Connor, E., Lee, T., Balter, M., & Wentlandt, K.** (2020). Chronic Obstructive Pulmonary Disease: A Palliative Medicine Review of the Disease, Its Therapies, and Drug Interactions. *J Pain Symptom Manage*, 60(1), 135-150. <https://doi.org/10.1016/j.jpainsymman.2020.01.009>
186. **Wentlandt, K., Cook, R., Morgan, M., Nowell, A., Kaya, E., & Zimmermann, C.** (2021). Palliative Care in Toronto During the COVID-19 Pandemic. *J Pain Symptom Manage*. 2021 Feb 5, S0885-3924(21)00158-5. doi: 10.1016/j.jpainsymman.2021.01.137. [Epub ahead of print]
187. **Woon, D. T. S., Finelli, A., Cheung, D. C., Martin, L. J., Alibhai, S., Wallis, C. J. D., Diong, C., Saskin, R., Kulkarni, G., & Fleshner, N.** (2021). A population-based study comparing outcomes for patients with metastatic castrate resistant prostate cancer treated by urologists or medical oncologists with first line abiraterone acetate or enzalutamide. *Urology*. <https://doi.org/10.1016/j.urology.2020.11.080>
188. **Wu, F., Howell, D., Fang, Q., Chen, J., & Yuan, C.** (2020). Trajectory Patterns and Factors Influencing Self-management Behaviors in Chinese Patients With Breast Cancer. *Cancer Nurs*, 43(2), E105-E112. <https://doi.org/10.1097/NCC.0000000000000681>
189. **Zhang, J. C., El-Majzoub, S., Li, M., Ahmed, T., Wu, J., Lipman, M. L., Moussaoui, G., Looper, K. J., Novak, M., Rej, S., & Mucsi, I.** (2020). Could symptom burden predict subsequent healthcare use in patients with end stage kidney disease on hemodialysis care? A prospective, preliminary study. *Ren Fail*, 42(1), 294-301. <https://doi.org/10.1080/0886022X.2020.1744449>
190. **Zhong, T., Quong, W. L., Cheng, T., Kerrebijn, I., Butler, K., Hofer, S. O. P., O’Neill, A. C., Cil, T. D., & Metcalfe, K. A.** (2020). Preconsultation Educational Group Intervention Can Address the Knowledge Gap in Postmastectomy Breast Reconstruction. *Ann Plast Surg*. [Epub ahead of print, 26 Nov 2020]. <https://doi.org/10.1097/SAP.0000000000002603>
191. **de Lima C, Paiva BSR, Dos Santos Neto MF, Hui D, Perez-Cruz PE, Zimmermann C, Bruera E, Paiva CE.** The Impact of International Research Collaborations on the Citation Metrics and the Scientific Potential of South American Palliative Care Research: Bibliometric Analysis. *Ann Glob Health*. 2021 Mar 31;87(1):32.



APPENDIX GRANTS

DSC Grants Annual Report FY Apr 1, 2020-Mar 31, 2021

NEW GRANTS

- SOURCE:** GATEWAY FOR CANCER RESEARCH & CLINICAL RESEARCH PROGRAM
PLANNING & DISSEMINATION GRANT – INSTITUTE OF COMMUNITY SUPPORT
TITLE: *The online adaptation of Managing Cancer and Living Meaningfully (iCALM): A phase II randomized controlled trial*
CO-PRINCIPAL INVESTIGATORS: Gary Rodin, MD; Sarah Hales, MD, PhD
CO-APPLICANTS: Carmine Malfitano, MSW, RSW, Twinkle Arora, MSc
COLLABORATORS: Harald Baumeister, Natalie Bauereiss, Lesley Chalklin, Anne Rydall, Rinat Nissim, Sheena Melwani, Kenneth Mah, Eryn Tong
TERM: January 1 – December 31, 2022
AMOUNT AWARDED: \$428,066
- SOURCE:** CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR) - PROJECT GRANT SPRING 2020
TITLE: *The prevalence, persistence and experience of traumatic stress symptoms and other psychological distress in family caregivers caring for adult and pediatric patients with acute leukemia*
CO-PRINCIPAL INVESTIGATORS: Gary Rodin, MD (UHN) & Lindsay Jibb, RN, PhD (SickKids).
CO-APPLICANTS: Sarah Alexander, MD, Sumit Gupta, MD, PhD, Aaron Schimmer, MD, PhD, Sarah Hales, MD, PhD; Carmine Malfitano, MSW, PhD(c), Rinat Nissim, PhD, Anne Rydall, MSc, Camilla Zimmermann, MD, PhD
COLLABORATORS: Charles Marmar, MD, Katharina Schultebruks, PhD, Kenneth Mah, PhD
TERM: October 1, 2020-September 30, 2024
- SOURCE:** Canadian Institutes of Health Research (CIHR). Project Grant.
TITLE: *Palliative Care for People who use Substances during Pandemics: A Scoping Review. 424821.*
PRINCIPAL INVESTIGATORS: Lau, Jenny; Buchman, Daniel.
COLLABORATOR(S): Fazelzad, Rouhi; Furlan, Andrea; Isenberg, Sarina; Spithoff, Sheryl; Zimmermann, Camilla.
AMOUNT AWARDED: \$ 49,500 CAD.
- SOURCE:** 2020 CAP Research Grant Competition.
TITLE: *University Health Network Project: Fear of Cancer Recurrence in the Family Caregiver: A Focus Group Study.*
PRINCIPAL INVESTIGATORS: Rinat Nissim PhD & Sophie Lebel PhD
AMOUNT AWARDED: \$7,432
- SOURCE:** Internal grant. University of Ottawa Research Development Funds.
TITLE: *It is time to address fear of cancer recurrence in the family caregiver: adaptation, feasibility, and acceptability study of an online version of the Fear of Recurrence Therapy (FORT) for family caregivers.*
PRINCIPAL INVESTIGATOR: Sophie Lebel PhD.
CO-INVESTIGATOR: Mary Jane Esplen, PhD, Jennifer Jones, PhD, Andrea Laizner, PhD, Sylvie Lambert, PhD, Christine Maheu, PhD, Rinat Nissim PhD, Jiahui Wong, MA
AMOUNT AWARDED: \$20,000
- SOURCE:** CIHR, Knowledge Synthesis Grant
TITLE: *COVID-19 Rapid Research Funding Opportunity in Mental Health and Substance Use.*
CO-PRINCIPAL INVESTIGATORS: Jenny Lau; Shelly Cory; Daniel Buchman. Principal Knowledge User: Shelly Cory.
CO-INVESTIGATORS: Dosani, Naheed; Tedesco, Alissa; Fazelzad, Rouhi; Furlan, Andrea D; Isenberg, Sarina R; Spithoff, Sheryl M; Zimmermann, Camilla Operating grant.
AMOUNT AWARDED: \$
- SOURCE:** The College of Family Physicians of Canada COVID-19 Pandemic Response & Impact Grant Program (Co-RIG).
TITLE: *Improving prescribing of medications at the end-of-life in long-term care homes during the COVID-19 pandemic.*
PRINCIPAL INVESTIGATORS: Tanuseputro P, Downar J, Isenberg S, Lau J, Hsu A, Kobewka D.
CO-INVESTIGATORS: Sauls R, Boissonneault R, Boyd H.
AMOUNT AWARDED: \$112,752
- SOURCE:** Pfizer Global Medical Grants, 2021.
TITLE: *Building an artificial intelligence based Chatbot to deliver education materials to individuals affected by Her+/HER2-metastatic breast cancer.*
PRINCIPAL INVESTIGATOR: Y. Leung
CO-I-INVESTIGATORS: J. Wong, T. Cheng, L. Moody, J. Papadakos, T. Papadakos, T. Truong, M. Lovas.
AMOUNT AWARDED: \$99,950.00
- SOURCE:** University Health Network Grand Challenge.
TITLE: *Patient Reported Outcomes/Metrics Program Trial (PROMPT) – Palliative Radiation.*
PRINCIPAL INVESTIGATOR: Wong, Philip; Barry, Aisling.
CO-INVESTIGATORS: Raman S, Hope A, O'Connor B, Hannon B, Liu ZA, Berlin A, Haibe Kains B.
AMOUNT AWARDED: \$250,000 CAD
- SOURCE:** Canadian Institutes of Health Research (CIHR)
TITLE: *A Web-Based Peer Navigation Program for Men with Prostate Cancer: A Hybrid Effectiveness-Implementation Trial.*
PRINCIPAL INVESTIGATOR(S): Bender J (NPI); A. Kazanjian.
CO-INVESTIGATORS: Bowes D, Bradley H, Braganza K, Chung P, Finelli A, Flannigan R, Hancock-Howard R, Jones JM, Liu Z, Matthew M, Mckenzie M, Noel K, Perlis N, Rendon R, Segal P, Urquhart R.
TERM: 2020-2023
- SOURCE:** The Judith Friedland Fund for Occupational Therapy in Oncology and Palliative Care, University of Toronto.
TITLE: *Occupational Experience of Breast Cancer Survivors with Cancer Related Cognitive Impairment*
PRINCIPAL INVESTIGATOR: Rotenberg, S.
CO-INVESTIGATORS: Dawson D, Bernstein LJ, Yuzwa K.
TERM: 7/2020-12/2021
AMOUNT AWARDED: \$10,000
- SOURCE:** Global Institute of Psychosocial Palliative and End of Life Care
TITLE: *Clinical Innovations in Palliative Care – A Pilot Study to Evaluate an Innovative Multi-Component, Structured, Rehabilitation Intervention for patients with Advanced Cancer: The Cancer Rehabilitation and Exercise Program.*
PRINCIPAL INVESTIGATOR: Langelier D, Jones J.
CO-INVESTIGATORS: Hannon B, Blake C, Santa Mina D, Chang E, Nadler M, Beck L.
TERM: 2 YEARS: 2020-2021
AMOUNT AWARDED: \$19,000

13. **SOURCE:** MSH UHN Academic Medical Organization.
TITLE: *A Better Baby Monitor – Better communication, better teams: Implementation of a novel two-way wireless communication device to address current unique obstacles created by implementing closed rooms in the provision of care to patients with (or presumed) COVID-19.*
PRINCIPAL INVESTIGATOR: Glazer P.
CO-INVESTIGATORS: Culligan C, Forest J, Chartier L, Taher A, Dharamsi A, Jones J.
Funding Competitive: Yes
TERM: 2 YEARS: 2020-2021
AMOUNT AWARDED: \$113,790
14. **SOURCE:** Prostate Cancer Canada Implementation Research Grant
TITLE: *Community preferences for prostate cancer outcomes: measuring community preference weights for the Patient-Oriented Prostate Utility Scale (PORPUS).*
PRINCIPAL INVESTIGATOR: Krahn, Murray.
CO-INVESTIGATORS: Kulkarni G, Perlis N, **Alibhai SMH**, Ritvo P, Tomlinson G, Cheung D, Bremner K, Mittman K.
AMOUNT AWARDED: 100,000 CAD.
15. **SOURCE:** Prostate Cancer Canada. Implementation Research
TITLE: *Prostate MRI in Biopsy-Naive Patients: Implementation in a Publicly Funded Health Care System.*
PRINCIPAL INVESTIGATOR: Finelli, Antonio.
CO-INVESTIGATORS: **Alibhai SMH**, Ghai S, Haider, M, Kennedy E, Kulkarni G, Perlis N.
AMOUNT AWARDED: \$99,500
16. **SOURCE:** The Canadian Institutes of Health Research. Project
TITLE: *Creating patient-centred pathology reports to empower patients with prostate cancer.*
PRINCIPAL INVESTIGATOR: Perlis, Nathan
CO-INVESTIGATORS: **Alibhai SMH**, Berlin A, Cafazzo J, Finelli A, Ghai A, Haider M, Lovas M, van der Kwast T, Papadakos J, Jatiouk R, Evans A.
AMOUNT AWARDED: \$99,815 CAD (1 year)
17. **SOURCE:** The Canadian Institutes of Health Research Project Spring Grant
TITLE: *New Drug and Technology Assessment in Bladder Cancer: Creation of a Novel Canadian Policy Model for Bladder Cancer.*
PRINCIPAL INVESTIGATORS: Kulkarni, Girish & Krahn, Murray.
CO-INVESTIGATORS: **Alibhai SMH**, Black P, Cheung D, Dragomir A, Kassouf W, Peacock S, Perlis N, Tomlinson G, Wong W.
AMOUNT AWARDED: \$680,008 CAD.
18. **SOURCE:** CCS/CIHR Cancer Survivorship Team Grants.
TITLE: *Dissemination, Implementation, and Effectiveness of the Exercise Oncology Survivorship Partnership Model: Reaching Rural Cancer Survivors to Enhance Quality of Life.*
PRINCIPAL INVESTIGATORS: Culos-Reed, S.Nicole
CO-INVESTIGATORS: **Alibhai, Shabbir M;** Blanchard, Christopher M; Bouchard, Danielle; Campbell, Kristin; Capozzi, Lauren C; Cuthbert, Colleen A; Eisenstat, David D; Francis, George; Giacomantonio, Nicholas B; Grandy, Scott A; Joy, Anil A; Keats, Melanie; Langelier, David M; McGowan, Erin L; McKillop, Sarah; Mcneely, Margaret L; Santa Mina, Daniel; Saunders, Travis J; Snow, Stephanie L; Urquhart, Robin L; Wilson, Beverly A; Wood, Lori; Younis, Tallal.
TERM: Apr 2020 (5 years).
AMOUNT AWARDED: \$1,113,855

ACTIVE GRANTS

- SOURCE:** CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR)-PROJECT GRANT (first ranked in the panel) (PJT-65483)
TITLE: *Emotion And Symptom-focused Engagement (EASE): A randomized controlled trial for individuals with acute leukemia*
CO-PRINCIPAL INVESTIGATORS: Gary Rodin, MD; Camilla Zimmermann MD, PhD
CO-APPLICANTS: Aaron Schimmer, MD, PhD, Jennifer White, MD, MSc; Wendy Yeomans, MD, Carmine Malfitano, MSW, Rinat Nissim, PhD, Anne Rydall, MSc. Collaborators: Charles Marmar, MD, Christopher Lo, PhD, Kenneth Mah, PhD
TERM: October 1, 2019-September 31, 2024 (5 years; 2 sites) (extended to September 2025)
AMOUNT AWARDED: \$761,176 (plus COVID-19 supplement for April-June, 2020, \$15,877) = \$777,053
- SOURCE:** MSH UHN Academic Health Science Centre (AHSC) Alternate Funding Plan (AFP) ROUND 6 (2019/20 - 2020/21) INNOVATION FUND
TITLE: *Phase II Randomized Controlled Trial (RCT) of an Internet- and Mobile-based intervention for individuals with advanced or metastatic cancer (iCALM).*
CO-PRINCIPAL INVESTIGATORS: Gary Rodin, MD; Sarah Hales, MD, PhD
CO-INVESTIGATORS: Harald Baumeister, PhD; Natalie Bauereiss, PhD candidate; Carmine Malfitano, MSW, PhD candidate; Anne Rydall, MSc; Kenneth Mah, PhD.
TERM: April 1, 2019-March 31, 2021 + one year no cost extension to Mar 2022.
AMOUNT AWARDED: \$186,506
- SOURCE:** CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR) - PROJECT GRANT (first ranked in the panel)
TITLE: *The Longitudinal Study of Medical Assistance in Dying (MAiD) in Patients with Advanced Cancer*
CO-PRINCIPAL INVESTIGATORS: Madeline Li, MD, PhD; Gary Rodin, MD.
CO-INVESTIGATORS: Jennifer Bell, Cassandra Graham, Sarah Hales, Rinat Nissim, Gilla Shapiro, Rebecca Wong, Camilla Zimmermann
TERM: October 2018-September 2023 (CIHR PJT 159461) (extended to September 2024 due to COVID-19 delays)
AMOUNT AWARDED: \$818,550 (plus COVID-19 supplement for April-June, 2020, \$17,075) = \$835,625
- SOURCE:** Canadian Cancer Society (CCS) - Quality of Life Grant
TITLE: *Medical Assistance in Dying (MAiD) in the cancer context: A mixed methods study of patient and caregiver experience, quality of death, and bereavement morbidity.*
CO-PRINCIPAL INVESTIGATORS: Sarah Hales, MD, PhD, and Rinat Nissim, PhD
CO-INVESTIGATORS: Debbie Selby, Elie Isenberg-Grzeda, Gary Rodin, Jennifer Bell, Madeline Li, & Sally Bean.
TERM: February 2018-January 2021 (no cost extension to January 2022)
AMOUNT AWARDED: \$297,827
- SOURCE:** CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR) - PROJECT GRANT COMPETITION
TITLE: *Symptom screening and early palliative care in patients with advanced cancer: A randomized trial*
PRINCIPAL INVESTIGATOR: Nominated Principal Applicant: Camilla Zimmermann, MD, PhD
CO-INVESTIGATORS: Christopher Booth, Deborah Dudgeon, Breffni Hannon, Doris Howell, Monika K. Krzyzanowska, Natasha Leighl, Madeline Li, Gary Rodin, Anne Rydall, Srikala Sridhar, Raymond Viola
COLLABORATORS: Jennifer Knox, Lisa Le, Christopher Lo, Amit Oza, David Warr
TERM: April 2017-March 2022 (extended to March 2023 due to COVID-19 delays)
AMOUNT AWARDED: \$1,002,150 (5 years)
- SOURCE:** CANADIAN CANCER SOCIETY (CCS) - QUALITY OF LIFE GRANT #705398
TITLE: *Emotion And Symptom-focused Engagement (EASE): A multi-site randomized controlled trial for individuals with acute leukemia.*
CO-PRINCIPAL INVESTIGATORS: Gary Rodin, MD, Camilla Zimmermann, MD, PhD
CO-INVESTIGATORS: Rinat Nissim, Aaron Schimmer, Gina MacKenzie; Additional Authors: Anne Rydall, Carmine Malfitano; COLLABORATORS: Donna Hogge, Wendy Yeomans, Charles Marmar, Christopher Lo
TERM: February 2017-January 2021 (no cost extension to January 2022)
AMOUNT AWARDED: \$294,000
- SOURCE:** Canadian Collaborating Clinical Trials Network. US National Institutes of Health (NIH). National Cancer Institute (NCI). CA180863.
PRINCIPAL INVESTIGATOR: Dancey, Janet.
COLLABORATORS: Alcindor T, Assouline S, Bradbury P, Brundage M, Carey M, Chen B, Chi K, Chia S, Cottrell T, Ding K, Fleshner N, Gandl Black R, Gill S, Hansen C, Hay A, Hirte H, Mason W, McKenzie M, Mittmann N, O'Callaghan C, Parulekar W, Petrella T, Pho L, Rakovitch E, Reiman T, Richardson H, Ringash J, Seymour L, Shepherd L, Sleeth J, Sun A, Taylor J, Tsao M, Tu D, Urton A, Zimmermann C.
AMOUNT AWARDED: \$19,461,246 USD x 1.3348 = ~\$25,976,871 CAD
- SOURCE:** Project Grant, Canadian Institutes of Health Research (CIHR).
TITLE: *Electronic Patient Reported Outcome Measures to Improve Patient Centered Solid Organ Transplant Care*
PRINCIPAL INVESTIGATORS: Istvan Mucsi MD & Susan Bartlett PhD
CO-INVESTIGATORS: Ana C. Alba MD, Marie-Chantal Fortin MD, Doris Howell PhD, Madeline Li MD, PhD, Geoffrey Liu MD, Jane Maciver MD, Nikolaos Mitsakakis MD, Rinat Nissim PhD, Marta Novak MD, Lianne G. Singer MD, Tran Truong MD, Christian Veillette MD
TERM: \$918,000
- SOURCE:** CCS/CIHR Survivorship Team grant. Canadian Cancer Rehabilitation (CanRehab)
TITLE: *Team: Improving the systematic identification, management, and treatment of the adverse effects of cancer.*
PRINCIPAL INVESTIGATORS: J. Jones (Nominated PI), K. Campbell, D. Langelier, T. Reiman, J. Greenland.
CO-INVESTIGATORS: J. Bender, L. Bernstein, M. Burnell, E. Chang, M. Chasen, S. Garland, M. Ghassemi, J. Goulart, D. Howell, N. Ivers, A. Kajanjian, A. Koch, V. Kukreti, N. LeVasseur, R. L. Milne, M. Li, H. Lim, E. McGowan, M. McNeely, H. McTaggart-Cowan, M. Nadler, T. Papadakos, S. Peacock, F. Quereshy, J. Ringash, D. Santa Mina, L. Sehn, P. Selby, J. Sussman, K. Thorpe, E. Tran, W. Xu.
AMOUNT AWARDED: 2,498,056 CAD
- SOURCE:** Kidney Foundation.
TITLE: *Patient reported outcome tools for better assessment and patient centered kidney care.*
PRINCIPAL INVESTIGATORS: I. Mucsi. Co-investigators: D. Howell, M. Li, G. Liu, N. Mitsakakis, G. Nesrallah, M. Novak.
AMOUNT AWARDED: \$98,000 CAD

12. **SOURCE:** Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), the University of Toronto Division of Palliative Medicine (DPM), and the Dalla Lana School of Public Health (DLSPH).
TITLE: *The integration of MAiD in Canadian palliative care services: Leveraging Canadian expertise to inform policy development.*
PRINCIPAL INVESTIGATOR: G. Shapiro, Co-investigators: G. Rodin, J. Gibson, R. Nissim, M. Li, C. Zimmermann.
AMOUNT AWARDED: \$10,000 CAD
13. **SOURCE:** CCSRI Quality of Life Research Grant.
TITLE: *Intranasal ketamine for depression in patients with cancer receiving palliative care: a phase II, open-label clinical trial.*
PRINCIPAL INVESTIGATOR: M. Li.
CO-INVESTIGATORS: C. Lo, J. Rosenblat, C. Zimmermann, R. McIntyre, B. Hannon, G. Rodin, J. Bryson, K. DeBuono.
AMOUNT AWARDED: \$154,155 CAD
14. **SOURCE:** Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC). Collaborative Research Grant.
TITLE: *Teaching principles of Managing Cancer and Living Meaningfully (CALM) to oncology nurses: A feasibility study of an intervention to improve professional empathy in oncology nurses.*
PRINCIPAL INVESTIGATOR: deVries F.
CO-INVESTIGATORS: Hales S, Schulz-Quach C, Rodin G, Lanceley A, Hafkamp E.
AMOUNT AWARDED: \$20,000
15. **SOURCE:** Bruyere Academic Medical Organization, Innovation Fund.
TITLE: *Identifying genetic factors impacting opioid response in the Palliative Care population.*
PRINCIPAL INVESTIGATOR: Christine Watt.
CO-INVESTIGATORS: Jenny Lau
COLLABORATORS: James Downar, Peter Tanuseputro, Colleen Webber, Antoine Przybylak-Brouillard
AMOUNT AWARDED: \$167,458 CAD
16. **SOURCE:** CIHR, Planning and Disseminations Grant.
TITLE: *Using patient-reported outcomes to improve the quality of palliative care: Establishing priorities and actions for data collection and reporting in Canada.*
PRINCIPAL INVESTIGATOR: James Downar.
CO-INVESTIGATORS: Jenny Lau.
COLLABORATORS: Christopher Klingler, Julie Lachance, Debi Lascelle, Genevieve Turmel, Deborah Dudgeon, Kimberlyn McGrail, Ayn Sinnarajah, Colleen Webber.
AMOUNT AWARDED: \$19,716 CAD
17. **SOURCE:** GIPPEC, Research Collaboration Grant.
TITLE: *Establishing an expert consensus guideline for safer opioid use in palliative care,*
PRINCIPAL INVESTIGATOR: Jenny Lau.
COLLABORATORS: Paolo Mazzotta, Ciara Whelan, Nadiya Sunderji. Operating Grant.
AMOUNT AWARDED: \$5,000 CAD
18. **SOURCE:** PM Breast Site Seed Grant
TITLE: *It's Long Overdue: An Impact Evaluation of a Culturally Tailored Online Self-Help Program for Chinese Immigrant Women with Breast Cancer.*
PRINCIPAL INVESTIGATOR: T. Cheng
CO-INVESTIGATORS: K. Fergus, P. Ng, T-Y. Lee, A. Payne, G. Ho, S. Hui, P-C. Hsiung, J. Jones.
TERM: November 2018- November 2020
AMOUNT AWARDED: \$20,000.00
19. **SOURCE:** Division of Palliative Medicine, Department of Medicine, the Dalla Lana School of Public Health, University of Toronto, and the Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC).
TITLE: *Neuro-oncology clinicians' attitudes and perspectives on medical assistance in dying.*
CO-PRINCIPAL INVESTIGATORS: Jennifer Bell, Seth Climans.
COLLABORATORS: W. Mason; K. Edelstein.
AMOUNT AWARDED: \$10,480
20. **SOURCE:** Michael Kamin Hart Research Award in AYA Oncology, Adolescent and Young Adult Program, Princess Margaret Cancer Centre.
TITLE: *Building a palliative rehabilitation program for adolescent and young adults diagnosed with advanced cancer.*
PRINCIPAL INVESTIGATOR: Jonathan Avery.
CO-INVESTIGATOR: A. Al-Awamer
AMOUNT AWARDED: \$10000 CAD
21. **SOURCE:** Education Scholarship Grant Program, Department of Family and Community Medicine.
TITLE: *Evaluation of Online Bridging Program for International Palliative Care fellows.*
PRINCIPAL INVESTIGATOR: Ahmed Mohammed A. Al-Awamer.
AMOUNT AWARDED: \$5000 CAD
22. **SOURCE:** Adolescent and Young Adult Cancer Global Accord. (2018 AYA Global Accord PsychoOncology Research Acceleration Grant).
TITLE: *"Understanding and addressing the training needs of clinicians to improve end-of-life care for adolescents and young adults with cancer worldwide."*
PRINCIPAL INVESTIGATOR: Sansom-Daly, U.M.
CO-INVESTIGATORS: Ahmed Mohammed A. Al Awamer, MD.
AMOUNT AWARDED: \$59,999 USD
23. **SOURCE:** Canadian Cancer Society Innovation to Impact
TITLE: *Active surveillance of low risk papillary thyroid cancer: program expansion in Quebec.*
PRINCIPAL INVESTIGATOR: Sawka AM.
CO-INVESTIGATORS: BAXTER N, GOLDSTEIN D, JONES J.
TERM: 2019-2022
AMOUNT AWARDED: \$450,000
24. **SOURCE:** Canadian Cancer Society Research Institute (CCSRI)
TITLE: *Connecting breast cancer survivors for exercise: Extending the impact of ActiveMatch.*
PRINCIPAL INVESTIGATOR: Sabiston, Catherine M.
CO-INVESTIGATORS: Arbour-Nicitopoulos K, Beach T, Bender J, Culos-Reed S N, Jones J, McDonough M, Rose JH, Santa Mina D, Tomasone JR, Trinh L
TERM: 2019-2022
AMOUNT AWARDED: \$412, 830

ACTIVE GRANTS

25. **SOURCE:** Canadian Institute of Health Research.
TITLE: *Active surveillance or surgery for primary management of very low risk papillary thyroid cancer: How often are the long-term disease management goals achieved?*
PRINCIPAL INVESTIGATOR: Sawka AM.
CO-INVESTIGATORS: Baxter N, Gafni A, Ghai S, Goldstein D, Jones J, Tomlinson G.
TERM: 2019-2024
AMOUNT AWARDED: \$1,013,625
26. **SOURCE:** Canadian Cancer Society Research Institute.
TITLE: *Efficacy of the Rehabilitation Planning Consult for Survivors of Head and Neck Cancer: A Phase II Randomized Controlled Trial.*
PRINCIPAL INVESTIGATOR: Ringash J and McEwen S
CO-INVESTIGATORS: Chang E, Davis, A, Martino R, Moody L, Jones J.
TERM: 2 YEARS: 2018-2021.
AMOUNT AWARDED: \$450,000
27. **SOURCE:** Leukemia And Lymphoma Society of Canada
TITLE: *Desired Features and Functions of a Tailored Digital Information and Support*
PRINCIPAL INVESTIGATORS: Dr. Doris Howell and Dr. Samantha Mayo.
AMOUNT AWARDED: \$150,000
28. **SOURCE:** Canadian Cancer Society / Canadian Institutes of Health Research Survivorship Team Grant
TITLE: *Virtualizing Survivorship: Implementing a more timely and comprehensive model of follow-up care.*
CO-PRINCIPAL INVESTIGATORS: Cafazzo J (NPA) Feifer A(Co-PI), Berlin A(Co-PI), Rendon R(Co-PI), Gotto G(Co-PI), Brown I(Co-PI), Bryant-Lukosius D(Co-PI) Bender JL (Co-PI)
CO-INVESTIGATORS: Seal M, Heyler L, Thomas J, Rutledge R, Urquhart R, Pham Q, Croke J, Rodin D, Perlis N, Alarakhia M, Jibb L, Mayo S, Finelli A, Hamilton R, Chaput G, Stinson J, Laporte A, Jones, J, Liu FF, Brezden-Maskey C, Menard C, Matthew A, Howell D, Watson L, Barbera L, Goldenberg L, Boyajian R, Godron K, Ware P, Lovas M, Rich-Ginsberg S, Melawani S, Nunn C, Segal P, Braganza K, Cohen F, Krajacich S. Additional Authors – Boyajian, R., Gordon, K., Lovas, M., Melwani, S., Nunn, C., Rich-Ginsberg, S., Ware, P.
TERM: 2020-2024
29. **SOURCE:** Canadian Cancer Society / Canadian Institutes of Health Research.
TITLE: *Preparing to Survive: Improving Outcomes for Young Women with Breast Cancer.*
PRINCIPAL INVESTIGATOR: Quan ML, Metcalfe K.
CO-INVESTIGATORS: Barbera L., Baxter N., Fergus K., Howell D., Lavasseur N., Scheer A., Simmons C., Srikanthan A., Temple-Oberle C.
AMOUNT AWARDED: \$1,153,000
30. **SOURCE:** Health Research Foundation Establishment Grant.
PRINCIPAL INVESTIGATOR: (not listed)
CO-INVESTIGATOR: Doris Howell.
TITLE: A prospective mixed-methods study of self-management in older adults with cancer and multimorbidity in two Canadian provinces. Saskatchewan
AMOUNT AWARDED: \$103,180.00
31. **SOURCE:** Princess Margaret Cancer Centre Data Science Program Catalyst Projects.
TITLE: *2Blast. Biostatistical and Bioinformatic Longitudinal Analysis of Symptoms and Toxicities in Cancer Patients.*
PRINCIPAL INVESTIGATORS: Wei Xu, Geoffrey Liu.
CO-INVESTIGATOR: D. Howell.
AMOUNT AWARDED: \$100,000
32. **SOURCE:** The Kidney Foundation of Canada – Biomedical Research Grant
TITLE: *Patient Reported Outcome Tools for Better Assessment and Patient Centred Kidney Care.*
PRINCIPAL INVESTIGATOR: Mucsi, I.
CO-INVESTIGATORS: Howell, D., Liu, G., Novak, M., Li, M., Nesrallah, G.
AMOUNT AWARDED: \$99,670 CAD
33. **SOURCE:**
TITLE: *NIH RO1. (Hybrid Implementation-Effectiveness Trial of Remote Monitoring and Real-Time Symptom Management).*
NOMINATED PRINCIPAL INVESTIGATOR: Dr. Gabrielle Rocque and Dr. Ethan Basch.
CO-INVESTIGATORS: Dr. Angela Stover, Dr. Doris Howell
AMOUNT AWARDED: \$1,000,000
34. **SOURCE:** National Natural Science Foundation of China 2019. (Grant ID 71874032).
TITLE: *Study on the Personalized Recommendation System for Symptom Management of Patients with Breast Cancer Based on big Data*
PRINCIPAL INVESTIGATORS: not named.
CO-INVESTIGATORS: Wu, F., Howell, D.
AMOUNT AWARDED: ¥480,000 (~\$96,000 CAD)
35. **SOURCE:** Oncology Nursing Society (ONS Foundation)
TITLE: *Neurocognitive functioning among long-term survivors of allogeneic stem cell transplantation: a follow-up study.*
PRINCIPAL INVESTIGATOR: Mayo, S.
CO-INVESTIGATORS: Metcalfe, K., Howell, D. Lipton, J., Messner, H., Rourke, S.
AMOUNT AWARDED: USD \$25,000 x 1.2556 = ~\$31,390 CAD
36. **SOURCE:** CIHR Foundation Scheme Grant.
TITLE: *Follow-up care of cancer survivors: optimizing survivor and health system outcomes.*
PRINCIPAL INVESTIGATOR: Urquhart, R.
CO-INVESTIGATORS: Grunfeld, E., Howell, D.(program expert), Sussman, J., Porter, G.A., Arab, M.
AMOUNT AWARDED: \$957,545 CAD
37. **SOURCE:** Canadian Institutes of Health Research (CIHR) Partnerships for Health Improvement and Sustainability (PHSI) LOI Phase I.
TITLE: *Decreasing Cancer Burden: Testing a Proactive Model of Care to Improve the Quality of Toxicity Management through Patient Activation for Cancer Self- Management during the Active Treatment Phase.*
PRINCIPAL INVESTIGATORS: Krzyzanowska, K.M., Howell, D.
CO-INVESTIGATORS: Moody, L., Redwood, E., Kukreti, Vishal, O'Brien, M.A., Wiljer, D., Harth, T., Barbera, L., Bryant-Lukosius, D.
AMOUNT AWARDED: LOI \$19,388 CAD. (Ranked 1st out of 19 applicants); (Total PHSI Operating Grant for Cancer Control 1,210,642)

38. **SOURCE:** Canadian Institutes for Health Research Patient Oriented Research Catalyst Grant
TITLE: *Establishing best practices in online cancer support groups: A realist review.*
PRINCIPAL INVESTIGATOR: Bender JL (PI),
CO-INVESTIGATORS: Bradley H (KU), Cyr A (KU), Esplen MJ (KU), Forster V (PP), Gothard-Huang (PP), Flannigan T (KU), Fox C (KU), Wassersug R (KU), Young C (KU), Ivers N, Papadakos, J, Perksi O, Potts HHW, Soobiah C, Tricco A, Witteman H, Wong G.
TERM: Mar 2020- Feb 2022
AMOUNT AWARDED: \$100,000
39. **SOURCE:** Public Health Agency of Canada (PHAC) Multi-Sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease. (Canadian Cancer Society).
TITLE: *Better Women: Sustainable and Scalable Prevention of Chronic Disease in Women using Volunteer Peer Health Coaches*
PRINCIPAL INVESTIGATORS: Heisey R, Ivers N, Lofters A, Grunfeld E, Bender JL.
KNOWLEDGE USER: Atkinson J.
CO-INVESTIGATORS: Banerjee AT, Corrado AM, Laur C
TERM: 2019-2023
AMOUNT AWARDED: \$4,830,081
40. **SOURCE:** Canadian Cancer Society. CIHR Cancer Survivorship Team Grant.
TITLE: *Implementing a Model for Exercise Programs for Cancer Survivors: Tailoring to Address Symptom Management, Reach Underserved Populations, and Enhance Quality of Life in Cancer Survivorship.*
PRINCIPAL INVESTIGATORS: Culos-Reed N, McNeely M, Keats M.
CO-INVESTIGATORS: Cuthbert C, Langelier DM, Santa Mina D, Campbell K, Francis G, Grandy S, Urquhart R, Blanchard C, McGowan E, Saunders T, Bouchard D, Rutledge R, Younis T, Wood L, Snow S, Giacomantonio N, Rajda M, Capozzi L, Alibhai S, Anil A, Eisenstat D, Wilson B, McKillop S.
AMOUNT AWARDED: \$2,500,000 CAD
41. **SOURCE:** National Music Centre. Studio Bell.
TITLE: *Effects of Music Therapy on Mood, Pain, Patient and Staff Satisfaction on Adult Inpatient Neurological Units.*
PRINCIPAL INVESTIGATORS: Plamondon S, Langelier DM.
CO-INVESTIGATORS: Maesele A, Mercier L, Ostapovich MA, Southgate K, Wells R.
AMOUNT AWARDED: \$135,000 CAD. (non-peer reviewed grant)
42. **SOURCE:** B. Lois Smith Kidney Cancer Research Award (Kidney Cancer Research Network of Canada; KCRNC).
TITLE: *Associations Between Cardiorespiratory Fitness, Physical Activity and Cognitive Function in Patients with Metastatic Renal Cell Carcinoma: A Prospective, Pilot Cohort Study.*
PRINCIPAL INVESTIGATOR: Trinh L
CO-INVESTIGATORS: Bernstein LJ, Edelstein K, Jones J, Kapoor A, Sabiston C.
TERM: 2019/06/01 - 2020/05/31
AMOUNT AWARDED: \$50,000.
43. **SOURCE:** CIHR Project Grant.:
TITLE: *The Functional Improvement Trajectories After Surgery (FIT After Surgery) Study: A Multicentre Prospective Cohort Study to Evaluate the Incidence, Trajectories, Risk Factors, Impact and Healthcare Costs Related to Significant New Disability after Major Elective Surgery*
PRINCIPAL INVESTIGATORS: Wijesundera, Duminda N; Alibhai, Shabbir M; Jüni, Peter; Mclsaac, Daniel I.
CO-INVESTIGATORS: Beattie, William S; Breau, Rodney H; Chan, Vincent W; Choi, Peter T; Choi, Stephen; Clarke, Hance A; Dhalla, Irfan; El Beheiry, Hossam E; George, Ronald B; Isaranuwatthai, Wanruddee; Johnson, Sindhu R; Kennedy, Erin; Ladha, Karim; Lalu, Manoj M; Lebovic, Gerald; Mazer, David; McCluskey, Stuart A; Puts, Martine T; Wei, Alice C.
TERM: Apr 2018-June 2021 (3 yrs, 3 mon)
AMOUNT AWARDED: \$1,388,474
44. **SOURCE:** The Physicians' Services Incorporated Foundation.
TITLE: *The Functional Improvement Trajectories After Surgery Study: A Multicentre Prospective Cohort Study to Evaluate the Incidence, Trajectories, Risk Factors, Impact and Healthcare Costs Related to Significant New Disability after Major Elective Surgery.*
PRINCIPAL INVESTIGATOR: Mclsaac DI, Wijesundera DN, Alibhai S, Jüni P.
CO-INVESTIGATORS: Beattie WS, Breau R, Chan V, Choi P, Choi, S, Clarke H, Dhalla I, El Beheiry H, George R, Isaranuwatthai W, Johnson S, Kennedy E, Ladha K, Lalu M, Lebovic G, Mazer D, McCluskey S, Puts M, Wei A.
AMOUNT AWARDED: \$244,500 CAD.
45. **SOURCE:** The Ontario Ministry of Health and Long -Term Care. Academic Health Sciences Centre AFP Innovation Fund.
TITLE: *Comprehensive Health Assessment for My Plan: Tool development for older adults with cancer.*
PRINCIPAL INVESTIGATOR: Alibhai, S. Collaborator(s): Puts M, Abrams H, Cleverley K, Haase K, Jang R, Jones J, Koneru R, Krzyzanowska M, Lamonde M, Lumchick M, Munteau C, Papadakos J, Pitters E, Shahrokni A, Stinson J.
AMOUNT AWARDED: \$189,452.94 CAD.
46. **SOURCE:** Prostate Cancer Canada Discovery Grant.
TITLE: *Toward a Comprehensive Supportive Care Intervention for Older or Frail men with mCRPC (TOPCOP2).*
PRINCIPAL INVESTIGATOR: Alibhai, Shabbir.
CO-INVESTIGATORS: Emmenegger U, Finelli A, Hansen A, Santa Mina D, Matthew A, Puts M, Tomlinson G, Warde P, Clarke H, Krzyzanowska M, Soto-Perez-de-Celis, E.
AMOUNT AWARDED: \$168,926 CAD