



# 2023-2024 ANNUAL REPORT

Department of Supportive Care





# TABLE OF CONTENTS

**04** Department Head Message

**06** Department Overview

**10** 2023-2024 Snapshot

**12** Clinical Care

**23** Education and Training

**35** Research and Innovation

**46** Team Supportive Care

# MESSAGE FROM THE DEPARTMENT HEAD

I am pleased to present the Department of Supportive Care Annual Report for the fiscal year 2023–2024. The Department of Supportive Care (DSC) is an interdisciplinary team that spans across all sites of the University Health Network (UHN), administered through the Princess Margaret Cancer Centre. Our three divisions – Cancer Rehabilitation and Survivorship (CRS), Palliative Care (PC), and Psychosocial Oncology (PSO), are dedicated to supporting patients and their families to have the best quality of life possible, throughout and beyond their treatment at UHN.

In the past year, DSC worked together to collaboratively develop a framework identifying the priorities and initiatives that TeamDSC is uniquely poised to achieve to advance the UHN vision and strategy. Newly created department leadership roles, including a director and new manager roles, provide the governance structure required to propel DSC toward fulfillment of our long-term goals. This included the appointment of a dedicated manager to establish a Supportive Care Trials Program – the first-of-its-kind in the world – as well as our first DSC Emerging Leaders Program.

Our specialty programs continued to grow in 2023–2024. Our Adolescent and Young Adult (AYA) Oncology Program contributed to the expansion of the Ontario Cancer Adolescent and Young Adult Program (OCAP), forging partnerships with hospitals across the GTA to extend support to patients beyond our institution. Our Sexual and Gender Diversity in Cancer Care (SGDc) Program also developed community connections and expanded its clinical component. And our Managing Cancer and Living Meaningfully (CALM) Program has expanded nationally to become the standard of care for advanced cancer patients.

Our renowned education programs have continued to attract learners from all over the world. In the last year, DSC has welcomed 18 clinical and clinical research fellows from 10 countries. In addition,

we have trained 32 undergraduates, 115 graduates, 74 postgraduates, and hosted 73 observers. This year, our education team has launched several new courses, programs, and workshops, and diligently prepared for our inaugural Supportive Care Update Conference occurring in the 2024–2025 fiscal year.

Our researchers have been equally active, with a total of 170 new peer-reviewed publications, including in high-impact journals such as Blood, CMAJ, JAMA Otolaryngology, JAMA Network Open, Journal of Clinical Oncology, Journal of the National Comprehensive Cancer Network, and Journal of the National Cancer Institute. This year also again brought successful national grant funding for DSC, including from the Canadian Institutes of Health Research, the Canadian Cancer Society, the Social Sciences and Humanities Research Council and Genome Canada. A highlight of the year was our first-ever DSC Research Retreat, attended by more than 60 DSC scientists, investigators and staff. The focus of the retreat was strategic planning for the new Supportive Care Trials Program.

I extend my sincere gratitude and appreciation to the DSC team for their tremendous achievements, as well as to the Princess Margaret Cancer Foundation, the UHN Foundation, and our community partners for their unwavering support during another fabulous year.

Warm regards,



**Dr. Camilla Zimmermann, MD, PhD, FRCPC**  
Head, Department of Supportive Care



I extend my sincere gratitude and appreciation to the DSC team for their tremendous achievements, as well as to the Princess Margaret Cancer Foundation, the UHN Foundation, and our community partners for their unwavering support during another fabulous year.

# DEPARTMENT OVERVIEW

The Department of Supportive Care (DSC) comprises a multidisciplinary team that spans all sites of the University Health Network (UHN). DSC consists of three divisions – Cancer Rehabilitation and Survivorship, Palliative Care, and Psychosocial Oncology, – that are underpinned by department-wide Education and Research programs. There are also several specialty programs that span these divisions to provide holistic supportive care.

The department is guided by a Steering Committee, comprised of multidisciplinary clinical leaders as well as a team of administrative managers. New department leadership roles were created, including an administrative director, and manager roles in business operations, education, and research. These department leaders will work in close collabora-

tion with the clinical director and the new department clinical manager. Together, we are dedicated to supporting patients with advanced disease and their families to have the highest quality of life possible.

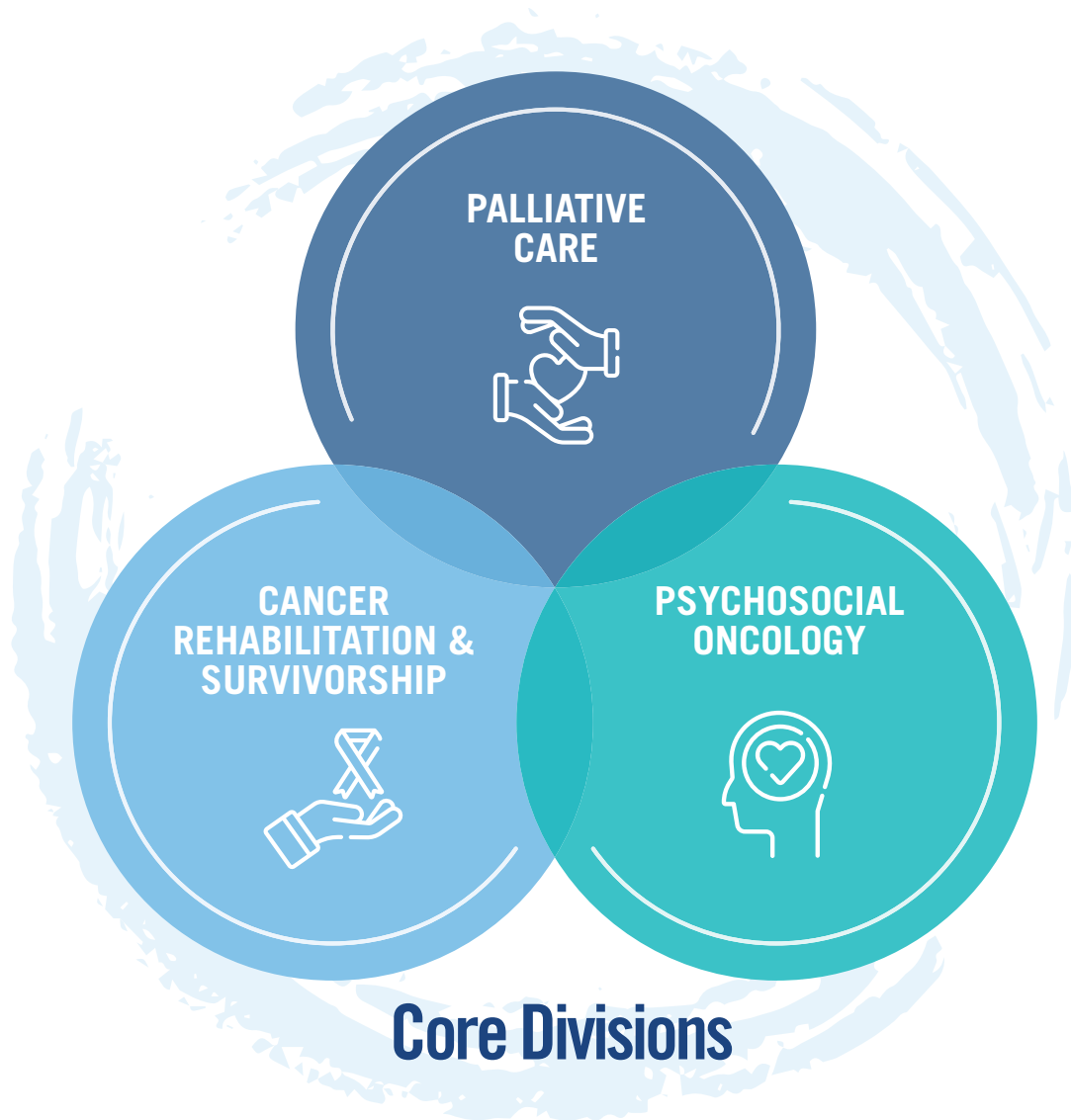
DSC has embarked upon a comprehensive exercise to develop a framework identifying the priorities and initiatives that TeamDSC is uniquely poised to achieve to advance the UHN vision and strategy. We have done this collaboratively with a broad cross-section of internal and external stakeholders, including Patient Partners. The output of this exercise will be a five-year plan to implement a set of agreed initiatives.

## Meet Cherryl Koylass Director, Department of Supportive Care

The Director, Department of Supportive Care role is a new role within DSC that was created in 2023. **Cherryl Koylass** was recruited for the role last summer and started in October 2023. This role has four main areas of responsibility: strategic transformation; funding growth; financial oversight; and leadership development. The Director, Department of Supportive Care supervises the DSC management team and works in close collaboration with the Clinical Director, **Jennifer Catton**.



*Cherryl Koylass*



## 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.

# Department Leadership



**Camilla Zimmermann**  
Department Head



**Breffni Hannon**  
Lead, Princess Margaret Cancer Centre Palliative Care



**Valerie Heller**  
Social Work Co-Lead, Psychosocial Oncology



**Jennifer Jones**  
Director, Cancer Rehabilitation & Survivorship



**Ebru Kaya**  
Lead, Toronto General Hospital Palliative Care



**Cheryl Koylass**  
Director, Department of Supportive Care



**Warren Lewin**  
Lead, Toronto Western Hospital Palliative Care



**Madeline Li**  
Co-Lead, Psychosocial Oncology



**Anna Wallwork**  
Social Work Co-Lead, Psychosocial Oncology

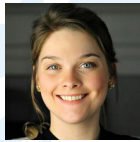
DSC is guided by Leadership and Steering Committees, comprised of multidisciplinary clinical leaders as well as a team of administrative managers. Together, we are dedicated to supporting patients with advanced disease and their families to have the highest quality of life possible.



# Steering Committee



**Camilla Zimmermann**  
Department Head



**Lydia Beck**  
Clinical Manager,  
Supportive Care



**Jennifer Catton**  
Clinical Director, Solid  
Tumour & Ambulatory,  
Supportive Care,  
Gattuso Rapid  
Diagnostic Centre



**Mary Elliott**  
Well-Being Lead,  
Supportive Care



**Kyle Fitzgibbon**  
Clinical Trials  
Manager,  
Supportive Care



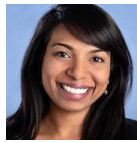
**Breffni Hannon**  
Lead, Princess  
Margaret Cancer  
Centre Palliative Care



**Valerie Heller**  
Co-Lead, Psychosocial  
Oncology



**Jennifer Jones**  
Director, Cancer  
Rehabilitation &  
Survivorship



**Anet Julius**  
Director of Professional  
Practice, Princess  
Margaret



**Thomas Kais-Prial**  
Research Planning  
& Operations  
Manager, Supportive Care



**Ebru Kaya**  
Lead, Toronto  
General Hospital  
Palliative Care



**Cherryl Koylass**  
Director, Department of  
Supportive Care



**Warren Lewin**  
Lead, Toronto Western  
Hospital Palliative  
Care



**Madeline Li**  
Co-Lead,  
Psychosocial Oncology



**Myann  
Marks-Aitken**  
Business Operations  
Manager, Supportive  
Care



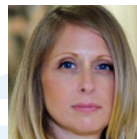
**Athena  
Nicholas-Figiomeni**  
Education  
Specialist,  
Supportive Care



**Gary Rodin**  
Director of Global  
Institute of Psychosocial,  
Palliative & End-of-Life  
Care (GIPPEC) Cancer  
Experience, Princess  
Margaret



**Emily Steinbach**  
Senior  
Development Officer,  
Princess Margaret  
Cancer Foundation



**Tannis Walker**  
Director, Major Gifts,  
Princess Margaret  
Cancer Foundation



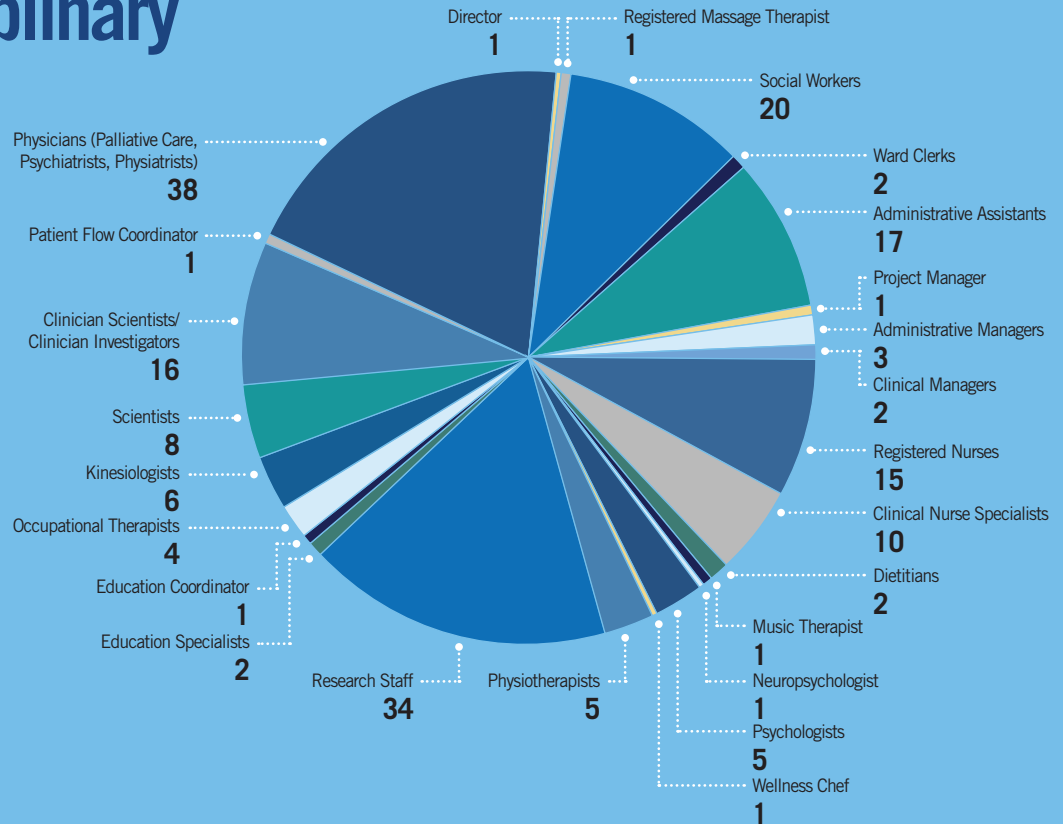
**Anna Wallwork**  
Social Work  
Co-Lead,  
Psychosocial Oncology

# 2023-2024 SNAPSHOT

# 181

## Multidisciplinary Staff

181 equals headcount and the breakdown indicates roles (some individuals may hold more than one role)



## Research



### 30

Active research grants with DSC PI or Co-PI



### 36

Active research grant collaborations



### 152

Peer-reviewed publications

### \$7.0M

in new research grants (18 grants)

### \$5.6M

in new research grants with DSC PI or Co-PI (13 grants)

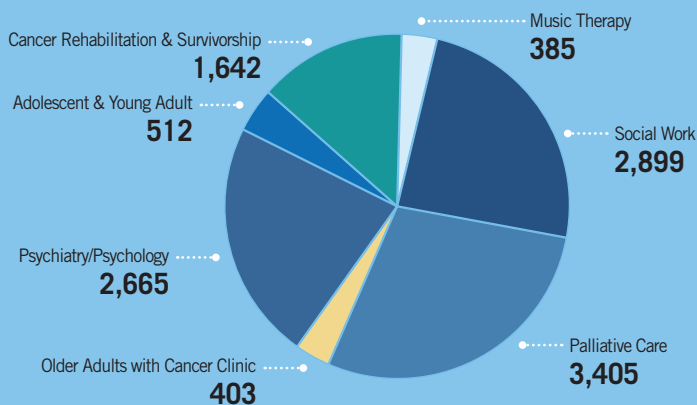
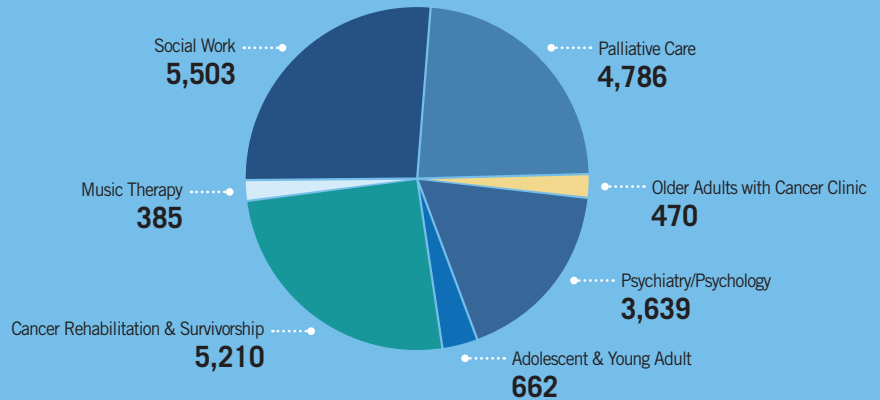
### \$1.4M

in new research grant collaborations (5 grants)

# Clinical Care

20,655

Unique patients seen

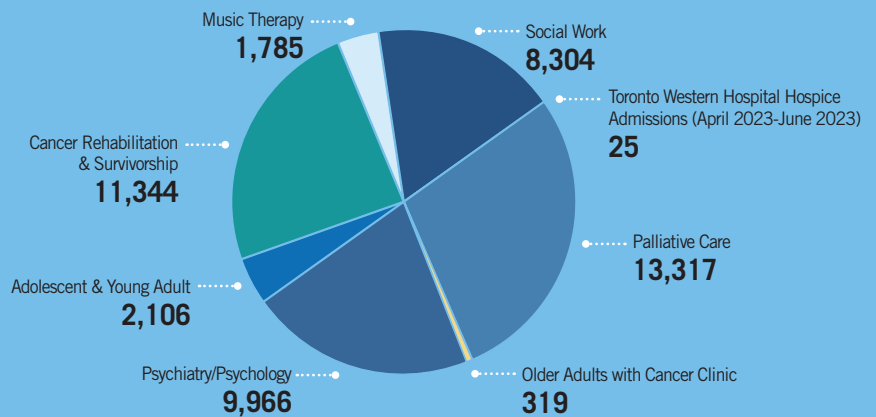


11,911

New consults

47,166

Follow-ups



# Education

312

Learners trained

49

Education & research rounds hosted



# CLINICAL CARE

## Cancer Rehabilitation and Survivorship

It has been another busy year for the Cancer Rehabilitation and Survivorship (CRS) Program with impactful clinical, educational, research and outreach initiatives. In terms of clinical impact, we saw a notable increase in the number of patients referred and treated through CRS with over 2000 new patient referrals and an impressive 11,344 consultations. We continue to see more medically complex patients, highlighting our team's expertise in managing diverse healthcare needs. One area of our work that merits special attention is our commitment to supporting patients through the return-to-work process. Through advocacy with insurance providers and employers, implementation of graduated return-to-work plans, and provision of support to reduce anxiety and build confidence, we have empowered patients to navigate this transition safely and productively.



*REACH application helps patients manage the physical symptoms of their cancer treatments*



*New physiatry fellows Dr. Arjun Ghuman (left) and Dr. Melissa Weidman (right)*

The Physiatry Training Program led by **Dr. Eugene Chang** has also grown and we were pleased to CRS welcome two new physiatry fellows, **Dr. Arjun Ghuman** and **Dr. Melissa Weidman**. Last year was the first full year offering cancer rehabilitation as part of the standard curriculum for physiatry residents and we were pleased to support 3 residents through this rotation. Outside of physiatry training, CRS supported many other learners and, in partnership with The Michener Institute of Education, we continued to develop new courses through our Cancer Rehabilitation and Survivorship Training Program including Cancer and Massage Therapy.

Our integrated Clinical Research Program was busy this year with the completion of the Phase I pilot of the CaRE-AYA Program and a large analysis of our CRS referral patterns to identify gaps in access to care. We were excited to launch two large trials including the CaRE@Home implementation-effectiveness trial, which is being run in four centres across Canada, and the CaRE-Advanced Cancer Phase II trial happening at the Princess Margaret Cancer Centre (PM) and BC Cancer. We also launched the new REACH application, which is a patient tool to screen for common cancer-related physical impairments and directs patients to relevant resources based on their scores, and we are studying its implementation and use. A number of new research studies are in development and about to be launched including a new exercise-based rehabilitation intervention of chemotherapy-related peripheral neuropathy.

Our team has also been actively engaged in mentoring initiatives aimed at enhancing healthcare delivery in the broader community. We have provided support to other hospitals (including Trillium Health Partners and Scarborough Health Network) in developing cancer survivorship programs and have recently helped to develop a Nurse Practitioner-led Breast Cancer Survivorship Pilot Program at Oak Valley Health as part of the Princess Margaret Cancer Care Network grant. Our collaborations extend beyond our immediate community, with initiatives to support Nova Scotia Health Authority to develop an understanding of Cancer Rehabilitation and Survivorship, overall structure/operations, eligibility requirements, referral/triaging process, and learn about exercise oncology programming. These partnerships reflect our commitment to sharing knowledge and best practices to improve patient outcomes on a national scale.

<h2 style="text-align: center;">Program Format</h2> <p>The CaRE@ELLICSR-AYA Program is 2.5 hours once a week for 8 weeks at ELLICSR (see back of pamphlet for directions).</p> <p>You will meet with a cancer exercise expert 1-2 weeks before you begin the program to create an individualized exercise program to match your needs and abilities.</p> <p>After program completion you will have follow-up visits at 3 and 6 months. Here you will review your progress towards your exercise and lifestyle goals.</p>	<h2 style="text-align: center;">Location</h2> <p>The CaRE@ELLICSR-AYA Program is located at ELLICSR in the basement of the Toronto General Hospital, Room B PMB 130.</p> <p><b>For further directions please see:</b></p> 	 <h2 style="text-align: center;">CaRE@ELLICSR-AYA</h2> <p style="text-align: center;">Cancer Rehab and Exercise Program For Adolescents and Young Adults</p>
	<h2 style="text-align: center;">Contact us</h2> <p>ELLICSR Health, Wellness, and Cancer Survivorship Centre          Toronto General Hospital          (416) 581-8620  <a href="mailto:ellicsr@uhnresearch.ca">ellicsr@uhnresearch.ca</a></p>	

*CaRE@ELLICSR-AYA Program is an 8-week program that can be completed at ELLICSR (a health and wellness space in Toronto General Hospital)*

# Palliative Care

## Princess Margaret

Our Palliative Care (PC) clinical and leadership teams have worked hard to align the admission criteria for our inpatient unit (16P) with the over-arching philosophy of our program: to provide timely palliative care to all patients with advanced cancer who are in need of this care.

Historically, there was a requirement that patients admitted to 16P agreed to a Do Not Resuscitate (DNR) order, in alignment with most other palliative care units/hospices nationally and internationally. Increasingly, our team sees outpatients earlier in the course of their disease, while they are still receiving anticancer treatment and have active goals of care. We recognized an unmet area of need for inpatient supports for patients with active goals of care and complex symptoms.

To address this gap and remove the DNR criterion on 16P, the support of the interdisciplinary team was crucial. We held a number of stakeholder meetings to explore facilitators and barriers to this change, and engaged senior leadership and our oncology colleagues for their endorsement and support. We offered additional educational sessions to all team members prior to this change, which went live in early April 2024.

Huge thanks to the entire 16P team, but special thanks to **Jenny Catton, Pearlina Dawes, Dr. Neesha Dhani, Claudia Grande, Dr. Jenny Lau, Anet Julius** and **Trish Murphy-Kane** for their enormous efforts to support this change!



*Inpatient unit (16P) team members Jenny Catton, Pearlina Dawes, Dr. Neesha Dhani, Claudia Grande, Dr. Jenny Lau, Anet Julius, and Trish Murphy-Kane (top-left to bottom-right)*

# Toronto Western

Unfortunately, approximately 9,500 Canadians annually get diagnosed with cancer spreading into the spine, which can lead to spinal fractures causing debilitating pain. Under-treatment remains a challenge due to difficulty in timely referral and assessment, leading to severe disability and diminished quality of life. To address this gap in needed care, Toronto Western Hospital (TWH) partnered across UHN sites to establish a first-of-its-kind Multidisciplinary Metastatic Spine Clinic (MMSC).

**Drs. Nadine Gebara and Haley Draper**, TWH Palliative Care physicians, have partnered with the MMSC team and routinely see individuals with cancer experiencing severe pain from complex spinal disease. These patients benefit from newly created multidisciplinary assessment and care, which includes expertise from Neurosurgery, Interventional

Neuro-Radiology, Radiation Oncology, and Palliative Care. Patients receive personalized treatment plans tailored to their needs, which may include specialized spine surgery, nerve blocks, radiotherapy, alongside specialist-level psychosocial and pain management offered by our Palliative Care physicians. In addition to the known patient and family benefits of early integration of palliative care, this unique interdisciplinary collaborative care model offers a needed learning opportunity for postgraduate UHN and University of Toronto (U of T) trainees to participate in, and see the benefits of, early embedded outpatient palliative care for seriously ill people and their families. This is another example of our team leading the way to improving the quality of life for patients and families needing specialized neurological and neurosurgical care at TWH.



*Drs. Nadine Gebara and Haley Draper and staff of the Multidisciplinary Metastatic Spine Clinic*

# Toronto General

The Toronto General Hospital inpatient palliative care team welcomed new staff member, **Dr. Suraj Tandon**. We continue to provide teaching regarding the role of palliative care in patients with non-malignant disease to MSICU and this year expanded teaching to Thoracic surgery learners and staff as well as Transplant fellows. **Lisa Vermunt**, CNS for the TGH inpatient palliative care team, together with **Archana Patel**, CNS for palliative care at TWH, completed the first TGH/TWH Palliative Care Nursing Workshop on March 5, 2024. The feedback from the inaugural course was hugely successful with attendees wanting it to be available to all nurses and other disciplines at UHN!

**Dr. Kirsten Wentlandt** and **Dr. Kayla Wolofsky** are involved in Global Palliative Care initiatives. The Division of Palliative Care at the University of Toronto is working with Kwame Nkrumah University of Science and Technology (KNUST) on a Basic and Advanced Palliative Care Short Course in Ghana. The first iteration was hugely successful and one of seven short courses under the health employment pillar of the Africa Higher Education Health Collaborative, where teams from KNUST and DFCM are co-creating and co-delivering continuing education programs to enhance the competency of primary care

practitioners in several key areas, including palliative care. This work is being led by Dr. Kirsten Wentlandt (Toronto) and Dr. Arti Singh (Ghana), and involves a number of Toronto faculty, including Dr. Wolofsky, that support curriculum development and planning as well as travelling to deliver the curriculum alongside our Ghanaian colleagues. This is expected to be an ongoing collaboration for another 5-10 years.

Dr. Wentlandt and Dr. Kaya are collaborating with the Toronto Addis Ababa Academic Collaboration (TAAAC) to support the growth of palliative care in Ethiopia. In July 2024, as part of this collaboration, Dr. Kebebew will be starting her clinical fellowship training in palliative medicine at UHN.

Our palliative care teams were successful in obtaining funding to establish the first-of-its-kind in Canada Fellowship Training Program in Social Work and **Rose-Marie Fraser** was selected as the Program Director. Rose-Marie is leading a committee of interdisciplinary colleagues in creating a robust curriculum and hopes to welcome the first trainee in 2024.



*Drs. Kirsten Wentlandt and Kayla Wolofsky and the Kwame Nkrumah University of Science and Technology Team*



# Psychosocial Oncology



*Department of Supportive Care has been developing the CALM Program for over 12 years*

Our Psychosocial Oncology Division had success with several clinical achievements this year. Building upon almost two decades of research and global implementation, the Weston Family Foundation has provided a \$2 million grant to establish a CALM National Program. This unique pan-Canadian program is being implemented by an interdisciplinary team with Managing Cancer and Living Meaningfully (CALM) developers **Drs. Sarah Hales** and **Gary Rodin** (Director). There has been remarkable success in the first phase of the program with proactive implementation of CALM at the Princess Margaret Cancer Centre, with implementation at other Canadian sites to begin in 2025.

We have also established a new Assessment Clinic, an interdisciplinary model of care involving social work students engaged in a novel 2-year specialized Research and Psychotherapy Education Program developed by **Dr. Carmine Malfitano** in collaboration with the Factor-Inwentash Faculty of Social Work at the University of Toronto. In this weekly Assessment Clinic, social work students work efficiently with psychiatrists to conduct initial patient consultations, effectively doubling our capacity to provide cancer psychiatry assessments. As a result of this model, wait times for psychiatry have significantly reduced.

To further increase psychosocial oncology capacity, funding was secured to hire a full-time permanent social worker to the Solid Tumor team, the first increase in solid tumor social work resources in 17 years. This role was implemented into the 17A/B inpatient units and has been immensely impactful and valued amongst those teams. Additionally, advocacy from the Adolescent and Young Adult (AYA) Oncology Program resulted in a dedicated social worker hired to the team to support clinical work, program development, and partnership building with other oncology programs throughout Ontario.

Another exciting highlight includes the introduction of a social work-led advance care planning (ACP) clinic for CAR T-cell therapy patients developed by **Emily Barca**, MSW RSW, **Dr. Breffni Hannon**, **Dr. Warren Lewin**, and their team. The clinic offers every CAR T-cell therapy patient an opportunity to reflect on their wishes and values, and to communicate what kind of health and personal care they wish to receive now, and in the future. Patients are also offered practical support around legal and financial planning for the future and provided with opportunities for healthcare navigation including introducing the concept of integrated palliative care alongside, rather than instead of, CAR T-cell therapy.

# Specialty Programs and Clinics

## Older Adults with Cancer Clinic

The Older Adults with Cancer Clinic (OACC) has had a very busy year! We have reached a milestone this year, seeing our 1900<sup>th</sup> new patient! We continue to grow and over the past year have opened an additional half day of clinic and an additional day of nursing in order to help us keep up with our increasing demands and decrease our wait times. This past year we also welcomed **Dr. Guillaume Lim Fat**, who has replaced our long-term member, Dr. Arielle Berger, who left UHN to pursue other opportunities. Dr. Lim Fat has a special interest in Quality Improvement and Cognition and Cancer, which will help us improve our care for this special population.



Dr. Guillaume Lim Fat

## Caregiver Clinic

The Caregiver Clinic has provided one-on-one psychotherapy to over 170 family caregivers of patients seen at the Princess Margaret Cancer Centre (PM). Our Observership Program has seen significant growth, with more than 40 learners from various disciplines observing Caregiver Clinic sessions as part of their education at the Princess Margaret Cancer Centre over the past year. We continue to drive innovation and successfully completed two pilot programs testing novel interventions this year. The first program involved a Clinical Nurse Specialist at the Outpatient Palliative Care Clinic conducting distress screening and providing in-clinic interventions for family caregivers of patients with advanced cancer. The second initiative was the implementation of a virtual group therapy program, Fear Of Recurrence Therapy (FORT), tailored for family caregivers. **Sofi Canales**, Adolescents and Young Adults Palliative Care fellow, shared the following testimonial about her recent experience as an observer with the Caregiver Clinic.

“Being an observer in the caregiver clinic helped me to get a glimpse of what happens on the other side of the patient experience. I could see firsthand, the impact of such a horrible disease on other family members as well as their increased levels of distress. Without generalizing, now I have a better understanding of what the person sitting next to the patient might be feeling or experiencing when they come to clinic, and don’t get a chance to express themselves. The Caregiver Clinic does such important work and Dr. Nissim does it so skillfully. Thank you for the opportunity to collaborate with such an amazing team.”

# Adolescent and Young Adult Oncology Program

It has been an exhilarating year for us! Here are some of our highlights: Firstly, we've welcomed **Simone Kurup** MSW RSW and **Samantha Scime** RN MN, CON(C) to our team. Simone's role involves expanding AYA care beyond the Princess Margaret Cancer Centre patients, and she is already established partnerships with Trillium Health Partners, Scarborough Health Network, Unity Health Toronto, Sinai Health System, and Lakeridge Health. Meanwhile, Sam has taken on the position of the official AYA CNS at Stronach Regional Cancer Centre at Southlake Hospital, where she's spearheading an AYA Program catering to patients north of the city.

Patient programming has been significantly expanded to meet growing demand, with increased frequency of AYA Meetups, Art Therapy sessions, and Book Club gatherings. Additionally, monthly yoga sessions, AYA Move activities, and Movie Nights have been introduced to enrich patient experiences. Thanks to sponsorship from Alli's Journey, bi-monthly Art Therapy sessions are now available, along with Hair Care Sessions provided in collaboration with Hair Gone Rogue. Patients also have access to Book Club meetings and ELLICSR Cooking Classes. Furthermore, educational webinars covering topics such as cancer and fertility, coping during the holidays, and employment supports are offered regularly. Collaborations with institutions like the AGO and ROM ensure a diverse range of engaging experiences for patients.



*New AYA Program staff Simone Kurup (left) and Samantha Scime (right)*

Professional education initiatives have been expanded significantly, including the establishment of the "AYA Canadian Collective", a national working group aimed at supporting the development of AYA programs across the country. A webinar focusing on Program Development in Psychosocial Oncology was conducted, reaching professionals across Canada. Additionally, a Fertility Preservation Webinar, co-sponsored by Sinai Fertility, provided crucial insights into preserving fertility during cancer treatment. These efforts aim to enhance professional knowledge and resources in the field of adolescent and young adult oncology.



*AYA Program activities throughout 2023-2024*

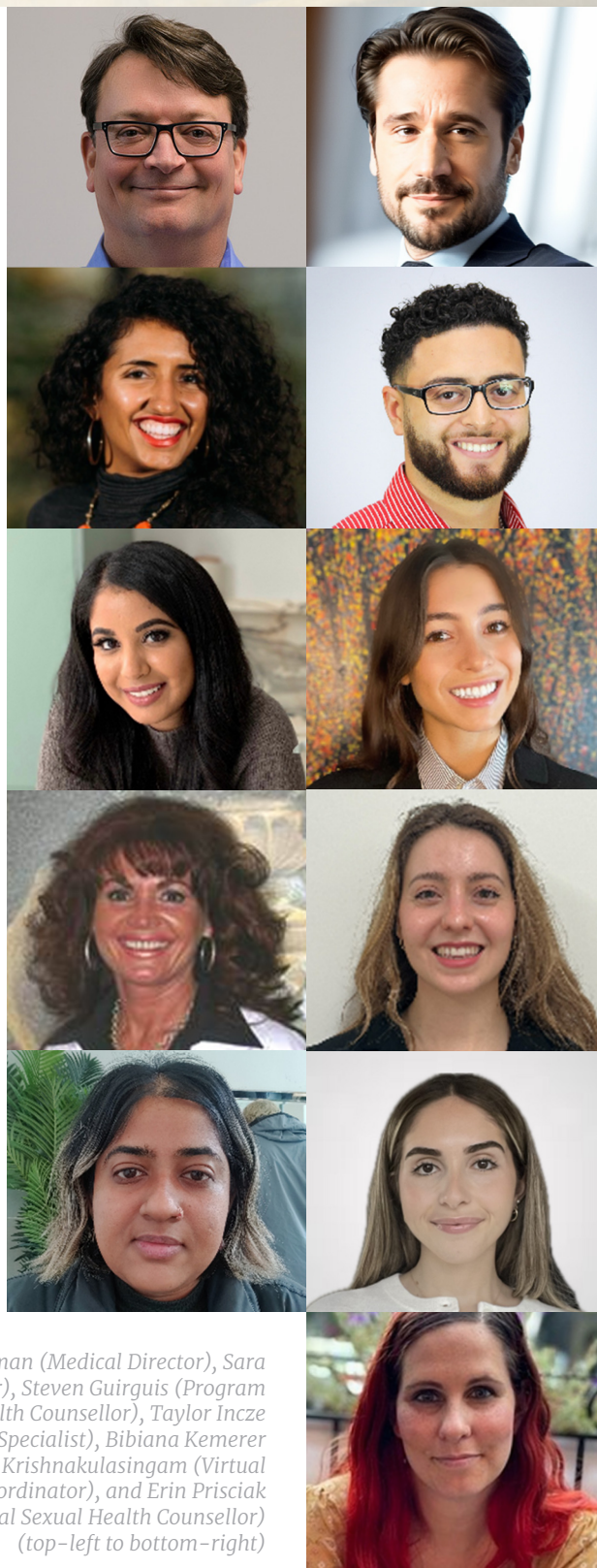
# Sexual Health Clinic



The Sexual Health Clinic (SHC) operates within a biopsychosocial framework to provide comprehensive sexual medicine services, aiming to enhance sexual function, satisfaction, and relational intimacy for patients and couples. Utilizing digital tools and optimizing resources, the clinic efficiently delivers specialized care to a diverse range of cancer patients. Quality assurance, improvement, and research initiatives embedded within the SHC monitor implementation and effectiveness in a real-world setting.

In its inaugural year, the SHC received 359 referrals from 24 different cancer sites. Importantly, patients were actively engaged in the virtual arm of the clinic, generating 1649 chat messages, completing 1138 trackers, viewing 632 modules, and averaging 223 information slides per patient. Expanding the SHC to other cancer centres in Ontario and Canada promises to enhance access to vital services and address health inequities. Joining the Princess Margaret Cancer Care Network signifies a commitment to advancing patient care innovations regionally and nationally.

Additionally, the SHC founders secured a Canadian Cancer Society research grant to introduce aspects of the clinic to 10 cancer centres across Canada. This initiative reflects a dedication to broadening the reach of specialized sexual healthcare and fostering collaborative research efforts in cancer care.



*Dr. Andrew Matthew (Director), Dr. Dean Elterman (Medical Director), Sara Gambino (Virtual Sexual Health Counsellor), Steven Guirguis (Program Manager), Rhea Harduwar (Virtual Sexual Health Counsellor), Taylor Incze (Clinic Coordinator), Leah Jamnicky (Clinical Nurse Specialist), Bibiana Kemerer (In-Person Sexual Health Counsellor), Yasietha Krishnakulasingam (Virtual Sexual Health Counsellor), Dalia Peres (Clinic Coordinator), and Erin Prisciak (Virtual Sexual Health Counsellor) (top-left to bottom-right)*

# Sexual and Gender Diversity in Cancer Program

2023 was the first year that the Sexual and Gender Diversity in Cancer (SGDc) Program provided clinical services throughout the entire year! We saw an increase in patient referrals for counselling, consultation and support. We began to extend our outreach to patients and their chosen family members at Princess Margaret through the development of a patient brochure and poster that are available in clinic areas.

This year, in addition to the Pride Parade, we hosted our first ever in-person SGDc patient Pride event called Be the Light! Cancer can be a lonely place, especially during Pride Month. Sometimes, a bit of light and community is needed along the way. We had a heartwarming gathering where SGDc patients and chosen families came together in solidarity and support. Attendees engaged in reflective discussions about healing, cancer treatment, and recovery as the sun set. A Pride meditation guided participants towards inner peace and acceptance, while a collective walk in the labyrinth, illuminated by lanterns and accompanied by live music, symbolized the journey towards healing and unity. It was a lovely evening of pride, connection and community.



**The Sexual & Gender Diversity in Cancer Care Program (SGDc)**  
Taking pride in caring for our 2SLGBTQIA+ patients and chosen families

**How we can work with you**

- Information**  
Provide 2SLGBTQIA+ cancer information for you and your chosen families
- Connection & Supports**  
Connect you with supports and services tailored to your needs
- Navigation**  
Help you make sense of and move through the cancer care system
- Counselling & Groups**  
Offer you 2SLGBTQIA+ informed counselling and support groups
- Finding your pride**  
Connect you to your communities and to your unique strengths

**CONTACT US**  
Email: [SGDc@uhn.ca](mailto:SGDc@uhn.ca)  
Phone: 416 946 4501 ext. 4728



SGDc Program poster



SGDc Be the Light event

# SGDc Patient Needs Assessment

In 2023, we performed our SGDc Patient Needs Assessment! While there were some difficulties in connecting with SGDc patients, we are happy to announce that we interviewed 21 patients in 2023! The interviews collected information on SGDc patient experiences in healthcare and at the Princess Margaret Cancer Centre and on how we can improve the cancer care experience for SGDc patients at the Princess Margaret. We learned so much from these interviews and are very grateful to our SGDc patient community for reaching out. Preliminary themes were identified and presented in the poster below at multiple conferences including CAPO, CPA Preaching to the Choir, and PiPER. We look forward to sharing the complete results of our needs assessment in 2024.

**Unmet Needs**  
I felt like a lone fish, you know?  
Patients addressed themes of facing cancer with limited supports, feeling alone, vulnerable and using their own resources to get the tailored info they needed. Quotes: "there is always 'Dr. Google'; I definitely feel like I was isolated during my treatment in terms of my community and my identity"

**Importance of Inclusive Care**  
All patients described the importance of lanyards, pronoun buttons, flags, and rainbows. Environmental indicators signaling being welcome and included, mitigating feeling incredibly vulnerable, and concerns that they won't receive good care due to discrimination. "I feel like a doctor wearing something with a Rainbow makes it feel more approachable." "If I feel like they're being judgmental, I just clam up, and I look around for the exit and make the quickest escape possible"

**The Drama of the Queer Child**  
How can I make you more comfy Doc?  
Patients used humour to disarm or make the healthcare providers more comfortable. The drama of the queer child concept was adapted from psychodynamic theory. Focus on seeing self through the eyes of "other" for survival. Quote: "I thought it was too much to ask," "I wish I had my Pride flag with me but I wasn't sure if you are allowed to bring that to the hospital."

**Protective Non-disclosure**  
HOSPITAL  
BAG CHECK  
Can I leave this here?  
Patients went along with mistaken assumptions of being straight. They were not asked their SOGIE, yet take sole responsibility for being "out." Patients kept their SOGIE separate or apart from cancer. Quotes: "if there was an atmosphere from the very beginning about inclusiveness, then maybe I would have felt differently... it would have been more important"; "I was like genuinely scared that if I shared this part of who I was, it would have a negative consequence..."

**What does Inclusive Care look like?**  
It's hard to imagine what can be on the menu when we have never been invited to the table?  
Patients felt like it was a challenge to define inclusive care and, imagine the possibilities. It was often defined by what it is not, for example: feeling awkward, "weird vibes", feeling unsafe, and feeling excluded. "I don't need to feel scared to walk into a clinic or hospital... I can just be comfortable." "I was given a gown because they think I am a woman, ... but I really wanted the pajamas..."

**Intersectional Identities**  
How do I unravel this?  
Intersectional identities can provide additional challenges for patients. Especially those who have marginalized or oppressed identities. Quotes: "Obviously my background (culture, religion), it's just so much stigma and hate against the LGBTQ, like it felt that I was on a lookout, like making sure I don't get caught"; "... is this happening because we are women, Black women, Black women who are lesbians?"; "How do you know for sure why you are being treated a certain way?"

**Unique Support Networks**  
Patients expressed having unique support networks to cope. The networks could be comprised of larger chosen family network compared to one spouse. For example, one patient said: "There are different support systems, a lot of men my age are single". Patients hoped their chosen family would be recognized by the healthcare team. "My friends, chosen family is everything"

**Unique Strengths**  
Patients have unique strengths for coping. These include: salogenic factors, being very patient with the healthcare team (like the number of times they might need to "come out"), generous when mistakes are made, lots of humour. Quotes: "we have both been through so much... that is what makes our love so strong"; "I find usually when people hurt other people, it's more often than not, it's, they didn't mean to"; "It helps that I have a sense of humor, I've been use to, since high school to disarming people and putting them at ease by making them laugh."

She always wears that shirt so that we don't get mistaken for sisters

SGDc Patient Needs Assessment poster

# EDUCATION AND TRAINING

In alignment with the purpose, values, and principles of the University Health Network, the Department of Supportive Care strives for excellence in education, to further the provision and promotion of high-quality supportive care for patients and their families throughout the course of illness. Our interprofessional team, many of whom hold faculty positions at the University of Toronto, provide outstanding education programs and learning opportunities for fellows, residents, graduate students, medical students, summer students, and observers.

DSC welcomes learners from a wide range of disciplines including palliative care, psychiatry, nursing, and allied health. Education programs are offered within all three of our core divisions: Palliative Care, Psychosocial Oncology, and Cancer Rehabilitation and Survivorship.

During the 2023-2024 fiscal year, 170 learners rotated through the **Palliative Care (PC) Division** at the Princess Margaret, Toronto General, and Toronto Western sites, with experiences in inpatient consults, outpatient clinics, and the palliative care unit. Our learners included clinical fellows, residents and medical students. The division has also transitioned all materials for learners to a shared electronic platform (OneDrive), with a core teaching curriculum across all three sites that covers important topics within palliative care.

66 learners rotated through the **Psychosocial Oncology (PSO) Division** including medical undergraduates, psychiatry residents, and social work, and psychology trainees. Evaluations were outstanding, which was also reflected by the increased frequency of rotation requests across all offered PSO programs.

76 learners rotated through the **Cancer Rehabilitation and Survivorship (CRS) Program** to gain an understanding and appreciation of the diverse services and types of care offered to patients during and after cancer treatment. Through immersion in clinic activities, trainees were able to learn about the interprofessional team, cancer-related impairments identified during comprehensive assessments,

self-management support, and the overall patient experience.

## Diverse Learners

312

Learners trained

32

Undergraduates

115

Graduates

74

Postgraduates

18

Fellows

73

Continuing education learners

## Education Activities

49

Rounds hosted

6

Supportive Care Grand Rounds

22

Supportive Care Research Seminars

5

Pain & Symptom Management Rounds

7

Princess Margaret Cancer Survivorship Research Rounds

2

Global Institute of Psychosocial, Palliative & End-of-life Care Seminars

7

Canadian Cancer Survivorship Research Consortium Rounds

# Fellowships

The **Cancer Rehabilitation-Physical Medicine and Rehabilitation (PM&R) Fellowship Program** trained 2 fellows from Canada. In 2024-25, 2 fellows from Saudi Arabia and Jordan are expected.

The **Psychosocial Oncology Fellowship Program** trained 2 clinical fellows and 2 research fellows from Canada, Argentina and Saudi Arabia. The Clinical Fellowship Program had over 7 qualified applicants for the 2023-2024 cohort and are hoping to train 3-4 additional international fellows this upcoming academic cycle.

The **Palliative Medicine Clinical Fellowship Program** continues to grow and attracts highly qualified international applicants. In 2023, the program trained 10 fellows from 7 countries: Canada, India, Philippines, Columbia, Brazil, Jordan, and Saudi Arabia. In addition, the program extended acceptance offers to 16 applicants from 12 countries to start fellowship training in mid-2024.

The **Older Adults with Cancer Clinic (OACC)** has trained 2 new geriatric oncology fellows in 2023 from India and Australia.



**Arjun Ghuman**  
Canada



**Melissa Weidman**  
Canada

## Cancer Rehabilitation Fellows



**Mohammed Alnuwaysir**  
Saudi Arabia



**Ana Andrea Sicardi**  
Argentina

## Psychosocial Oncology Fellows



**Sarah Blais-Laroche**  
Canada



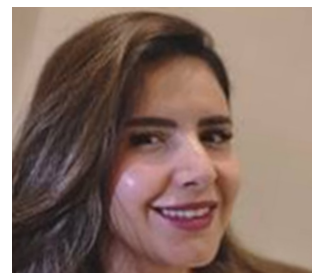
**Eugenia Ubeira Amaral**  
Argentina



# Palliative Medicine Clinical Fellows



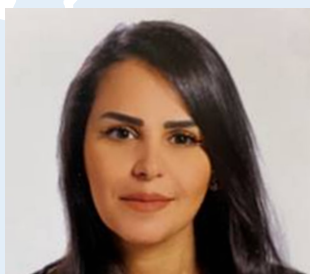
**Maria Alejandra Herrera  
Mondragon**  
Columbia



**Feda Alshoshan**  
Saudi Arabia



**Elizabeth  
Au-Yeung**  
Canada



**Majd Awwad**  
Jordan



**Vanessa Cavalcante  
Carneiro da Cunha**  
Brazil



**Criselda Cenizal**  
Philippines



**Arun Ghoshal**  
India



**Eleni Giannouli**  
Canada



**Kaela Gusenbauer**  
Canada



**Helen James**  
Canada



**Neha Pathak**  
India



**Neeraja Vadali**  
Australia

# Older Adults with Cancer Clinic Fellows

# Innovations in Education

## Transitions Program for Internationally Educated Fellows

The Transitions Program for Internationally Educated Clinical Fellows, first established by **Dr. Ahmed Al-Awamer** and **Dr. Ebru Kaya**, is focused on:

- » Empowering clinical fellows with the knowledge needed for Canadian fellowship training
- » Connection to a community of practice
- » Enhancement of performance by learning about the Canadian work environment, expectations, and available resources

Online resources and virtual sessions provide knowledge and discussion on the following topics:

- » Settling in Canada
- » Communication
- » Social determinants of health
- » Team-based care
- » Bioethics and patient safety
- » Wellness

This year, the program is partnering with the UHN Postgraduate Medical Education Office and will be available for all new University of Toronto international fellows.



*UHN Transitions Program for Internationally Educated Clinical Fellows*

# Cancer Rehabilitation & Survivorship Education



Michener Future Students Current Students Admissions Continuing Education About Michener

Continuing Education: Winter 2025 CE Program & Course Guide Services Course Development & Customization Forms & Policies FAQs

Certificate Programs Bridging Programs MELA Registration & Course Formats Advanced Life Support ACLS UoT Residents

All CE Courses CEPD Accreditation Micro-credentials Michener Centre for Post-Graduate Nursing Education

Home > Continuing Education > All CE Courses > Cancer Rehab & Survivorship Education

© All CE Courses

## Cancer Rehab & Survivorship Education



The Cancer Rehabilitation and Survivorship Program has partnered with the Michener Institute of Education at UHN to launch a cancer rehabilitation education hub featuring both in-person and virtual courses focused on providing learners with innovative and interprofessional strategies to improve the function, health, and well-being of those affected by cancer.

Cancer & Massage Therapy	Classroom-Based
Exercise & Cancer for Fitness and Health Professionals	Classroom-Based
Introduction to Cancer Rehabilitation & Survivorship	Self Study - Online

Cancer Rehabilitation and Survivorship Education website

The Cancer Rehabilitation and Survivorship (CRS) Program has partnered with the Michener Institute of Education at UHN to launch a Cancer Rehabilitation and Survivorship Education hub featuring both in-person and virtual courses focused on providing healthcare professionals with innovative strategies to improve the function, health, and well-being of those affected by cancer.

This hub currently includes:

- » Introduction to Cancer Rehabilitation and Survivorship e-Learning course (asynchronous)
- » Exercise for Healthcare and Fitness Professional course (in-person and virtual options available)
- » Cancer and Massage Therapy course (in-person)

## Cancer and Massage Therapy Course

Cancer and Massage Therapy, an in-person 2-day course, was launched in early 2024. Created by **Pam Hammond**, RMT, and **Athena Nicholas-Figliomeni**, Education Specialist, this course delves into:

- » The benefits of massage therapy for short and long-term effects of cancer and cancer treatments
- » Contraindications and modifications of massage modalities
- » Positioning for comfort and symptom relief
- » Red flags and when to refer out
- » Caregiver massage teaching

## Cellulitis Course

This virtual asynchronous course is currently being developed by Patricia Blinn, Occupational Therapist. This course will focus on conservative strategies for managing cellulitis and reducing its occurrence.

# UHN Fellowship Experience



## Clinical Fellowship Experience

Led by **Dr. Ahmed Al-Awamer**, the Clinical Fellowship Experience initiative was created with the aim of developing a partnership with clinical fellows from diverse backgrounds to hear their voices and work collaboratively with other stakeholders to improve their learning and working environment while ensuring equity and inclusivity. Engagement with this initiative was high. Individual interviews, virtual focus groups, and in-person focus groups were conducted with:

- » 70+ fellows
- » UHN VP Education
- » Fellowship Directors
- » Fellowship Coordinators
- » Postgraduate Medical Education
- » UHN Medical Education staff

### Themes/Priorities



#### INTEGRATION INTO UHN

- Improved registration and onboarding
- Support for new fellows
- Networking/Peer Support



#### LEARNER EXPERIENCE

- Enhanced Clinical Experience
- Research/Challenging projects
- Mentorship



#### WELLNESS AND BELONGING

- Work/Life balance
- Inclusivity
- Recognition

LEARNER CENTRED



PROGRAM DEVELOPMENT AND IMPROVEMENT

## Older Adults with Cancer Course

**Susie Monginot** and the **OACC Team** launched the “Older Adults with Cancer Course” in the Princess Margaret Cancer Campus. Some of the topics included are comprehensive geriatric assessments, predicting life expectancy, communication and decision-making, cognitive changes, polypharmacy, and functional status and falls. The team launched two additional modules, which delve into nutrition and mood in older adults with cancer.

### New course is launching on Princess Margaret Cancer Campus!

Cancer is a disease that predominantly affects people as they age. Unfortunately, older adults with cancer are often underserved and do not receive appropriate or necessary care.

Learn about the unique needs of older patients and what you can do to support them.



# Toronto Western Multidisciplinary Metastatic Spine Clinic & Palliative Care Partnership

**Drs. Nadine Gebara** and **Haley Draper** have partnered with the Toronto Western Hospital Multidisciplinary Metastatic Spine Clinic, which uniquely serves individuals with cancer experiencing severe pain from complex spinal metastases. Patients benefit from multidisciplinary care including expertise from Neurosurgery, Neuro-interventional Radiology, Radiation Oncology, and Palliative Care.

This collaboration offers an exciting opportunity for Palliative Care residents and fellows to participate in a uniquely collaborative outpatient care model. Furthermore, the team was invited to present at the national Palliative Care ECHO Project in February 2024 and the Division of Palliative Care Grand Rounds in the fall of 2024.



*Multidisciplinary Metastatic Spine Clinic Team*

# Collaborations with Neurology and Palliative Care

“As a Neurology resident, I really appreciated being able to develop my skills in communicating with patients and families at end of life, especially given how often we see people with terminal diagnoses in Neurology!”

In collaboration with the Divisions of Neurology and Palliative Care, **Dr. Jalal Ebrahim** and the **Toronto Western Hospital (TWH) Team** launched a pilot program where postgraduate neurology trainees from the University of Toronto join our inpatient consultation team for one month during their third year of training. The goal is for trainees to build knowledge and skills around the serious illness needs of their patient population. Feedback has been outstanding around the opportunity to purposefully build advanced communication skills – especially for patients/families living with advanced neurologic illnesses (e.g., brain cancer, Parkinsonian syndromes, stroke, and neurodegenerative disease).

To address a known teaching gap, **Dr. Melissa Li** also spearheaded the Neurology postgraduate program’s first half-day Serious Illness Communication workshop in partnership with The Conversation Lab with an aim to enhance postgraduate neurology residents’ understanding and skill related to communication. An associated quality improvement project found that most postgraduates reported having increased confidence and readiness to lead serious illness conversations afterward.



*Dr. Jalal Ebrahim and the TWH Team*

## AYA Palliative Care Fellowship Program

The Adolescents and Young Adults (AYA) Palliative Care Fellowship Program, co-founded by **Dr. Ahmed Al-Awamer** (Palliative Care) and **Dr. Pamela Mosher** (Psychosocial Oncology), provides physicians with specialized clinical training in the delivery of high-quality palliative, psychosocial and supportive care for adolescents and young adults, aged 15 to 39 years, with advanced cancer or significant symptom burden. The program’s first fellow will graduate in June 2024. **Dr. Alexandra Saltman** (Palliative Care) and **Dr. Pamela Mosher** continue to co-lead the AYA Supportive Care Clinic at the Princess Margaret Cancer Centre, and welcome interested applicants to contact them in future.



**LEAP**  
**CORE**

# Pallium Canada's Leap Core Modules

**Dr. Jalal Ebrahim** worked with the Department of Family and Community Medicine to provide feedback aimed at updating Pallium Canada's Leap Core Modules. LEAP Core modules are online, interactive, self-learning activities, built by local experts, which comprise an interprofessional course aimed at training essential palliative care competencies. In response to learners hoping for additional asynchronous learning resources, new as of this year, all U of T learners rotating through palliative care receive complimentary access to the 17 core modules, which address topics not typically covered elsewhere in their training.

## Palliative Care Wellness Committee

The Ontario Medical Association described burnout last year in healthcare as a provincial crisis. To respond to this issue, **Dr. Warren Lewin** continues to serve as a member of the Division of Palliative Care's Wellness Committee where he co-developed and co-leads their wellness curriculum. It is a nationally unique, year-long curriculum that creatively merges arts with science to teach about burnout and resiliency principles and is informed by national wellness competencies.

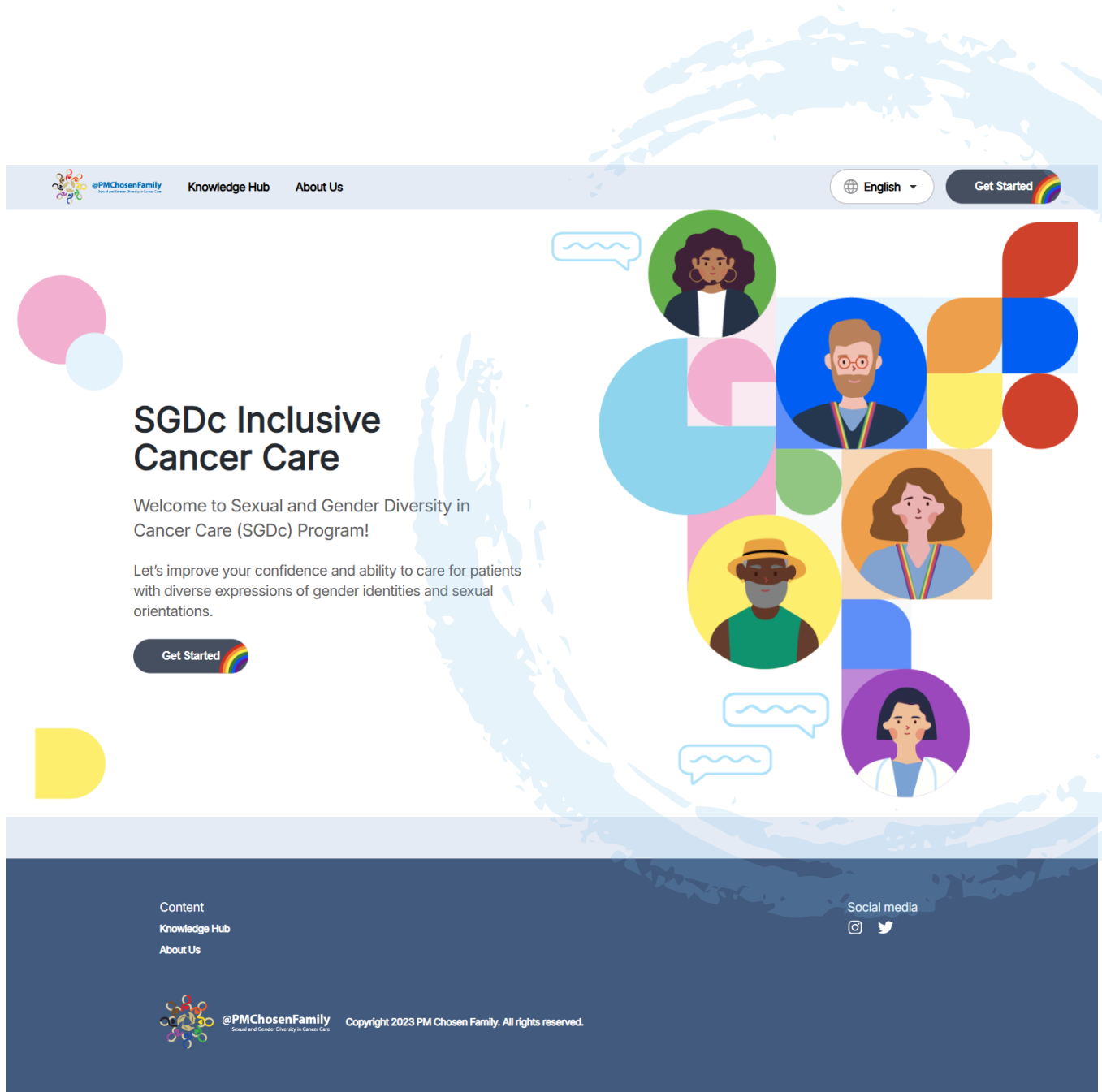
Course highlights include medical improvisation to build community and practice self-reflection, a narrative medicine session to process grief and get comfortable being vulnerable, and a trip to the Art Gallery of Ontario co-led by the Assistant Curator of Collaborative Programming to apply museum-based education principles to deepen observation and reflection skills and appreciate how physical space may mitigate burnout. The curriculum was presented to excellent feedback at both national and international peer-reviewed conferences, as a standalone ECHO session, and was nominated for a Departmental Excellence in Course/Program Development Award recognizing innovations in teaching methodologies.



*Trip to the Art Gallery of Ontario as part of the Palliative Care's Wellness Curriculum*

# SGDc Inclusive Cancer Care e-Learning Program

The Sexual and Gender Diversity in Cancer Care (SGDc) Program developed the SGDc Inclusive Cancer Care e-Learning Program, which was made available in the Princess Margaret Cancer Campus in 2024 and publicly as a learning resource for healthcare providers and patient facing staff working in cancer care across Canada. The e-learning module educates users on pronouns, sexual orientation, gender identity and relationship diversity through the knowledge hub and conversations with virtual SGDc patients! By completing this module, users will gain the knowledge and communication skills necessary to provide inclusive care to all patients. The program development was led by Co-PIs **Jennifer Croke**, **Christian Schulz-Quach**, **Samantha Scime** and **Gilla Shapiro**, as well as Section Editors **Maria-Anne Archambault-Grenier**, **Margo Kennedy** and **Brendan Lyver**.



SGDc Inclusive Cancer Care e-Learning Program website



## 15<sup>th</sup> Annual Sue MacRae Lecture on Ethics & Patient-Centred Care



The SGDc was invited to present on March 13, 2024 at the prestigious Sue MacRae Lecture series on Ethics and Patient-Centred Care. The presentation introduced and illustrated the process essential for successful cultural and organizational change within healthcare as it pertains to SGDc. Additionally, it critically examined strategies for enhancing access to care for equity-seeking groups, reflecting on lessons learned and exploring future directions.

## Workshop on Creating an Inclusive Cancer Care Program at CAPO



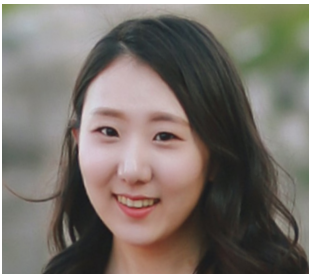
*SGDc Team at the 38<sup>th</sup> Annual CAPO Conference*

The SGDc hosted a workshop at the 38<sup>th</sup> Annual CAPO Conference in June 2023. The workshop presented the development of an inclusive cancer care program for sexual and gender diverse patients with cancer. It provided an overview of the SGDc's development process and core components, emphasized the significance of inclusive care and addressing the unique needs of SGD patients, and shared insights gained from the program's development journey.

# Excellence in Teaching



**Jalal Ebrahim** was nominated for the Wightman-Berris Individual Teaching Excellence Award.



**Jenna Gim** received an award from the Temerty Faculty of Medicine, University of Toronto for her teaching excellence.



**Claudia Grande** (Advanced Practice Nurse Educator for Solid Tumour Malignancies, Short Stay and Palliative Care) received the UHN Excellence in Nursing Preceptorship, Mentorship, and Teaching Award.



**Warren Lewin** received a College of Family Physicians of Canada Award of Excellence selected by the Ontario College of Family Physicians that recognized leadership in creating The Conversation Lab™, addressing system-level gaps in education. Warren also received a U of T MD Program Teaching Award of Excellence and the 2023 Princess Margaret Innovation in Education Award.



**Susie Monginot** and the Older Adults with Cancer Clinic Team launched the Older Adults with Cancer Course in the Princess Margaret Cancer Campus.

# RESEARCH AND INNOVATION

Research productivity has continued to be strong during 2023-2024, with high-quality publications and grants from our Supportive Care researchers.

Across the divisions of Cancer Rehabilitation and Survivorship, Palliative Care, and Psychosocial Oncology, Supportive Care researchers received more than 20 new grants in 2023-2024.

The department's publication output has also continued to be high – there were 152 unique publications in 2023-2024, many of which involved intradepartmental and interorganizational collaboration. Supportive Care publications appeared in high-impact journals such as, Blood, CMAJ, JAMA Otolaryngology, JAMA Network Open, Journal of Clinical Oncology, and Journal of the National Cancer Institute. They included clinical trials as well as qualitative and mixed methods studies, guidelines, and reviews.

Select research highlights from 2023-2024 are featured in the subsequent sections.



30

Active research grants with DSC PI or Co-PI



36

Active research grant collaborations



152

Peer-reviewed publications

\$7.0M

in new research grants (18 grants)

\$5.6M

in new research grants with DSC PI or Co-PI (13 grants)

\$1.4M

in new research grant collaborations (5 grants)



# Notable Publications

Listed alphabetically by last name of author.



## **Cost-utility analysis of geriatric assessment and management in older adults with cancer: Economic evaluation within 5C trial**

**Dr. Shabbir Alibhai** and colleagues conducted a cost-utility analysis alongside the 5C randomized controlled trial to compare geriatric assessment and management (GAM) plus usual care (UC) against UC alone in older adults with cancer. GAM was found to be cost-effective for patients with cancer treated with curative but not with palliative intent. The study provides further considerations for future adoption of GAM in clinical practice. Published in the Journal of Clinical Oncology.



## **Practical assessment and management of vulnerabilities in older patients receiving systemic cancer therapy: ASCO guideline update**

**Dr. Shabbir Alibhai** collaborated with Dr. William Dale and colleagues to update the ASCO guideline (2018) on the practical assessment and management of age-associated vulnerabilities in older patients undergoing systemic cancer therapy. The Expert Panel reiterated its recommendation from the prior guideline that geriatric assessment (GA), including all essential domains, should be used to identify vulnerabilities or impairments that are not routinely captured in oncology assessments for all patients over 65 years old with cancer. Published in the Journal of Clinical Oncology.



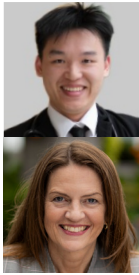
## **Mitigating inequity: Ethically prioritizing patients to CAR T-cell therapy**

**Dr. Jennifer Bell** and colleagues discussed the application of Accountability for Reasonableness (A4R), a priority-setting framework grounded in procedural justice, to the problem of the limited availability of slots for chimeric antigen receptor T-cell therapies (CAR-T). Using A4R principles, they identified four criteria to prioritize patients for access to CAR-T. Published in Blood.



## **Connectedness to the young adult cancer community and post-traumatic growth: A young adults with cancer in their prime study**

**Dr. Jackie Bender** and colleagues examined the relationship between feelings of connectedness to the young adult (YA) cancer community and post-traumatic growth (PTG) among YAs. The study demonstrated that feeling connected to a YA cancer community is associated with moderate-to-strong PTG, regardless of social support. Published in Psychooncology.



### **Interventions to improve outcomes for caregivers of patients with advanced cancer: A meta-analysis**

**Ronald Chow**, medical student under the supervision of **Dr. Camilla Zimmermann**, and colleagues examined the effectiveness of interventions offering support for caregivers of patients with advanced cancer on caregiver quality of life and mental health outcomes. Interventions targeting caregivers, dyads, or patients and families led to improvements in caregiver QOL and mental health, supporting the routine provision of interventions to improve well-being in caregivers of patients with advanced cancer. Published in the Journal of the National Cancer Institute.



### **Socioeconomic status, palliative care, and death at home among patients with cancer before and during COVID-19**

**Javaid Iqbal**, under the supervision of **Dr. Camilla Zimmermann**, and colleagues investigated the potential disparities in the delivery of specialized palliative care services (SPC) in association with place of death due to the COVID-19 pandemic. Through an analysis of Ontario Cancer Registry data, the team found an increase in home deaths among those who received no SPC at the end of life, suggesting the pandemic was associated with amplified socioeconomic disparities, emphasizing the importance of equitable and consistent access to SPC. Published in JAMA Network Open.



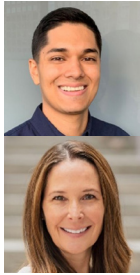
### **Association of cancer-related fatigue on the social, vocational, and healthcare-related dimensions of cancer survivorship**

**Dr. Jennifer Jones** and colleagues found that cancer-related fatigue (CRF) is associated with substantial disruption in social and work role functioning in the early transitional phase of cancer survivorship. Better management of persistent CRF, funding for the implementation of existing guidelines, and evidence-based interventions are urgently needed. Published in the Journal of Cancer Survivorship.



### **Association between opioid use disorder and palliative care: A cohort study using linked health administrative data in Ontario, Canada**

**Dr. Jenny Lau** and colleagues conducted a retrospective cohort study using health administrative databases to compare the provision of palliative care for decedents with and without opioid use disorder (OUD). They found that people with OUD were 16% less likely to receive palliative care compared to people without OUD, highlighting the importance of addictions medicine training for healthcare providers to better support patients with OUD near the end-of-life. Published in the Canadian Medical Association Journal.



### Implementation of electronic prospective surveillance models in cancer care: A scoping review

**Christian Lopez**, PhD student under the supervision of **Dr. Jennifer Jones**, and colleagues provided a comprehensive summary of what is known concerning the implementation of electronic prospective surveillance models (ePSMs). ePSMs for cancer rehabilitation include routine monitoring of the development of treatment toxicities and impairments via electronic patient-reported outcomes. The results can inform future implementation and evaluation of ePSMs, including planning for key determinants, selecting implementation strategies, and considering outcomes alongside local contextual factors to guide the implementation process. Published in Implementation Science.



### Perspectives of Canadian health leaders on the relationship between medical assistance in dying and palliative and end-of-life care services: A qualitative study

**Dr. Gilla Shapiro** and colleagues conducted a qualitative study to explore the perspectives of Canadian health leaders on the relationship between medical assistance in dying (MAiD) and palliative and end-of-life care (PEOLC) services and to identify opportunities for better cooperation. Health leaders identified eleven themes to improve the relationship between the two services. Published in the Canadian Medical Association Journal.

## Establishing a Lancet Oncology Commission on the Humanitarian Crisis of Cancer

**Dr. Gary Rodin** and colleagues announced the launch of the Lancet Oncology commission on the humanitarian crisis of cancer in response to the shared concerns of a group of clinicians, scholars, and health policy leaders about the growing imbalance in the attention and resources directed to the biomedical and technological aspects of cancer care, compared with its humanitarian dimensions. Published in Lancet Oncology.



Dr. Gary Rodin

# Notable New Funding

Listed alphabetically by project title.

- **A distress assessment and response program for oncology family caregivers - A caregiver-researcher dissemination and planning partnership**

Co-PIs: **Dr. Rinat Nissim & Dr. Breffni Hannon** (Planning and Dissemination Grants, CIHR)

- **A novel remote intervention to decelerate the age-related decline and disease development among older breast cancer survivors**

Co-I: **Dr. Lori Bernstein** (CIHR Project Grant)

- **A randomized controlled trial adding behavioural counselling to supervised physical activity in cancer survivors**

Co-Is: **Dr. Shabbir Alibhai & Dr. David Langelier** (Canadian Cancer Society Challenge Grant)

- **Am I a ticking time bomb? Addressing fertility distress in patients diagnosed with early-stage endometrial cancer**

Co-PI: **Dr. Aliza Panjwani**; Co-Is: **Dr. Madeline Li & Dr. Jackie Bender** (Ob-Gyn/Psychiatry Collaborative Grant, University of Toronto)

- **Beyond cardiotoxicity: Characterizing the short and long-term cardiovascular side effects of breast cancer endocrine treatment**

Co-I: **Dr. Lori Bernstein** (Cancer Research Society Operating Grant)

- **Canada-wide implementation of a virtual sexual health and rehabilitation eClinic (SHAReClinic) for prostate cancer patients and their partners**

Co-Is: **Dr. Andrew Matthew, Dr. Shabbir Alibhai & Dr. Jackie Bender** (Canadian Cancer Society Challenge Grant)

- **Emotion and symptom-focused engagement (EASE): A randomized controlled trial of a traumatic stress intervention for parents of children with cancer**

Co-PI: **Dr. Gary Rodin**; Co-Is: **Dr. Carmine Malfitano, Dr. Camilla Zimmermann, Dr. Rinat Nissim, Dr. Gilla Shapiro, Dr. Madeline Li, Anne Rydall & Stephanie Nanos**; Collaborator: **Argin Malakian** (CIHR Project Grant)

- **Evaluating the barriers to HPV vaccination in Canada using a novel tool: A longitudinal mixed methods study**

PI: **Dr. Gilla Shapiro** (Canadian Cancer Society Emerging Scholar Research Grant)

- **IMproving uPtake Of geRiaTric Assessment reCommEndations: the IMPOR-TANCE study**

Co-PI: **Dr. Shabbir Alibhai** (Canadian Cancer Society Challenge Grant)

- **Investigating the behavioural and social drivers of HPV vaccination**

PI: **Dr. Gilla Shapiro** (Canadian Immunization Research Network)

- **Living in limbo: The experience of and relationship between fear of progression, illness uncertainty, symptom burden, and death anxiety in patients with advanced or metastatic lung cancer receiving immunotherapy or targeted therapy**

Co-I: **Dr. Rinat Nissim** (CIHR)

- **Mobilizing knowledge on the cancer family caregiving experience**

PI: **Dr. Rinat Nissim**; Collaborator: **Dr. Sarah Hales** (Planning and Dissemination Grant – Institute Community Support Competition, CIHR) .

- **Opportunities in supporting family caregivers of advanced cancer patients with limited language proficiency**

PI: **Dr. Rinat Nissim**; Co-Is: **Dr. Shabbir Alibhai, Dr. Sarah Hales, Dr. Breffni Hannon, & Dr. Madeline Li** (Princess Margaret Cancer Centre Catalyst Grant)

- **Predicting the side effects of cancer treatment using artificial intelligence**

PI: **Dr. Shabbir Alibhai** (Canadian Cancer Society)

- **Psilocybin-assisted Existential, Attachment and Relational (PEARL) therapy for patients with advanced cancer: A randomized controlled trial**

PI: **Dr. Sarah Hales**; Co-Is: **Dr. Breffni Hannon, Dr. Madeline Li, Dr. Rinat Nissim, SarahRose Black & Dr. Camilla Zimmermann** (CIHR Project Grant)

- **Workplace learning and the future of work: Exploring the cognitive, practical, and ethical dimensions of incorporating new information technologies in public sectors**

PI: **Dr. Jennifer Bell** (New Frontiers in Research: Tri-Council Agencies)



# Notable Ongoing Projects

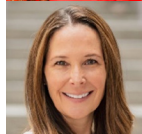
Listed alphabetically by project title.



## A web-based peer navigation program for men with prostate cancer: A hybrid effectiveness implementation trial

PI: **Dr. Jackie Bender**; Co-Is: **Dr. Jennifer Jones** & **Dr. Andrew Matthew** (CIHR Project Grant)

*This project aims to advance knowledge on the effectiveness and implementation of a web-based peer navigation program for men after treatment for prostate cancer. The study recruited and trained 25 peer navigators to participate in the trial and recruited and randomized 172 patients into the trial, surpassing our sample targets. Effectiveness and cost utility analysis, and interviews with implementation stakeholders are underway.*



## Addressing inequities in prostate cancer care for Black men

Co-PI: **Dr. Jackie Bender**; Co-I: **Dr. Shabbir Alibhai** (Canadian Cancer Society – Health Equity Research Grant)

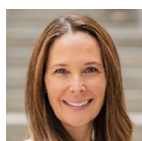
*The goal of this project is to identify and address systemic and structural barriers to high-quality prostate cancer care for Black men and their families across Canada in partnership with Black community organizations in Ontario, Nova Scotia, Alberta and Quebec. In Phase 1, we are conducting a systematic review of the literature on barriers and facilitators to prostate cancer care for Black men, and conducting interviews with Black men diagnosed with prostate cancer and their family caregivers.*



## Advancing the care experience in palliative care patient transitions from hospital to home (ACE-PATH)

Co-Is: **Dr. Kirsten Wentlandt** & **Dr. Camilla Zimmermann** (CIHR Transitions in Care – Phase 2 Team Grant)

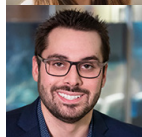
*This project aims to involve patients receiving palliative care, including those who are frail, their caregivers, and healthcare providers at a sub-acute care facility as equal collaborators in the design of a sub-acute-to-home transition of care intervention. The goal of the intervention is to make the sub-acute-to-home transition seamless and patient-centered, while improving the palliative care experience for frail Canadians. This work was presented at the European Association for Palliative Care (EAPC) and a publication is currently underway.*

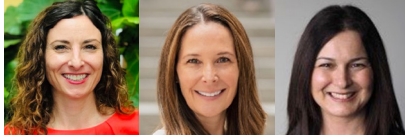


## Canadian cancer rehabilitation (Canrehab) team: Improving the systematic identification, management, and treatment of the adverse effects of cancer

Co-PIs: **Dr. Jennifer Jones** & **Dr. David Langelier** (CCS/CIHR Cancer Survivorship Team Grant).

*A large multi-centre grant that provides funding for three studies aimed at improving identification, reach and access to cancer rehabilitation. All three studies are in progress and recruiting patients.*





### Digital peer navigation for adolescents and young adults with cancer: A feasibility RCT

PI: **Dr. Jackie Bender**; Co-Is: **Dr. Jennifer Jones** & **Dr. Norma D'Agostino** (Canadian Cancer Society Grant)

*This project aims to adapt an existing digital peer navigation program for AYA and evaluate its feasibility to overcome barriers to care and support, and enhance patient activation among AYA during the challenging post-treatment phase. The study has adapted the digital peer navigation app and training program for AYAs, and has recruited and is presently training 16 young adult cancer survivors to be peer navigators. The feasibility trial launched in spring 2024.*



### Emotion and symptom-focused engagement (EASE): A randomized controlled trial for individuals with acute leukemia

Co-PIs: **Dr. Gary Rodin** & **Dr. Camilla Zimmermann** (CIHR Project Grant; CCS Project Grant; CCTG).

*Recruitment for the trial continues as the number of randomized participants nears 100 across existing sites at Princess Margaret, Kingston Health Sciences Centre, Sunnybrook Health Sciences Centre and the Ottawa Hospital. This year, Juravinski Cancer Centre in Hamilton, ON joined the team and opened the trial at their site for recruitment. Discussions have also been initiated with the Australian Trials Group to potentially expand the EASE trial internationally.*



### Observing, understanding, and telling stories at end of life for opioid-use disorder patients (Outloud): Mixed-methods research and knowledge translation

PI: **Dr. Jenny Lau**; Co-I: **Dr. Camilla Zimmermann** (CIHR Project Grant).

*We are in the process of preparing manuscripts for our additional cohort studies that examine the association between palliative care and end-of-life outcomes among patients with opioid-use disorder and palliative care for people who die from opioid toxicity. Further, we received ethics approval and are now actively recruiting participants for this project's qualitative phase. The objective of this study is to understand the palliative care experiences of people with opioid-use disorder and concurrent life-limiting illnesses, their caregivers, and their healthcare providers.*



### Palliative care at the end of life among patients with cancer before and during the COVID-19 pandemic

Co-PIs: **Dr. Camilla Zimmermann**, **Dr. Breffni Hannon**; Co-Is: **Dr. Gary Rodin**, **Dr. Jenny Lau** & **Javaid Iqbal** (CIHR Project Grant)

*Our findings have confirmed that the COVID-19 pandemic was associated with amplified socioeconomic disparities in death at home and Specialist Palliative Care (SPC) delivery at the end-of-life. Work is ongoing to explore the impact on systemic anticancer therapy and aggressiveness of care at the end-of-life. Our caregiver qualitative interviews are near completion and illuminate the significant and enduring impact of the COVID-19 pandemic on caregivers.*



### Quality of life after treatment for relapsed and refractory B-cell lymphoma

PI: **Dr. Samantha Mayo**; Co-PIs: **Dr. John Kuruvilla & Dr. Anca Prica**; Co-Is: **Dr. Lori Bernstein & Dr. Kim Edelstein** (Leukemia and Lymphoma Society of Canada/CCS – Blood Cancer Quality of Life Grant Program)

*In this study, investigators will evaluate quality of life outcomes among adults who were treated for relapsed or refractory (RR) B-cell lymphoma with autologous stem cell transplant (ASCT), which has been the traditional treatment option, versus chimeric antigen receptor T-cell (CAR-T) therapy, which has emerged as a new standard of care for this population. This study is currently open: investigators are recruiting patients and collecting data.*



### Supporting older adults with cancer and their support person through geriatric assessment and remote exercise and education: The SOAR study

Co-PIs: **Dr. Shabbir Alibhai & Dr. Jennifer Jones** Co-I: **Dr. Andrew Matthew** (CIHR Project Grant)

*The trial is actively recruiting in two disease sites at two centres. We are expanding to a third disease site. The first cohort of participants is in the middle of the 12-week exercise program and is actively engaged with the program.*



### The Canadian MAiD curriculum development project

Co-PI: **Dr. Madeline Li** (Health Canada).

*The Canadian MAiD Curriculum was successfully completed and launched in September 2023. Across Canada 1,885 clinicians have taken part in the training to date and we published “Development of a Canadian Medical Assistance in Dying Curriculum for Healthcare Providers” in the Journal of Medical Education in August 2024.*



### The harmonized intervention to maintain health via appropriate risk factor modification and lifestyle changes in adolescent and young adult cancer survivors (HIMALAYAS) trial

Co-PI: **Dr. Abha Gupta** (Canadian Cancer Society/CIHR Cancer Survivorship Team Grant)

*Patient recruitment of AYAs who are at risk of cardiotoxicity has begun.*

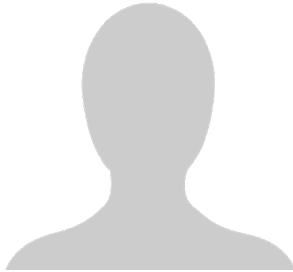
# Excellence in Research



**Dr. Shabbir Alibhai**, Physician, was appointed as Hunt Family Chair in Geriatric Medicine. The Hunt Family Chair in Geriatric Medicine was established in 2012 with the goal of building capacity and support for research efforts in Geriatric Medicine at the University of Toronto.



**Jocelyn Brown**, Clinical Nurse Specialist, received the CANO/ACIO-Pfizer Award of Excellence in Nursing Clinical Practice.



**Dr. Lindsay Hurlburt**, Palliative Care Physician, was promoted to Assistant Professor at the University of Toronto.



**Argin Malakian**, Clinical Nurse Specialist, was awarded a 2023-2024 Ontario Graduate Scholarship at the University of Toronto.



**Dr. Samantha Mayo**, RBC Financial Group Chair in Oncology Nursing Research, received the Pfizer Award of Excellence for Research.



**Dr. Angela Sekely**, Neuropsychologist, received a Princess Margaret Postdoctoral Research Award.



**Dr. Gilla Shapiro**, Psychologist, received the 2023 Early Career Award from the Psychosocial Association in recognition of her contribution to psychosocial oncology and health policy research.



**Yehudis Stokes**, Clinical Nurse Specialist, was awarded the Children's Hospital of Eastern Ontario Nursing Research Knowledge Translation Award, recognizing a nominated nurse for their contributions to nursing research and knowledge translation and the Integrated Knowledge Translation Research Network Trainee Award to support trainees in their research, training and dissemination activities.



**Samantha Tam**, Master's student, received an academic development award from the Institute of Medical Science at the University of Toronto.



**Dr. Kirsten Wentlandt**, Palliative Care Physician, was awarded the Department of Family and Community Medicine Award of Excellence - Excellence in Research - Senior Researcher at the University of Toronto.

# TEAM SUPPORTIVE CARE

DSC'S richest resource is its people. With a team of 181 staff, the department fosters an environment of innovation and learning to advance quality patient experience. In 2023-2024, DSC continued to exhibit excellence, innovation, and leadership in delivering world class patient care, research, and education, exemplified by the many achievements of our talented staff.

## New Recruits

- » **Lamia Akbar**, Clinical Research Analyst, PSO
- » **Andrea Benites**, Social Worker, PSO
- » **Prudence Charles**, Administrative Assistant, PSO and PC
- » **Nicolas Chin-Yee**, Physician, PC
- » **Thavisha Ekanayake**, Administrative Assistant II, PC
- » **Daniela Fierini**, Dietitian, CRS
- » **Giselle Gardonyi**, Education Specialist, PC
- » **Hadia Haque**, Administrative Assistant II, PSO
- » **Hannah Jantzi**, Occupational Therapist, CRS
- » **Dana Jones**, Kinesiologist, CRS
- » **Cherryl Koylass**, Director, Department of Supportive Care
- » **Simone Kurup**, Social Worker, AYA
- » **Sharlane Lau**, Research Clerk, Supportive Care
- » **Joon Hee (Thomas) Lee**, Administrative Assistant II, PSO
- » **Guillaume Lim Fat**, Physician, OACC
- » **Kenneth Lo**, Kinesiologist, CRS
- » **Melissa Miaco**, Administrative Assistant II, PSO
- » **Luana Flores Pereira**, Social Worker, PSO
- » **Shanelle Racine**, Clinical Research Analyst, CRS
- » **Shandy Shamon**, Physician, PC
- » **Emily Steinbach**, Senior Development Officer, Major Gifts, Princess Margaret Cancer Foundation
- » **Margaret Zjadewicz**, Social Worker, PSO



## Sustained Service

Congratulations and thank you to our dedicated DSC staff who have reached their ≥25 year service milestone in 2023-2024.

- » **Pearlina Dawes**, Nurse Manager – 25 years, Palliative Care, Princess Margaret
- » **Bernadette Southwood**, Nurse – 30 years, Inpatient Palliative Care, Princess Margaret

## Departures

- » **Levine Alveza**, Nurse, PC
- » **Nadia Carnevale**, Social Worker, PSO
- » **Caitlin Doherty**, Manager, Supportive Care
- » **James Farrell**, Kinesiologist, CRS
- » **David Langelier**, Psychiatrist, CRS
- » **Ashley Patterson**, Social Worker, PSO
- » **Janithaa Sathiyaseelan**, Administrative Assistant II, PSO
- » **Liora Yakobov**, Administrative Assistant II, PSO

## Retirement Celebrations

- » **Catherine Purcell**, Nurse, Palliative Care, is a beloved team member who, along with Dr. Camilla Zimmermann, championed early palliative care and helped to develop the internationally recognized outpatient palliative care clinic program.
- » **Sherene Tay**, Education Coordinator, Palliative Care, retired in December 2023. Sherene joined DSC in 2013 as an Administrative Assistant in Psychosocial Oncology and was then promoted in 2018 to Education Coordinator in Palliative Care, where she supported the multi-level learners.



# Notable Awards, Appointments and Academic



**Dr. Shabbir Alibhai** was appointed as Hunt Family Chair in Geriatric Medicine.



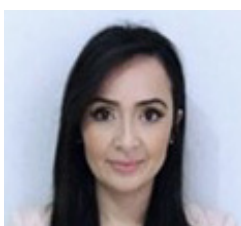
**Levine Alveza** received the UHN Rising Star Oncology Nursing Award.



**Jocelyn Brown** received the UHN Rose Dean Essence of Oncology Nursing Award.



**Dr. Nicolas Chin-Yee** was promoted to Assistant Professor, Department of Medicine.



**Claudia Grande** received the UHN Excellence in Nursing Preceptorship, Mentorship, and Teaching Award.



**Dr. Breffni Hannon** was appointed Rose Family Chair in Palliative Medicine and Supportive Care and promoted to Associate Professor.



# Academic Promotions



**Dr. Lindsay Hurlburt** was promoted to Assistant Professor at the University of Toronto.



**Dr. Jennifer Jones** received a Arbor Award from the University of Toronto.



**Dr. Ebru Kaya** was appointed as Director of the Division of Palliative Medicine in the Department of Medicine at the University of Toronto.



**Dr. Warren Lewin** received a College of Family Physicians of Canada Award of Excellence selected by the Ontario College of Family Physicians that recognized leadership in creating The Conversation Lab addressing system-level gaps in education.

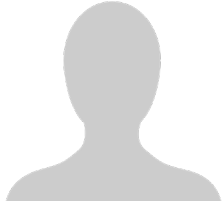


**Dr. Gilla Shapiro** received the Early Career Award from the Canadian Psychological Association and was appointed to the graduate faculty of the Institute of Medical Science, University of Toronto, as an Associate Member.



**Dr. Kirsten Wentlandt** was awarded the DFCM Award of Excellence - Excellence in Research - Senior Researcher.

# Student Awards



**Megan George** received a Temerty Faculty of Medicine Merit Entrance Scholarship from the University of Toronto.



**Angela Mathews** received a Canada Graduate Scholarship - Master's (CGS M) from the CIHR



**Jada Roach** received the Dr. Clara Benson Honour Award at the 2023 Varsity Blues Awards Gala



**Dr. Angela Sekely** received a Princess Margaret Postdoctoral Research Award



**Yehudis Stokes** received the 2023 Research Impact Canada Engaged Scholarship Award for Graduate Students and was awarded the Children's Hospital of Eastern Ontario (CHEO) Nursing Research Knowledge Translation Award.



**Eryn Tong** received the Vanier Canada Graduate Scholarship (Vanier CGS) awarded by the SSHRC.

# Team Building and Fundraising

The DSC fundraising efforts have been bustling with activity, all geared towards supporting the participants of Team Supportive Care. The committee orchestrated a series of engaging initiatives, starting with the delightful Great Supportive Care Bake Off bake sale in August 2023, followed by the intellectually stimulating Pub Trivia Night in February 2024. Staff, alongside their cherished family and friends from the Department of Supportive Care, united to form teams for the Ride, Journey, and Walk to Conquer Cancer. Here are some standout moments from these remarkable events.

We had 10 riders from Team Supportive Care who participated in the 2023 Ride to Conquer Cancer, fielding the largest team of Riders in our Team's history and set a new high-water mark in fundraising for DSC, with nearly \$35,000 raised! This was a massive success for a team composed almost entirely of first-year Riders, and we believe that we have nowhere to go but up from here in 2024!



*Team Supportive Care at the 2023 Ride to Conquer Cancer*

## DSC Fundraising Committee



Kyle Fitzgibbon  
(Co-Lead), Myann Marks  
(Co-Lead), Madelyn  
Fler, Argin Malakian,  
Angela Mathews, Emily  
Steinbach, and Ally Yu  
(top-left to bottom-right)

In June 2023, a heartwarming display of camaraderie unfolded as 14 Team Supportive Care walkers, accompanied by one furry friend, joined the Journey to Conquer Cancer. Braving the routes of 1km, 3km, or 5km, each participant's strides echoed determination and hope as they passed by Princess Margaret.

In September 2023, we had 6 walkers who participated in the 21<sup>st</sup> Annual Walk to Conquer Cancer, with one walker participating on vacation in Vietnam! Team Supportive Care met its fundraising team goal to the exact dollar amount! The Department of Supportive Care received a special shout-out at the Walk's opening ceremonies from Steve Merker, VP, Corporate and Community Partnerships at the Princess Margaret Cancer Foundation. In addition, the CRS Program was acknowledged by cancer survivor speaker, **Nirupa Muthuraja**, who acknowledged the program for playing a pivotal role in her recovery! There wasn't a dry eye in the audience.



# Equity, Diversity and Inclusion

The Department of Supportive Care (DSC) is committed to advancing equity, diversity and inclusion (EDI) in the workplace.

An EDI needs assessment was undertaken in DSC from October 2022 to 2023. The purpose was to better understand the demographic characteristics of DSC staff and learners and their perspectives on and experiences with EDI in DSC. The needs assessment involved semi-structured interviews with 17 departmental staff followed by a diversity and climate survey that was completed by 103 staff and learners in June 2023. The needs assessment revealed that EDI is a core value of the department, that there are ongoing individual and departmental efforts to advance EDI, and a collective belief that we could and should be doing better as a department. The needs assessment identified several strengths as well as areas needing improvement that staff regard as barriers to EDI.

Based on the needs assessment findings, the EDI Team has developed and will be implementing an interactive EDI Story Huddle Learning Series for DSC staff and learners that will focus on unconscious bias, microaggressions and psychological safety. Led by an award-winning guest expert in EDI, the Story Huddle series will be highly interactive and practical, and tailored to our specific departmental EDI needs. The first Story Huddle Learning Series will debut in April 2024. Subsequent huddles will be held in May and June 2024.

## Supportive Care EDI Team



*Dr. Jackie Bender (Co-Lead), Myann Marks (Co-Lead), Ekaterina An (Research Coordinator), Logan Meyers (Clinical Research Coordinator), Lauren Squires (PhD Student), and Eryn Tong (Research Coordinator) (top-left to bottom-right)*



*Team Supportive Care members at the Journey to Conquer Cancer and 21<sup>st</sup> Annual Walk to Conquer Cancer events.*

# Acknowledgements



Myann Marks  
Shabbir Alibhai  
Jackie Bender  
Kyle Fitzgibbon  
Abha Gupta  
Breffni Hannon  
Valerie Heller  
Jennifer Jones  
Thomas Kais-Prial  
Ebru Kaya  
Margo Kennedy  
Cherryl Koylass  
Warren Lewin  
Madeline Li  
Brendan Lyver  
Andrew Matthew  
Chelsea Nicholas  
Athena Nicholas-Figliomeni  
Rinat Nissim  
Christian Schulz-Quach  
Anna Wallwork  
Supportive Care Steering Committee

The Department of Supportive Care is generously supported by the Princess Margaret Cancer Foundation and University Health Network Foundation





Department of Supportive Care  
University Health Network

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