

CELEBRATING
30TH
ANNUAL
CONFERENCE

Excellence in Oncology:
***Our Patients,
Our Passion***

L'excellence en oncologie:
***Nos patients,
notre passion***

Final Program
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2018
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Consult the product monograph at www.purdue.ca/en/products/Akynzeo-PM for more information on conditions of clinical use, contraindications, warnings and precautions, adverse reactions, drug interactions, and dosing information. The product monograph is also available by calling Purdue Pharma at 1-800-387-5349.



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When multiple myeloma relapses
Push back with the power of Kyprolis[®]

Kyprolis[®] (carfilzomib), in combination with either lenalidomide and dexamethasone or dexamethasone alone, is indicated for the treatment of patients with relapsed multiple myeloma who have received 1 to 3 prior lines of therapy.¹

Overall response rate for KRd vs Rd was 87% vs 67% (p<0.001; secondary endpoint)^{*1, 2}

Clinical use

Clinical effectiveness of KRd has not been established in patients with renal impairment (CrCL <50 mL/min). Clinical effectiveness of KRd or Kd has not been established in patients who progressed during prior bortezomib therapy. The incidence of certain adverse events (including cardiac failure) in clinical trials was higher for patients who were ≥65 years (vs <65 years). The safety and effectiveness of Kyprolis[®] in pediatric patients have not been established.

Most serious warnings and precautions

Duration of infusion: Kyprolis[®] dosed at 56 mg/m² must be infused over 30 minutes; Kyprolis[®] dosed at 27 mg/m² must be infused over ≥ 10 minutes. Kyprolis[®] administered with a short infusion time, without pre-medication with dexamethasone and adequate hydration, or without stepped up dosing, may not be well tolerated.

Cardiac toxicities: new or worsening cardiac failure and myocardial ischemia and infarction; increased risk of cardiovascular events (eg., cardiac failure) in elderly (≥75 years); fatal outcomes reported. Monitor and adjust fluid volume as clinically indicated. Withhold Kyprolis[®] until grade 3 or 4 cardiac events resolve.

Venous thrombosis: including deep vein thrombosis and pulmonary embolism; fatal outcomes reported. Monitor for signs and symptoms. Thromboprophylaxis is recommended.

Hemorrhage: including gastrointestinal, intracranial, and pulmonary hemorrhage; fatal outcomes reported.

Thrombotic microangiopathy: including thrombotic thrombocytopenic purpura (TTP) and hemolytic uremic syndrome (HUS); fatal outcomes reported. Monitor for signs and symptoms. Withhold Kyprolis[®] if TTP/HUS is suspected; discontinue if confirmed.

Hepatic failure: fatal cases reported. Monitor liver enzymes (ALT, AST) and bilirubin and reduce or withhold therapy as appropriate.

Posterior reversible encephalopathy syndrome (PRES):

cases reported. Withhold Kyprolis[®] if PRES is suspected; evaluate by imaging. Discontinue if confirmed.

Pulmonary toxicities: acute respiratory distress syndrome (ARDS), acute respiratory failure, acute diffuse infiltrative pulmonary disease, and pulmonary hypertension; fatal outcomes reported. Withhold Kyprolis[®] until these effects resolve or return to baseline.

Other relevant warnings and precautions

- Not indicated as monotherapy for relapsed and refractory multiple myeloma
- Dose reduction by 25% required in patients with mild or moderate hepatic impairment
- Not evaluated in patients with cardiac impairment (NYHA class III and IV heart failure); patients with LVEF < 40% were not eligible for the ENDEAVOR study
- Infusion reactions, including life-threatening reactions, immediately or within 24 hours of dose; ensure appropriate hydration and dexamethasone administration prior to treatment
- Tumour lysis syndrome; fatal outcomes reported. Ensure appropriate hydration. Monitor serum electrolytes; consider uric acid lowering drugs for patients at high risk
- QT interval prolongation
- Hypertension, including hypertensive crisis and hypertensive emergency; fatal outcomes reported. Hypertension should be well-controlled prior to treatment initiation and evaluated throughout treatment; withhold Kyprolis[®] for hypertensive crisis and hypertensive emergency, and consider dose reductions when resuming treatment
- Thrombocytopenia; monitor platelet counts frequently and reduce or withhold Kyprolis[®] as appropriate
- Acute renal failure; monitor renal function. Reduce, withhold or discontinue Kyprolis[®] as appropriate
- Limited data in patients with renal impairment (CrCL <50 mL/min), Kyprolis[®] should be administered after dialysis procedure, if applicable

- Dyspnea; withhold Kyprolis[®] until grade 3 or 4 dyspnea resolves or returns to baseline
- Monitor blood pressure, complete blood cell counts (CBC), blood chemistry, and electrolytes at baseline and throughout treatment and liver enzymes regularly, regardless of baseline values, and modify based on toxicity
- Females of reproductive potential should use contraception during and for 30 days after therapy
- Males should use contraception during and for 90 days after therapy
- Kyprolis[®] should not be administered while breastfeeding

For more information

Consult the Product Monograph at www.amgen.ca/Kyprolis_PM.pdf for important information relating to adverse reactions, drug interactions, and dosing and administration which has not been discussed in this piece. The Product Monograph is also available by calling Amgen Medical Information at 1-866-502-6436.

*ASPIRE: randomized, open-label, multicentre, phase 3 study conducted in 792 patients with relapsed multiple myeloma who had received 1 to 3 prior lines of therapy. Patients were randomized 1:1 to receive KRd (n=396) or Rd (n=396) in 28-day cycles. KRd was administered for a maximum of 18 cycles unless discontinued early for disease progression or unacceptable toxicity. Rd could continue until progression or unacceptable toxicity. The primary endpoint, PFS, was determined by an Independent Review Committee using standard objective International Myeloma Working Group/European Blood and Marrow Transplantation response criteria. Important exclusion criteria included creatinine clearance <50 mL/min, disease progression on a bortezomib-containing regimen, progression during the first three months of Rd treatment, or progression at any time during Rd treatment if this was the most recent therapy.^{1, 2}

CrCL = creatinine clearance; Kd = Kyprolis[®] + dexamethasone; KRd = Kyprolis[®] + lenalidomide + dexamethasone; LVEF = left ventricular ejection fraction; NYHA = New York Heart Association; PFS = progression-free survival; Rd = lenalidomide + dexamethasone



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WHY WE INVENT

At Merck, we are inventing for life.

For more than a century, Merck has been inventing medicines and vaccines for many of the world's most challenging diseases. Today, we're inventing new ways to help treat cancer, with more than 450 clinical studies underway.

Merck is inventing because cancer is one of the world's most urgent unmet medical needs, with a massive impact both on society and on the lives of individuals. That's why Merck is investing significant resources to develop innovative oncology medicines. We are taking on the world's most challenging diseases to help people go on, unburdened, to experience, create and live their best lives.

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Merck Canada Inc – Proud Silver sponsor of the Canadian Association of Nurses in Oncology conference.

Visit us at booth #27.

To explore our commitment to invention, visit www.merck.ca and connect with us on YouTube and Twitter @MerckCanada.

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**Congratulations to the nominees of the 2018
Boehringer Ingelheim Oncology Nurse of the Year Award!**

Toutes nos félicitations aux candidat(e)s au prix
Boehringer Ingelheim de l'infirmier(ère) de l'année pour 2018!

Janice Dirksen, Vancouver, BC
Lynne Jolicoeur, Ottawa, ON
Robin Morash, Carp, ON
Jennifer Newton, Ottawa, ON
Joanne Power, Brossard, QC

The 2018 Nurse of the Year Award will be presented
at the PEI Convention Centre in Charlottetown, PEI
on Sunday, October 28, 9:45am - 10:30am AST

The awards ceremony will be available via
recording post-conference at cano-acio.ca

Congratulations and best wishes to all nominees.

La remise du prix de 2018 sera présenté au Centre
des congrès de l'Î.-P.-É. à Charlottetown, Î.-P.-É.,
le dimanche 28 octobre, de 9h45 à 10h30 AST

La cérémonie de remise des prix sera enregistrée et
publiée après la conférence à cano-acio.ca

Encore une fois, toutes nos félicitations et nos meilleurs
vœux à l'ensemble des candidates et candidats.

CANO/ACIO gratefully acknowledges the generous
support of **Boehringer Ingelheim (Canada)** for this award

L'ACIO/CANO tient à remercier **Boehringer Ingelheim**
(Canada) du généreux soutien fourni envers ce prix.

LET'S COLLABORATE
ONCOLOGY FROM BOEHRINGER INGELHEIM



THE CANO/ACIO AWARDS CEREMONY IS SCHEDULED FOR
SUNDAY, OCTOBER 28, 2018
9:45AM - 10:30AM AST
In the Sir John/MacDonald/Coles room of the
PEI Convention Centre

The awards ceremony will be recorded and
published post-conference at:
WWW.CANO-ACIO.CA

At the ceremony we will recognize the
extraordinary contributions of our members
to their profession, their patients, and
their community.

RECOGNIZING CANO/ACIO STARS

THE FOLLOWING AWARDS WILL BE PRESENTED:

- ☆ Amgen Award for Innovation in Oncology Patient and Family Education
- ☆ Boehringer Ingelheim Oncology Nurse of the Year Award
- ☆ Pfizer Award for Excellence in Nursing Education
- ☆ Pfizer Award for Excellence in Nursing Leadership
- ☆ Pfizer Award for Excellence in Nursing Clinical Practice
- ☆ Pfizer Award of Excellence in Nursing Research
- ☆ CANO Rising Star Award
- ☆ CANO Research Grant
- ☆ CANO Lifetime Achievement Award
- ☆ CANO-Becton-Dickinson [BD] Commitment to Safety Award
- ☆ CANO Award of Distinction
- ☆ CONJ Editor's Award of Excellence
- ☆ Kidney Cancer Canada Award

OUR TWO LECTURESHIP AWARDS WILL BE PRESENTED IN THE FOLLOWING SESSIONS:

CLINICAL LECTURESHIP AND AWARD PRESENTATION

Saturday, October 27, 2018 from 3:45pm - 4:45pm

Sponsored by Merck

HELENE HUDSON LECTURE AND AWARD PRESENTATION

Sunday, October 28, 2018 from 2:15pm - 3:15pm

Sponsored by Amgen

THE FOLLOWING ABSTRACT AWARD WILL BE PRESENTED AT THE CLOSING CEREMONY:
MONDAY, OCTOBER 29, 2018 AT 3:45PM IN THE SIR JOHN/MACDONALD/COLES.

- ☆ CANO/ACIO Chapter Poster Award Sponsored by the British Columbia, Alberta North, Manitoba and Greater Toronto Chapters

We wish to thank members for the leadership shown in nominating one of their colleagues for an award.
And, we wish to thank the sponsors of the awards.

RECONNAISSANCE DES ÉTOILES DE L'ACIO/CANO

LA CÉRÉMONIE DE REMISE DES PRIX DE L'ACIO/CANO AURA LIEU le dimanche 28 octobre 2018 de 9h45 à 10h30 [heure normale de l'Atlantique] dans la salle Sir John/MacDonald/Coles du Centre des congrès de l'Î.-P.-É.

La cérémonie de remise des prix sera enregistrée et publiée après la conférence à :

WWW.CANO-ACIO.CA

La cérémonie nous permet de reconnaître la contribution hors pair de nos membres envers leur profession, leurs patients et la collectivité.

NOUS Y PRÉSENTERONS LES PRIX SUIVANTS :

- ☆ Prix Amgen pour l'innovation dans l'enseignement aux patients en oncologie et à la famille
- ☆ Prix Boehringer Ingelheim de l'infirmière en oncologie de l'année
- ☆ Prix d'excellence Pfizer en Éducation infirmière
- ☆ Prix d'excellence Pfizer en Leadership infirmier
- ☆ Prix d'excellence Pfizer en pratique clinique infirmière
- ☆ Prix d'excellence Pfizer en Recherche infirmière
- ☆ Prix étoile montante de l'ACIO
- ☆ Subvention de recherche de l'ACIO
- ☆ Prix ACIO-Becton-Dickinson [BD] de l'engagement envers la sécurité
- ☆ Prix de distinction de l'ACIO
- ☆ Prix oeuvre de toute une vie de l'ACIO
- ☆ Prix d'excellence de l'éditeur CONJ
- ☆ Prix du cancer du rein du Canada

NOS DEUX CONFÉRENCES DE REMISES DE PRIX SPÉCIAUX AURONT LIEU AUX HEURES ET DATES SUIVANTES :

CONFÉRENCE CLINIQUE ET REMISE DE PRIX

Samedi 27 octobre 2018 de 15h45 à 16h45

Commanditée par Merck

PRÉSENTATION DU PRIX DE CONFÉRENCE À LA MÉMOIRE D'HELENE HUDSON

Dimanche 28 octobre 2018 de 14h15 à 15h15

Commanditée par Amgen

LE PRIX ABSTRAIT SUIVANT SERA REMIS LORS DE LA CÉRÉMONIE DE CLÔTURE :
LUNDI LE 29 OCTOBRE 2018 À 15H45 DANS LA SALLE SIR JOHN/MACDONALD/COLES.

- ☆ Prix de la meilleure affiche décerné par les sections de l'ACIO/CANO commanditée par les sections de la Colombie-Britannique, Alberta Nord, Manitoba et du Grand Toronto.

Nous tenons à remercier les personnes qui ont proposé la candidature d'un ou d'une de leurs collègues pour leur initiative. Nous souhaitons également remercier tous les commanditaires des prix !

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Sponsor and Exhibitor Listing / **LISTE DES COMMANDITAIRES ET EXPOSANTS**

The 30th CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:
La 30^e conférence annuelle de l'ACIO/CANO est rendue possible grâce au généreux soutien des organisations suivantes:

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PRIME MINISTER • PREMIER MINISTRE

October 26–29, 2018

Dear Friends:

I am pleased to extend my warmest greetings to everyone attending the 30th annual conference of the Canadian Association of Nurses in Oncology.



This event brings together oncology nurses from across the country to discuss clinical advancements and to share their experiences. I am certain that everyone in attendance will benefit from this opportunity to learn from and network with their peers.

I would like to thank the members of the Canadian Association of Nurses in Oncology for hosting this event, and for their commitment to advancing excellence in oncology nursing. Nurses are highly trained professionals who play an essential role in our health care system, and I would like to commend you all for your efforts to improve the health and well-being of your fellow citizens.

Please accept my best wishes for a most productive conference in Charlottetown.

Sincerely,

The Rt. Hon. Justin P.J. Trudeau, P.C., M.P.
Prime Minister of Canada



PRIME MINISTER • PREMIER MINISTRE

Du 26 au 29 octobre 2018

Chères amies, chers amis,

Je suis heureux de présenter mes salutations les plus chaleureuses à celles et ceux qui prennent part au 30^e congrès annuel de l'Association canadienne des infirmières en oncologie.



Cet événement rassemble les infirmières et les infirmiers en oncologie de partout au pays pour discuter des dernières avancées cliniques et échanger sur leurs expériences. Je suis certain que toutes les personnes présentes profiteront de cette occasion pour apprendre de leurs pairs et tisser des liens.

Je remercie les membres de l'Association canadienne des infirmières en oncologie d'avoir organisé le congrès et de s'être engagés à promouvoir l'excellence dans le domaine des soins infirmiers oncologiques. Les infirmières sont des professionnelles hautement qualifiées qui jouent un rôle essentiel dans notre système de santé. Je souhaite donc vous féliciter tous pour les efforts que vous déployez pour améliorer la santé et le bien-être de vos concitoyens.

Je vous souhaite un congrès des plus fructueux à Charlottetown.

Cordialement,

Le très hon. Justin P.J. Trudeau, c.p., député
Premier ministre du Canada

Greetings from Premier MacLauchlan



On behalf of the Province of Prince Edward Island, it is my honour to welcome all those attending the 2018 Canadian Association of Nurses in Oncology National Conference, *Excellence in Oncology: Our Patients, Our Passion* at the PEI Convention Centre October 26-29.

This is the first time this conference has been held in PEI and we are honoured that this coincides with the 30th anniversary of the conference. With hundreds of registrants this is certain to be an excellent opportunity to learn from industry leaders and network with delegates from across the country.

To those visiting from out-of-province, I extend a warm Island welcome and hope that you take the time to enjoy the many sights, sounds and flavours that Prince Edward Island has to offer.

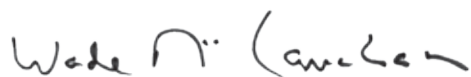


Mot de bienvenue du premier ministre MacLauchlan

Au nom de la province de l'Île-du-Prince-Édouard, je suis honoré d'accueillir les participants et participantes à la conférence nationale 2018 de l'Association canadienne des infirmières en oncologie, *L'excellence en oncologie : Nos patients, notre passion*, au Centre des congrès de l'Î.-P.-É. du 26 au 29 octobre.

C'est la première fois que la conférence a lieu à l'Île-du-Prince-Édouard, et nous nous réjouissons du fait que cela coïncide avec son 30^e anniversaire. Avec des centaines personnes inscrites, ce sera une excellente occasion de tirer des leçons des leaders de l'industrie et de réseauter avec des gens de partout au pays.

À ceux et celles qui nous visitent de l'extérieur de la province, je peux vous assurer que l'Île vous réserve un accueil chaleureux. J'espère que vous prendrez le temps de découvrir les paysages, la musique et les saveurs que l'Île-du-Prince-Édouard a à offrir.



H. Wade MacLauchlan,
Premier of Prince Edward Island/Premier ministre de l'Île-du-Prince-Édouard





**GREETINGS FROM MAYOR CLIFFORD LEE
MAYOR OF CHARLOTTETOWN**

It is my pleasure to extend warm greetings to all delegates attending the 30th Annual Canadian Association for Nurses in Oncology Conference in historic Charlottetown, "the Birthplace of Confederation".

Charlottetown is proud to be recognized as the Birthplace of Confederation as our city is part of the very foundation from which our country has grown and developed. Charlottetown is a city steeped in history, and we feel and live it every day as we celebrate our past and plan for a prosperous tomorrow.

During your stay in Charlottetown, you will experience the spirit and pride of our community, the friendliness of our people, our warm hospitality and our beautiful landscapes. I hope that you will find your time with us to be enjoyable and that you will have the opportunity to explore our great City and Province.

On behalf of Members of City Council and all citizens of Charlottetown, Welcome and Enjoy!

Charlottetown, great things happen here!

A handwritten signature in black ink that reads "Clifford J. Lee". The signature is written in a cursive style.

Letter from the President

Dear Colleagues,

On behalf of the CANO/ACIO Board, I welcome you to the 30th Annual National CANO/ACIO Conference in Charlottetown, PEI from October 26th to 29th, 2018.

What an accomplishment. Think of all the oncology nurses who, over the years have attended a CANO/ACIO conference and how our organization's impact on oncology nursing practice has grown. I am so grateful that in 1985 150 Canadian Oncology nurses unanimously decided that a national oncology nursing organization would help build capacity for excellence in cancer care delivery. From those early days forward, CANO/ACIO has revolved around empowering nurses to deliver great care to Canadians with cancer. Oncology nursing looked a lot different 30 years ago. The treatment protocols were simpler, care was low tech, the numbers of patients seeking treatment was smaller, but one thing was the same, oncology nurses were passionate about providing excellent care to their patients.

That is why it is so fitting that this year's conference theme is "Excellence in Oncology: Our Patients, Our Passion", because our passion for providing great care to our patients is the uninterrupted thread that has flowed through every conference and every action CANO/ACIO has taken. CANO/ACIO believes that any Canadian who encounters a cancer diagnosis has the right to receive high quality, evidence informed, person-centred cancer care regardless of who they are, where they live, what type of cancer they are facing, and that oncology nursing care is integral to this type of care experience.

Oncology nurses have held this vision for a long time, but now it seems like the rest of the health care system is realizing the secret we have known for a long time, that is, ensuring the patient and their family are partners in all care decisions is core to high quality care. This growing recognition has sparked a new commitment in the health care system to patient engagement, patient experience and patient outcomes. Never before have we seen so many opportunities for patients and family members to be involved in system transformation at all levels of health care: at the planning table, at the point of care and collectively through experience surveys and patient reported outcome measures. There is a growing recognition that embedding the patient perspective throughout our system will further help us provide the best quality care.

As we move into this new era of person centred cancer care, it is important to keep our eyes on where we are trying to get to. What are our goals? What outcomes are we trying to achieve? In 1988, President Nixon declared war on cancer, clearly stating the goal of cancer care was to cure cancer. In 2018, that goal remains, but now we have realized there are many more dimensions to consider. Now is the time for us to crystalize what our broader goals should be. Personally, I think it would be amazing if each one of our patients could honestly say their care was always:

- tailored to who they were and what was important to them
- coordinated across time and met their changing needs
- aimed at building their capacity to self-manage but also supported them to get help when needed
- delivered within an environment of dignity, respect and compassion

I think if we could figure out how to increase the numbers of Canadian cancer patients who had that type of experience, we would definitely be moving in the right direction, but it is not up to me to set the goals for this new era of care. It is up to all of us, and that is why we are so excited about this year's conference.

It is our hope that the 30th CANO/ACIO conference provides you with an opportunity to participate in setting new patient centred goals for our cancer care system and for your own practice, and that the content delivered during our conference highlights to you how our profession can contribute to improved patient experiences. Let's envision our future, reflect on our past, nurture our commitment to the patient perspective, recognize our capacity to impact those goals, and go boldly into a more person centric future in the Canadian cancer care system.

This conference brings together an exceptional group of nurses from across Canada and other parts of the world to begin creating these synergies for the future. The conference planning steering, local planning and scientific programming committees have created an outstanding program that will connect to your passion for patient care, stimulate your thinking, and foster your personal growth. We have two impressive and engaging keynote speakers this year: Maike van Niekerk, founder of Katrin's Karepackage (KK), an award-winning charitable program for cancer patient travel; and Reverend David Maginley, who has provided spiritual care for the cancer, palliative and intensive care programs at the QEII Health Sciences Centre in Halifax, NS for the past 18 years.

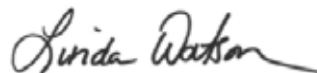
CANO/ACIO's annual general meeting, scheduled on Sunday, October 28, 2018, is an important event for all members to attend. It is an occasion for the board to present and report on the association's progress on enacting CANO/ACIO's strategic plan (2017-2021) and our next steps. As a member driven organization, we are passionately committed to providing you with meaningful supports, so attend and tell us how we are doing. The AGM is also a great opportunity to learn about opportunities to become involved.

A highlight of our annual conference is the social event, "Dining in the Dunes" on Sunday, October 28, 2018. The planning committee has created an evening filled with world class locally sourced food, & drinks, PEI storytelling, oyster shucking and a "how to eat a lobster" demo! Limited tickets are available! The social will be held at the Delta Prince Edward Island by Marriott Hotel. I hope you join us for a very special evening of connecting with your colleagues!

A special thank you to the conference planning steering committee co-chairs Charissa Cordon and Stephanie Ouellette, the local planning chairs, Kara McQuaid-Duffy and Lindsay McIver, the scientific programming co-chairs, Bernadine O'Leary and Kara Jamieson, the recognition of excellence committee chair, Karen Janes, the CANO/ACIO Head Office team Jyoti Bhardwaj, Marlee McElligott and Ernest Ho, and all of our volunteers and sponsors!

I want to thank all of you in advance for being a part of this conference and supporting CANO/ACIO!

Sincerely,



Linda Watson, RN, PhD, CON(C)
President

Canadian Association of Nurses in Oncology

LETTRE DE LA PRÉSIDENTE

Chers collègues,

Au nom du conseil d'administration de l'ACIO/CANO, il me fait plaisir de vous accueillir à notre 30^e conférence annuelle nationale à Charlottetown, à l'Î.-P.-É., du 26 au 29 octobre 2018.

Quel accomplissement! Pensez à tous les infirmiers et toutes les infirmières en oncologie qui, au fil des ans ont assisté à une conférence de l'ACIO/CANO et pensez à quel point s'est accru l'impact de notre association sur la pratique des soins infirmiers en oncologie. Je suis reconnaissante qu'en 1985, 150 infirmiers(ères) canadiens(es) en oncologie aient décidé à l'unanimité qu'une association pour les soins infirmiers en oncologie nationale aiderait à renforcer le potentiel d'excellence dans la prestation de soins en oncologie. Depuis ces débuts, l'ACIO/CANO s'est concentrée sur la stimulation des infirmiers(ères) à prodiguer des soins excellents aux Canadiens atteints d'un cancer. Les soins infirmiers en oncologie sont très différents d'il y a 30 ans. Les protocoles de traitement étaient alors plus simples, la technologie disponible pour les soins était rudimentaire, le nombre de patients qui suivaient un traitement était moindre, mais une chose était la même, les infirmiers(ères) en oncologie étaient déterminés(es) à prodiguer des soins excellents à leurs patients.

C'est pourquoi il est particulièrement pertinent que le thème de la conférence de cette année soit « L'excellence en oncologie : Nos patients, notre passion » parce que notre passion à prodiguer des soins excellents à nos patients est le fil conducteur présent dans chaque conférence et dans chaque intervention de l'ACIO/CANO. L'ACIO/CANO croit que tout Canadien qui reçoit un diagnostic de cancer a le droit de recevoir des soins en oncologie de haute qualité, informés par des données probantes, centrés sur la personne, indépendamment de qui il est, de l'endroit où il vit, du type de cancer auquel il fait face, et l'ACIO/CANO croit aussi que les soins infirmiers en oncologie sont intégraux à ce type d'expérience de santé.

Les infirmiers(ères) en oncologie soutiennent cette vision depuis longtemps, mais maintenant il semble que le reste du système des soins de santé découvre ce secret que nous connaissons depuis longtemps : pour que les soins soient de qualité optimale, il faut s'assurer que le patient et sa famille sont des partenaires dans toutes les décisions liées aux soins. Cette reconnaissance croissante a déclenché un nouvel engagement dans le système de santé pour l'engagement du patient, l'expérience du patient et les résultats pour le patient. Jamais auparavant n'a-t-on vu autant d'opportunités pour les patients et les membres de leur famille de s'impliquer dans la transformation du système à tous les niveaux des soins de santé : à la table de planification, au point d'intervention et, collectivement, par des sondages à propos de leur expérience et par la mesure des résultats déclarés par le patient. On reconnaît de plus en plus qu'intégrer la perspective du patient à travers le système nous aidera à prodiguer des soins de la meilleure qualité.

Alors que nous entrons dans cette ère de soins en oncologie centrés sur la personne, il est important de garder en tête notre destination. Quels sont nos buts? Quels résultats voulons-nous atteindre? En 1988, le président Nixon avait déclaré la guerre au cancer, stipulant clairement que le but des soins en oncologie était de guérir le cancer. En 2018, ce but subsiste mais nous sommes maintenant rendu compte qu'il y a beaucoup plus d'aspects à considérer. Il est temps maintenant pour nous de cristalliser ce que nos buts plus élargis devraient être. Personnellement, je crois qu'il serait formidable que chacun de nos patients puisse dire en toute honnêteté que les soins qu'il a reçus étaient toujours :

- adaptés à qui il était et à ce qui importait pour lui
- coordonnés dans le temps et adaptés à ses besoins changeants
- destinés à développer sa capacité à s'autogérer tout en l'encourageant à aller chercher de l'aide lorsque c'était nécessaire
- prodigués dans un environnement de dignité, de respect et de compassion

Je crois que si nous pouvons trouver un moyen d'augmenter le nombre de patients canadiens atteints du cancer qui vivent ce type d'expérience, nous serions assurément engagés dans la bonne direction, mais ce n'est pas à moi de fixer les buts de cette ère nouvelle pour les soins. C'est à nous tous que revient cette tâche et c'est pourquoi nous sommes si emballés par la conférence de cette année.

Nous espérons que la 30^e conférence de l'ACIO/CANO vous donnera la chance de participer à l'établissement de nouveaux buts centrés sur le patient au sein de notre système de soins en oncologie et au sein de votre propre pratique, et que le contenu dispensé pendant cette conférence mettra en lumière les façons dont notre profession peut contribuer à améliorer les expériences des patients. Bâtissons notre avenir, réfléchissons sur notre passé, entretenons notre engagement envers la perspective du patient, reconnaissons notre capacité à influencer ces buts, et engageons-nous résolument vers un avenir davantage centré sur la personne dans le système canadien de soins contre le cancer.

Cette conférence rassemble un groupe exceptionnel d'infirmiers(ères) de partout au Canada et de divers coins du monde afin de commencer à créer ces synergies pour l'avenir. Le comité directeur de la conférence, le comité de planification locale et le comité de planification scientifique ont créé un programme remarquable qui se ralliera à votre passion pour les soins aux patients, stimulera votre réflexion et favorisera votre croissance personnelle. Nous avons deux conférenciers impressionnants et fascinants cette année : Maïke van Niekerk, fondatrice de Katrin's Karepackage (KK), un programme caritatif primé pour le transport des patients atteints d'un cancer; et le révérend David Maginley, qui prodigue, depuis 18 ans, des soins spirituels au sein des programmes de soins en oncologie, de soins palliatifs et de soins intensifs au Centre des sciences de la santé QEII à Halifax, en N.-É.

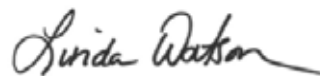
L'assemblée générale annuelle de l'ACIO/CANO, prévue pour le dimanche 28 octobre 2018 est un événement important pour tous les membres. C'est une occasion pour le comité de présenter et de rapporter les progrès de l'association en ce qui a trait à la mise en œuvre du plan stratégique de l'ACIO/CANO (2017-2021) et de présenter nos prochaines étapes. En tant qu'organisme centré sur ses membres, nous sommes déterminés à vous fournir un soutien pertinent, alors venez à cette assemblée pour nous dire si nous faisons bien notre travail. L'AGA est aussi une bonne occasion pour trouver des façons de s'impliquer.

Un des points saillants de notre conférence annuelle sera l'événement social, « Dîner sur les dunes » le dimanche 28 octobre 2018. Le comité organisateur a créé une soirée incluant des produits régionaux (nourriture et boissons) de calibre mondial, des récits de l'Î.-P.-É., un écaillage d'huîtres et une démonstration pour apprendre « comment manger un homard »! Un nombre limité de billets est disponible! Cet événement social aura lieu à l'hôtel Delta Prince Edward Island by Marriott. J'espère que vous vous joindrez à nous lors de cette soirée très spéciale pour faire du réseautage avec vos collègues!

Un merci spécial aux codirectrices du comité directeur de la conférence, Charissa Cordon et Stéphanie Ouellette, aux directrices du comité de planification locale, Kara McQuaid-Duffy et Lindsay McIver, aux codirectrices du comité de planification scientifique, Bernadine O'Leary et Kara Jamieson, à la directrice du comité de reconnaissance de l'excellence, Karen Janes, à l'équipe du bureau national de l'ACIO/CANO Jyoti Bhardwaj, Marlee McElligott et Ernest Ho, ainsi qu'à tous et toutes nos bénévoles et nos commanditaires!

Je veux vous remercier toutes et tous à l'avance de votre participation à cette conférence et de votre soutien à l'ACIO/CANO!


Cordialement,



Linda Watson, inf., PhD, CSIO(C)

Présidente

Association canadienne des infirmières en oncologie



Welcome to CANO/ACIO's 30th Annual Conference

BIENVENUE À LA 30^E CONFÉRENCE ANNUELLE DE L'ACIO/CANO

On behalf of the 2018 Local Planning Committee for the 30th annual CANO conference, we warmly welcome you to Prince Edward Island! PEI is famous for our agriculture, seafood, tourism, Anne of Green Gables, The Charlottetown Conference of 1864, the Confederation Bridge and of course our warm hospitality! We hope you will experience the rolling hills, scenic views, white sand beaches and red soil of our Island and love it just as much as we do!

For the first time in the history of CANO, the CANO PEI Chapter is extremely pleased and honored to co-host the 30th annual CANO Conference in our provincial capital of Charlottetown, PEI! We are fortunate to collaborate with our Atlantic Canada CANO colleagues; New Brunswick, Nova Scotia, and Newfoundland & Labrador in this great adventure of *Excellence in Oncology: Our Patients, Our Passion / L'excellence en oncologie : Nos patients, notre passion*.

The mission of the Canadian Association of Nurses in Oncology (CANO/ACIO) is to advance nursing excellence through practice, education, research and leadership for the benefit of all Canadians. The 30th annual CANO/ACIO conference will highlight excellence in Oncology Nursing across Canada while maintaining the focus on our patients. Our patients are the reason we do what we do. We are passionate about empowering oncology nurses with education and leadership skills that, in turn, will improve our patient's outcomes and experiences.

As nurses, clinicians, educators and researchers in oncology, we all have the power to positively impact our patient's experiences. We hope that your participation in this conference will enrich your knowledge and renew your passion for oncology nursing; allowing you to provide excellence in your patient care.

Sincerely,

Kara McQuaid-Duffy, RN, BScN, CON(C)
Lindsay McIver, RN, BScN, CON(C)
Prince Edward Island Chapter

2018 Local Planning Committee Co-Chairs
Canadian Association of Nurses in Oncology

C'est au nom du Comité de planification local (CPL) de la 30^e conférence annuelle de l'ACIO/CANO de 2018 que nous vous souhaitons chaleureusement la bienvenue à l'Île-du-Prince-Édouard (Î.-P.-É.). Notre île est bien connue pour son agriculture, ses poissons et fruits de mer, son attrait touristique, Anne de la maison aux pignons verts, la Conférence de Charlottetown de 1864, le pont de la Confédération et, bien entendu, la chaleureuse hospitalité de ses habitants! Nous espérons que vous aurez l'occasion de découvrir ses collines vallonnées, ses beaux panoramas, ses plages de sable blanc et son sol rouge et d'apprécier notre île autant que nous le faisons!

C'est pour la première fois de toute l'histoire de l'ACIO/CANO que la section de l'Î.-P.-É. est extrêmement heureuse et honorée de co-organiser la conférence annuelle de l'ACIO/CANO, la 30^e du nom, dans notre capitale provinciale de Charlottetown! Nous avons la chance de collaborer avec nos collègues de l'ACIO/CANO oeuvrant au Canada Atlantique, c'est-à-dire le Nouveau-Brunswick, la Nouvelle-Écosse et Terre-Neuve-et-Labrador, au sein de cette grande aventure qu'est *L'excellence en oncologie : Nos patients, notre passion / Excellence in Oncology: Our Patients, Our Passion*.

La mission de l'Association canadienne des infirmières en oncologie (ACIO/CANO) est de « promouvoir l'excellence de la pratique infirmière en oncologie au profit de l'ensemble des Canadiens par le biais de la pratique, de la formation, de la recherche et du leadership ». La 30^e conférence annuelle de l'ACIO/CANO soulignera l'excellence infirmière en oncologie dans l'ensemble du Canada tout en continuant de mettre nos patients au premier plan. En effet, ces derniers sont la raison pour laquelle nous faisons notre travail. Nous avons à cœur d'offrir aux infirmières et infirmiers en oncologie les connaissances et les compétences en leadership qui auront pour effet d'améliorer les résultats pour les patients et leurs expériences.

Dans nos fonctions de clinique, de formation et de recherche au sein de notre spécialité, nous avons toutes le pouvoir d'exercer une influence positive sur les expériences de nos patients. Nous espérons que votre participation à cette conférence vous permettra d'enrichir votre savoir et de raviver votre passion à l'égard des soins infirmiers en oncologie, et donc d'atteindre l'excellence dans les soins au patient.

Bien à vous,

Kara McQuaid-Duffy, RN, BScN, CON(C)
Lindsay McIver, RN, BScN, CON(C)
Chapitre Île-du-Prince-Édouard

Coprésidentes du comité de planification local 2018
Association canadienne des infirmières en oncologie

Conference Planning Steering Committee / Comité d'organisation de la conférence

Charissa Cordon, RN, MN, EdD, CON(C), CPSC Co-Chair
Stephanie Ouellette, RN, CON(C), CPSC Co-Chair
Bernadine O'Leary, RN, BScN, MN, CON(C), 2018 SPC Chair
Kara Jamieson, RN, MN, MEd, CON(C), 2018 SPC Co-Chair
Lindsay McIver, RN, BScN, CON(C), 2018 LPC Co-Chair
Kara McQuaid-Duffy, RN, BScN, CON(C), 2018 LPC Co-Chair
Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), 2017 SPC Co-Chair
Christine Maheu, RN, PhD, Co-chair, 2017 SPC Co-Chair
Laurie Ann Holmes, RN, BScN, CON(C), CHPCN(C), 2017 LPC Co-Chair
Lynne Jolicoeur, RN, MScN, CON(C), 2017 LPC Co-Chair
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Rose Woloshyn, RN, BN, 2019 LPC Co-Chair
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Barbara Hues, RN, MSN, CON(C), 2019 SPC Co-Chair

Local Planning Committee / Comité de planification local

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Janessa McCabe, RN, BScN
Katie Dykerman, RN, BScN
Heather MacKenzie, RN, CON(C)
Linda VanKampen, RN, CON(C)
Bernadine O'Leary, RN, BScN, MN, CON(C)
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Jody Green, RN, BScN
Jackie Affleck, RN, CON(C)
Janet Reid, RN, CON(C), CVAA(C)
Lynn Drake, RN, BScN, MHA
Elaine Smith, RN
Heidi Holden, RN, BScN
Olivia Murphy, RN, BScN
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Jen Avery, RN, BScN
Sandra Arsenault, RN, CON(C)
Donna Dehmel, RN, CON(C)
Deanna Carroll, RN, BN
Holly Morrison, RN, BScN
Dawna Ramsay, RN, BScN

Scientific Program Committee / Comité du programme scientifique

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Christine Maheu, RN, PhD
Michelle Rosentreter, RN, BN, CON(C)
Barbara Hues, RN, MSN, CON(C)

CANO Board of Directors / Conseil d'administration de l'ACIO

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Vice-President / Vice présidente

Stephanie Ouellette, RN, CON(C)
Treasurer / Trésorière

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Director-at-Large – Communications / *Conseillère générale, communications*

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Director-at-Large – Membership / *Conseillère générale, adhésion*

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Director-at-Large – Professional Practice / *Conseillère générale, pratique professionnelle*

Christine Maheu, RN, PhD
Director-at-Large – Research / *Conseillère générale, recherche*

Margaret Fitch, RN, PhD
Canadian Oncology Nursing Journal Editor-in-Chief / *Revue canadienne de soins infirmiers en oncologie, éditeur en chef*

Sarah Champ, MN, RN, CON(C)
Conseillère générale entrant, éducation / *Incoming Director-at-Large, Education*



Conference Location SITE DE LA CONFÉRENCE

Experience Charlottetown with the Delta Prince Edward by Marriott and PEI Convention Centre

Located on the city's dynamic harbourfront, this first class hotel offers upscale comfort, renovated guest rooms and lobby, with sweeping harbourfront views, and unparalleled Island hospitality.

In the heart of downtown, amid plenty of culinary delights, minutes to the best beaches in North America, performing arts centers and the vibrant Victoria Row scene, the Delta Prince Edward is the perfect destination for your every need.

Inside, décor invokes nature through modern materials, and is complemented by amenities including distinct dining experiences at Water's Edge Resto Bar & Grill, as well as Brakish, your local dockside seasonal eatery. Our locale is becoming renowned for culinary delights and inspired menus using local purveyors of farm and garden products including our own Chef Javier Alarco.

Guests can find the Cocoon Wellness Spa, professional esthetic and spa treatments and much more, a spacious indoor pool, state-of-the-art fitness facilities and on-site massage services. As well, meeting and event space offering 60,000 sq ft of meeting and event facilities.

Delta Hotels Prince Edward by Marriott Simple. Made. Perfect.

Découvrez Charlottetown avec le Delta Prince Edward de Marriott et le Centre des congrès de l'Î.-P.-É

Situé sur la façade portuaire dynamique de la ville, cet hôtel de première classe offre des chambres et un hall d'entrée confortables et rénovés haut de gamme, avec une vue panoramique sur la façade portuaire et une hospitalité insulaire sans pareil.

Au cœur du centre-ville, au milieu de nombreuses destinations culinaires, à quelques minutes des meilleures plages en Amérique du Nord, des centres d'arts de la scène et de la scène dynamique de Victoria Row, le Delta Prince Edward est la destination parfaite pour tous vos besoins.

À l'intérieur, le décor évoque la nature à travers des matériaux modernes, et est complété par des agréments notamment des expériences gastronomiques notables au Water's Edge Resto Bar & Grill, ainsi qu'au Brakish, votre restaurant saisonnier sur le quai. Notre établissement est de plus en plus réputé pour ses délices culinaires et ses menus inspirés qui font appel à des fournisseurs locaux de produits de la ferme et du jardin, y compris notre propre chef Javier Alarco.

Nos clients pourront profiter du Cocoon Wellness Spa, des traitements professionnels d'esthétique et de remise en forme et de bien plus encore, d'une piscine intérieure spacieuse, des équipements de conditionnement physique et des services de massage sur place. De plus, l'espace de réunion et d'événements offre plus de 5500 mètres carrés d'infrastructures de réunion et d'événements.

Hôtels Delta Prince Edward de Marriott Simple. Fait. Parfait.



Charlottetown CHARLOTTETOWN

Charlottetown is the capital of Canada's only island province, Prince Edward Island. With its romantic streetscapes, stunning water vistas and sun-dappled patios, this coastal city offers a welcome escape from the hustle and bustle. While relaxation is a given, Charlottetown punches well above its weight with cultural and entertainment offerings too - incredible live music, inspired events, world-class theatre, and diverse festivals create a thriving urban vibe.

Brimming with history, artistry and island views, Charlottetown is built for exploring on foot. The downtown area is filled with a colourful mix of independent shops, restaurants, theatres, elegantly restored heritage buildings and lush green spaces. Take pause during your leisurely stroll to marvel at the public monuments that pay homage to the city's proud history and unique role as the Birthplace of Confederation.

The city is ideally located on the Island's south shore along the historic Hillsborough River, making it the perfect base from which to explore Central and Eastern PEI. White sand beaches are an easy 20 minute drive away and cycling trails extend east and west from the city centre into the Island's famed patchwork of red, green, and golden fields.

Every year Charlottetown hosts a rich roster of festivals and events, showcasing its penchant for music, food, culture, and the arts. No matter what time of year you visit, there's bound to be a celebration (or two!). In recent years, the city's also earned a reputation for its diverse, locally-inspired culinary scene, which benefits from the Island's rich farming and fishing roots. Farmers' markets, local food stores, community gardens, friendly competitions, and food festivals serve to elevate the city's foodscape.

Boasting an abundance of accommodation options and high-quality conference venues, Charlottetown is ready to host your ultimate Island getaway.

Charlottetown est la capitale de la seule province insulaire du Canada, l'Île-du-Prince-Édouard. Cette ville côtière offre une véritable échappatoire du tohu-bohu de la ville grâce à ses routes romantiques, ses vues époustouflantes sur l'eau et ses terrasses ensoleillées. Même si la relaxation va de soi, Charlottetown fait de plus en plus sentir son influence par tout ce qu'elle offre aussi sur le plan de la culture et du divertissement - concerts musicaux incroyables, événements inspirants, théâtre de classe internationale et divers festivals qui créent une vibrante atmosphère urbaine.

Riche en histoire, en arts et en énergie, Charlottetown a tout pour être explorée à pied. Le centre-ville est rempli d'un mélange coloré de boutiques indépendantes, de restaurants, de théâtres, d'immeubles patrimoniaux rénovés avec élégance et d'espaces verts abondants. Prenez une pause pendant votre randonnée pour admirer les monuments publics qui rendent hommage à la fière histoire de la ville et à son rôle unique à titre de «_Berceau de la Confédération_».

La ville est idéalement située sur la rive sud le long de l'historique rivière Hillsborough, ce qui en fait la porte idéale pour explorer le centre et l'est de l'Î.-P.-É. Les plages de sable blanc sont à une distance d'à peine 20 minutes en voiture et les pistes cyclables s'étendent de l'est à l'ouest du centre de la ville en direction des célèbres champs rouges, verts et dorés.

Chaque année, Charlottetown est l'hôte de plusieurs festivals et événements qui mettent en valeur son penchant pour la musique, la nourriture, la culture et les arts. Peu importe le temps de l'année où vous visitez, vous pourrez assister à une célébration (ou deux!). Au cours des dernières années, la ville profite d'une excellente réputation pour sa scène gastronomique diversifiée et inspirée localement, qui met à bon escient ses racines riches en agriculture et en pêche. Les marchés agricoles, les magasins d'aliments locaux, les jardins communautaires, les compétitions amicales et les festivals alimentaires réussissent à élever le profil alimentaire de la ville.

General Conference Information

INFORMATIONS SUR LA CONFÉRENCE

Registration

To register for the conference, go to the CANO/ACIO website at www.cano-acio.ca and complete your registration online. Once your registration has been processed, a receipt will be emailed to you.

Registration Hours:

Thursday, October 25, 2018 from 4:00pm – 8:00pm
Friday, October 26, 2018 from 6:30am – 7:30pm
Saturday, October 27, 2018 from 6:30am – 7:30pm
Sunday, October 28, 2018 from 6:30am – 5:00pm
Monday, October 29, 2018 from 6:30am – 4:15pm

Accommodation

The Delta Prince Edward Island by Marriott and PEI Convention Centre is sold out.

We have a small hotel room block at the nearby Rodd Hotel, which is a 10-minute walk away. Rooms are available on a first-come-first-serve basis. Cancellations can be made up to 3 days prior to arrival. Click here to book your hotel room. You may also call **1-800-566-7633** and let them know you are with CANO/ACIO.

Special Activities

Colouring Table

Be sure to visit our colouring table! Take a break from the conference and relax by getting your creative juices flowing!

Fitness Opportunities

The LPC has put together a wide variety of fitness activities for delegates! See page 23 for on-site fitness opportunities including an online fitness community. See page 24 for discounts on local fitness opportunities. Download the app to see walk/run maps for Charlottetown.

Get the App

1. Click on the following link to download the conference app from the App Store on iOS devices and the Play Store on Android: <https://crowd.cc/s/20klm>

2. Install the app. Once installed, a new icon will appear on your device's homescreen.

You can access the web version of the app here: <https://crowd.cc/canoacio2018>

Wifi

We are happy to offer free WiFi for the 2018 Conference. Network: Delta_Conference Password: conference

Special Interest Group Meetings

CANO/ACIO members can access any or all Special Interest Groups (SIGs). Currently there are SIGs in the following areas: palliative care, surgical oncology, advanced practice nursing, complementary medicine, hematology/BMT, immuno-oncology, radiation, leadership, gynecologic oncology, oncology & aging, and survivorship.

There will be a number of SIG meetings held at the conference to discuss current issues and trends and to support and promote collaboration across Canada. Anyone can join these meetings and if you are looking for more information, we encourage you to attend! You will find these meetings in the conference-at-a-glance.

Scents

Please note that the CANO/ACIO 2018 Conference is a scent free environment. Please refrain from the use of perfumes or other strong scents during the conference.

Inscription

Pour s'inscrire à la conférence, allez sur le site internet de CANO/ACIO : www.cano-acio.ca et complétez votre bulletin d'inscription en ligne. Vous recevrez un reçu par courriel lorsque votre inscription aura été enregistrée.

Heures d'inscription:

Jeudi 25 octobre 2018 de 16h à 20h
Vendredi 26 octobre 2018 de 6h30 à 19h30
Samedi 27 octobre 2018 de 6h30 à 19h30
Dimanche 28 octobre 2018 de 6h30 à 17h00
Lundi 29 octobre 2018 de 6h30 à 16h15

Logement

Le Delta Prince Edward Island par Marriott et le PEI Convention Centre est en rupture de stock.

Nous avons une petite chambre d'hôtel à l'hôtel Rodd, situé à 10 minutes à pied. Les chambres sont disponibles sur la base du premier arrivé, premier servi. Les annulations peuvent être faites jusqu'à 3 jours avant la date d'arrivée. Cliquez ici pour réserver votre chambre d'hôtel. Vous pouvez également appeler le **1-800-566-7633** et leur faire savoir que vous êtes avec CANO / ACIO.

Activités spéciales

Tableau de coloriage

Ne manquez pas la table de coloriage! Prenez une pause de la conférence et détendez-vous en faisant circuler votre créativité!

Possibilités de conditionnement physique

Le comité de planification local a mis sur pied une grande variété d'activités de conditionnement physique pour les délégués! Reportez-vous à la page 23 pour connaître les possibilités de mise en forme sur place, y compris une communauté de conditionnement physique en ligne. Reportez-vous à la page 24 pour les rabais sur les possibilités de conditionnement physique locales. Téléchargez l'application pour voir les cartes de marche / course de Charlottetown.

Obtenir l'application

1. Cliquez le lien suivant pour télécharger l'application de conférence depuis l'App Store sur les appareils iOS et le Play Store sur Android: <https://crowd.cc/s/20klm>

2. Installez l'application. Une fois installé, une nouvelle icône apparaîtra sur l'écran d'accueil de votre appareil.

Vous pouvez accéder à la version Web de l'application ici: <https://crowd.cc/canoacio2018>

WiFi

Nous sommes heureux d'offrir un WiFi gratuit pour la conférence 2018.

Réseau: Delta_Conference
Mot de passe: conference

Réunions de groupes d'intérêt spécial

Les membres de l'ACIO/CANO peuvent accéder à n'importe lequel ou à tous les groupes d'intérêt spécial. Actuellement, il existe des groupes d'intérêt spécial dans les domaines suivants: soins palliatifs, oncologie chirurgicale, soins infirmiers avancés, médecine complémentaire, hématologie / BMT, immuno-oncologie, rayonnement, leadership, oncologie gynécologique, oncologie & vieillissement, et survie.

Il y aura un certain nombre de réunions de groupes d'intérêt spécial tenues lors de la conférence pour discuter des enjeux et des tendances actuels et pour soutenir et promouvoir la collaboration au Canada. Quiconque peut se joindre à ces réunions et si vous cherchez plus d'informations, nous vous encourageons à participer!

Vous trouverez ces réunions dans le programme de la conférence en un coup d'œil.

Parfums

Veillez noter que la Conférence ACIO/CANO 2017 est un environnement sans parfum. Par respect pour les autres participants, merci de ne pas utiliser de fragrances ou autres odeurs fortes lors de la conférence.

Information

For further information contact the conference secretariat: Pour plus d'informations, veuillez contacter le Secrétariat de la Conférence : **CANO/ACIO Management Office**
750 West Pender Street, Suite 301, Vancouver, BC V6C 2T7 Tel: 604.874.4322 Fax: 604.874.4378 Email: cano@malachite-mgmt.com www.cano-acio.ca



Wellness Activities / BIEN ÊTRE ET ACTIVITÉ PHYSIQUE

SATURDAY, OCTOBER 27, 2018

6:30 AM – 7:00 AM | Brown

Pre-registration required: Please sign-up at the CANO/ACIO Booth

Instructor: Karla Crawford

A perfect way to start your day, wakening those tired joints and muscles, building core strength while engaging your transversus abdominis, increasing circulation and restoring balance all to get you aligned and focused for a day of learning. STOTT PILATES MATWORK exercises are designed to restore the natural curves of the spine, rebalance and strengthen the muscles around the joints, and much more. Please come prepared with comfortable workout clothing.

SUNDAY, OCTOBER 28, 2018

6:30 AM – 7:00 AM | Brown

Pre-registration required: Please sign-up at the CANO/ACIO Booth

Instructor: Carrie Weatherbie

Your Body...the Ultimate Fitness Tool

As we all know, time is of the essence. Lack of time is the number one reason people choose not to exercise. Time cannot be an excuse anymore with this 15-minute fitness routine designed to burn calories and increase muscle tone. Carrie will lead you through a sequence of several basic, yet effective exercises using your own body weight and full range of joint motion. Once participants have had the chance to experience each movement, the group will perform the whole routine from start to finish with motivating music and instruction. Each participant will receive a take-home that will give them the ability to perform the routine at home.

ONLINE RESET:BREATHE

Instructor: Tracey Gairns-Brioux

Reset: Breathe is an online fitness community that offers live or on demand HIIT, Pilates, YOGA, nutrition classes and more to monthly subscribers. The mission of Reset:Breathe is to eliminate many of the barriers you would find when trying to get to the gym like the commute and set class schedules. We want to make fitness easier for you to fit into your life and also have our members be part of safe, positive, healthy space full of high vibe individuals.

This program will be accessible to conference participants via your mobile device. Sign-up here: <https://resetbreathefit.com/cano-conference-registration/>

SAMEDI 27 OCTOBRE 2018

6H30 – 7H00 | Brown

Pré-inscription obligatoire: veuillez vous inscrire au kiosque ACIO / CANO

Instructrice: Karla Crawford

Une façon parfaite de commencer la journée en réveillant les articulations et les muscles fatigués, en renforçant la force de votre abdomen, en stimulant la circulation sanguine et en rétablissant l'équilibre pour vous permettre de vous concentrer sur une journée d'apprentissage. Les exercices STOTT PILATES MATWORK sont conçus pour restaurer les courbes naturelles de la colonne vertébrale, rééquilibrer et renforcer les muscles autour des articulations, et bien plus encore. S'il vous plaît venez préparé avec des vêtements d'entraînement confortables.

DIMANCHE 28 OCTOBRE 2018

6H30 – 7H00 | Brown

Pré-inscription obligatoire: veuillez vous inscrire au kiosque ACIO / CANO

Instructrice: Carrie Weatherbie

Votre corps ... l'ultime outil de remise en forme

Comme nous le savons tous, le temps est essentiel. Le manque de temps est la principale raison pour laquelle les gens choisissent de ne pas faire d'exercice. Le temps ne peut plus être une excuse avec cette routine de 15 minutes conçue pour brûler des calories et augmenter le tonus musculaire. Carrie vous mènera à travers une séquence de plusieurs exercices de base, mais efficaces, en utilisant votre propre poids corporel et la gamme complète des mouvements articulaires. Une fois que les participants auront eu l'occasion de faire l'expérience de chaque mouvement, le groupe exécutera toute la routine du début à la fin avec de la musique et des instructions motivantes. Chaque participant recevra un document à emporter qui lui permettra d'exécuter la routine à la maison.

ONLINE RESET:BREATHE

Instructrice: Tracey Gairns-Brioux

Reset: Breathe est une communauté de fitness en ligne qui offre des cours HIIT, Pilates, YOGA, des cours de nutrition et bien plus encore aux abonnés mensuels. La mission de Reset:Breathe est d'éliminer la plupart des obstacles que vous pourriez rencontrer en essayant de vous rendre à la salle de gym comme les trajets quotidiens et les horaires de cours. Nous voulons faciliter la mise en forme pour que vous puissiez l'intégrer à votre vie et faire en sorte que nos membres fassent partie d'un espace sécuritaire, positif et sain, rempli d'individus très dynamiques.

Ce programme sera accessible aux participants à la conférence via votre appareil mobile. Inscrivez-vous ici: <https://resetbreathefit.com/cano-conference-registration/>

Make the most of every moment...

**TO SUPPORT YOUR HEALTH AND WELLNESS,
BELOW IS A LIST OF LOCAL FITNESS
CLASSES AND CENTERS FOR YOU TO ENJOY!**

ATLANTIC FITNESS CENTER DOWNTOWN

119 Kent Street
(7 minute walk from hotel)

902-368-3622

Discounted rate when you show your
conference badge of \$5 per day

atlanticfitness.ca/kent-street

GOODLIFE FITNESS

465 University Avenue
(30 minute walk from hotel)

902-569-5616

goodlifefitness.com

KINETIC FITNESS

133 Queen Street
(5 minute walk from hotel)

902-367-3698

kineticfit.ca

DYNAMIC FITNESS

99 Pownal Street
(6 minute walk from hotel)

902-892-5504

Discounted \$12 drop in rate when you
show your conference badge

dynamicfit.ca/charlottetown

MOKSHA YOGA

4 Prince Street
(6 minute walk from hotel)

902-894-9642

Discounted rate of \$5 per class when you
show your conference badge

charlottetown.mokshayoga.ca/classes

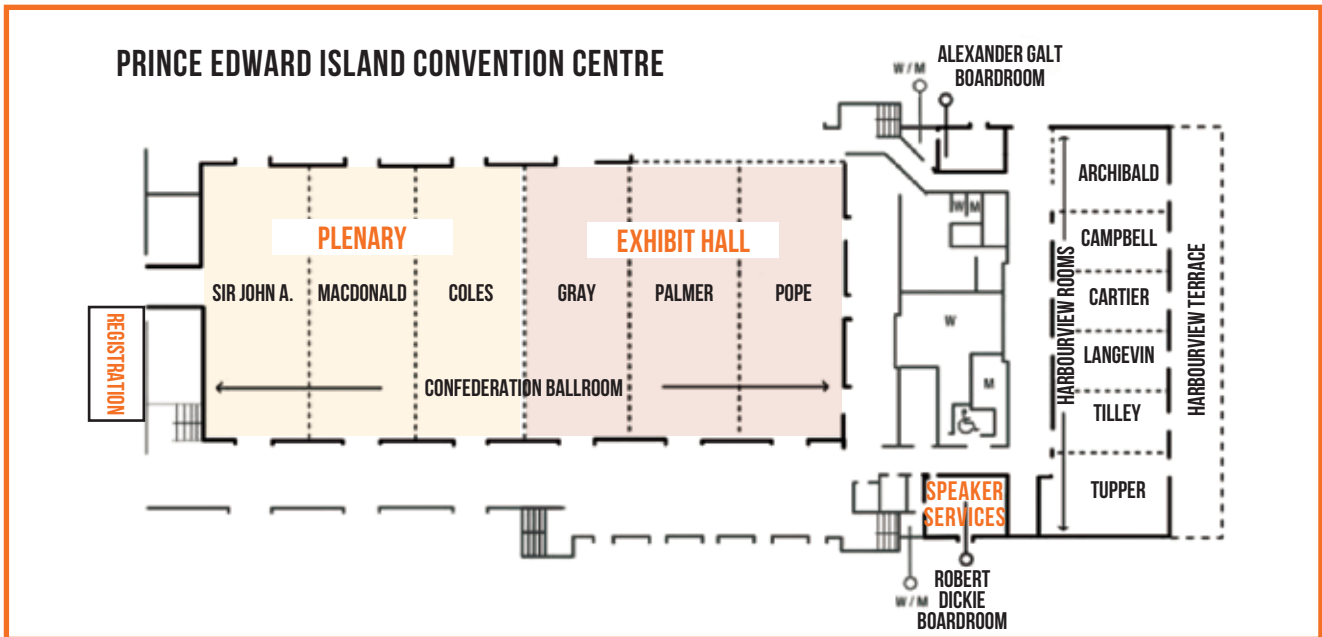
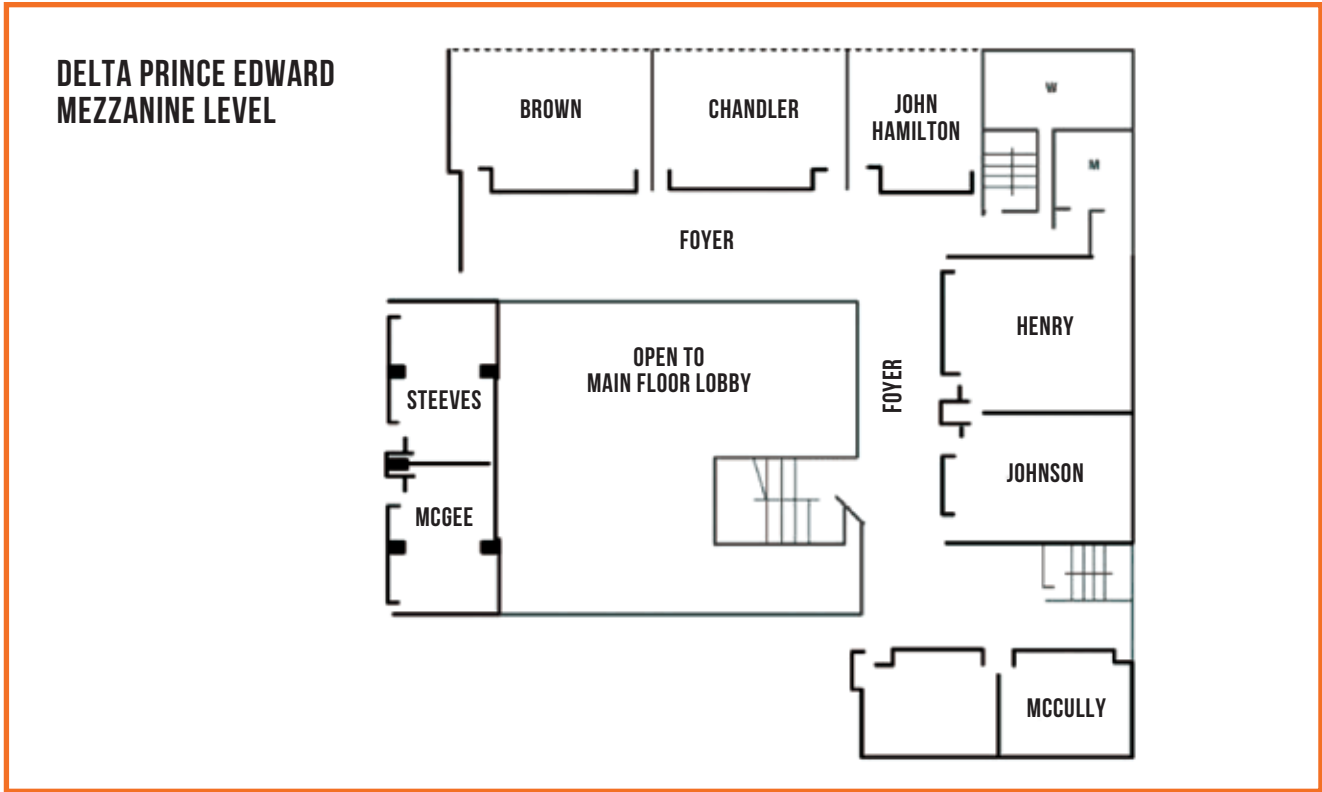
WWW.CANO-ACIO.CA



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

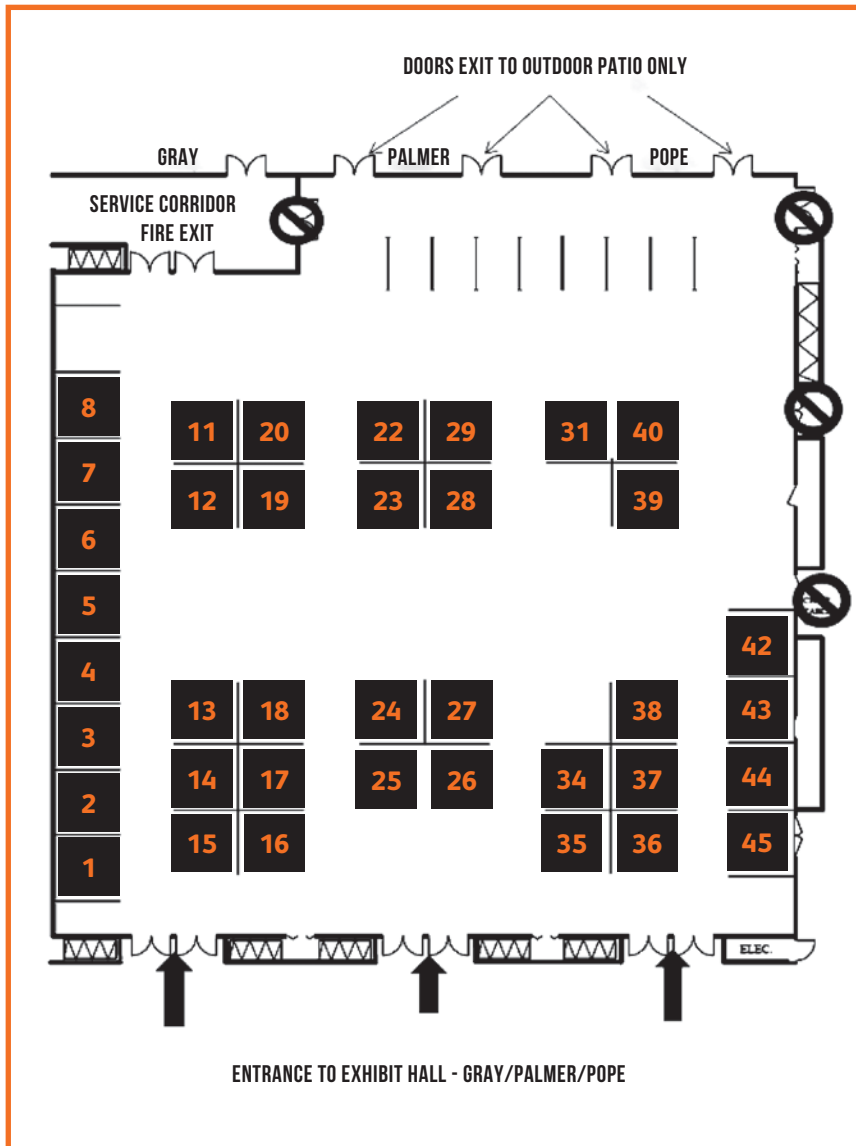
Conference Floor Plan and Exhibitor Listing / PLAN DU CENTRE DE CONFÉRENCES ET LISTE DES EXPOSANTS

CONFERENCE FLOOR PLAN



Exhibitor Listing /

LISTE DES EXPOSANTS



EXHIBITOR	BOOTH
Advanced Innovations Inc. (Bio-Oil)	35
Amgen	16
AngioDynamics	45
Aplastic Anemia and Myelodysplasia Association of Canada (AAMAC)	43
Apobiologix	17
Astellas Pharma Canada, Inc.	1
AstraZeneca	18
Baxter Canada	20
BC Cancer	22
Becton Dickinson (BD)	29
Bristol-Myers Squibb Canada	34
Calmoseptine	36
Canadian Agency for Drugs and Technologies in Health	8
Canadian Association of Nurses in Oncology	31 & 40
Canadian Vascular Access Association	44
Celgene	19
Eli Lilly	4
ICU Medical Inc.	3
Innovative OncoSolutions Inc.	7
Ipsen Biopharmaceuticals, Inc.	39
Janssen Inc.	28
Jazz Pharmaceuticals	5
Kidney Cancer Canada	2
MedReleaf	6
Melanoma Network of Canada (MNC)	11
Merck	27
Myeloma Canada	37
Novartis Pharmaceuticals Canada Inc.	12
Pfizer Canada Inc.	23
Purdue Pharma (Canada)	25 & 26
Roche	15
Sanofi-Genzyme	42
Servier	13
Taiho Pharma Canada, Inc.	14
Takeda Canada	38
Teva Canada Innovation	24



Illustrations by Lori Joy Smith
www.lorijoysmith.com

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Downtown Charlottetown Walking Routes

- Shops & Services Walk - 2.2 km
- Waterfront Walk - 6.4 km
- Heritage Walk - 3.4 km












DISCOVER

CHARLOTTETOWN

PRINCE EDWARD ISLAND

Conference Program-at-a-Glance / PROGRAMME DE LA CONFÉRENCE D'UN COUP D'ŒIL

 Education / Éducation
  Foundational Knowledge Stream / Connaissances fondamentales
  Research / Recherche
  Clinical / Pratique clinique
  Keynote / Plénière
  Leadership/Models of Care / Leadership/Modèles de soins
  Exercise Break / Séance d'exercice
  Poster Session / Session d'affiches
  Board Sponsored Session / Session sponsorisée par le conseil

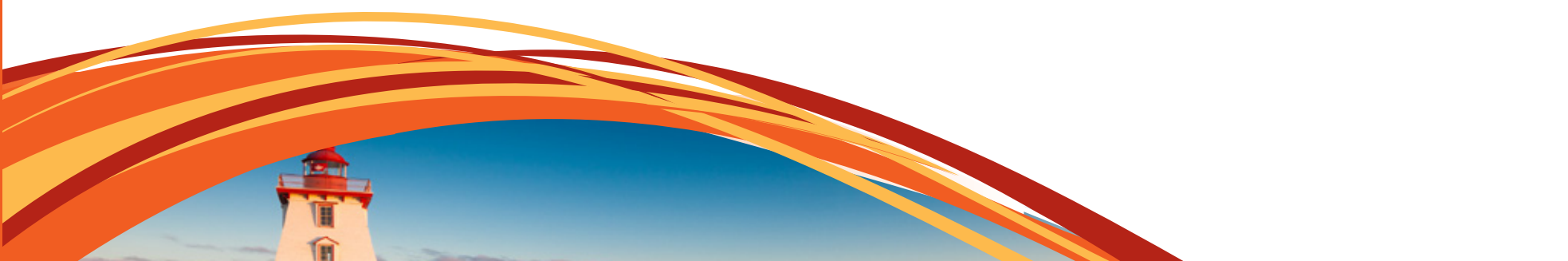
THURSDAY, OCTOBER 25, 2018 / JEUDI 25 OCTOBRE 2018

4:00PM – 8:00PM	Registration / Inscription <i>Foyer</i>
4:00PM – 8:00PM	Speaker Services / bureau des services aux conférenciers <i>Robert Dickie</i>

DAY ONE - CONFERENCE WORKSHOP DAY: FRIDAY, OCTOBER 26, 2018 / JOUR UN - JOURNÉE D'ATELIER DE LA CONFÉRENCE: VENDREDI 26 OCTOBRE 2018

6:30 AM – 7:30 PM	Registration / Inscription <i>Foyer</i>					
6:30 AM – 6:00 PM	Speaker Services / bureau des services aux conférenciers <i>Robert Dickie</i>					
7:00AM – 8:00AM	Jazz Pharmaceuticals Focus Group (invitation only) / Panel de discussion Jazz Pharmaceuticals (sur invitation seulement) <i>Henry</i>					
8:00AM – 11:30AM	WORKSHOP/ ATELIER W-01-A The Oncology Nurse's Role in Identifying, Assessing and Managing Anxiety and Depression (in collaboration with deSouza) Margaret Fitch, Jiahui Wong, Komal Patel <i>Tupper/Tilley/Langevin</i> Pre-registration required	WORKSHOP/ ATELIER W-02-FULL DAY Immuno-Oncology Essentials Charissa Cordon, Nancy Gregorio, Sophie Burelle, Marcia Flynn-Post, Denise Bryant-Lukosius <i>Cartier/Campbell</i> Pre-registration required	WORKSHOP/ ATELIER W-03-A Integrating Geriatric Assessment into Oncology Nursing Care (in collaboration with Oncology and Aging SIG) Fay Strohschein, Kristen Haase, Martine Puts, Lorelei Newton, Rana Jin <i>Archibald</i> Pre-registration required	WORKSHOP/ ATELIER W-04-A Our Patient's Passion: Living Well with Pancreatic Cancer. Maintaining Excellence in Oncology Nursing Care of Patients/Families Living With Pancreatic Cancer (in collaboration with the Surgical Oncology SIG) Shari Moura, Michelle Forman, Carolyn Hoeschen, Anita Long, Tracyann Machado <i>Johnson</i> Pre-registration required	WORKSHOP/ ATELIER W-05-FULL DAY Malignant Hematology and Stem Cell Transplant Nursing (in collaboration with CBMTG) Nanette Cox-Kennett, Kristine Leach, Jennifer Wiernikowski, Reanne Booker <i>Henry</i> Pre-registration required	WORKSHOP/ ATELIER W-06-A Advanced Practice Nursing Skill Building (in collaboration with APN SIG) Teresa Ruston, Lisa Henczel, Laura Mercer, Allyson Nowell, Colleen Campbell, Krista Rawson <i>Chandler</i> Pre-registration required
11:30AM – 1:00PM	Roche Lunch Symposium / Dîner éducatif Roche <i>Sir John/MacDonald/Coles</i>					
1:00PM – 4:30PM	WORKSHOP/ ATELIER W-01-B Building Communication Skills for Difficult Conversations in Oncology (in collaboration with the Palliative Care SIG) Allyson Nowell, Reanne Booker <i>Tupper/Tilley/Langevin</i> Pre-registration required	WORKSHOP/ ATELIER W-02-FULL DAY Immuno-Oncology Essentials (continued) Charissa Cordon, Nancy Gregorio, Sophie Burelle, Marcia Flynn-Post, Denise Bryant-Lukosius <i>Cartier/Campbell</i> Pre-registration required	WORKSHOP/ ATELIER W-03-B Excellence in Oncology Nursing Leadership – A Hands on Workshop to Build Capacity to Lead Ourselves and Others Linda Watson, Janice Chobanuk <i>Archibald</i> Pre-registration required	WORKSHOP/ ATELIER W-04-B Enhancing Survivorship Knowledge and Patient Self-Management Care (in collaboration with Survivorship SIG) Robin Morash, Carrie Liska, Doris Howell <i>Johnson</i> Pre-registration required	WORKSHOP/ ATELIER W-05-FULL DAY Malignant Hematology and Stem Cell Transplant Nursing (in collaboration with CBMTG, continued) Nanette Cox-Kennett, Kristine Leach, Jennifer Wiernikowski, Reanne Booker <i>Henry</i> Pre-registration required	WORKSHOP/ ATELIER W-06-B Oncologic Emergencies: What I Need to Know! (in collaboration with deSouza) Komal Patel, Donald MacDonal, Jodi Hyman <i>Chandler</i> Pre-registration required
4:45PM – 6:00PM	CANO/Canadian Cancer Society Joint Symposium / Symposium conjoint de l'ACIO et de la société canadienne du cancer <i>Sir John/MacDonald/Coles</i>					
6:00PM – 7:30PM	Welcome Reception Sponsored by Teva / Réception de bienvenue sponsorisée par Teva <i>Exhibit Hall - Gray/Palmer/Pope</i>					
7:30PM – 9:30PM	Teva Dinner Symposium (pre-registration required) / Souper éducatif Teva (pré-inscription requise) <i>Tupper/Tilley/Langevin</i>					
7:30PM – 9:30PM	Amgen Focus Group (invitation only) / Panel de discussion Amgen (sur invitation seulement) <i>Chandler</i>					

DAY ONE / JOUR UN



DAY TWO: SATURDAY, OCTOBER 27, 2018 / JOUR DEUX : SAMEDI 27 OCTOBRE 2018

6:30AM – 7:00AM	Pilates Session (pre-registration required at CANO/ACIO Booth) / Séance de pilates (Pré-inscription requise au kiosque ACIO / CANO) Karla Crawford <i>Brown</i>					
6:30AM – 7:30PM	Registration / Inscription Foyer					
6:30AM – 6:00PM	Speaker Services / bureau des services aux conférenciers Robert Dickie					
7:00AM – 8:15AM	Pfizer Oncology Breakfast Symposium / Déjeuner éducatif Pfizer Oncology Sir John/MacDonald/Coles					
8:30AM – 9:15AM	Opening Ceremony / Cérémonie d'ouverture Sir John/MacDonald/Coles					
9:15AM – 10:15AM	Keynote Address I Sponsored by Pfizer / Conférence plénière I sponsorisée par Pfizer - Maïke van Niekerk Sir John/MacDonald/Coles					
10:00AM – 4:00PM	Exhibition Open / Exhibition ouverte Exhibit Hall - Gray/Palmer/Pope					
10:15AM – 10:45AM	Heath Break Sponsored by Roche / Pause santé sponsorisée par Roche Group 1 Poster Sessions / Séance d'affiches groupe 1 Exhibit Hall - Gray/Palmer/Pope					
10:45AM – 12:15PM	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ I-01</p> <p>SESSION I</p> <p>Our Passion: Preparing the Next Generation of Oncology Nurses</p> <p> A Orientating Nurses to Specialized Care in Complex Malignant Hematology Lauren Cosolo, Catriona Buick</p> <p> B The Development of a Nurse-led Interprofessional Oncology Orientation Ava Hatcher</p> <p> C Advancing Oncology Nursing through International Collaboration: A Canadian-Kenyan success story Tayreez Mushani, Aga Khan University and Pamela Savage, Princess Margaret Cancer Center Tayreez Mushani Tupper/Tilley</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ I-02</p> <p>Patient-Centred Approach Driving Change in Models of Care</p> <p> A Patient Triage in the Ambulatory Care Setting: A Continuing Evolution Kathy Carothers</p> <p> B INJECTT! The Implementation of a Nurse-Led Injection Clinic Kathy Carothers</p> <p> C From Passion to Productivity: A Clinic Transformation Stephanie Pick, Connie Richardson</p> <p> D Revolutionizing Cancer Care through Precision Medicine and Patient Empowerment Using Experience-Based Co-Design Denise Bryant-Lukosius Cartier/Campbell</p>	<p>WORKSHOP / ATELIER I-03</p> <p> A A National Conversation of Advanced Practice Nursing Roles in the Delivery of Cancer Care</p> <p>Allyson Nowell, Colleen Campbell, Lisa Henczel, Krista Rawson Archibald</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ I-04</p> <p>Engaging the Patient to Optimize Care</p> <p> A Enhancing the Care of Oncology Patients Utilizing Patient and Family Engagement and Feedback Mary Glavashevich</p> <p> B Information and Supportive Care Needs of Individuals With Bladder Cancer Robin Morash</p> <p> C Early Breast Cancer: A Needs Assessment Shawna Ginsberg</p> <p> D Développement d'un questionnaire anglophone et francophone sur la transition santé-maladie de femmes atteintes d'un cancer du sein Maude Hébert Johnson</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ I-05</p> <p>Passion for Oncology Care</p> <p> A Supporting Informal Caregivers Providing Care to Hematopoietic Stem Cell Transplant Patients; An Interdisciplinary Approach Phillip Nguyen, Laurie Ann Holmes</p> <p> B Healing at Home- Nova Scotia's Day + 6 Admission Program for Autologous Transplant Patients with Multiple Myeloma Julia MacLeod</p> <p> C Passion Driven Oncology Nurses' Leadership Helps Craft Health Policies, Saving Lives In New Brunswick Shirley Koch Henry</p>	<p>WORKSHOP / ATELIER I-06</p> <p> A Practicing What We Preach: Health Equity in the Real World Allison Wiens, Zenith Poole Chandler</p>
12:15PM – 1:45PM	Ipsen Lunch Symposium / Dîner éducatif Ipsen Sir John/MacDonald/Coles					
1:45PM – 3:15PM	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ II-01</p> <p>SESSION II</p> <p>Oncology Nurses in Innovative Roles</p> <p> A Effective Design and Evaluation of Nurse Practitioner Roles for Malignant Hematology and Stem Cell Transplant: Application of the Logic Model Approach Jennifer Wiernikowski, Kristine Leach, Charissa Cordon, Denise Bryant-Lukosius</p> <p> B Development of a Digital Patient Education Pathway for Patients Considering Allogeneic Stem Cell Transplant Zoe Evans</p> <p> C New Paracentesis Service: Optimizing the NP Role in An Ambulatory Urgent Care Clinic to Support Patients With Ascites Amy Robinson</p> <p> D Caring for Cancer Survivors in the Community: Opportunities and Challenges for Nurse Practitioners Krista Wilkins Tupper/Tilley</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ II-02</p> <p>A Palliative Care Approach</p> <p> A Managing Terminal Delirium in Imminently Dying Patients Megan Sutherland, Kalliopi Stilos</p> <p> B Making a Difference for patients with an HPB DAP: Passionate about Integrating a Palliative Approach to Care! Lynn Kachuik, Jennifer Smylie</p> <p> C An EPICC Approach to Integrating Early Palliative Care Into Oncology Nurse's Roles Laura Mercer</p> <p> D Symptom screening with Targeted Early Palliative care (STEP): Results of a Pilot Study and Role of the Palliative Care Triage Nurse Christine Cameron Cartier/Campbell</p>	<p>WORKSHOP / ATELIER II-03</p> <p> A Situating Cancer Patient Navigation in the Family of Specialized Oncology Nurse Roles</p> <p>Linda Watson Archibald</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ II-04</p> <p>Empowering Patients for Self-Management</p> <p> A Enhancing Patient Education in Gynecology-Oncology Surgical Care: A Quality Improvement Project Jerina Patel, Samia Elmi</p> <p> B An Interdisciplinary Approach to Addressing Malnutrition Among Oncology Patients Carl Leushuis, Erin M' Larkey</p> <p> C Results of a Pilot Feasibility Study Exploring the Effect of Neurofeedback on Post Cancer Cognitive Impairment and Fatigue Marian Luctkar-Flude Johnson</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ II-05</p> <p>Supporting/Managing Patients Outside City Limits</p> <p> A Probing a Geographical Frontier in Psychosocial Oncology: How do Ovarian Cancer Survivors Living Outside of Large Metropolitan Centres Cope With Fear of Cancer Recurrence? Jacqueline Galica</p> <p> B Research Priorities for the Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Practice Guides: A Modified Nominal Group Consensus Dawn Stacey</p> <p> C Symptom Practice Guides for Health Professionals to Use on the Telephone or in Person: Lessons Learned From Three Implementation Studies Dawn Stacey Henry</p>	<p>WORKSHOP / ATELIER II-06</p> <p> A Supporting Nurses as Teachers - Creating a Mentoring Program for The Ottawa Hospital Cancer Center Chemotherapy Treatment Unit: Sherpas and Parachutes Andrea Keller-Robinson Chandler</p>
3:15PM – 3:45PM	Heath Break Sponsored by Astellas / Pause santé sponsorisée par Astellas Group 2 Poster Sessions / Séance d'affiches groupe 2 Exhibit Hall - Gray/Palmer/Pope					
3:45PM – 4:45PM	Clinical Lectureship and Award Presentation Sponsored by Merck / Conférence clinique et remise de prix sponsorisée par Merck Dr. Kristen Haase Sir John/MacDonald/Coles					
5:00PM – 6:00PM	Annual CANO/ACIO and CAPO Joint Symposium / Symposium annuel conjoint de l'ACIO/CANO et de l'ACOP Sir John/MacDonald/Coles					
6:00 PM – 7:00 PM	Surgical Oncology SIG Meeting Langevin	Gynecology Oncology SIG Meeting Tupper/Tilley	Survivorship SIG Meeting Cartier/Campbell	Education Committee Meeting (Invitation only) Archibald	Professional Practice Committee Meeting (Invitation only) Johnson	Radiation SIG Meeting Henry
7:30PM – 9:30PM	Servier Dinner Symposium (pre-registration required) (OFFSITE) / Souper éducatif Servier (pré-inscription requise) (HORS SITE) PEI Brewing Company					
7:30PM – 9:30PM	AstraZeneca Focus Group (invitation only) / Panel de discussion AstraZeneca (sur invitation seulement) Chandler					

DAY THREE: SUNDAY, OCTOBER 28, 2018 / JOUR TROIS : DIMANCHE 28 OCTOBRE 2018

6:30AM – 7:00AM	Fitness Class (pre-registration required at CANO/ACIO Booth) / Classe de fitness (Pré-inscription requise au kiosque ACIO / CANO) Carrie Weatherbie <i>Brown</i>					
6:30AM – 5:30PM	Registration / Inscription <i>Foyer</i>					
6:30AM – 5:30PM	Speaker Services / Bureau des services aux conférenciers <i>Robert Dickie</i>					
7:00AM – 8:15AM	AstraZeneca Breakfast Symposium / Déjeuner éducatif AstraZeneca <i>Sir John/MacDonald/Coles</i>					
8:30AM – 9:30AM	CANO/ACIO Annual General Meeting / Assemblée Générale Annuelle de l'ACIO/CANO <i>Sir John/MacDonald/Coles</i>					
9:45AM – 10:30AM	CANO/ACIO Awards of Excellence Ceremony / Cérémonie des prix d'excellence de l'ACIO/CANO <i>Sir John/MacDonald/Coles</i>					
10:00AM – 4:00PM	Exhibition Open / Exhibition ouverte <i>Exhibit Hall - Gray/Palmer/Pope</i>					
10:30AM – 11:00AM	Heath Break Sponsored by Merck / Pause santé sponsorisée par Merck Group 3 Poster Sessions / Séance d'affiches groupe 3 <i>Exhibit Hall - Gray/Palmer/Pope</i>					
11:00AM – 12:30PM	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ III-01</p> <p>Models of Care/Chemotherapy Delivery</p> <p> A Chemotherapy Chair Utilization Project Karyn Perry, Cynthia Heron,</p> <p> B Visual Communication...A Colorful Click Away! Katrina Power, Kim Clayton, Julie Baisley</p> <p> C Improving After-Hours Access to Oncology Providers for Patients on Systemic Therapy: One Facility's Experience Kirsty Albright, Angela Boudreau</p> <p> D Optimization of Systemic Therapy Booking Processes Within a Complex Ambulatory Cancer Care Setting Theresa Zapach, Kimberley Vaulkhard <i>Tupper/Tilley</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ III-02</p> <p>Nursing Roles in Navigation</p> <p> A A Program Review: Exploring the Cancer Patient Navigator Role Within the Ambulatory Oncology Team Jennifer Anderson</p> <p> B Implementation of a Nursing Discharge Coordinator in an Oncology Acute Care Setting: A Quality Improvement Pilot Project Nicole Duerksen</p> <p> C Development, Implementation & Evaluation of a Nurse-led Palliative Care Triage & Navigation Model Nancy Lee Brown <i>Cartier/Campbell</i></p>	<p>WORKSHOP/ ATELIER III-03</p> <p> World Café Hosting 'Easy Going' National Research Experts in Cancer Care! Christine Maheu, Dawn Stacey, Aronela Benea, Sally Thorne, Kristen Haase, Leah Lambert, Virginia Lee, Manon Lemonde, Krista Wilkins, Marian Florence Lucktar-Flude, Tracy Powell, Sandra Fawcett, Jill Bally, Jacqueline Galica <i>Archibald</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ III-04</p> <p>Patient Empowerment</p> <p> A Managing the Information Needs of Patients with a HPV Related Oropharyngeal Cancer Jennifer Deering, Maurene McQuestion</p> <p> B Optimizing the Integration of Self-Management Support into Routine Cancer Care Denise Bryant-Lukosius</p> <p> C Integrating Smoking Cessation Practices Among Cancer Patients in an Ambulatory Cancer Setting Maria Laylo, Criselda Diaz Gonzales</p> <p> D Facilitating Patient Empowerment at First Appointment: The Implementation of a Patient Initial Health Assessment Form Angela Djuric-Paulin <i>Johnson</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ III-05</p> <p>Integrating Community in Career Care</p> <p> A Inuusinni Aqqusaqtaara: An Inuit Cancer Project Sipporah Enuaraq</p> <p> B New Model of Remote Delivery of Chemotherapy in Rural Cancer Settings Janice Chobanuk</p> <p> C Grand River Regional Cancer Centre and Kitchener Public Library: Creating a Unique Community Partnership to Help Meet the Information Needs of our Cancer Community Justine Ferguson</p> <p> D The 2017 British Columbia Wildfires: Maintaining Excellence in Oncology Patient Care Mary Beth Rawling <i>Henry</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ III-06</p> <p>Bridging Academia and Clinical Practice</p> <p> A Supporting the Scholarly Development of Early Career Doctorally-Prepared Oncology Professionals: Constructing a de Souza Scholar Designation Jacqueline Galica</p> <p> B Bridging the Gap from Class Instruction to Practice: Creation of Specialized Oncology Nurse Preceptors Workshop Tamara Homeward-Pascal</p> <p> C Bridging Graduate Studies and Clinical Practice for the Benefit of Oncology Patients and Families: Ne'r the Twain Shall Meet? Tracy Powell, Jacqueline Galica, Kristen Haase, Jagbir Kaur, Leah Lambert, Fay Strohschein, Tracy Truant <i>Chandler</i></p>
12:30PM – 2:00PM	Pfizer Injectables Lunch Symposium / Dîner éducatif Pfizer Injectables <i>Sir John/MacDonald/Coles</i>					
2:15PM – 3:15PM	Helene Hudson Lectureship and Award Presentation Sponsored by Amgen / Conférence Helene Hudson et remise de prix sponsorisée par Amgen - Dr. Anne Katz <i>Sir John/MacDonald/Coles</i>					
3:15PM – 3:45PM	Heath Break / Pause santé Group 4 Poster Sessions / Séance d'affiches groupe 4 <i>Exhibit Hall - Gray/Palmer/Pope</i>					
3:45PM – 5:15PM	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ IV-01</p> <p>Telephone Practice in Oncology</p> <p> A A Callback Program for Proactive Symptom Assessment and Management in Chemotherapy Naive Patients Carly Spragg, Andrea Finlayson</p> <p> B Implementation of COSTaRS: The Alberta Experience Jennifer Anderson</p> <p> C Development of a Nurse-led Telephone Follow-Up Process for Gastrointestinal Cancer Patients Receiving Oral Chemotherapy in Ambulatory Oncology Jen Rosychuk <i>Tupper/Tilley</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ IV-02</p> <p>Strategies or Tools to Improve Care Delivery</p> <p> A Passion for a Smooth Transition for our Patients: Empowering Patients Through Standardized Proactive Education and Telenursing Nadia Pooran</p> <p> B The Urgent Care Urgency, Improving Oncology Patient Access to Urgent Care Through Remote Symptom Management Lucie Tremblay, Lucie Tardif</p> <p> C Excellence in Oncology: Development of Better Medication Management Tools for Patients with Brain Tumours, their Caregivers and their Health Care Providers through a Quality Improvement Project Janelle Desjardins <i>Cartier/Campbell</i></p>	<p>WORKSHOP/ ATELIER IV-03</p> <p> A National Conversation about Oncology Nurses' Role in Optimizing Care of Older Adults with Cancer Fay J. Strohschein, Martine T. Puts, Kristen R. Haase, Lorelei Newton <i>Archibald</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ IV-04</p> <p>Passion for Our Patients Beyond Treatment</p> <p> A Addressing Information Needs and Preparing Cancer Survivors to Self-Manage Their Follow-Up Care: An Evaluation of a Survivorship Education Class Brittany Mutsaers, Carrie Liska</p> <p> B Growing Self-Management through Patient and Family Education at the End of Treatment Elysa Meek</p> <p> C From Patient- to Person-Centred: Key Strategies to Inform Equitably High Quality Cancer Survivorship Care Tracy Truant, Sally Thorne</p> <p> D Passion for Patients: Meeting the Survivorship Needs of Patients Living with Head and Neck Cancer (HNC) Maurene McQuestion <i>Johnson</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ IV-05</p> <p>Supporting and Engaging Women With Cancer</p> <p> A Supportive Care Experiences of Rural Women Living with Breast Cancer: An Interpretive Descriptive Qualitative Study Joanne Loughery</p> <p> B Seeking Excellence in Providing Patient Education Post Brachytherapy... Utilizing our Passion for Exceptional Care to Empower and Engage our Patients Anet Julius, Jodi-Ann Manhertz <i>Henry</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ IV-06</p> <p>Tools to Improve End-of-Life Care</p> <p> A Honoring the End of Life – Stories from the Sikh Tradition Jagbir Kaur</p> <p> B Providing Passionate Culturally Sensitive End of Life Care Laurie Ann Holmes</p> <p> C Developing, Implementing, Evaluating and Sustaining an End of Life Clinical Order Set and E-learning Module Nancy Lee Brown <i>Chandler</i></p>
5:15 PM – 6:15PM	Pocket Guide Working Group Meeting <i>Tupper/Tilley</i> (Invitation only)	Leadership SIG Meeting <i>Cartier/Campbell</i>	Oncology & Aging SIG Meeting <i>Archibald</i>	Research Committee Meeting (Invitation only) <i>Johnson</i>	Immuno-Oncology SIG Meeting <i>Henry</i>	
7:15PM	Social Event (Pre-registration required) / Soirée sociale (Pré-inscription requise) 7:15pm reception followed by buffet dinner <i>MacDonald/Coles</i>					

DAY FOUR: MONDAY, OCTOBER 29, 2018 / JOUR QUATRE : LUNDI 29 OCTOBRE 2018

DAY FOUR / JOUR QUATRE

6:30AM – 4:15PM	Registration / Inscription <i>Foyer</i>					
6:30AM – 3:00PM	Speaker Services / Bureau des services aux conférenciers <i>Robert Dickie</i>					
7:00AM – 8:15AM	CANO/ACIO Breakfast Session: Medical Marijuana in Oncology: Best Bud or Wicked Weed? / Session de déjeuner ACIO/CANO : La marijuana en oncologie : belle rose ou vilaine ronce? Reanne Booker <i>Sir John/MacDonald/Coles</i>					
8:30AM – 9:30AM	Keynote Address II Sponsored by Janssen / Conférence plénière II sponsorisée par Janssen - David Maginley <i>Sir John/MacDonald/Coles</i>					
9:45AM – 10:45AM	International Symposium / Symposium international <i>Sir John/MacDonald/Coles</i>					
10:15AM – 12:45PM	Exhibition Open / Exhibition ouverte <i>Exhibit Hall - Gray/Palmer/Pope</i>					
10:45AM – 11:15AM	Health Break / Pause santé <i>Exhibit Hall - Gray/Palmer/Pope</i>					
11:15AM – 12:45PM SESSION V	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ V-01</p> <p>Patient Experience in Death</p> <p>A Why do so Few People Die at Home in the 21st Century? Passionate About Making a Difference! Lynn Kachuik</p> <p>B Our Oncology Patients Want to Die at Home: Can We Use Our Passion for Quality Care to Make This Happen? Wendy Petrie, Sylvie Bruyere, Lynn Kachuik</p> <p>C Delivering Optimum Care for MAiD Patients: Voices of the Care Team Linda Ramjohn, Anita Long, Ashley Andrade</p> <p>D A Review of Family Members' Experiences With Assisted Dying Tracy Powell <i>Tupper/Tilley</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ V-02</p> <p>Oncology Nurses on the Phone</p> <p>A The Path to Oncology Nursing Excellence: Development of a Proactive Telephone Nursing Assessment Guideline Lauren Cosolo, Samia Elmi</p> <p>B Improving Adherence to Testicular Cancer Surveillance and Patient Satisfaction by Utilizing RN-Led Telephone Clinics and Advanced Assessment Laurie Tremblay, Matthew Parezanovic</p> <p>C Excellence in Oncology Nursing: The Evolution of the Live Voice Answer Telephone Initiative Samia Elmi</p> <p>D Capturing Workload in Oncology Nursing Telephone Practice: Development of a Telephone Docu-Workload Tool Samia Elmi <i>Cartier/Campbell</i></p>	<p>WORKSHOP/ ATELIER V-03</p> <p>Writing for Publication: Getting Started and Being Successful Margaret Fitch Archibald</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ V-04</p> <p>Optimizing Education Opportunities</p> <p>A Evolution of an Outpatient Resource Team: Ensuring Nurse Training for Optimal Patient Care Jennifer Newton</p> <p>B Striving for Excellence in Patient Education for Vaginal Dilator Therapy: An Interdisciplinary Approach Joanne Power</p> <p>C HPV Diagnosis: Counselling the Patient from Prevention to Cancer Catriona Buick Johnson</p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ V-05</p> <p>Symptom and Toxicity Management</p> <p>A Excellence in Oncology, the Utilization of a Continuous Quality Improvement Project: Management of Increased Paclitaxel Hypersensitivity Reactions in our Cancer Program Janet Giroux</p> <p>B Supporting Our Patients Throughout the Journey of Breast Cancer Crystele Montpetit</p> <p>C Febrile Neutropenia Management: Are Nova Scotian Emergency Departments Adhering to Clinical Guidelines? Kara Jamieson <i>Henry</i></p> <p>D Ensuring Quality Follow-up Post-Discharge from Symptom Treatment Unit Angela Blasutti-Boisvert, Nehmat Khairallah <i>Henry</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ V-06</p> <p>The Supportive Needs of Families</p> <p>A Breaking Down The Walls: Talking To Children About Parental Cancer Shawna Ropson</p> <p>B Unobtrusive Exploration of Parents' Online Accounts of Family Life with Pediatric Cancer Jill Bally</p> <p>C Family Functioning, Parents' and Children's Responses, When a Parent has Cancer: What Are Some Appropriate Interventions? Andréa Maria Laizner Chandler</p>
12:45PM – 2:15PM	Lunch Break (on own) / L'heure du midi (libre)					
2:15 PM – 3:45 PM SESSION VI	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ VI-01</p> <p>How the Patient Experience Influences Care</p> <p>A Using Excellent Nursing Assessment to Make Urgent Care Seamless and Predictable for Patients Shawne Gray, Tamara Bygrave</p> <p>B Cardiac Rehabilitation Following Autologous Hematopoietic Stem Cell Transplantation: Patient Perceptions Derek Rothe <i>Tupper/Tilley</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ VI-02</p> <p>Improving the Patient Experience</p> <p>A Turning Challenge into Opportunity to Improve Quality Care in Chemotherapy Angela Boudreau, Rui Zhang</p> <p>B Autologous Peripheral Blood Stem Cell Transplantation: From Then to Now Kristen Brazel, Phillip Nguyen, Leslie Lepage</p> <p>C Aboriginal Patient Nurse Navigator Uses Land Based Approach to Connect with Cancer Patients and their Families Carolyn Roberts <i>Cartier/Campbell</i></p>	<p>WORKSHOP/ ATELIER VI-03</p> <p>Applying the "CANO/ACIO Learning Pathway for the Specialized Oncology Nurse" in Your Setting: A Practical Workshop for Oncology Nurses, Leaders, and Educators Charissa Cordon, Sarah Champ, Barbara Hues, Suganya Vadivelu <i>Archibald</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ VI-04</p> <p>Survivorship</p> <p>A Effectiveness Sharing of the Fear of Recurrence Therapy (FORT) Intervention in Women With Breast or Gynecological Cancer Christine Maheu</p> <p>B Perceptions of the First Cohort of Early-Discharge Breast Cancer Survivors in Southeastern Ontario: Well-Being and Comprehensiveness of Survivorship Care at One-Year Follow-Up Marian Luctkar-Flude</p> <p>C Optimizing Sexual Health and Emotional Well-Being for Breast Cancer Patients and Survivors through Nurse-Led Interventions Samantha Scime <i>Johnson</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ VI-05</p> <p>Electronic Tools in Oncology</p> <p>A Nurse Led Initiative and Implementation of Transfer of Accountability Tool in the Breast Center Aryam Kidane, Michaela McCrady</p> <p>B What's App Doc? Empowering Patients and Families with a downloadable Consult Recording App Linda Watson</p> <p>C Integrating Digital Patient Reported Outcome (PRO) Reports into Standard Ambulatory Care Processes: What is Meaningful? Linda Watson <i>Henry</i></p>	<p>CONCURRENT SESSION / ATELIER SIMULTANÉ VI-06</p> <p>Who's Who in the Zoo: The Many Roles of Oncology Nurses</p> <p>A Delivering Safe Care to Cancer Patients on Non-Oncology Units Linda Ramjohn, Anita Long</p> <p>B Clinical Trial Nursing in Oncology Mai Hong</p> <p>C Formalizing Clinic Expectations: A Contextual Application of Specialized Oncology Nurses' Role in Ambulatory Care Tamara Homeward-Pascal</p> <p>D Implementing The Adolescent/Young Adult Patient Navigator in the Adult Oncology Setting Jodie Jespersen <i>Chandler</i></p>
3:45PM – 4:15PM	Closing Ceremonies and Abstract Award Presentation / Cérémonie de clôture et remise de prix pour abrégés <i>Sir John/MacDonald/Coles</i>					

Day One / JOUR UN

FRIDAY, OCTOBER 26, 2018 / VENDREDI 26 OCTOBRE 2018

JAZZ PHARMACEUTICALS FOCUS GROUP / PANEL DE DISCUSSION JAZZ PHARMACEUTICALS

7:00AM - 8:00AM
Henry

Educational Resource for Nurses Working in Hematology and Stem Cell Transplant

The goal for this meeting is to develop the framework for an educational resource for Canadian nurses involved in managing Stem Cell Transplant patients. With the input at this meeting Jazz will look to work with a small expert nurse panel with endorsement from CBMTG to print/publish and distribute an educational resource book.

Objectives:

- 1) Review of the content categories and chapters of a resource book created for transplant nurses in France by an expert nurse panel and endorsed by EBMT. (Guide pratique de l'infirmière de greffe de cellules souches hématopoïétiques)
- 2) Identify, prioritize and provide input on which content would be the same and applicable for Canada
- 3) Identify, prioritize and provide input on what content is missing and should be added to appropriately meet the needs of nurses in Canada

MORNING WORKSHOPS / ATELIERS DU MATIN

8:00 AM – 11:30 AM

WORKSHOP / ATELIER W-01-A Pre-registration required

Tupper/Tilley/Langevin

The Oncology Nurse's Role in Identifying, Assessing and Managing Anxiety and Depression (in collaboration with deSouza)

Margaret Fitch RN, PhD¹, Jiahui Wong PhD², Komal Patel RN, MN, CON(C), CHPCN(C)², ¹University of Toronto, Toronto, Ontario, Canada, ²de Souza Institute, Toronto, Ontario, Canada.

Individuals who are diagnosed with cancer experience psychosocial or emotional distress to a greater or lesser degree. This distress can range from feelings of worry and sadness to severe states of anxiety and depressive disorders. Severe anxiety and depression significantly reduce a patient's quality of life, intensify physical symptoms, and affect a patient's ability to engage in effective problem-solving and self-care.

Oncology nurses are in an excellent position to identify those individuals who are experiencing anxiety and/or depression, the most common manifestations of psychosocial distress in cancer patients, and intervene appropriately to reduce an individual's distress. The purpose of this interactive workshop is to help nurses feel better prepared to engage in these roles with confidence.

The session will provide an opportunity to learn about the incidence and prevalence of anxiety and depression in cancer, the clinical manifestations of anxiety and depression, factors influencing the development and escalation of anxiety and depression, who is at risk, management approaches (pharmacological and non-pharmacological) and the ramifications of unresolved anxiety and depression. Both assessment approaches and intervention strategies, appropriate to the role of the oncology nurse, will be presented and participants will have the opportunity to practice these skills during the session. The session will focus on practical application of the learning through the use of case studies.

WORKSHOP / ATELIER W-02-FULL DAY Pre-registration required Cartier/Campbell

Immuno-Oncology Essentials

Charissa Cordon MN, CON(C), EdD^{1,2,3}, Nancy Gregorio, BScN, MN, CON(C)⁴, Sophie Burelle, RN, BScN⁶, Marcia Flynn-Post, RN, BA, CON(C), MHST⁵, Denise E. Bryant-Lukosius, RN, CON(C), PhD², ¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³University of Ontario Institute of Technology, Oshawa, Ontario, Canada, ⁴Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁵University Health Network, Toronto, Ontario, Canada, ⁶CISSS Montérégie Centre, Greenfield Park, Quebec, Canada.

This all day interactive workshop is the final part of the "Immuno-Oncology Essentials for Oncology Nurses" Program, delivered at the CANO/ACIO 2018 pre-conference workshop. This program aligns with CANO/ACIO's mission to advance oncology nursing excellence and fosters practice standards and competencies allowing oncology nurses to use immune checkpoint inhibitors with greater confidence, ultimately providing better immuno-oncology care and support to their patients.

WORKSHOP / ATELIER W-03-A Pre-registration required**Archibald****Integrating Geriatric Assessment into Oncology Nursing Care (in collaboration with Oncology and Aging SIG)**

Fay Strohschein, RN, PhD(c)¹, Kristen Haase, RN, PhD², Martine Puts, RN, PhD³, Lorelei Newton, RN, PhD⁴, Rana Jin, RN, MScN, CON(C)⁶, Cindy Kenis, RN, PhD⁵, ¹Ingram School of Nursing, McGill University, Montreal, Quebec, Canada, ²College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ³Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada, ⁴Nursing Department, School of Health and Human Services, Camosun College, Victoria, British Columbia, Canada, ⁵Departments of General Medical Oncology and Geriatric Medicine, University Hospitals Leuven, Belgium. ⁶Geriatric Oncology Program, Princess Margaret Cancer Centre, Toronto, Ontario Canada.

Canadians aged 70 years and older were expected to comprise 45 % of new cancer cases and 63 % of cancer deaths in 2017, a proportion that is steadily increasing. The intersection of concerns related to oncology and aging presents important challenges for patients, caregivers, and healthcare providers. Complex cancer therapies and increasing healthcare system demands multiply the impact of age-related concerns in shaping cancer outcomes. Age-related disparities in care, associated with undertreatment, overtreatment, mortality, and survival, suggest that we must give greater attention to the needs of older adults within our cancer system. Oncology nurses are often uniquely positioned to identify and assess concerns related to aging that may impact cancer care. To achieve excellence in caring for older adults, oncology nurses must be familiar with the physiological, functional, nutritional, and psychosocial changes associated with aging that can impact oncology treatment and/or processes of care.

In this workshop, we will provide an overview of domains of concern for older adults with cancer and those close to them. Using case presentation and small group discussion, we will explore tools to screen for and assess geriatric strengths and concerns, means of communicating their results to patients and interprofessional team members, possible interventions for identified areas of concern, and approaches to integrating geriatric assessment into oncology nursing care. Our aim is to open discussion about how oncology nurses in various clinical, research, and leadership settings can equip themselves to better assess and address the needs of our growing older population.

This workshop is a collaboration of the International Society of Geriatric Oncology Nursing and Allied Health Interest Group (SIOG NAH) and CANO/ACIO Oncology and Aging Special Interest Group.

Objectives:

1. Review the components of comprehensive geriatric assessment (CGA) and discuss approaches to implementing geriatric screening and assessment tools in oncology nursing care.
2. Discuss challenges and facilitators in integrating geriatric screening and assessment into oncology nursing care, exploring ways to sharing the results with patients, family members, and other members of the oncology care team.
3. Discuss interventions informed by geriatric assessment, highlighting those which can be implemented by oncology nurses.

WORKSHOP / ATELIER W-04-A Pre-registration required**Johnson****Our Patient's Passion: Living Well with Pancreatic Cancer. Maintaining Excellence in Oncology Nursing Care Of Patients/Families Living With Pancreatic Cancer (in collaboration with the Surgical Oncology SIG)**

Shari Moura, RN, MN, CON(C), CHPCN(C)¹, Michelle Forman, RN, CON(C)², Carolyn Hoeschen, RN, MN, NP(F)³, Anita Long, RN, MSN/ED, CON(C)⁴, Tracyann Machado, RN⁴, ¹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ²Burnaby Hospital Cancer Centre, Burnaby, British Columbia, Canada, ³BC Cancer, Vancouver, British Columbia, Canada, ⁴Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

In 2017 an estimated 5500 Canadians were diagnosed with pancreatic cancer and approximately 4800 died from the disease. This high death rate reflects the known challenges of the diagnosis and treatment of pancreatic cancer. Currently, 50 % of people survive beyond four months, while the overall five-year survival rate remains at 7 %. By 2020, pancreatic cancer is expected to surpass breast cancer and become the third leading cause of cancer death in Canada.

Most people are diagnosed with advanced or metastatic pancreatic cancer, yet even those who have upfront surgical resection; the five-year survival rate remains less than 30 %. In the past two decades, evidence based combination chemotherapy treatments for advanced pancreatic cancer have provided more hope for controlling peoples' cancer and offers longer progression free survival, as well as improved symptom control and better quality of life. Furthermore, there is now evidence that the integration of early palliative care consultation and support care enhances symptom control and quality of life for both the person with pancreatic cancer and their family, leading to better treatment outcomes. In collaboration with the CANO/ACIO Surgical Oncology Special Interest Group this workshop will utilize interactive progressive case based learning and scenarios to describe the roles the oncology nurse will enact with patients and their families having surgically resectable or advanced pancreatic cancer.

WORKSHOP / ATELIER W-05-FULL DAY Pre-registration required**Henry****Malignant Hematology and Stem Cell Transplant Nursing (in collaboration with CBMTG)**

Nanette Cox-Kennett, RN, MNq¹, Kristine Leach, RN(EC), MN, NP-Adult, CON(C)², Jennifer Wiernikowski RN(EC), MN, NP-Adult, CON(C)², Reanne Booker, MN BScN NP^{3,4}, ¹Cross Cancer Institute, Edmonton, Alberta, Canada, ²Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada, ³Tom Baker Cancer Centre, Calgary, Alberta, Canada, ⁴Foothills Medical Centre, Calgary, Alberta, Canada.

Nursing in malignant hematology is a diverse and dynamic subspecialty. New and exciting immune therapy advances show promise in treating relapsed B-ALL and relapsed B cell lymphoma using adoptive Chimeric Antigen Receptor(CAR) T cell therapy. Ongoing advances in medical science have led to an increased demand for stem cell transplants. Technological advances in medicine mean that more patients are eligible for this complex intervention including older patients never before considered. Both immune therapy and stem cell transplant come with a unique bundle of potential complications including cytokine release syndrome (CRS), neurologic symptoms, tumor lysis syndrome (TLS), sinusoidal obstructive syndrome (SOS) and graft-versus-host disease (GVHD). These adverse events can range from mild to severe. Oncology nurses are often the first to identify signs and symptoms of adverse events and acute changes in patients' status. Specialized nursing care and a thorough understanding of the potential complications to watch for can prevent/minimize expected and unexpected toxicities, thus improving patient outcomes.

Evidence informed oncology nursing care for these patients is essential. This workshop is designed to build our knowledge about practice changing evidence in hematology and stem cell transplant. We will provide updates and indications for CAR T immune therapy in relapsed B-ALL and Lymphoma, and its nursing implications. A review of Hodgkins Lymphoma will be presented spanning diagnosis to treatment/maintenance. Stem Cell Transplant 101: a broad overview of the indications for stem cell transplant, autologous and allogeneic, and the oncology nurses' role in the prevention, detection, and management of common health alterations, both early and late effects including how to perform a comprehensive health assessment on a person prior to, during, and following transplantation. Finally we will address BMT and Palliative care including engaging in difficult conversation. In addition to a rich education day, don't miss an exciting announcement about of a formal CBMTG and CANO partnership/joint membership opportunity and how hematology/ stem cell transplant nurses in Canada are moving forward with a new and expanded Special Interest Group.

WORKSHOP / ATELIER W-06-A Pre-registration required**Chandler****Advanced Practice Nursing Skill Building (in collaboration with APN SIG)**

Teresa Ruston, BScN, RN, CON(C)¹, Lisa Henczel, RN, BScN, MSN, NP(F)², Laura Mercer, BScN, CON(C)³, CHPCN(C), Allyson Nowell, RN, BSc, MSc, CON(C)⁴, Colleen Campbell, NP, MN, CON(C)⁵ Krista Rawson RN, MN, NP⁶, ¹Royal Alexandra Hospital, Edmonton, Alberta, Canada, ²BCCA - Centre for the Southern Interior, Kelowna, British Columbia, Canada, ³BC Cancer, Abbotsford, British Columbia, Canada, ⁴Odette Cancer Centre, Sunnybrook Health Sciences Centre, Ontario, Canada, ⁵Stronach Regional Cancer Centre, Southlake Regional Health Centre, Newmarket, Ontario, Canada, ⁶CancerControl Alberta, Calgary, Alberta, Canada.

Advanced Practice Nurses (APN) all benefit from continuing to expand and evolve their skills, and knowledge as well as improving connections within our network. The first national CANO APN workshop will focus in three distinct areas. The first portion will focus on building skills in learning how to approach and interpret common findings on chest x-rays and chest CT scans. This will aim to improve your radiology confidence and is suitable for novice to experienced APNs. The second section will use a case based approach to assessment and management of patients receiving Immuno-oncology PD-1 and PD-L1 inhibitors. You will leave with improved confidence in assessing and managing of patients receiving these therapies. Finally, the third portion of the workshop will focus on a world café where we will engage and learn more about the Canadian landscape of APN practice. This half day workshop is geared towards the CNS and NP with varied levels of experience. The goal of the workshop is to engage participants to develop a range of advanced practice skills and knowledge. You will leave with practical tools and an opportunity to build your network of Canadian colleagues. In keeping with this year's conference theme, "Our Patients, Our Passion" we will provide APNs knowledge to use in their practice along with an opportunity to ignite your passion.



Clinical practicalities of switching from IV to SC formulations in breast oncology: Lessons learned from real world hematology practice

Steering Committee: Michelle Forman, RN, CON(C); Amer Sami, MD; Angela Boudreau, RN, BScN, MN, CON(C)

Objectives:

- Identify best practice for transitioning patients from IV to SC formulation of targeted therapies in oncology practice, based on real-world experience
- Appraise the evidence supporting the use of the SC formulation of trastuzumab
- Outline the clinical practicalities of switching from IV to SC formulation
- Evaluate the impact of transitioning to SC administration for patients, clinicians and systems

If subcutaneous (SC) administration of targeted therapies show comparable pharmacokinetics, efficacy and tolerability to intravenous (IV) administration and patients and healthcare providers report a clear preference for SC over IV administration, what then are key considerations for oncology nurses? While health care providers may be able to leverage the lessons learned from the adoption of SC formulations in hematology, understanding the clinical practicalities of SC administration will be key in optimizing efficiencies in a breast oncology practice.

Aspects pratiques sur le plan clinique du passage d'une formulation intraveineuse à une formulation sous-cutanée dans le traitement du cancer du sein : leçons tirées de la pratique courante en hématologie

Comité de planification: Michelle Forman, RN, CON(C); Amer Sami, MD; Angela Boudreau, RN, BScN, MN, CON(C)

Objectifs d'apprentissage du programme:

- Connaître les pratiques exemplaires en oncologie concernant le passage de l'administration i.v. à l'administration s.c. des thérapies visées en se fondant sur une expérience réelle.
- Évaluer les données probantes soutenant l'utilisation d'une formulation s.c. de trastuzumab.
- Connaître les aspects pratiques sur le plan clinique du passage d'une formulation s.c. à une formulation i.v.
- Évaluer l'incidence qu'a la transition vers l'administration s.c. chez les patients, chez les cliniciens et au sein des systèmes.

Si l'administration sous-cutanée (s.c.) des thérapies ciblées démontre une pharmacocinétique, une efficacité et une tolérabilité comparables à l'administration intraveineuse (i.v.) et que les patients et les fournisseurs de soins de santé manifestent une préférence évidente pour l'administration s.c., quelles sont les considérations clés dont les infirmières en oncologie doivent tenir compte?

Les fournisseurs de soins de santé peuvent tirer les leçons qui s'imposent de l'adoption de formulations s.c. en hématologie; or, la compréhension des aspects pratiques de l'administration s.c. sur le plan clinique sera un facteur clé pour optimiser l'efficacité de la pratique entourant le traitement du cancer du sein.

AFTERNOON WORKSHOPS / ATELIERS DE L'APRÈS-MIDI

1:00 PM – 4:30 PM

WORKSHOP / ATELIER **W-01-B**

Tupper/Tilley/Langevin

Building Communication Skills for Difficult Conversations in Oncology (in collaboration with the Palliative Care SIG)

Allyson Nowell, RN, BSc, MSc, CON(C)¹, Reanne Booker, RN, BScN, MN, NP^{2,3}, ¹Odette Cancer Centre, Sunnybrook Health Sciences Centre, Ontario, Canada, ²Tom Baker Cancer Centre, Calgary, Alberta, Canada, ³Foothills Medical Centre, Calgary, Alberta, Canada.

Oncology nurses will encounter many situations with patients, their loved ones and even with colleagues that may involve difficult conversations. Such conversations may occur at any point in care, from time of diagnosis through to survivorship or end-of-life and bereavement. Difficult conversations not only span the entire disease trajectory but are a likelihood for all oncology nurses, from novice to expert. This interactive workshop will provide an overview of communication, including concepts of good communication as well as discussion on the impact of poor communication. Examples of challenging situations will be presented, including sharing bad news, what to do when there is discord or conflict amongst patients, families and/or the healthcare team, communication during crisis events as well as during patients' final days and hours. The goal of the workshop will be to integrate clinical scenarios and videos to involve workshop participants in role modeling and practicing communication techniques to build advanced communication skills.

The workshop will engage participants to develop a range of case scenarios with varying practice settings and roles to ensure learners' development is aligned with individual practice and varying skill levels are integrated. Building on this year's conference theme, the workshop will discuss how excellence in oncology nursing is linked to how we connect with our patients through exceptional communication and rooted in our compassion.

WORKSHOP / ATELIER **W-03-B** Pre-registration required

Cartier/Campbell

Excellence in Oncology Nursing Leadership – A Hands on Workshop to Build Capacity to Lead Ourselves and Others

Linda Watson, RN, PhD, CON(C)^{1,2}, Janice Chobanuk, MN³, ¹Alberta Health Services, Calgary, Alberta, Canada, ²University of Calgary, Calgary, Alberta, Canada, ³Alberta Health Services, Edmonton, Alberta, Canada.

Leadership skills are pivotal for oncology nursing roles. The leadership skills of an oncology nurse range from being an advocate for high quality patient care, an excellent communicator, a preceptor, mentor, role model, to inspiring others in their nursing practice. Nurses in all different types of oncology roles can benefit from leadership education and support to maximize their leadership potential and help them to become confident leaders. CANO believes that responding to and transforming the rapidly changing health care system requires nursing leadership development across all roles regardless of the role a nurse is in. As a result, CANO is committed to providing its members with meaningful hands on opportunities for leadership development at our conference. The goal of this new leadership workshop is to elevate the leadership potential of every nurse who participates which will in turn enhance Oncology Nurse's ability to deliver excellent care and influence patient, team, organizational and system outcomes.

Informed by the LEADS framework (Canadian College of Health Leaders, 2016) CANO believes that effective personal leadership can be learned and practiced. The LEADS framework highlights a comprehensive approach to leadership development which contains five domains: 1) Leads Self, 2) Leads others, 3) Develops Coalitions 4) Achieves outcomes and 5) Affects system transformation.

As an introductory Leadership workshop, the focus will be on the "Leading Self" and "Leading Others" domains. In the "Leads Self" component of the workshop participants will be provided with the opportunity to clarify their own values, characteristics, strengths and weaknesses as a way to inspire personal growth and an improved understanding of self. The "Leads Others" segment of the workshop will provide the participants with hands on skills development in the areas of mentorship, effective communication and team building in the workplace. Participants will leave the workshop with a new understanding of who they are and how they can take their leadership to the next level.

WORKSHOP / ATELIER **W-04-B** Pre-registration required

Johnson

Enhancing Survivorship Knowledge and Patient Self-Management Care (in collaboration with Survivorship SIG)

Robin Morash, BNSc, MHS¹, Carrie Liska, RN, BScN, MN¹, Doris Howell, RN, PhD², ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University Health Network, Toronto, Ontario, Canada.

In 2017, over 206,000 Canadians were diagnosed with cancer and 60% of those individuals are expected to be living for five years following their diagnosis. The growing demand for rehabilitation and psychosocial support services in survivorship care are important factors to consider when planning strategies and organizational designs to effectively address the unique physical and psychosocial needs of cancer survivors. Oncology nurses are felt to be well-positioned to not only meet the physical and psychosocial needs of cancer survivors but also play pivotal roles in the coordination of care, development of survivorship programs, and fostering and enabling patient self-management.

The CANO Special Interest Groups' (SIG) purpose includes ensuring (a) collaboration and networking, (b) sharing and disseminating evidence based knowledge and education, and (c) the provision of quality, evidence based oncology care. This half-day workshop, hosted by the Survivorship SIG, is designed to generate conversation and disseminate knowledge intended to benefit both the novice and expert oncology nurse.

Through panel discussion and small group interaction, participants will discuss strategies for oncology nurses to integrate gained survivorship knowledge and patient self-management strategies in to practice. Key oncology experts will present to facilitate the following learning objectives:

- Reflect on nursing's pivotal role in the historical evolution of cancer survivorship.
- Describe symptom management strategies for cancer related fatigue and fear of recurrence and discuss self-management health behaviours to address late and long term effects.
- Share survivorship resources to address survivors' unique needs and discuss how these resources may be utilized as self-management tools.
- Discuss strategy development for self-management implementation and the provision of oncology nursing's self-management support

WORKSHOP / ATELIER W-06-B Pre-registration required**Chandler****Oncologic Emergencies: What I Need to Know! (in collaboration with deSouza)**

Komal Patel RN, MN, CON(C), CHPCN(C)¹, Donalda MacDonald RN, CON(C)¹, Jodi Hyman RN, BScN, CON(C)², ¹de Souza Institute, Toronto, Ontario, Canada, ²Cancer Care Manitoba, Winnipeg, Manitoba, Canada.

Patients with cancer often experience oncologic complications as a result of their cancer and/or cancer therapy. Life-threatening complications, that are often acute in nature, are referred to as oncologic emergencies. These emergencies are not confined to the period of initial diagnosis and active treatment. Awareness of a patient's cancer history and its possible complications forms an important part of any nurse's knowledge base, whether in a cancer centre, general hospital or community setting.

Nurses must thoroughly assess the patient at each visit, and adequately educate patients and families about preventive measures and reporting of any new and/or worsening signs and symptoms. Quite often, various clinical signs are evident before an emergency occurs; prompt recognition is crucial. Once recognized, the aggressiveness of the management of any oncologic emergency is required in order to prolong survival and improve quality of life, even in the setting of terminal illness.

This interactive session will introduce nurses to common oncologic emergencies seen in practice through problem-based case studies. Incidence and prevalence, etiology and risk factors, clinical manifestations, treatment, and nursing considerations of each of the oncologic emergencies will be discussed.

**CANO/CANADIAN CANCER SOCIETY JOINT SYMPOSIUM /
SYMPOSIUM CONJOINT DE L'ACIO ET DE LA SOCIÉTÉ
CANADIENNE DU CANCER**

**4:45 PM – 6:00 PM
Sir John A/MacDonald/Coles**

**Our Patients, Our Passion: What Matters to You?
Facilitated Film Screening and Discussion**

Mike Lang, MSc, Health Narrative Specialist

Co-sponsored by CANO and the Canadian Cancer Society

For many years clinical conversations have been driven by oncology professionals; the main question being "what is the matter with you?". Recently, with the rise of patient and family centred care, these conversations have taken on a different tenor asking not "what is the matter with you?", but "what matters to you?". Only when oncology professionals understand what matters to their patients and families, are they able to provide the individualized care that are is necessary.

In this opening session, attendees will watch five digital stories created by CCS patient and family volunteers specifically for the CANO conference in collaboration with filmmaker and health narrative specialist Mike Lang (watch one of Mikes recent digital storytelling projects here: www.storiesforcaregivers.com/project/4). After each story attendees will engage in discussion with each other and the storytellers themselves about the themes and lessons. Through the screening and discussion all attendees will come to a deeper understanding of what matters to patients and family members as they move through diagnosis, treatment, and beyond. After the session the stories will be made available to attendees so that they can take them home and share them with their local cancer care teams. The goal is to stimulate important conversations about what matters to patients and families in oncology care centres across the country.

**Nos patients, notre passion : Qu'est-ce qui est important pour vous?
Projection de film et discussion encadrée**

Mike Lang, MSC, Spécialiste de la narration de la santé

Un événement coparrainé par l'ACIO et la Société canadienne du cancer (SCC)

Pendant de nombreuses années, les conversations cliniques ont été dirigées par les professionnels de l'oncologie. La question principale était « Qu'est-ce qui ne va pas avec vous? ». Récemment, avec la montée des soins axés sur les patients et leurs proches, la question est passée de « Qu'est-ce qui ne va pas avec vous? » à « Qu'est-ce qui est important pour vous? ». Ce n'est que lorsque les professionnels de l'oncologie comprennent ce qui est important pour leurs patients et leurs proches qu'ils sont en mesure d'offrir les soins personnalisés dont leurs clients ont besoin.

Lors de cette séance d'ouverture, les participants visionneront cinq histoires numériques créées par des patients et des proches bénévoles de la SCC. Les histoires ont été produites tout spécialement pour la conférence de l'ACIO, en collaboration avec le réalisateur et spécialiste de la narration en santé Mike Lang (visionnez un de ses plus récents projets de narration numérique à www.storiesforcaregivers.com/project/4). Après chaque histoire, les participants échangeront entre eux et avec les conteurs eux-mêmes au sujet des thèmes et des leçons. La projection et la discussion permettront aux participants de mieux comprendre ce qui est important pour les patients et leurs proches tandis qu'ils avancent dans la trajectoire du diagnostic, du traitement et des étapes ultérieures. Après la séance, les participants pourront emporter des copies des histoires avec eux afin de les partager avec leurs équipes locales de soins en oncologie. L'objectif est de stimuler d'importantes conversations au sujet de ce qui est important pour les patients et leurs proches dans les centres de soins en oncologie d'un bout à l'autre du pays.

WELCOME RECEPTION / RÉCEPTION DE BIENVENUE

teva | Oncology | Canada

6:00 PM – 7:30 PM
Exhibit Hall - Gray/Palmer/Pope

TEVA DINNER SYMPOSIUM / SOUPER ÉDUCATIF TEVA

teva | Oncology | Canada

7:30 PM - 9:30 PM
Sir John A/MacDonald/Coles

The Changing Landscape in Cancer Care: Understanding Biosimilars

Curious about biosimilars in oncology? Discover everything you need to know at our symposium on **October 26, 2018 at 7:30 PM** at the **Delta Prince Edward Island by Marriott and PEI Convention Centre** located at 18 Queen Street in Charlottetown, PEI. This symposium will be just one of the many exciting events at the 4-day CANO/ACIO Conference.

Hear from an interdisciplinary panel of experts to discover what biosimilars are, how biosimilars differ from generics, and why biosimilars are emerging now. Then, gain a deeper understanding of the Canadian review and approval process for biosimilars. Last but not least, learn about the challenges and opportunities of integrating biosimilars into clinical practice.

Our presentation will be followed by a Q&A period during which our speakers will be happy to answer any questions you may have.

Don't miss out on this valuable learning opportunity!

Please visit www.cano-acio.ca for more information on the Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO) and their annual conference.

This symposium is sponsored by Teva Canada Innovation.

L'évolution des soins en cancérologie : comprendre les biosimilaires

Les biosimilaires en oncologie piquent votre curiosité? Découvrez tout ce que vous devez savoir lors de notre symposium qui aura lieu le **26 octobre 2018, à 19 h 30**, au **Delta Prince Edward Island by Marriott and PEI Convention Centre** situé au 18, rue Queen, à Charlottetown, Île-du-Prince-Édouard. Ce symposium n'est qu'un des nombreux événements passionnants qui vous attendent lors de la conférence de CANO/ACIO qui durera 4 jours.

Venez entendre un groupe d'experts interdisciplinaires pour découvrir ce que sont les biosimilaires, comment ils diffèrent des génériques et pourquoi ils font leur apparition maintenant. Ensuite, approfondissez vos connaissances du processus d'examen et d'homologation des biosimilaires au Canada. Dernier point, mais non le moindre, découvrez les défis et les possibilités associés à l'intégration des biosimilaires dans la pratique clinique.

Notre présentation sera suivie d'une période de questions-réponses au cours de laquelle nos conférenciers se feront un plaisir de répondre à toutes vos questions.

Ne manquez pas cette excellente occasion d'apprentissage!

Veuillez consulter le site www.cano-acio.ca pour obtenir plus de renseignements sur la Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO) et leur conférence annuelle.

Ce symposium est financé par Teva Canada Innovation.

Day Two / JOUR DEUX

SATURDAY, OCTOBER 27, 2018 / SAMEDI 27 OCTOBRE 2018

PFIZER ONCOLOGY BREAKFAST SYMPOSIUM /
DÉJEUNER ÉDUCATIF PFIZER ONCOLOGY



7:00 AM – 8:15 AM
Sir John A/
MacDonald/Coles

Speaker: Dr. Daniel Rayson

Dr. Daniel Rayson is a medical oncologist at the Queen Elizabeth II Health Sciences Centre and Professor of Medicine and Pediatrics at Dalhousie University. He completed his medical training at Dalhousie, with subsequent fellowship training in Internal Medicine and Hematology/Medical Oncology at the Mayo Clinic in Rochester, Minnesota. His main areas of clinical care and research activities are in breast and neuroendocrine oncology. He is past Chair of the Nova Scotia Provincial Breast Cancer Site Team (2000-2009), current Chair of the multidisciplinary Neuroendocrine Tumor Group (2012-) and past chair of the Clinical Trial Grant Panel Review Committee of the National Cancer Institute of Canada (2006-2009). He has been the Director of the Atlantic Clinical Cancer Research Unit (ACCRU) since 2008, is on the editorial board of the Art of Oncology Section of the Journal of Clinical Oncology and has been section editor of the Cancer Narratives Section of Current Oncology since January, 2013. In January 2015 he was appointed Head of the Division of Medical Oncology at the QEII Health Sciences Center.

Role of Targeted Therapies in the Treatment of Metastatic Breast Cancer

- Define the burden of breast cancer and more specifically, metastatic breast cancer (MBC)
- Discuss treatment guidelines, and currently available treatments for HR+/HER2- breast cancer
- Explain the mechanism of action, efficacy, and safety of new targeted therapies
- Discuss management of adverse events with CDK 4/6 Inhibitors along with dosing and monitoring recommendations for patients receiving new targeted therapies

Conférencier : Dr Daniel Rayson

Le Dr Daniel Rayson est oncologue médical au Queen Elizabeth II Health Sciences Center et professeur de médecine et de pédiatrie à l'Université Dalhousie. Il a terminé sa formation médicale à l'Université Dalhousie, puis s'est spécialisé en médecine interne et en hématologie/oncologie médicale à la Mayo Clinic à Rochester, au Minnesota. Il concentre ses soins cliniques et ses activités de recherche principalement dans les domaines du cancer du sein et du cancer neuroendocrinien. Il a été président de l'équipe sur le cancer du sein de la Nouvelle-Écosse (2000-2009); il préside actuellement le groupe multidisciplinaire sur les tumeurs neuroendocrines (2012-), et est l'ancien président du comité de révision des subventions accordées aux essais cliniques de l'Institut national du cancer du Canada (2006-2009). Il est directeur de l'Atlantic Clinical Cancer Research Unit (ACCRU) depuis 2008, fait partie du comité de rédaction de la section Art of Oncology du Journal of Clinical Oncology et est rédacteur de la section Cancer narratives du Current Oncology depuis janvier 2013. En janvier 2015, il a été nommé chef de la division d'oncologie médicale du Queen Elizabeth II Health Sciences Center.

Les traitements ciblés dans le traitement du cancer du sein métastatique

- Présenter le fardeau du cancer du sein, plus précisément du cancer du sein métastatique
- Discuter des lignes directrices sur le traitement du cancer du sein HR+/HER2- et des options thérapeutiques actuellement offertes
- Expliquer le mode d'action, l'efficacité et l'innocuité des nouveaux traitements ciblés
- Discuter de la prise en charge des effets indésirables des inhibiteurs de CDK 4/6 ainsi que des recommandations en matière de posologie et de suivi pour les patients recevant un nouveau traitement ciblé

OPENING CEREMONY / CÉRÉMONIE D'OUVERTURE

8:30 AM – 9:15 AM
Sir John A/MacDonald/Coles



Maïke van Niekerk

'I'll Never Stop Fighting in Your Memory': A Daughter's Fight Against Inequalities in Cancer Care for Her Mother's Legacy

After losing her mother to breast cancer at the age of fifteen, Maïke founded Katrin's Karepackage (KK), an award-winning charitable program that offsets the travel costs for cancer patients in Newfoundland and Nova Scotia travelling for cancer-related appointments. Since its initiation in 2014, over \$140,000 has been raised for the program. Maïke has run 7 marathons in 7 days across Newfoundland and biked 1,100km in 10 days across the province to fundraise and symbolically represent the struggle cancer patients face in order to obtain treatment. She also recently authored the book *Faces Facing Cancer*, which profiles the diverse perspective of 50 Nova Scotians and their experiences with cancer.

Maïke is a recent graduate of Dalhousie University's nursing program, where she was awarded the Governor-General's Silver Medal for achieving the highest academic standing amongst graduates of baccalaureate programs. While volunteering over twenty hours a week with primarily cancer patients, Maïke also conducted research investigating the relationship between historical traumas, psychological distress, and cancer diagnosis among Indigenous peoples in Canada under the supervision of Dr. Amy Bombay.

Recently, Maïke was awarded the Rhodes Scholarship and is studying a PhD in Psychiatry at the University of Oxford. Ultimately, she hopes to use her research to develop novel psychiatric assessment tools for cancer patients as a nurse researcher. For her humanitarian efforts, Maïke has been recognized as one of Canada's Most Powerful Women: Top 100, Canada's Top 20 Under 20 Award, and L'Oréal Paris Canada's 2018 Women of Worth. She has also been awarded the Governor General Meritorious Service Decoration, the Newfoundland Red Cross Young Humanitarian of the Year, the Schulich Leadership Scholarship, and the Terry Fox Humanitarian Award.

« En mémoire de toi, je n'abandonnerai jamais la bataille » : la lutte d'une fille, à la mémoire de sa mère, contre les inégalités dans le traitement du cancer

Après avoir perdu sa mère d'un cancer du sein, à l'âge de quinze ans, Maïke a fondé Katrin's Karepackage (KK), un programme caritatif prime qui compense les coûts de transport pour les patients en oncologie de Terre-Neuve et de Nouvelle-Écosse qui doivent parcourir de longues distances pour leurs rendez-vous liés au cancer. Depuis son lancement en 2014, plus de 140 000 \$ ont été recueillis pour le programme. Maïke a couru 7 marathons en 7 jours à travers Terre-Neuve et a parcouru 1100 km en vélo en 10 jours à travers la province pour recueillir des fonds et représenter symboliquement la lutte à laquelle font face les patients en oncologie afin de suivre leur traitement. Elle a également récemment écrit le livre « *Faces Facing Cancer* », qui décrit la perspective diversifiée de 50 Néo-Écossais et leurs expériences avec le cancer.

Maïke a récemment terminé le programme en sciences infirmières de l'Université Dalhousie, où on lui a décerné la médaille d'argent du Gouverneur général pour avoir obtenu la meilleure moyenne globale parmi les finissants des programmes de baccalauréat. Alors qu'elle faisait du bénévolat principalement auprès de patients en oncologie plus de vingt heures par semaine, Maïke a aussi mené une recherche sous la supervision de la professeure Amy Bombay, Ph.D., dans laquelle elle a examiné la relation entre les traumatismes historiques, la détresse psychologique et le diagnostic de cancer chez les Autochtones au Canada.

Récemment, Maïke a reçu une bourse Rhodes pour faire un Ph.D. en psychiatrie à l'Université d'Oxford. Au final, elle espère utiliser sa recherche pour développer de nouveaux outils d'évaluation psychiatrique pour les patients en oncologie. Pour ses efforts humanitaires, Maïke a été reconnue comme l'une des femmes les plus influentes du Canada: le Top 100, le prix 20 ados avec brio de Plan Canada, et le prix Women of Worth 2018 de L'Oréal Paris Canada. Elle a également reçu la décoration du Service méritoire du gouverneur général, le prix humanitaire de l'année pour les jeunes décerné par la Croix-Rouge de Terre-Neuve, la bourse en leadership de Schulich et le prix humanitaire Terry Fox.



CONCURRENT SESSION / ATELIER SIMULTANÉ I-01

10:45 AM – 12:15 PM

Our Passion: Preparing the Next Generation of Oncology Nurses

Tupper/Tilley

I-01-A

10:45 AM – 11:05 AM

Orientating Nurses to Specialized Care in Complex Malignant Hematology

Lauren Cosolo, RN, BScN, MN, Catriona Buick, RN, MN, PhD, CON(C), *Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.*

As the need for acute leukemia services in Ontario grows, additional specialized oncology nurses are required to meet the needs of patients, families and caregivers. Currently, a regional cancer center is set to expand from five hematology beds within an inpatient oncology unit to a separate 15-bed inpatient Complex Malignant Hematology (CMH) unit with outpatient services. The development of the new CMH department will provide care to a larger influx of patients with a malignant hematological diagnosis and an opportunity to develop an expert CMH team. Nurses joining the new CMH unit will have complex learning needs in order to gain knowledge and experience within this highly specialized area of practice.

A nursing orientation was developed to enable nurses to foster experience and gain knowledge to provide safe and competent care for CMH patients. Initially, nurses will complete a learning needs assessment using the CMH Specialized Oncology Nurse Role Description to determine their level of experience, which will allow for tailored learning activities. An overview of these educational strategies and a high level plan for orientation and ongoing professional development will be highlighted. Finally, the challenges and benefits in providing tailored orientation for a sizeable group of nurses will be discussed.

I-01-B

11:05 AM – 11:25 AM

The Development of a Nurse-led Interprofessional Oncology Orientation

Ava L. Hatcher, MN, CON(C)¹, *Mary Bursey, MScN², ¹BC Cancer, Prince George, British Columbia, Canada, ²Memorial University of Newfoundland, St. John's, Newfoundland, Canada.*

Focus: Interprofessional collaborative practice (ICP) has been internationally recommended to improve patient-centered care and increase service delivery efficiency. ICP can contribute to positive relationships between healthcare professionals (HCPs) and patients, and optimize outcomes. To integrate ICP in cancer care, clinical and administrative leaders at BC Cancer had requested that nursing educators develop and facilitate an interprofessional oncology orientation.

Methods: An integrative literature review on ICP and education in a healthcare setting, and colleague consultations with key stakeholders were completed. Through this systematic process, benefits, barriers, and common themes were identified. The results were used to inform the development of a nurse-led interprofessional orientation. The orientation consists of facilitated sessions which introduce a model of supportive care, common cancer symptoms and side effects, interprofessional practice competencies, and a mentored observation day. Included in the orientation are interactive group learning activities. Through the activities, HCPs will have the opportunity to learn about and with each other, to develop relationships in a team-like environment, and apply interprofessional competencies to clinical scenarios. The orientation program has been formatted in a toolkit which includes a comprehensive facilitator's guide that supports nurse educators to independently facilitate the sessions. The facilitator's guide also provides access to additional ICP resources.

Outcomes: The projected outcomes of the orientation are to improve: (a) the quality of care being provided by the interprofessional team to patients/families diagnosed with cancer, (b) patient/family satisfaction with care, and (c) interprofessional collaboration.



I-01-C

11:25 AM – 12:05 PM

Advancing Oncology Nursing through International Collaboration: A Canadian-Kenyan Success Story

Tayreez Mushani, BScN, MHS, CHPCN(C), CON(C)¹, *Pamela Savage, BA, MAEd, CON(C)²*, ¹*Aga Khan University School of Nursing and Midwifery, Nairobi, Kenya*, ²*Princess Margaret Cancer Center, Toronto, Ontario, Canada*.

The burden of cancer is increasing in developing countries such as Kenya. Kenya lacks oncology nurses and oncology nursing faculty expertise to address its cancer burden. To meet this challenge, an international partnership was formed between three organizations to develop an Oncology Nursing Diploma Program.

A working group of individuals from the Princess Margaret Cancer Centre (Toronto), the Aga Khan University (Nairobi) and the Moi Training and Referral Hospital (Eldoret) collaboratively developed an Oncology Nursing Education Curriculum.

The work of the group was based on an application of the CANO standards contextualized to the Kenyan environment. Curriculum development proceeded through on site visits, email, phone and Skype meetings.

In April 2016, the Nursing Council of Kenya approved the Diploma in Oncology Nursing Curriculum and the first cohort of students graduated from two sites in Kenya in December 2017 and February 2018.

This is the first such international partnership to build a curriculum to advance oncology nursing expertise in Kenya. Plans are now underway to apply this curriculum across East Africa. This presentation focuses on structures and processes necessary to build a sustainable capacity building program in a low-middle income country. We will discuss overcoming barriers and building partnerships to achieve our goal. Sustained and focused international collaboration is needed to advance standardized oncology nursing education in low resource countries.

CONCURRENT SESSION / ATELIER SIMULTANÉ I-02

10:45 AM – 12:15 PM

Patient-Centred Approach Driving Change in Models of Care

Cartier/Campbell



I-02-A

10:45 AM – 11:05 AM

Patient Triage in the Ambulatory Care Setting: A Continuing Evolution

Kathy A. Carothers, RN, BScN, MN, CON(C), *Angela Leahey, RN, BScN, MN*, *Sonali Kirshenbaum, RN*, *Erika Freund, RN*, *Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada*.

Patient Triage was originally developed in 2013 in a large, outpatient, regional cancer centre. The purpose of this process is to improve the patient experience and outpatient clinic flow by having a triage nurse identify patients that require a more detailed assessment from the clinic nurse during their outpatient visit.

Previous data supports that the triage process enabled a significantly greater number of cancer patients to be seen by a registered nurse compared to non-triage days and data in 2016 and 2017 supports that nurses were effective in addressing the patient's most important issues either in clinic or via proactive telephone call.

An interprofessional Patient Triage Steering Committee has been implementing and evaluating strategies to further enhance the triage process. The centre faces the challenge of meeting the needs of an increased patient volume with an increase in physician intake and unchanged nursing resources. The steering committee has implemented different strategies to address such challenges, including the engagement and membership of patient advisors, piloting a centralized concept, and expanding to other disease sites. This presentation will summarize the strategies that were utilized, provide comparative data with results, and discuss successes and challenges addressed by an interprofessional, team-based approach.

INJECTT! The Implementation of a Nurse-Led Injection Clinic

Kathy A. Carothers, RN, BScN, MN, CON(C), *Angela Leahey, RN, BScN, MN, Sherrol Palmer, RN, BScN, CON(C), Nelisha Bhaloo, RN, BScN, Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.*

The Injection of Anti-Cancer Treatments and Teaching (INJECTT) Clinic was implemented in its pilot phase in January 2018 in a large, outpatient, ambulatory cancer centre. The purpose of the clinic was to standardize and optimize nursing process, documentation, and evaluation of patients receiving injections, with the intent to enhance the patient experience using a streamlined approach to coordination of care and reduced clinic wait time.

An interprofessional working group comprised of nursing, pharmacy, and clerical team members collaborated to establish the planning and implementation of the pilot phase. An electronic record was designed and built into the documentation system to accurately capture injections administered to each patient and provide accurate data on injection volume, medication type, and time spent in providing patient care, including administration and teaching. In the pilot phase, two registered nurse champions were assigned to the clinic to champion the development and implementation and co-create the standardized process and functioning of the clinic.

This presentation will provide an outline on the planning and implementation of the INJECTT Clinic's pilot phase, review data, and discuss strategies for permanent implementation.

 **I-02-C**

From Passion to Productivity: A Clinic Transformation

Stephanie Pick, RN, MN, CON(C), Connie Richardson, RN, Kate Duke, RN, BScN, Tennille Lecours, RN, The Ottawa Hospital, Ottawa, Ontario, Canada.

The Ottawa Hospital Cancer Centre is in a state of contrast, with increasing patient volumes, increasing complexity of care, and a resource stretched environment. The engrained culture is a nurse/physician dyad, and 2 exam rooms per clinic. When volumes were lower, and fewer therapeutic options existed, this was successful. With varied practice amongst oncologists, higher demands on nursing time and practice bleed, our model is unsustainable and our providers weary. To increase efficiency of clinics, maximize RN scope of practice and support our patients, we have undertaken a transformation.

Transformation means shifting culture. Previously, resource allocation was driven by equitability across providers and clinics. Transformation is shifting that lens through leveraging nursing scope, technology, and empowering our teams. This informs allocation based on acuity, complexity, and patient needs. Three projects; Quality Check List (QCL) Scheduling, Patient Self-Rooming and Nursing Triage have allowed evaluation of quality compassionate care delivery. These projects maximize practitioner scope, aim to provide optimal patient care and provide our Centre with data. For the first time, we are calling on our dedicated and committed teams to focus their energies on creating informed changes and using data to drive change. Implementation of these three projects, the effects on our clinic culture, and the change process has not always been easy, but we move forward, driven by our passion.

 **I-02-D**

Revolutionizing Cancer Care through Precision Medicine and Patient Empowerment Using Experience-Based Co-Design

Denise E. Bryant-Lukosius, RN, CON(C), PhD¹, *Georgia Georgiou, BA, MAEd², Rosalyn Juergens, MD, PhD^{2,3}, ¹McMaster University/Juravinski Cancer Centre, Burlington, Ontario, Canada, ²Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada, ³McMaster University, Hamilton, Ontario, Canada.*

Purpose: To describe and understand patient and healthcare provider experiences and priorities for improving the delivery of precision medicine (PM) (e.g., immunotherapies, vaccines) in cancer care using a patient empowerment lens.

Background: PM for cancer treatment is so new that research is lacking to guide the development of interprofessional models of care that effectively empower patients and meet patient-important health needs.

Methods: Experienced-based co-design (EBCD) methods were used to identify priorities for model of care improvement in an Ontario cancer centre. A framework defining evidence-based elements of patient empowering cancer care informed data collection methods for each step of EBCD including observation of clinical service interactions, videotaped interviews, focus groups, and a consensus meeting. Patients, nurses, and other providers involved in PM for melanoma and lung cancer participated in each step. Maximal variation sampling was used to recruit participants with varied characteristics and PM experiences. Content analysis and constant comparison methods were used to analyze the data.

Results: Similarities and differences in patient and provider perceptions of the strengths, challenges, and solutions for improving PM care will be presented. Themes related to patient-centredness, patient-provider partnerships, patient engagement, and selfmanagement support provide insight into patient empowering strategies for care delivery. Patient and provider consensus on priorities for model of care improvement will be defined.

Significance: PM involves novel treatments requiring different provider expertise and new approaches to care compared to traditional cancer therapies. The complexities of PM (e.g., treatment decision-making, managing side effects) make patient empowerment important in cancer care. Study results will provide recommendations about the features of interprofessional cancer care required to optimally empower patients when receiving PM.



WORKSHOP / ATELIER I-03

10:45 AM – 12:15 PM Archibald

A National Conversation of Advanced Practice Nursing Roles in the Delivery of Cancer Care

Allison Nowell, RN, BSc, MSc, CON(C)¹, Colleen Campbell, NP, MN, CON(C)², Lisa Henczel, RN, BScN, MSN, NP(F)³, Krista Rawson RN, MN, NP⁴, ¹Odette Cancer Centre, Sunnybrook Health Sciences Centre, Ontario, Canada, ²Simcoe Muskoka Regional Cancer Program, Royal Victoria Regional Health Center, Ontario, Canada, ³BCCA - Centre for the Southern Interior, Kelowna, British Columbia, Canada, ⁴CancerControl Alberta, Calgary, Alberta, Canada.

The Advanced Practice Nurse (APN) role has been well established in Canada since the 1970s. The APN role is defined as using an advanced level of clinical nursing practice with in-depth nursing knowledge and expertise to meet the health needs of individuals, families, communities and populations. Although there is a long history of these roles in Canada, there has been a lack of quality research supporting their ongoing integration into cancer care. Advanced nursing roles typically have had variations on funding and often no dedicated funding. They have been historically difficult to sustain. These roles are vulnerable to changes in organizational priorities and leadership.

CANO represents nursing roles across the cancer continuum. Through CANO members, the Board identified the importance of supporting a discussion around APN roles in Oncology. The first part of this CANO board-sponsored workshop will present current work focused on developing a greater understanding of APN roles in cancer care. This will include a discussion of the work done by the CANO APN SIG reviewing the results of a recent national survey demonstrating APN work in Canada. As well, a review of the Advanced Practice Nurse Community of Practice (APN-CoP) -Cancer Care Ontario (CCO) experience and the recommendation report demonstrating emerging practice evidence of advanced nursing knowledge and expertise impacting care for complex patients with cancer.

The second part of workshop is intended to drive a national conversation to discuss current state of oncology APN practice across Canada. Participants will be asked to reflect on the current state APN practice from an organizational and provincial level. This discussion will attempt to identify areas of opportunity for CANO as a national organization to support APNs within the national cancer context. The overarching goal of the workshop will focus the discussion around how CANO can begin to support APNs nationally and to identify opportunities for future development of the APN SIG.

CONCURRENT SESSION / ATELIER SIMULTANÉ I-04

10:45 AM – 12:15 PM

Engaging the Patient to Optimize Care

Johnson



I-04-A

10:45 AM – 11:05 AM

Enhancing the Care Of Oncology Patients Utilizing Patient and Family Engagement and Feedback

Mary Glavashevich, BA, MN, Elaine Avila, BScN, jing zhou, BScN, MScN, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

Engaging patients and families in their care is crucial to promote and maintain excellence in cancer care. Within our organization, patient care is delivered using a person-centred care approach. To support this approach, we seek and imbed the voice of the patient through vital behaviors. Examples of these behaviors are establishing a patient/care provider connection through which, what is

important to the patient is identified. Communication of such information is shared with the interprofessional team and a specific plan of care is developed. How well we were using this person-centred care and patient satisfaction with this approach were unclear to the interprofessional team. Hence, the team developed and implemented a survey to ascertain the patients' experience and satisfaction with the care. The survey focused on the vital behaviors in the person-centred care approach as well as satisfaction with their care. Twenty patients were contacted by telephone 7 to 10 days following discharge from hospital. Questions focused on satisfaction of patient/family involvement in care, ability to build meaningful relationship with the interprofessional team, engagement in discharge planning, and readiness for home. Survey results indicated patients and families were satisfied with the care. However, areas for improvement were also identified signifying a need for additional work to be done to imbed the voice of the patient into the daily care.

This presentation will highlight the person-centred approach to care. Also, the results of the survey will be discussed with strategies to enhance patient satisfaction and care.

I-04-B

11:05 AM – 11:25 AM

Information and Supportive Care Needs of Individuals With Bladder Cancer

Robin Morash, BNSc, MHS, *The Ottawa Hospital, Ottawa, Ontario, Canada.*

Purpose: Bladder cancer is the fifth most common malignancy in Canada with a dearth of resources available to meet the needs of bladder cancer patients. The study objective was to assess and describe the supportive care and informational needs of individuals diagnosed with bladder cancer.

Methods: A cross-sectional self-report survey assessing quality of life, information and supportive care needs was distributed to people through Bladder Cancer Canada (BCC), and to bladder cancer patients attending clinic at two academic hospitals. Results :A total of n=586 completed questionnaires were received. Results were analyzed based on bladder cancer disease type and where patients were on their cancer trajectory. The top rated information domains were medical, physical and practical. Fifty-four percent of respondents had at least one unmet supportive need with 15 % reporting >10 unmet needs. The existential domain had the highest proportion of participants with at least one unmet need. Lower age, newly diagnosed and having a lower quality of life score were associated with higher total unmet needs.

Implications: This study can guide nurses in providing patient centered care, by illuminating the nature of issues faced by bladder cancer patients across the cancer trajectory. This data can be used in the development of 1. Targeted educational resources; and 2. The means to screen for and address common supportive care needs, and may impact on quality of life of both patient and family.

I-04-C

11:25 AM – 11:45 AM

Early Breast Cancer: A Needs Assessment

Shawna Ginsberg, MSW¹, MJ DeCoteau, MA², Emily Piercell, BA, JD³, *¹Rethink Breast Cancer, Toronto, Ontario, Canada, ²Rethink Breast Cancer, Toronto, Ontario, Canada, ³Rethink Breast Cancer, Toronto, Ontario, Canada.*

Methods: From September 28 to October 5, 2017, an online bilingual (English and French) questionnaire was conducted by Environics Research group. The respondents included 30 Canadian oncologists who treat HER2+ early breast cancer patients and 20 Canadian oncology nurses who support Her2+ early breast cancer patients. Also, between September 19 and November 20, 2017, an online bilingual questionnaire was conducted by Rethink Breast Cancer. The respondents included 110 patients who have had or currently have breast cancer.

Results: 77 % of oncologists say they tell their patients about all available treatment options compared to 52 % of patients who say their physician told them about all available treatment options. 58 % of patients say they discussed treatment together with their physician. Oncologists and patients both rank "Prolonged Survival" and "Cure of Cancer" as top treatment goals, while nurses rank "Patient Support Care" as the primary goal. 90 % of oncologists, 70 % of nurses and 63 % of patients are "somewhat satisfied" with current treatments. 43 % of oncologists, 30 % of nurses and 33 % of patients believe there is a "high" unmet need in breast cancer treatment. 57 % of patients believe the unmet need stems from a need for metastatic treatments.

Conclusion: While the majority of HCPs say they tell their patients about all treatment options, about half of patients mention they were told about some treatment options or just what they would be receiving. Fewer patients recall being told about new treatment options or clinical trials. Patients would like to spend more time with their physicians leading to better discussions to learn about more options. Patients do have a positive relationship with their HCPs, are satisfied with their treatment and are aligned on treatment goals. However, patients and HCPs believe there is an unmet need in breast cancer treatments.

Développement d'un questionnaire anglophone et francophone sur la transition santé-maladie de femmes atteintes d'un cancer du sein.

Maude Hébert, RN, PhD, Postdoctoral Fellow, *Christine Maheu, RN, PhD, Céline Gélinas, RN, PhD, McGill University, Montréal, Quebec, Canada.*

Problématique : Force est de constater l'absence d'un instrument de mesure dédié au concept de transition entre la santé et la maladie. D'ailleurs aucun outil de mesure n'a été recensé en lien avec le concept de transition de Meleis et al. (2000). Ne pas savoir où se situent les femmes atteintes d'un cancer dans leur trajectoire santé-maladie engendre des soins et de l'enseignement qui ne sont ni personnalisés ni centrés sur la personne traitée, minimisant ainsi leur guérison. Cette étude a pour but de développer et de valider un questionnaire auto-administré par les femmes atteintes d'un cancer du sein. Les objectifs sont : 1) développer les items d'un questionnaire à partir d'entrevues réalisées lors de l'étude doctorale de la chercheuse et 2) évaluer la validité de contenu et de construit.

Méthode : Un devis quantitatif métrologique sera utilisé avec la méthode Delphi. Dix experts francophones seront recrutés au CIUSSS de la Mauricie Centre-du-Québec et dix experts anglophones seront recrutés au MUHC. La collecte des données pour la méthode Delphi s'est faite à l'hiver 2018 alors que, pour la validation de l'outil, elle se fera à l'hiver 2019.

Retombées escomptées : Ce projet est prometteur, car il sera le premier outil à évaluer la transition de l'état de santé basé sur une modélisation des étapes du processus chez des femmes atteintes d'un cancer du sein. Il pourra ensuite être généralisé à d'autres populations. De plus, il permettra d'enrichir la théorie sur la transition de Meleis, Sawyer, Im, Messias et Schumacher (2000) et d'ouvrir la voie à d'autres études sur la transition et vers le développement et l'implantation d'un programme d'interventions infirmières. Dans le milieu clinique, il contribuera à la qualité des soins pour l'évaluation de leurs clientes.

CONCURRENT SESSION / ATELIER SIMULTANÉ I-05

10:45 AM – 12:15 PM

Passion for Oncology Care

Henry**10:45 AM – 11:05 AM**

Supporting Informal Caregivers Providing Care to Hematopoietic Stem Cell Transplant Patients; An Interdisciplinary Approach

Phillip Nguyen, BScN^{1,2}, Laurie Ann Holmes, BScN, CHPCN, CON(C)³, *¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³The Ottawa Hospital, Ottawa, Ontario, Canada.*

A hematopoietic stem cell transplant is an aggressive treatment modality for patients with a variety of hematologic diseases. Hematopoietic transplants are often used as a last resort for patients whose disease has not responded to chemotherapy and radiation. The journey to transplant and recovery is long, with potential for numerous severe complications along the way. For many patients, it involves relocating to a transplant center far away from their home and support systems.

This extensive regime may severely debilitate the patient, therefore requiring assistance from a support person for all basic needs, personal care and financial duties. As such, the support of a caregiver is highly recommended to ensure a safe and successful recovery. The role of a caregiver is typically bestowed upon family members or friends who the patient trusts. Unfortunately, most individuals who inherit the role of a caregiver have minimal to no experience or training. Multiple studies have shown that those who transition into the caregiver position have experienced caregiver burnout while caring for the transplant recipient during their illness trajectory. Caregiver burnout is described as a state of physical, mental and emotional exhaustion that can be accompanied by a change in attitude when providing care for a person diagnosed with a life threatening illness. Ultimately this can minimize and dictate the experience of both individuals and the relationships of one another.

Those involved in the patient's circle of care are influential in the experience of a patient undergoing a hematopoietic stem cell transplant and their caregiver. This presentation intends to outline the challenges of adopting the role of a caregiver, symptoms associated with caregiver burnout and ultimately provide suggestions to caregivers to facilitate a positive and successful experience during a time of crisis.

 **I-05-B**

11:05 AM – 11:25 AM

Healing at Home- Nova Scotia's Day + 6 Admission Program for Autologous Transplant Patients with Multiple Myeloma

Julia N. MacLeod, BScN, RN, *Nova Scotia Health Authority, Halifax, Nova Scotia, Canada.*

Autologous Transplant has become the gold standard of care across Canada for patients with Multiple Myeloma. Traditionally in the past, patients would be admitted to hospital two days prior to transplant for education and conditioning chemotherapy. They would then receive their stem cell infusion, and remain in hospital until they had engrafted and were well enough for discharge. In Halifax, Nova Scotia at the Victoria General Hospital, we have created a program that allows patients to receive education, chemotherapy, stem cell infusions and supportive care in an outpatient clinic until day + 6, keeping patients at home and decreasing their length of hospital stay significantly.

With collaboration between physicians, pharmacists, social workers and nurses, this program has successfully given Nurse Practitioners, Registered Nurses and Licensed Practical Nurses the ability to support, treat and care for patients with autonomy from Day -2 to Day 100, the majority on an outpatient basis. The history, structure, risks and benefits of the program will be discussed, and nurses will be encouraged to examine transplant protocols and practices at their own centres.

 **I-05-C**

11:25 AM – 12:05 PM

Passion Driven Oncology Nurses' Leadership Helps Craft Health Policies, Saving Lives in New Brunswick

Shirley Koch, RN, BN, CON(C)¹, *Linda Varner, RN, BScN, CON(C)^{1,2}*, *¹New Brunswick Cancer Network, Fredericton, New Brunswick, Canada, ²Centre hospitalier universitaire Dr. Georges L Dumont, Moncton, New Brunswick, Canada.*

In the cancer trajectory, there is evidence that screening the healthy population for three types of cancers may prevent the disease from developing or help detect it early, when treatments are less invasive and more efficient, and ultimately decrease the mortality rates due to breast, cervical and colorectal cancers.

Population-based organized cancer screening programs have been strongly promoted and encouraged by the Canadian Partnership Against Cancer. Under the direction of the NB Cancer Network, NB launched its innovative Integrated Colon and Cervical Cancer Screening programs in October 2014 with plans to eventually integrate the breast cancer screening in areas of recruitment, retention and result monitoring.

Two Canadian certified oncology nurses, along with a multi-stakeholder Steering Committee and dedicated team, led the implementation of both cervical and colorectal cancer screening as Program Managers. In this presentation, we will share how oncology nurses working in a non-traditional oncology setting can enhance and improve the system through evidence-based health policies and advocate for advanced oncology nurse navigation roles as a very efficient model of care within the government environment.

Clinical practice guidelines, promotional materials, and tools developed will be available. Processes for engaging stakeholders, use of informatics as well as successes and lessons learned in keeping the participant experience at the centre of the programs will be discussed.

 **WORKSHOP/ ATELIER I-06**

10:45 AM - 12:15 PM Chandler

Practicing What We Preach: Health Equity in the Real World

Allison Wiens, RN, BN¹, Zenith Poole, RN, CHPCN(C)², *¹CancerCare Manitoba, Winnipeg, Manitoba, Canada, ²CancerCare Manitoba, Winnipeg, Manitoba, Canada.*

Our health and wellbeing are connected to many things in our life. Factors like biology, environment, access to healthcare, and lifestyle all play an important role, but you might find it surprising that 50% of what makes someone sick is attributed to life and lifestyle characteristics. Often called social determinants of health (SDOH), these characteristics span aspects such as socioeconomic status, food (in)security, gender, and race/ethnicity.

There is growing evidence demonstrating when people encounter barriers to accessing SDOH, it results in poorer health outcomes and health disparities across the cancer care continuum. CANO/ACIO believes all Canadians deserve access to excellent oncology nursing care. The question is, how can we ensure they do?

In response to this, CancerCare Manitoba has worked to improve access to equitable care across the province. Two integral initiatives are the Provincial Cancer Navigation Services and Underserved Populations Program. Together, these programs work with patients, families, Primary Care Providers, and other members of the health care team to identify barriers to care and address challenges throughout the patient's cancer journey.

In this workshop, leads from these programs will use a case-based approach and interactive activities to describe the concept of health equity and how differing access to SDOH impacts health outcomes throughout the cancer journey. In sharing CancerCare Manitoba's experiences and lessons learned, attendees will discover ways to apply principles of health equity and improve patient outcomes.

IPSEN LUNCH SYMPOSIUM/ DÎNER ÉDUCATIF IPSEN



12:15 AM – 1:45 PM
Sir John A/MacDonald/Coles

The Role of VEGF Inhibitors in Management of Advanced Renal Cell Cancer

Speakers:

Dr Scott North, MD, FRCPC, MHPE, Medical Oncologist, Professor, Department of Medical Oncology, University of Alberta, Cross Cancer Institute, Edmonton, AB

Mike Harding, RN, BScN, University of Alberta, Cross Cancer Institute, Edmonton, AB

Learning Objectives:

- Define the role of VEGF-targeted Tyrosine Kinase Inhibitors in the treatment of Advanced Renal Cell Cancer
- Compare the similarities and differences amongst VEGF TKIs indicated for the treatment of Advanced Renal Cell Cancer
- Understand how common toxicities of VEGF TKIs are managed with a focus on the importance of the multidisciplinary team

How comfortable are you in managing Advanced Renal Cell Cancer (aRCC) patients on VEGF - targeted tyrosine kinase inhibitors (VEGF TKIs)? This interactive session will be focusing on the role of VEGF-TKI's in the treatment of aRCC. First, there will be a review of the epidemiology, etiology and biology of RCC. Then the role of VEGF TKIs will be highlighted in the treatment of aRCC. Throughout the presentation, clinical cases will be used to demonstrate how the multidisciplinary team can work together to effectively support patients on treatment with VEGF-TKI's.

Le rôle des inhibiteurs du VEGF dans la prise en charge de patients atteints d'un cancer du rein avancé

Conférenciers:

Dr Scott North, M.D., F.R.C.P.C., M.H.P.E., Oncologue médical, Professeur, Département d'oncologie médicale, Université de l'Alberta, Centre de cancérologie Cross Cancer Institute, Edmonton, AB

Mike Harding, Inf. aut., Université de l'Alberta, Centre de cancérologie Cross Cancer Institute, Edmonton, AB

Objectifs d'apprentissage:

- Définir le rôle des inhibiteurs de tyrosine kinase (TK) ciblant le VEGF dans le traitement du cancer du rein avancé.
- Comparer les similarités et les différences entre les inhibiteurs de TK approuvé pour l'indication pour le traitement du cancer du rein avancé.
- Comprendre comment gérer les toxicités courantes associées aux inhibiteurs de TK ciblant le VEGF en soulignant l'importance d'avoir une équipe multidisciplinaire.

Sentez-vous à l'aise lors de la prise en charge de patients atteints d'un cancer du rein avancé recevant des inhibiteurs de tyrosine kinase ciblant le VEGF? Cette séance interactive se concentrera sur le rôle des inhibiteurs de TK du VEGF dans le traitement des patients atteints d'un carcinome à cellules rénales avancé (CCRa). D'abord, nous ferons une revue de l'épidémiologie, de l'étiologie et de la biologie du CCRa. Ensuite, nous examinerons le rôle des inhibiteurs de TK du VEGF dans le traitement du CCRa. Pendant la présentation, des cas cliniques seront utilisés pour démontrer comment les membres d'une équipe multidisciplinaire peuvent collaborer afin de soutenir efficacement les patients sous inhibiteurs de TK du VEGF.

II-01-A

1:45 PM – 2:05 PM

Effective Design and Evaluation of Nurse Practitioner Roles for Malignant Hematology and Stem Cell Transplant: Application of the Logic Model Approach

Jennifer Wiernikowski, NP, MN, CON(C)^{1,2}, Kristine Leach, NP, MN, CON(C)¹, Charissa P. Cordon, MN, CON(C), EdD^{3,4,5}, Denise E. Bryant-Lukosius, PhD, CON(C)^{2,6}, *Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³Hamilton Health Sciences, Hamilton, Ontario, Canada, ⁴McMaster University, Hamilton, Ontario, Canada, ⁵University of Ontario Institute of Technology, Oshawa, Ontario, Canada, ⁶Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada.*

Purpose: To describe the implementation of an initiative designed to build the capacity of advanced practice nurses to lead the ongoing development and evaluation of their roles.

Background: Clearly designed advanced practice (APN) roles that are strategically aligned to achieve pre-determined outcomes are essential for delivering high quality of care that meets performance benchmarks. Lack of clarity about how APN activities connect to cancer program and corporate goals have made them vulnerable to cutbacks in a system where quality metrics and quick tests of change have become embedded within patient care delivery.

Methods: As part of a broader APN outcomes project, nurse practitioners (NP) in the malignant hematology/stem cell transplant program at our hospital set out to identify indicators that explained the impact of their roles on program and organizational outcomes. Using small group learning and participatory approaches, the NPs developed a logic model to articulate their role within the context of program improvement priorities. The logic model was refined based on stakeholder input and key elements were integrated from the corporate strategic plan, Quadruple Aim Framework, and the Institute of Medicine's Six Domains of Healthcare Delivery.

Results: The final product was a well developed logical model illustrating the impact of NP inputs, activities, and outputs on program outcomes. Next steps for evaluating the NP role will be described. The participatory learning process was effective for developing APN expertise in logic model development that is applicable to their roles and other improvement initiatives.

Conclusion: A logic model approach is a feasible way to clarify and refine APN roles and to determine relevant outcomes and timelines for evaluation.

II-01-B

2:05 PM – 2:25 PM

Development of a Digital Patient Education Pathway for Patients Considering Allogeneic Stem Cell Transplant

Zoe E. Evans, BNSc, RN(EC), CON(C), Christine Plescic, BScN, RN, CON(C), Schenell Rosario, BScN, RN, CON(C), Jose Avena, BScN, RN, MSchQ⁴, Laura McGillis, BNSc, RN(EC), CON(C), Wilson Lam, MD, FRCPC, Zeyad Al-Shaibani, MD, MBBS, FSCFHS, Santhosh Thyagu, MD, MBBS, DNB, DM⁹, Auro Viswabandya, MD, DM, FRCP (Edin), Abel Cheng, MEd, Tina Papadakos, MAEd, *Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

Background: Allogeneic stem cell transplant is a complex topic. Patients need to understand the process, complications and impact on quality of life. At Princess Margaret Cancer Centre, the nursing coordinators and Nurse Practitioners developed a group education class to prepare transplant patients. With the new class, clinicians reported improved patient understanding; however, patients reported increased stress and information overload. Looking for a patient-focused solution, the transplant team collaborated with the Cancer Education program to design a digital education pathway using the class content. The goal for the education pathway was for it to be accessed anywhere, anytime to support patients' while also providing measurable, high quality education.

Methods: The Cancer Education program utilized a theory-based methodology to co-develop the patient education pathway. The project was completed in five phases: needs analysis, design phase, development, implementation and evaluation. This allowed for a digital education pathway that would improve informed decision-making, decrease decisional regret/distress and increase the knowledge and self-efficacy needed for self-management.

Results: The digital pathway was developed iteratively with structured usability testing to improve the user interface increasing the likelihood of understanding and retention of information. The first phase was to run navigation testing. Designs were then revised and later tested in person with patients using cognitive think-aloud user-testing.

Conclusion: Providing care and education to patients with complex diseases can be a challenge. Our needs assessment found themes surrounding coping and gaining knowledge about the transplant process. The digital education pathway provides an innovative solution for patients by making information: accessible, easy to understand, and digestible. Data collection and evaluation is ongoing. Results of the work to date and lessons learned will be shared.

II-01-C

2:25 PM – 2:45 PM

A New Paracentesis Service: Optimizing the Np Role in An Ambulatory Urgent Care Clinic to Support Patients with Ascites

Amy Robinson, BNSc, NP, CON(C)¹, *Noelle Gauvin-Toste, BNSc, MN, NP¹*, *Oren Levine, MD^{1,2}*, *Charissa P. Cordon, BScN, PhD^{1,3}*, *Clare Reade, MD^{1,2}*, *¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²Mcmaster University, Hamilton, Ontario, Canada, ³Mcmaster University, Hamilton, Ontario, Canada.*

Introduction: The Rapid Evaluation Symptom Support Cancer Unit (RESSCU) is a nurse practitioner (NP)-led urgent care ambulatory oncology clinic for patients with cancer experiencing urgent symptom management needs at the Juravinski Cancer Centre. The clinic aims to improve patient experience and health outcomes, reduce emergency department visits and hospitalizations, and maintain efficiency in oncology ambulatory care clinics.

Problem: Patients with ascites experience long wait times for indwelling drain placement through interventional radiology. This results in prolonged discomfort associated with ascites and decrease in quality of life. Oncologists will attempt to perform same-day paracentesis in clinics however this increases inefficiencies in patient and clinic flow.

Design: Recognizing opportunities to enhance the care provided to oncology patients experiencing ascites, the NPs in RESSCU took a systematic approach to address this issue. Oncologists were surveyed to evaluate their perceptions of the value of this service. Together with a physician champion, we partnered with the diagnostic imaging department to establish same-day ultrasounds for marking. A literature review informed the development of service and the policy and procedure for NP's performing paracentesis, and for nurses who are assisting with the procedure. NP skill acquisition and competency was attained and then the service was launched. RN education was also provided. A post-implementation evaluation for patients and providers is underway.

Outcome: This novel initiative is a NP-led service, which expands RESSCU services, and offers quicker access to improved and sustained symptom relief from ascites for patients requiring an indwelling drain and improves efficiencies in primary clinics.

Next steps: We will continue to review the types of services that RESSCU can offer for patients requiring urgent symptom support. Our next steps will include providing support for patients with thoracentesis.

II-01-D

2:45 PM – 3:05 PM

Caring for Cancer Survivors in the Community: Opportunities and Challenges for Nurse Practitioners

Krista L. Wilkins, PhD, RN, *University of New Brunswick, Fredericton, New Brunswick, Canada.*

The growing cancer survivor population places greater demands on the healthcare system as their care shifts from initial cancer treatment to survivorship. To meet the increasingly complex needs of cancer survivors, community-based care providers including Nurse Practitioners (NPs) are assuming greater responsibility for their ongoing primary healthcare. NPs can help cancer survivors strive towards wholeness of mind, body and spirit. This holistic perspective may help cancer survivors normalize their lives and increase control over their health. The purpose of this qualitative study was to increase our understanding of how NP-delivered primary healthcare can improve breadth and quality of services available to cancer survivors. A documentary review and interviews with key informants were conducted. Findings illustrate best practices for integrating NPs in primary healthcare settings, including expectations, challenges and opportunities for enhancing NP-delivered primary healthcare for cancer survivors. Changes to the delivery of primary healthcare services are needed so cancer survivors are directed to the care they need from the right person at the right time.

CONCURRENT SESSION / ATELIER SIMULTANÉ II-02

A Palliative Care Approach

1:45 PM - 3:15 PM

Cartier/Campbell

II-02-A

1:45 PM – 2:05 PM

Managing Terminal Delirium in Imminently Dying Patients

Megan V. Sutherland, RN, BScN, *Kalliopi Stilos, MScN, BScN, CHPCN(C), Sunnybrook Health Science Centre, Toronto, Ontario, Canada.*

Delirium at the end-of-life is often a progressive, irreversible process in the last stages of life and occurs in 25% to 85% of actively dying patients. Haloperidol remains the drug of choice despite limited evidence of efficacy from randomized controlled studies. Sunnybrook Health Sciences Centre developed a standardized order set for imminently dying patients that includes haloperidol for the management of terminal delirium. Scarcity of evidence and broad clinical management of terminal delirium warrants further investigation into its management at end-of-life. A chart review of 40 patients (oncology & medicine) identified as having a terminal delirium was conducted. Specific elements extracted included medications prescribed to manage delirium, whether medication changes occurred and whether they were effective. Data extracted indicated inconsistencies in the management of the symptom. Specifically: the administration of opioids and benzodiazepines, dosing inconsistencies of haloperidol, and prescribed as needed (PRN's) medications not being administered by nursing staff. These findings will guide recommendations to support ongoing learning opportunities for health care professionals in the management of delirium as well as support changes to the existing order set.

II-02-B

2:05 PM – 2:25 PM

Making a Difference for Patients With an HPB DAP: Passionate About Integrating a Palliative Approach to Care!

Lynn E. Kachuk, RN, BA, MS, CON(C), CHPCN(C)^{1,2}, **Jennifer Smylie, RN, BN, MHSM^{3,2}**, *Kelly Legallais, RN, BScN³, Tracy Robinson, RN, BScN³, Wildene Lominy, MD³, Julie Howes-Rousseau RN, BScN, MScN¹, ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²Ottawa Health Research Institute, Ottawa, Ontario, Canada, ³The Ottawa Hospital, Ottawa, Ontario, Canada.*

Pancreatic cancer remains a devastating disease in Canada with an estimated 2,800 diagnosed and 2,400 dying of their disease in 2017. Five-year survival ranges from 15-20% for those with resectable disease, 11% for those with locally advanced disease, to only 2% for those diagnosed with metastatic disease. (Canadian Cancer Society 2018)

In 2008, Ontario began implementing Diagnostic Assessment Programs (DAPs) for Prostate, Colorectal and Thoracic Oncology patient populations, providing single points of access to multidisciplinary teams, coordinated testing and navigational support for patients. Significant reductions in wait times and improvements in provider and patient experience highlight the many successes of these regional DAPs.

An inter-professional team felt a DAP for HepatoPancreatoBiliary (HPB) would improve patient care, and facilitated this launch in December 2017. Program components include: standardization of physician intake review and triage, establishment of treatment pathways and multidisciplinary consultation. One unique strategy was to hire a family physician with specialty training in supportive and palliative care to provide timely access to symptom management and a palliative approach to care for those with metastatic disease. This weekly clinic also integrated the expertise of the Advanced Practice Nurse in Supportive and Palliative Care to ensure access to a myriad of regional resources.

This presentation will describe the oncology nursing role in these new processes and interventions as well as outline outcomes achieved to date for this highly vulnerable patient population.

An EPICC Approach to Integrating Early Palliative Care Into Oncology Nurse's Roles

Laura D. Mercer, BScN, CON(C), CHPCN(C), Serious Illness Conversation Guide Workshop Facilitator⁴, Tracy Truant, MN¹, Sara Camano, MN⁶, Elizabeth Beddard-Huber, RN, MSN, CHPCN(C)², Michael McKenzie, MD³, Gillian Fyles, MD², Cecilia Li, RN, BSN, MBA⁵, ¹BC Cancer, Vancouver, British Columbia, Canada, ²BC Centre for Palliative Care, Vancouver, British Columbia, Canada, ³BC Cancer, Vancouver, British Columbia, Canada, ⁴BC Cancer, Abbotsford, British Columbia, Canada, ⁵BC Cancer, Vancouver, British Columbia, Canada, ⁶BC Cancer, Vancouver, British Columbia, Canada.

The early integration of palliative care is an essential yet underdeveloped aspect of care models within cancer treatment centres. People diagnosed with advanced cancer desire care that aligns with their own personal values and goals, regardless of how their cancer behaves. Oncology nurses are in a unique position to support high quality, person-centred care by engaging with these patients and families to promote the early integration of palliative care through strategies such as Serious Illness Conversations, advanced care planning and evaluating Patient Reported Experiences and Outcomes (PREM/PROMs). The BC Centre for Palliative Care also supports the Serious Illness Conversation Initiative through education, support, and workshops designed to train health care professionals.

To better integrate early palliative care at a provincial cancer organization, a provincial interprofessional EPICC (Early Palliative Integration in Cancer Care) project is being implemented. EPICC includes a variety of strategies such as, for example, a) interprofessional education [i.e. Serious Illness Conversations and LEAP (Learning Essential Approaches to Palliative care)], b) new integrated models of care that include Clinical Nurse Specialists and optimize specialized oncology nurses' roles, and c) measurement of patient (i.e., PREM/PROMs), health care provider education and experiences and system outcomes. This presentation will provide an overview of the EPICC program, focusing on oncology nurses' roles in optimizing the patient, interprofessional team, and system outcomes. Recommendations for other cancer organizations to optimize early integration of palliative care also will be provided.

 **II-02-D**

Symptom screening with Targeted Early Palliative care (STEP): Results of a Pilot Study and Role of the Palliative Care Triage Nurse

Christine Cameron, BScN, MN¹, Ashley Pope, BSc², Camilla Zimmermann, MD, PhD³, ¹University Health Network - Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ²University Health Network - Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ³University Health Network - Princess Margaret Cancer Centre, Toronto, Ontario, Canada.

The World Health Organization recognizes palliative care (PC) is applicable early in the course of an illness. Early PC has been shown to increase quality of life and satisfaction with care for individuals with advanced cancer. Unfortunately, early PC has often been challenging to enact, due to limited PC resources and late referrals.

Keeping in mind the passion to provide excellent oncology care, our research addresses the following question: how do we ensure oncology patients with the greatest need receive early PC?

We are conducting a pilot study examining a novel intervention called Symptom screening with Targeted Early Palliative care (STEP). STEP begins as an automated triage method using the Edmonton Symptom Assessment System to identify patients with the greatest symptom burden. For patients above a certain threshold, an automatic email is sent to the triage nurse. The triage nurse then calls the patient to assess symptoms further and offer an early referral to the oncology PC clinic. The study objective was to assess feasibility of STEP and determine parameters for a future randomized control trial.

Results of this pilot study will be discussed, including patient questionnaire results and recruitment details, such as those whose symptoms qualified and acceptance or refusal of referral.

A description of nursing involvement in STEP will also be discussed, which will include actions and responsibilities as well as barriers and patient response to intervention.



WORKSHOP / ATELIER **II-03**

1:45 PM - 3:15 PM Archibald

Situating Cancer Patient Navigation in the Family of Specialized Oncology Nurse Roles

Linda Watson, PhD, RN, CON(C), *CancerControl Alberta, Calgary, Alberta, Canada.*

At the past two annual conferences, CANO has hosted navigation workshops to gather the current state of how oncology nurses are contributing to cancer patient navigation in Canada and to understand the commonality across nurse navigation roles. These workshops highlighted that many provinces now recognize navigation as a key component of an integrated system of cancer care and that enhancing navigation supports improves the delivery of person-centered care. However, the organization and development of navigation roles and programs across Canada remains ad hoc at best.

In response, a national CANO working group with broad provincial representation was struck to develop a position statement about cancer patient navigation as a specialized oncology nurse role that contributes to high quality, person-centred care experiences AND clinical efficiencies. At this year's workshop, this draft document will be further enhanced by the voices of oncology nurses who attend this session. After the workshop, any further revisions will be made and the position statement will be submitted to the CANO Professional Practice committee for final review and then to the CANO board for endorsement.

It is CANO's position that specialized oncology nurses in navigation roles support positive outcomes for patients, families, the interdisciplinary health care team, and health care organizations. Therefore, understanding how CANO can support navigation competency development is the next logical question. To address this question, the second half of the workshop will explore existing Canadian navigation competency development resources and gather feedback on what types of national resources CANO members may find helpful. Strategies for the creation and distribution of these resources will be explored.

CONCURRENT SESSION / ATELIER SIMULTANÉ **II-04**

1:45 PM - 3:15 PM

Empowering Patients for Self-Management

Johnson



II-04-A

1:45 PM – 2:05 PM

Enhancing Patient Education in Gynecology-Oncology Surgical Care: A Quality Improvement Project

Jerina Patel, RN, BScN, Samia Elmi, RN, BScN, MN, *Nelisha Bhaloo, RN, BScN, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.*

Ambulatory oncology patients often face unmet informational and practical needs throughout the continuum of their cancer care. This gap in knowledge is often exacerbated when patients undergo complex surgeries that require the transfer of knowledge pre-operatively, post-operatively and at discharge.

An environmental scan of the education material within the Gynecology Oncology program at a large regional cancer centre in Toronto identified many gaps in the information provided to patients leading to variability in practice.

Upon collaboration with members of the interprofessional team, revisions were made to the existing surgical gynecology oncology patient education material. Deming's Plan Do Study Act (PDSA) cycle was used as a conceptual model to guide this project. The PDSA cycle elucidates a systematic approach to gaining knowledge in the process of continuous quality improvement.

Patients were surveyed on their experience after receiving the revised patient education material in preparation for their planned surgeries. The results indicate that patients overall understanding and preparedness for the surgery was met by the material provided, additionally, the material contributed to vastly alleviating pre-operative feelings of distress.

This presentation will highlight the process used to enhance the patient education material for patients undergoing gynecologic cancer surgery.

An Interdisciplinary Approach to Addressing Malnutrition Among Oncology Patients

Carl Leushuis, BScN, RN, Erin M'Larkey, RD, BASc, Rosemarie Rivera, MN, RN, Charmaine Mothersill, MN, RN, St. Michael's Hospital, Toronto, Ontario, Canada.

In their 2015 study, The Canadian Malnutrition Task Force found 19-33% of all medical-surgical patients admitted to St. Michael's Hospital were moderately to severely malnourished upon admission. Oncology patients are at a particularly high risk of becoming malnourished due to complications of their disease and increased likelihood of experiencing treatment side effects that impact nutritional status. Malnutrition can have a debilitating impact on cancer patients and their outcomes, resulting in dose reduced chemotherapy, poor symptom management, and decreased quality of life.

An interdisciplinary team of frontline caregivers and dietitians was formed to review and update current practices in the identification and management of malnutrition. Findings revealed that calorie count protocol, prolonged NPO diet orders, and food access between meal times were three utmost areas for improvement. Education of staff, patients, and family members was also completed to ensure engagement of all individuals who may be part of a patient's circle of care. This education was focused on how to identify signs of malnutrition and their respective roles and responsibilities in treating malnutrition.

This presentation will share the identified gaps in current protocols and the strategies implemented to better improve our patients nutritional quality of life. We will highlight the importance of recognizing and addressing malnutrition in oncology patients, and strategies for how attendees can implement improvements in nutrition care in their own healthcare settings.

II-04-C

Results of a Pilot Feasibility Study Exploring The Effect of Neurofeedback on Postcancer Cognitive Impairment and Fatigue

Marian Luctkar-Flude, RN, MScN, PhD¹, Janet L. Giroux, RN(EC), MScN, CON(C), de Souza APN², Dianne Groll, PhD, RN³, Jane Tyerman, PhD, RN⁴, Linda Beckett, MD³, ¹Queen's University, Kingston, Ontario, Canada, ²Kingston Health Sciences Centre, Kingston, Ontario, Canada, ³Queen's University, Kingston, Ontario, Canada, ⁴Trent University, Peterborough, Ontario, Canada.

Background: Cancer-related fatigue and postcancer cognitive impairment (PCCI) or “chemobrain” are distressing symptoms that linger post-treatment. EEG biofeedback or neurofeedback brain training is a non-invasive, drug-free therapy reported to help with a variety of conditions including fatigue and cognitive decline. This study aimed to determine feasibility of a randomized controlled trial investigating the effect of neurofeedback on PCCI and fatigue in cancer survivors.

Methods: Breast cancer survivors were recruited for this pilot wait-list controlled study. Participants received 20 NeuroOptimal™ sessions over a ten-week period. Primary study outcomes were cognitive impairment measured by an objective neurocognitive assessment, CNS Vital Signs, and a standardized patient-reported measure, the FACT-Cognition Scale. Secondary outcomes included fatigue as measured by the FACIT-Fatigue.

Results: Twenty women met inclusion criteria, 16 have enrolled and completed or scheduled baseline testing, and 13 have completed the study protocol and follow-up. Mean scores for the Total FACT-CoG increased significantly [$F(1.595, 9.570) = 11.811$, $p = 0.004$] over the treatment period as compared to the wait-list period, with a large effect size (partial eta squared = .663). Mean scores for the FACIT-Fatigue increased significantly [$F(1.554, 9.323) = 17.484$, $p = 0.001$] with a large effect size (partial eta squared = .745). Results of the CNS Neurocognition Index increased non-significantly [$F(1.743, 10.457) = 1.731$, $p = .224$; partial eta squared = .224].

Conclusions: Results of this pilot study have identified challenges to patient recruitment that will inform development of an RCT protocol. Statistically significant improvements in perceived cognition and fatigue levels, as well as promising trends on objective measures of neurocognition support the need for trials of neurofeedback in cancer survivors to manage debilitating symptoms.

 **II-05-A**

1:45 PM – 2:05 PM

Probing a Geographical Frontier in Psychosocial Oncology: How do Ovarian Cancer Survivors Living Outside of Large Metropolitan Centres Cope With Fear of Cancer Recurrence?

Jacqueline Galica, PhD³, Janet L. Giroux, RN(EC)², Julie Francis, MD², Christine Maheu, PhD¹, ¹McGill University, Montreal, Quebec, Canada, ²Gynecology Oncology, Kingston, Ontario, Canada, ³Queens University, Kingston, Ontario, Canada.

Purpose: Fear of cancer recurrence (FCR) is a paramount concern among ovarian cancer survivors (OCS). It is suggested that cancer survivors living beyond large urban centres have higher psychological morbidity, however, no known studies have explored the methods by which OCS living outside of large urban centres cope with FCR. Study objectives were: i) to explore coping responses used by OCS treated at the Cancer Centre of Southeastern Ontario (CCSEO) in Kingston, Ontario to cope with FCR; and ii) to explore these OCS' styles of coping with FCR.

Methods: Semi-structured questions were used to elicit data from OCS treated at the CCSEO via focus groups or 1:1 telephone interviews. Interviews with English-speaking women over 18 years of age were transcribed verbatim and analyzed using categories and themes. Participants completed a demographic form and the Fear of Cancer Recurrence Inventory, and clinical information was extracted from hospital charts.

Summary of Results: The average age of participants (n=13) was 64.17 years (Range 53-70 years) and the average time since diagnosis was five years (Range 1-19 years). The average FCRI score was 102.83 (Range 87 – 120). Themes aligned with a common conceptualization of coping (e.g., coping resources and coping styles).

Conclusion: Findings illuminate the need for psychosocial oncology resources beyond large metropolitan areas. Results can catalyse intervention development and subsequent research using integrated knowledge translation strategies to reduce geographical disparities in psychosocial cancer survivorship care.

 **II-05-B**

2:05 PM – 2:25 PM

Research Priorities for the Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Practice Guides: A Modified Nominal Group Consensus

Dawn Stacey, RN, PhD¹, Lindsay Jibb, RN, PhD¹, Meg Carley, BSc², Ian Graham, PhD³, Esther Green, RN, BScN, MSc⁴, Lynne Jolicoeur, RN, MScN⁵, Craig Kuziemsky, PhD⁶, Claire Ludwig, RN, MA, Patient representative¹, Tracy Truant, RN, MSN⁷, The COSTaRS Team, RN², ¹University of Ottawa, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ³University of Ottawa, Ottawa, Ontario, Canada, ⁴Canadian Partnership Against Cancer, Toronto, Ontario, Canada, ⁵The Ottawa Hospital, Ottawa, Ontario, Canada, ⁶University of Ottawa, Ottawa, Ontario, Canada, ⁷BC Cancer, Vancouver, British Columbia, Canada.

Introduction: Effective symptom management is a cornerstone of cancer care. To support symptom management, the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) team developed 15 evidence-informed practice guides. Studies have demonstrated successful implementation in several settings. The next logical step was to determine subsequent research priorities for COSTaRS guides.

Objectives: To identify COSTaRS research questions and to reach consensus on research priorities.

Methods: A 1-day invitational working meeting was held. Participants (n=36) included multidisciplinary clinicians from oncology and homecare, managers, cancer care policy makers, researchers, and a patient. Half the day involved presentations and discussion summarizing evidence from four funded COSTaRS studies and experiences with implementing COSTaRS in clinical practice. Participants proposed 5 broad categories for research and research questions within each category. A modified nominal group technique (NGT) involving item generation within small groups, round robin presentation of items, and 2 rounds of voting was used to reach consensus on research priorities.

Results: Five research priority categories identified were: symptom management throughout the cancer trajectory, measuring COSTaRS outcomes, immunotherapy, expanded use with interprofessional radiotherapy teams, and scaling-up in home care. Across these categories, the top three endorsed priority research items were: (1) how to improve healthcare provider adherence to practice guide use? (2) establish mobile solutions for real-time symptom management, and (3) adapted practice guides specific to immunotherapy.

Conclusions: Future COSTaRS research endeavors will be focused on identified priorities, which reflect the needs and perspectives of diverse stakeholders. Continued stakeholder collaboration will guide our research approaches for operationalizing this priority agenda.

Symptom Practice Guides for Health Professionals to Use on the Telephone or in Person: Lessons Learned From Three Implementation Studies

Dawn Stacey, RN, PhD¹, Meg Carley, BSc², Esther Green, RN, BScN, MSc³, Doris Howell, RN, PhD⁴, Lynne Jolicoeur, RN, MScN⁵, Craig Kuziemy, PhD⁶, Claire Ludwig, RN, MA, Patient representative¹, Tracy Truant, RN, MSN⁷, The COSTaRS Team, RN², ¹University of Ottawa, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ³Canadian Partnership Against Cancer, Toronto, Ontario, Canada, ⁴University Health Network, Toronto, Ontario, Canada, ⁵The Ottawa Hospital, Ottawa, Ontario, Canada, ⁶University of Ottawa, Ottawa, Ontario, Canada, ⁷BC Cancer, Vancouver, British Columbia, Canada.

Introduction: The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) team developed 15 practice guides to enhance quality of symptom management. Each guide was based on a systematic review of clinical practice guidelines, met AGREE II rigour criteria, and used plain language.

Objective: To build an effective and sustainable approach for implementing COSTaRS practice guides for health professionals to use for symptom support to patients undergoing cancer treatments.

Methods: We conducted three implementation studies that were guided by the Knowledge to Action Framework. Participants were oncology nurses, homecare nurses, and radiation therapists. Teams of researchers and knowledge users: (a) assessed barriers to use; (b) adapted practice guides; (c) intervened to address barriers; (d) monitored use and assessed barriers influencing sustained use. Analysis was within and across studies.

Results: At baseline, participants rated guides positively but barriers were identified (poor awareness, learning curve, lack of time, unclear interprofessional roles). Adaptations included format for health records, add institutional logos, create pocket guide, identify trigger to use them. To overcome barriers, we provided training, a demonstration video, tailored documentation by location, and integrated into practice. Participants felt more confident with symptom management and using symptom guides post-training ($p < .01$). Chart audits revealed use in 11% to 70% symptoms documented. Sustained use requires organizational alignment and ongoing leadership support.

Conclusion: Some increased use of symptom practices guides; participants were encouraged to continue use and they were integrated into orientation for new staff. Use was higher when patients were flagged and practice guides were filed on health records or integrated into flowsheets. Practice guides were adapted for health professionals in various cancer-related settings.



WORKSHOP / ATELIER **II-06**

1:45 PM – 3:15 PM Chandler

Supporting Nurses as Teachers - Creating a Mentoring Program for The Ottawa Hospital Cancer Center Chemotherapy Treatment Unit: Sherpas and Parachutes

Andrea J. Keller-Robinson, BScN, RN, CON(C), Jennifer Newton, BScN, MEd, RN, The Ottawa Hospital, Ottawa, Ontario, Canada.

The learning curve for nurses hired into a chemotherapy treatment unit (CTU) can be overwhelming, even when new hires have oncology experience. The lack of downtime provides unique challenges in terms of ensuring the flow of high quality patient care while providing an effective orientation to our new colleagues.

This challenge prompted the creation of a structured approach to training for mentors and mentees by way of guides and assessment tools, providing both mentor and mentee with the reassurance that all required information is addressed even if the mentor changes from day to day.

Mentees will now arrive for their first day in CTU with a completed self-assessment tool and learning style questionnaire, as well as a guide, lovingly called the “Sherpa Logbook”. After their buddy shifts are complete, the mentee is then encouraged to choose a long-term mentor to aid in socialization into their new unit.

As part of this project, peer mentors attended a 4-hour workshop tailored to mentoring in CTU.

Ensuring a standardized approach to mentoring new hires not only eases the transition of the new hire, it is also rewarding for mentors and can have a positive effect on nurse retention and job satisfaction.

This workshop will show off the tools now in use by our Mentors and Mentees (or “Sherpas and Climbers”) and provide an introduction to learner assessment and providing feedback with a focus on reflective practice.

The Role of the Internet in the Cancer Experience: Synthesizing Patient and Provider Views to Forge New Directions for Care

Dr. Kristen Haase, *University of Saskatchewan, Saskatoon, Saskatchewan, Canada*

Background: People with cancer want information and Cancer-Related Internet Information (CRII) has quickly become one of their most relied upon resources. CRII is both readily accessible and unfettered by gatekeepers, making it highly attractive to patients. Within this changing landscape, little research explores the role of patients’ CRII in their relationships with healthcare professionals and services.

Purpose: To explore how people diagnosed with cancer use CRII to manage their cancer experience and their interactions with healthcare professionals and services.

Methods: In this mixed methods study, the views of patients and healthcare professionals were explored alongside an examination of cancer websites guided by an interpretive descriptive approach. 19 people with cancer and 21 healthcare professionals engaged in focus groups and interviews and 20 websites were analyzed.

Results: Participants of all ages and education levels used CRII to bolster, supplement, and corroborate information from their healthcare professionals. Healthcare providers were supportive, but expressed concerns about the accuracy of CRII, patients’ comprehension of said information, and older adults’ technological capabilities. Patients in rural areas were particularly reliant on CRII as they sought to supplement healthcare services.

Conclusions: CRII has changed how patients manage their illness, relate with their healthcare professional, and use healthcare services. Oncology nurses, as integral members of the cancer care team can incorporate these findings into their practice, and consider the impact of CRII on the multifaceted needs of their patients.

Le rôle de l’Internet dans l’expérience du cancer : synthétiser les points de vue des patients et des fournisseurs de soins afin de forger de nouvelles orientations pour les soins

Dr. Kristen Haase, *University of Saskatchewan, Saskatoon, Saskatchewan, Canada*

Toile de fond : Les patients qui ont le cancer veulent de l’information, et l’information sur le cancer sur Internet (ICI) est rapidement devenue une des ressources à laquelle ils se fient le plus. L’ICI est à la fois facilement accessible et exempte de contrôles, ce qui la rend très attirante pour les patients. Dans ce paysage changeant, peu d’études explorent le rôle de l’ICI obtenue par les patients dans leur relation avec les professionnels de la santé et les services de santé.

But : Explorer les façons dont les gens qui ont reçu un diagnostic de cancer utilisent l’ICI pour gérer leur expérience du cancer et leurs interactions avec les professionnels de la santé et les services de santé.

Méthodes : Dans cette étude à méthodes mixtes, les points de vue des patients et des professionnels de la santé ont été explorés en parallèle avec un examen des sites Web dédiés au cancer, selon une approche descriptive interprétative. En tout, 19 personnes ayant le cancer et 21 professionnels de la santé ont participé à des groupes de discussion et ont passé des entrevues, et 20 sites Web ont été analysés.

Résultats : Des participants de tous les âges et de tous les niveaux d’éducation ont utilisé de l’ICI pour renforcer, compléter et corroborer l’information des professionnels de la santé. Les professionnels de la santé les appuyaient dans leurs efforts mais ont exprimé des inquiétudes au sujet de l’exactitude de l’ICI, de la compréhension des patients de ladite information et des capacités en technologie des adultes plus âgés. Les patients en milieu rural se fiaient tout particulièrement à l’ICI tandis qu’ils cherchaient à compléter les services de santé.

Conclusions : L’ICI a changé la façon dont les patients gèrent leur maladie, interagissent avec les professionnels de la santé et utilisent les services de santé. Les infirmières et infirmiers en oncologie, en tant que membres à part entière de l’équipe de soins en oncologie, peuvent incorporer ces conclusions dans leur pratique, et considérer l’incidence de l’ICI sur les besoins multidimensionnels de leurs patients.

Fear of Cancer Recurrence: Definition, Interventions and Current Practice

Brittany Mutsaers, B.Sc., *graduate student in clinical psychology, School of Psychology, University of Ottawa*

Christine Maheu, RN, PhD, *McGill University, Montreal, Quebec*

Allyson Nowell, RN, BSc, MSc, CON(C), *Odette Cancer Centre, Sunnybrook Health Sciences Centre, Ontario*

Moderator: Andréa Maria Laizner, RN, PhD, *McGill University Health Centre, Montréal, Quebec*

This symposium is a collaborative endeavor between the Canadian Association of Nurses in Oncology (CANO) and Canadian Association of Psychosocial Oncology (CAPO) and will provide an in depth discussion of the concept of Fear of Cancer Recurrence (FCR) including research, interventions and practice tools and resources to guide oncology nurses and health care professionals in supporting cancer patients and survivors. FCR has been identified as the most important unmet need across the disease trajectory yet the identification of FCR and availability of clinical support for the management of FCR remains scant. The panel will review the scientific evidence on the prevalence, evolution over time, and predictors of FCR. It will discuss a recent definition of FCR, possible characteristics of its most severe manifestation, and an evidence based model of clinical FCR. Both patients and clinicians struggle with what to do when FCR is present as historically there have been limited management strategies to support patients with FCR. The panel will provide an overview of published modalities on the management of FCR with a focus on the fear of recurrence therapy (FORT) study. The symposium will end with a discussion of barriers within the cancer system that influence the ability to identify FCR in different practice settings. It will highlight evidence based screening and assessment methods that are available to assist health care professional in identifying FCR within their patient population and will provide information on practice guidelines developed for FCR.

The aim of this symposium will be to provide a better understanding of FCR including research on prevalence and risk factors, current interventions and ongoing management studies, and addressing challenges in current practice environments. It will provide practical tools and resources to improve identification and management of FCR, which impacts quality of life of cancer patients and survivors.

La peur de la récurrence du cancer : définition, interventions et pratique actuelle

Brittany Mutsaers, B.Sc., *graduate student in clinical psychology, School of Psychology, University of Ottawa*

Christine Maheu, RN, PhD, *McGill University, Montreal, Quebec*

Allyson Nowell, RN, BSc, MSc, CON(C), *Odette Cancer Centre, Sunnybrook Health Sciences Centre, Ontario*

Moderator: Andréa Maria Laizner, RN, PhD, *McGill University Health Centre, Montréal, Quebec*

Ce symposium est une initiative de collaboration alliant l'Association canadienne des infirmières en oncologie(ACIO/CANO) et l'Association canadienne d'oncologie psychosociale (ACOP/CAPO) qui permettra d'examiner en profondeur le concept de la peur de la récurrence du cancer (PCR) en présentant notamment la recherche, les interventions et les outils et ressources pour la pratique en vue de guider les infirmières et infirmiers en oncologie et les professionnels de la santé appelés à soutenir les personnes atteintes de cancer et les survivants. La PCR a été dégagée comme étant le plus important besoin non satisfait dans toute la trajectoire du cancer, mais l'identification de la PCR et la disponibilité d'un soutien clinique pour la prise en charge de la PCR demeurent insuffisantes. Le groupe de spécialistes passera en revue les preuves scientifiques relatives à la prévalence de la PCR, à son évolution au fil du temps et à ses prédicteurs. Il examinera une définition récente de la PCR, des caractéristiques possibles de sa manifestation la plus grave et un modèle de PCR clinique basé sur la recherche scientifique. Les patients aussi bien que le personnel clinique ne savent pas exactement comment composer avec la PCR, puisque, jusqu'à présent, il existait peu de stratégies de prise en charge permettant d'offrir du soutien aux patients éprouvant la PCR. Le groupe fournira un aperçu des modalités publiées sur la prise en charge de la PCR en mettant l'accent sur l'étude FORT (thérapie liée à la peur de la récurrence). Le symposium se terminera par une discussion des obstacles existant au sein du système de lutte contre le cancer et influant sur la capacité à identifier la PCR dans divers milieux de pratique. Il soulignera les méthodes de dépistage et d'évaluation fondées sur des données probantes qui ont été développées pour aider les professionnels de la santé à identifier la PCR parmi leur clientèle et il fournira de l'information sur les lignes directrices cliniques mises au point pour la PCR.

Ce symposium vise à fournir une meilleure compréhension de la PCR, notamment de la recherche sur sa prévalence et les facteurs de risque, des interventions actuelles, des études en cours sur sa prise en charge et des manières d'aborder les défis dans les milieux de pratique actuels. Il présentera des outils et ressources pratiques en vue d'améliorer l'identification et la gestion de la PCR, laquelle a une incidence sur la qualité de vie des personnes atteintes de cancer et des survivants.

**COMMITTEE + SIG MEETINGS /
RÉUNIONS DU COMITÉ + DU SIG**

6:00PM - 7:00PM

**SERVIER DINNER SYMPOSIUM (OFFSITE) /
SOUPER ÉDUCATIF SERVIER (HORS SITE)**



**7:30 PM - 9:30 PM
PEI Brewing Company**

Asparaginase: What's Old is New Again

The pediatric community converted from native L-asparaginase (asparaginase) to pegylated asparaginase (pegaspargase) a decade ago. This same shift is now happening in our adult leukemia protocols.

This symposium will shed light on both the practical and the clinical differences between asparaginase and pegylated asparaginase. Cindy Murray and Danielle Brandys, two Nurse Practitioners at Princess Margaret Cancer Centre, will describe their experience introducing pegylated asparaginase into clinical practice.

Using case studies, this symposium will inform on the unique adverse effects associated with pegylated asparaginase and the nursing management of these effects. Furthermore, it will provide insight into how to best implement the switch to pegylated asparaginase at your centre.

Asparaginase : Faire du neuf avec du vieux

Il y a une décennie, la communauté pédiatrique est passée de la L-asparaginase native à l'asparaginase pégylée (pegaspargase). Ce même changement se produit maintenant dans nos protocoles leucémiques pour adulte.

Ce symposium fera la lumière sur les différences pratiques et cliniques entre l'asparaginase et l'asparaginase pégylée. Cindy Murray et Danielle Brandys, deux infirmières praticiennes au Princess Margaret Cancer Centre, relateront leur expérience de l'introduction de l'asparaginase pégylée dans la pratique clinique.

À l'aide d'études de cas, ce symposium renseignera sur les effets néfastes particuliers associés à l'asparaginase pégylée ainsi que sur la prise en charge de ces effets par le personnel infirmier. De plus, il fournira de l'information sur les meilleures méthodes d'implantation du changement vers l'asparaginase pégylée dans votre établissement.

**ASTRAZENECA FOCUS GROUP /
PANEL DE DISCUSSION ASTRAZENECA**



**7:30 PM - 9:30 PM
Chandler**

Learnings from Ovarian Cancer to Breast Cancer – Practical Tips for Managing Patients on PARP inhibitors

Lynparza (Olaparib) was first introduced into the Canadian market in 2008 through clinical trials and received eventual approval in ovarian cancer in 2016. During this period, a few gyne-onc nurses developed the experience and skill set to manage patients effectively on Lynparza (Olaparib) to ensure optimal treatment outcomes and impressively long-term responses from some of these patients.

With Olaparib's most recent approval in breast cancer in June 2018, this focus group session will be an opportunity for experienced gyne-onc nurses to share some of their critical, practical, real-life learnings with nurses in breast cancer or with less experienced gyne onc nurses. This session is intended to develop a cross-therapeutic nurse network as well as instill comfort and confidence in managing the AE's associated with PARP inhibitors, in order to ensure optimal patient outcomes.

Day Three / JOUR TROIS

SUNDAY, OCTOBER 28, 2018 / DIMANCHE 28 OCTOBRE 2018

**ASTRAZENECA BREAKFAST SYMPOSIUM /
DÉJEUNER ÉDUCATIF ASTRAZENECA**



**7:00 AM – 8:15 AM
Sir John A/MacDonald/Coles**

Optimizing Multidisciplinary Care and Management of Immuno Oncology patients in Locally Advanced Non-Small Cell Lung Cancer

Program Objectives :

- Discuss existing unmet needs in locally advanced non-small cell lung cancer
- Describe recent clinical trial results for the treatment of locally advanced non-small cell lung cancer
- Identify common immune-related adverse events (irAEs) attributed to the use of immune checkpoint inhibitors
- Recognize the importance of educating multidisciplinary team members involved with management and detection of irAEs

Optimiser les soins prodigués par les équipes multidisciplinaires et prendre en charge les patients atteints d'un cancer du poumon non à petites cellules localement avancé recevant un traitement immuno-oncologique

Objectifs du programme :

- Discuter des besoins non comblés en rapport avec le cancer du poumon non à petites cellules localement avancé
- Décrire les résultats d'essais cliniques ayant récemment porté sur le traitement du cancer du poumon non à petites cellules localement avancé
- Identifier les effets indésirables d'origine immunitaire (EIOI) fréquents attribués à l'utilisation des inhibiteurs de points de contrôle immunitaires
- Reconnaître l'importance d'éduquer les membres de l'équipe soignante multidisciplinaire qui peuvent participer au dépistage et à la prise en charge des EIOI

**CANO/ACIO ANNUAL GENERAL MEETING /
ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACIO/CANO**

**8:30 AM – 9:30 AM
Sir John A/MacDonald/Coles**

**CANO/ACIO AWARDS OF EXCELLENCE CEREMONY /
CÉRÉMONIE DES PRIX D'EXCELLENCE DE L'ACIO/CANO**

**9:45 AM – 10:30 AM
Sir John A/MacDonald/Coles**

**HEALTH BREAK / PAUSE SANTÉ
GROUP 3 POSTER SESSIONS /
SÉANCE D'AFFICHES GROUPE 3**



**10:30 AM – 11:00 AM
Exhibit Hall - Gray/Palmer/Pope**

CONCURRENT SESSION / ATELIER SIMULTANÉ III-01 11:00 AM – 12:30 PM
Models of Care/Chemotherapy Delivery Tupper/Tilley

 **III-01-A**

11:00 AM – 11:20 AM

Chemotherapy Chair Utilization Project

Karyn Perry, BSN, CON(C), MBA, Cynthia Heron, BScN, CON(C), Stronach Regional Cancer Centre, Newmarket, Ontario, Canada.

Cancer care delivery is complex. The plethora of regimens each inherently consisting of unique time resources. This complexity is compounded by the: a) rapidly shifting landscapes in cancer chemotherapy and immunotherapy treatments, b) increasing incidence and prevalence rates

and c) the aging Canadian population. Individually, each places strain on resources and in aggregate providing a challenge to providers, administrators and patients, in the delivery of safe quality care. Specifically, chemotherapy chair scheduling and utilization rates.

The Stronach Regional Cancer Centre, systemic therapy suite, was not immune to these pressures; manifested as a patient waitlist for systemic therapy treatment. In 2016, the waitlist for systemic therapy was six (6) days with an average of 5-6 patients waiting per day and as high as 15 patients waiting for an appointment on a given day. Patients would often receive short call notification of a cancellation asking them to come in for treatment sometimes with less than 24 hours' notice. Most often patients would be able to adjust their schedules but at times could not and the chair was then unbooked. This approach was not conducive to a quality patient experience.

Therefore, a chair utilization project was developed with the goal to increase utilization of the chemotherapy chairs optimized within existing staff ratios, and systemic therapy hours of operation and the existing chair count of 23. This abstract will describe the several strategic incremental yet impact strategies to reduce the waitlist from six (6) days in September 2016 to zero (0) in January 2018.

III-01-B

11:20 AM – 11:40 AM

Visual Communication...A Colorful Click Away!

Katrina Power, BScN, RN, CON(C)¹, Kim Clayton, RN¹, Julie Baisley, RN², ¹Saskatoon Cancer Center, Saskatoon, Saskatchewan, Canada, ²Allan Blair Cancer Center, Regina, Saskatchewan, Canada.

The Saskatchewan Cancer Agency (SCA) developed and implemented an innovative communication tool. This tool improved communication between Chemotherapy Nurses and Pharmacy to maximize availability for patient care. Chemotherapy Patient Arrival Discharge (cPAD) is an application that allows us to virtually move our patients through their treatment day via color coded indicators. This allows for instant communication between departments in real time. Multiple large monitors throughout chemotherapy and pharmacy departments allow for all care team members to know at a glance where the patient is located, when the patient is ready for treatment and when the drugs are ready to be picked up.

Prior to this implementation, communication between our departments relied on multiple phone calls or physical steps to and from different locations taking providers away from patient care.

Using the patient tracking in our electronic health record, the Chemotherapy Nurse can indicate that the patient is deemed treatment ready. This instantly displays on cPAD resulting in fewer interruptions in the pharmacy due to phone calls and verbal inquiries regarding drug preparation status.

This presentation will share our journey that lead to a 50% reduction in the health care provider time spent walking to and from pharmacy, a reduction in drug wastage, and improved prep time for drugs.

III-01-C

11:40 AM – 12:00 PM

Improving After-Hours Access to Oncology Providers for Patients on Systemic Therapy: One Facility's Experience

Kirsty Albright, BScN, MScN, Angela Boudreau, BScN, MN, CON(C), Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.

A pilot strategy was implemented across the province in order to improve patient access to oncology providers after traditional clinic hours. Historically, few institutions used residents on call to respond to after-hours concerns by patients while the majority had no available after-hours access. For those institutions using residents, issues such as capacity, safety, volume sent to ER were identified.

The pilot offers the use of specialized oncology nurses to respond to patient symptom calls between the hours of 6pm-8am, weekends and statutory holidays. The nurses use the co-stars framework for both their assessment and documentation.

In May 2017, our Oncology program initially implemented the after-hours process for new systemic IV patients. In July 2017, we expanded our roll-out to include all IV systemic patients and in March 2018, we extended to incorporate all oral therapy patients. Clinical trials were excluded from this process. Consideration was made for patients starting chemo as an inpatient then transitioning to ambulatory.

Our presentation will discuss our experience with our roll-out, rationale for our 3 phased approach, and the necessity of interprofessional collaboration and communication. We will share our developed workflow, communication tools and processes. Challenges and opportunities will be incorporated throughout our discussion. Outcome measures including patient satisfaction, symptom follow-up data and future impact analysis will be presented.

Optimization of Systemic Therapy Booking Processes Within a Complex Ambulatory Cancer Care Setting

Theresa N. Zapach, BScN, CON(C)¹, Kimberley Vaulkhard, BScN, MHA², Kimberly Kuik, B.Pharm.¹, Liana Tinker, Clerk¹, Charmaine Passuti, Clerk¹, Dr. Jason Hart¹, ¹BC Cancer, Victoria, British Columbia, Canada, ²Island Health, Victoria, British Columbia, Canada.

Nursing leaders are increasingly challenged to ensure timely access to cancer care. At BC Cancer-Victoria, scheduling complex systemic treatments to align with RN and chair time constraints in a high volume ambulatory care setting has posed a significant barrier. In 2016-2017, patients would arrive for their appointments only to be delayed by one to two hours due to lack of available treatment chairs. This caused a tremendous amount of distress for patients and families and at times necessitated rescheduling appointments to the following day. To address this, nurse leaders initiated a collaborative project involving clerical supervisors, physician and pharmacy leads and the clinic services manager. The current process was mapped out from processing of the physician order, followed by the chart flow through to the various disciplines and ending with the scheduling of patients. This highlighted several challenges and opportunities for improvement. Some challenges lay in the limitations of the electronic schedule and the current shift start times of the oncology RNs. Others were related to the orders and functions of the clerical staff.

This project resulted in the creation of a new electronic schedule for the oncology RNs working in the Chemotherapy Treatment Unit. Optimization of the RN's schedules enabled greater capacity for chair utilization, reducing delays for patients. Clerical roles were clearly defined with procedures outlined in Standard Work, and chart flow between physician and interprofessional staff was streamlined.

The team's commitment to improve the system for patients was exemplary. The group worked through the challenges and came up with several solutions enabling the team to have a greater comprehension of one another's roles proving invaluable. Results of this work include improved access to systemic therapy service within available resources, reduced staff overtime, more timely appointments, and improved patient and staff satisfaction.

CONCURRENT SESSION / ATELIER SIMULTANÉ III-02 11:00 AM - 12:30 PM **Nursing Roles in Navigation** Cartier/Campbell

A Program Review: Exploring the Cancer Patient Navigator Role Within the Ambulatory Oncology Team

Jennifer Anderson, RN, MN, CON(C), Linda Watson, RN, PhD, CON(C), Carol Robertson, RN, Marlene Estabrooks, Inf., BPM, Alberta Health Services, Calgary, Alberta, Canada.

In 2006, the Canadian Association of Nurses in Oncology (CANO) identified facilitating care coordination and navigating the system as a practice domain for specialized oncology nurses, and identified this as part of every oncology nurse's role. The average cancer patient's care trajectory has grown longer, increasing the need for care coordination between primary care and cancer programs. Treatment protocols, side effects, and long term sequela have become more complex which has increased the need for additional patient navigation supports. Over the past decade, specific cancer patient navigator roles have emerged across Canada. Common elements of these roles include designating a registered nurse in the role, and providing person-centred navigation supports to patients and families across their cancer journey.

In 2012, CancerControl Alberta (CCA) implemented a provincial cancer patient navigation program. Integrating the cancer patient navigator (CPN) role into the clinical team has been challenging at times. Team members and administrators have struggled to understand the difference between CPN roles and more conventional oncology nursing roles. As a result, a year-long program review was undertaken to identify the CPN core competencies, to clarify the primary purpose of the CPN role within the CCA model of care, and to clarify the similarities and differences between the CPN role and other oncology nursing roles.

The primary goal of this presentation will be to share key learnings from this program review. Sharing this information may support other groups interested in integrating CPN roles into their teams and support them to define and distinguish the work of navigation from other specialized oncology roles.

III-02-B

11:20 AM – 11:40 AM

Implementation of a Nursing Discharge Coordinator in an Oncology Acute Care Setting: A Quality Improvement Pilot Project

Nicole Duerksen, BScN, RN, CON(C), *Nova Scotia Health Authority, Halifax, Nova Scotia, Canada.*

The care and treatment of cancer patients is increasing in complexity and acuity. This leads to an environment that inhibits the nurse's ability to focus on discharge planning and as such, it is perceived as a lower priority than the patient's current clinical needs. The inpatient oncology/hematology/BMT unit in a tertiary hospital initiated a pilot project implementing the Nursing discharge coordinator role. This role involves a specialist oncology nurse with experience on this inpatient unit, whose focus is solely on discharge planning for this specialized population. The implementation of this quality improvement project was developed through literature reviews and discussions with other centers who previously applied this role to cancer care. After one year of implementation, this role yielded an overall improvement in the quality of patient-centered care as measured by the length of hospital stay of patients on this unit, and feedback provided by health care providers throughout the cancer care program and patient surveys. Length of hospital stay of patients admitted to this inpatient unit decreased by an average of 1.5 days per patient. Health care providers felt that the role improved patient safety on discharge by providing more concise and consistent discharge teaching while not interfering with their own professional responsibilities, and overall improved their daily workload and communication within the inpatient and outpatient settings. Patient feedback indicated that their discharge experiences from this inpatient unit were positive and included recommendations to further improve the efficacy of the role. Historically, roles similar to this one practicing in cancer care have not been supported, yet the success of this pilot project suggests that this role is essential for providing efficient and exceptional care for the oncology/hematology patient population and should be reconsidered as an integral role in cancer care.

III-02-C

11:40 AM – 12:20 PM

Development, Implementation & Evaluation of a Nurse-led Palliative Care Triage & Navigation Model

Nancy Lee Brown, MSc(A), CON(C), *Trillium Health Partners, Mississauga, Ontario, Canada.*

Trillium Health Partners (THP) provides palliative care within a large catchment area. Prior to 2014, referrals were triaged by a palliative care physician, based on referring providers' ratings of urgency and geography. As patient volumes grew, so did wait times, reaching 7-8 weeks for non-urgent referrals. Knowing that service delays impact care, the Palliative Care Division developed a new model of triage and navigation (T&N). The T&N model was nurse-led and aimed to match patients to the most appropriate providers in a timely manner, based on assessed needs, complexity, geography and availability of the family physician. The model was initially led by the Clinical Nurse Specialist (CNS). Then in 2016, we received funding from Cancer Care Ontario supporting both an evaluation of the model and an implementation and feasibility study comparing using an expert registered nurse (RN) for T&N to replace the CNS. Key outcomes confirmed multiple areas where the T&N model led to improved quality, access, and sustainability for the palliative care program, including a marked reduction in wait times, earlier access to expert palliative care symptom management and care planning, improved preparedness of patients/families for entry into the palliative care system, improved utilization of community providers, and a recommendation to use an expert RN in the T&N position. This presentation will describe the entire process – from conception to evaluation - highlighting our methods, successes, challenges, and future directions.



World Café Hosting ‘Easy Going’ National Research Experts in Cancer Care!

Christine Maheu, RN, PhD¹, Dawn Stacey, RN, PhD, CON(C)^{2,3}, Aronela Benea, RN, MScN⁴, Sally Thorne, RN, PhD⁵, Kristen Haase, RN, MScN⁶, Leah Lambert, RN, BScN⁵, Virginia Lee, RN, PhD¹, Manon Lemonde, RN, PhD⁹, Krista Wilkins, RN, PhD⁸, Marian Florence Lucktar-Flude, RN, PhD¹⁰, Tracy Powell, BScN, RN, MN¹¹, Sandra Fawcett, RN, CON(C)¹², Jill Bally, RN, PhD⁶, Jacqueline Galica, PhD¹³, ¹McGill University, Montreal, Quebec, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ⁴Women’s College Hospital, Toronto, Ontario, Canada, ⁵University of British Columbia, Vancouver, British Columbia, Canada, ⁶University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ⁷University of Ontario Institute of Technology, Oshawa, Ontario, Canada, ⁸University of New Brunswick, Fredericton, New Brunswick, Canada, ⁹Faculty of Health Sciences at the University of Ontario Institute of Technology, Oshawa, Ontario, Canada, ¹⁰Queen’s University, Kingston, Ontario, Canada, ¹¹Mount Royal University, Calgary, Alberta, Canada, ¹²Oakville Trafalgar Memorial Hospital, Halton Healthcare Services, Oakville, Ontario, Canada, ¹³Queens University, Kingston, Ontario, Canada.

Canada has many renowned oncology nursing scholars whose research you have read or implemented in your practice. Would you like to talk with these scholars about your shared interests and research questions? Would you like to discuss getting started with your own research or using the best evidence to inform your practice?

Objectives: The aims of the workshop are: (1) to provide an opportunity to discuss work-related ideas you have for possible research projects; (2) to obtain beginning steps on how to turn a clinical idea into a research project; (3) to engage in a lively dialogue about nursing research and moving research into practice; and (4) to network with others interested in research.

Description of the workshop: Using “speed mentoring”, attendees are invited to participate in a series of 15-minute, focused conversations with mentors including researchers, doctoral students, and advanced practice nurses with expertise in oncology nursing research. Conversations may focus on such topics as shared research interests, conducting research in your clinical area, integrating research into clinical practice, handling ethical challenges, looking for funding, graduate studies, and developing research careers. Attendees will proceed to a mentor’s table to introduce themselves and ask their questions or share their research interests. When the bell rings, attendees will be asked to proceed to another mentor. At the end of the workshop, attendees will be encouraged to reflect on discussions and plan their next steps.

Relevance: Oncology nurses at every career stage, regardless of prior experience or research training are welcome to take advantage of this speed mentoring session and receive enthusiastic career cheerleading. There will be opportunities for speed mentoring in English and French.

CONCURRENT SESSION / ATELIER SIMULTANÉ III-04 11:00 AM – 12:30 PM **Patient Empowerment Johnson**



III-04-A

11:00 AM – 11:20 AM

Managing the Information Needs of Patients with a HPV Related Oropharyngeal Cancer

Jennifer Deering, BScN, MN, NP^{1,3}, Maurene McQuestion, BScN, MSc, CON(C), RN BA^{2,3}, Andrea Gomes, MSc, SLP(c) Reg CASLPO^{4,5}, Joanne Pun, RD, B.A.Sc⁴, Yumi Lee, MHSc, Reg. CASLPO^{4,6}, ¹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ³University of Toronto, Toronto, Ontario, Canada, ⁴Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁵University of Toronto, Toronto, Ontario, Canada, ⁶Toronto General Hospital, Toronto, Ontario, Canada.

A diagnosis of Human Papilloma Virus (HPV) related oropharyngeal head and neck cancer (HNC) can cause patients to express an array of emotions from relief of having a more positive prognosis to guilt, fear and anxiety related to the virus and its transmission. A supportive care needs assessment along with an information gap analysis were conducted with head and neck oncology patients at Princess Margaret Cancer Centre. The results found HPV to be a very important topic of concern for many of our patients for which corresponding resources were lacking within the hospital.

This led the Princess Margaret HNC Survivorship Programme to consider: 1) what do our patients and their partners want to know about HPV oropharyngeal cancer and, 2) how can we best support these needs? A salient belief question, “when you think about HPV related HNC, what do you think about” was then posed to patients and caregivers in follow up clinics.

In response to the identified needs, a multidisciplinary working group was formed. The goals were to develop resources to meet the needs of this unique patient group using desired learning formats. To date, this has included an HPV Awareness Event and the development of a HPV video with a corresponding pamphlet.

This oral presentation will share the development, implementation and evaluation of the HPV resources.

Optimizing the Integration of Self-Management Support into Routine Cancer Care

Denise E. Bryant-Lukosius, RN, CON(C), PhD^{1,4}, *Lorraine Martelli, MSN, NP^{2,3}*, *Sarah Reitkoetter, BSc⁴*, *Helaine Guther-James, MSW²*, *Cathy Bennett, BScN, MEd²*, *¹McMaster University/Juravinski Cancer Centre, Hamilton, Ontario, Canada, ²Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada, ³Cancer Care Ontario, Toronto, Ontario, Canada, ⁴McMaster University, Hamilton, Ontario, Canada.*

Purpose: To identify the types and range of self-management support (SMS) resources and services offered at an Ontario cancer centre. Analysis of the resulting SMS inventory was used to formulate recommendations for service improvement.

Background: Improving the integration of SMS into routine care is a priority for provincial cancer agencies. SMS helps to empower patients and leads to improved symptom management and quality of life and more appropriate use of health services. An organizational vision as to what resources should be offered and provider awareness of existing services is essential to optimize SMS.

Methods: The Continuum of Strategies to Support Self-Management (CS) framework was used to develop and pilot test an online data extraction tool to identify and categorize resources related to focus, goals, and format. Key informants (nurses, allied health, support staff) participated in developing the inventory by identifying and describing up to 10 commonly used SMS resources. Two follow-up meetings were used to examine the list of resources and add any missing items.

Results: 75 clinicians and staff participated. They identified 85 unique resources, of which most were structured (60%), generic to any patient population (78%), and focused on information provision (72%).

Significance: Opportunities exist to expand the inventory to provide proactive SMS services to develop patients' confidence to take on new health behaviors, address specific needs of varied patient populations across the care continuum, and offer resources that can be tailored to each individual patient. Expansion of electronic resources and use of community services were also identified. Recommendations about the role of nurses in advocating for SMS resources and the utility of the CS framework for developing SMS services will be discussed.

Integrating Smoking Cessation Practices Among Cancer Patients in an Ambulatory Cancer Setting

Maria Laylo, RN, BScN, Criselda Diaz Gonzales, RN, BScN, Khushdeep Parhar, RN, BScN, *St. Michael's Hospital, Toronto, Ontario, Canada.*

Background: Smoking reduces the effectiveness of chemotherapy, exacerbates chemotherapy side effects and increases the risk of cancer reoccurrence. At St. Michael's Hospital Medical Day Care Unit, our aim is to align current smoking cessation practices with RAO Best Practice Guidelines and Cancer Care Ontario's 3A's Model Framework by implementing: an enhanced screening tool (Ask), a patient education tool (Advise), and a streamlined smoking cessation referral process (Act). To achieve this, an education session among interprofessional team members was facilitated.

Method: A pre-questionnaire was conducted prior to education to evaluate participants' confidence level in: 1) screening and assessing smoking habits, 2) knowledge on the benefits of quitting smoking, and 3) provision of education on smoking cessation programs and pharmacological interventions. Thereafter, a 15-minute education session was delivered to each participant and a post-questionnaire was conducted to evaluate the effectiveness of the education session. As a result, preliminary findings revealed a significant increase in participants' confidence level in smoking cessation practices post education.

Conclusion/Implications: Findings revealed that education is fundamental to support the implementation of smoking cessation practices among interprofessional team members by enhancing their confidence levels. Future directions include evaluating whether interventions increase the number of patients being assessed and referred to smoking cessation programs. By improving the smoking cessation screening, assessment and referral processes, our future goal is to improve smoking cessation rates among cancer patients in an ambulatory cancer setting.

Facilitating Patient Empowerment at First Appointment: The Implementation of a Patient Initial Health Assessment Form

Angela Djuric-Paulin, RN, CON(C)¹, Charissa P. Cordon, RN, MN, CON(C), EdD^{1,2}, Karen Ellis, RN¹, Karen Madden, RN¹, Shannon Hilton, RN¹, Cathy Bennett, RN, MAEd^{1,2}, Sally Hapke, RN¹, Tracey Mullen, RN¹, ¹Juravinski Cancer Center, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada.

Conducting an initial comprehensive health history and physical assessment can be difficult for oncology nurses working in 'new-patient ambulatory clinics' because patients often have high levels of anxiety and distress, and are sometimes unable to provide accurate data. As a result, initial health history and physical assessment documentation forms tend to have incomplete information which impacts care coordination and the plan of care for patients. To address this issue, oncology nurses in a large ambulatory cancer center, came up with an innovation and developed the Patient Initial Health Assessment Form (PIHA), as a quality improvement and patient empowerment project.

The PIHA form was developed, guided by Cancer Care Ontario's Oncology Nursing Documentation Competencies. The PIHA form is mailed to patients prior to their first appointment so that they can complete the form at home. By doing this, patients can have more time to provide a comprehensive health history, and they can receive assistance in filling out the form from their caregivers or family members. They can also accurately provide a list of their current medications, which informs the medication reconciliation process. Patients and family advisors, and a patient education specialist reviewed the PIHA form and provided feedback. The PIHA form was implemented using a quality improvement methodology with rapid Plan-Do-Study-Act cycles.

This innovative project was evaluated using surveys and chart audits to determine the extent to which the forms were completed, and the quality of information obtained from patients. This presentation will focus on the implementation process, and evaluation results. This project promoted patient empowerment because patients were able to come to their first appointment equipped with the information needed to provide their care providers, which in turn enhanced the quality of information obtained by nurses when completing the initial health history and physical assessment.

CONCURRENT SESSION / ATELIER SIMULTANÉ III-05 11:00 AM - 12:30 PM
Integrating Community in Career Care Henry

 **III-05-A****11:00 AM – 11:20 AM**

Inuusinni Aqqusaaqtara: An Inuit Cancer Project

Sipporah Enuaraq, Project Coordinator¹, Tracy Torchetti², ¹Pauktuutit Inuit Woman of Canada, Ottawa, Ontario, Canada, ²Canadian Cancer Society, Toronto, Ontario, Canada.

The goal of the Inuit Cancer Project is to increase knowledge about cancer, to improve communication between Inuit cancer patients and non-Inuit health care providers, enhance support services and promote mental wellness for newly diagnosed Inuit cancer patients.

With the support of Jaguar Land Rover Canada, Pauktuutit Inuit Women of Canada and the Canadian Cancer Society are working in collaboration to develop meaningful ways to support better health, reduce cancer incidence, and increase prevention and early detection in the Inuit population.

Pauktuutit's cancer resource, Inuusinni Aqqusaaqtara (My Journey), is to build cancer literacy, increase screening rates, encourage lifestyle changes to reduce cancer incidence and develop platforms for support at every stage of the cancer journey for cancer patients, caregivers and health practitioners.

As cancer rates rise among the Inuit population, this presentation will discuss the importance of sharing valuable and culturally appropriate cancer resources and showcase the innovative ways in which we are continuing to improve the capacity of northern health service providers and guiding patients and their families in their cancer journey.

New Model of Remote Delivery of Chemotherapy in Rural Cancer Settings

Janice Chobanuk, MN⁵, Linda Knapp, RN¹, Robin Burns, Tech III MTL CLS², Sukhraj Gill, Tech III MTL CLS³, Kylie Bartman, B.Pharm.², Tanya Hines, RN⁴, ¹AHS, Barrhead, Alberta, Canada, ²AHS, Edmonton, Alberta, Canada, ⁴AHS, Drayton Valley, Alberta, Canada, ⁵AHS, Edmonton, Alberta, Canada.

As new pharmacy standards were being rolled out across the country, cancer centres located in rural settings faced significant barriers to meeting these new standards in their affiliated pharmacy departments due to aging infrastructures, limited space, and significant costs. To continue to provide chemotherapy services closer to home and address these barriers, oncology nurses in four rural cancer centres worked with pharmacy, management, and other stakeholders to plan and execute a new remote delivery model of chemotherapy in their centres.

The new model involved discontinuing oncology-specific pharmacy services at the local rural location and centralizing the oncology pharmacy services in more modern healthcare facilities that met or could meet the new pharmacy standards in an adjacent city. All the preparation and packaging of chemotherapy and other supportive care drugs were coordinated from an off-site pharmacy and then couriered to these rural cancer centres. Any questions or requests about oncology drugs were provided virtually by the pharmacy team in the off-site pharmacy. This presentation aims to describe the remote delivery model, the challenges, successes, and share the evaluation results.

 **III-05-C****11:40 AM – 12:00 PM**

Grand River Regional Cancer Centre and Kitchener Public Library: Creating a Unique Community Partnership to Help Meet the Information Needs of Our Cancer Community

Justine L. Ferguson, RN, Christine Peters, RD, MSc, Grand River Regional Cancer Centre, Kitchener, Ontario, Canada.

Problem: The approach to patient education by nurses had changed very little since the opening of the cancer centre and self-management education had been poorly implemented. With a focus on ensuring patients and caregivers receive the right information, at a time they are ready to receive it, and in a way that is meaningful to them, it was identified that we needed to change the way we provide education.

Design: A member of GRRCC's patient and family advisory council (PFAC), who is also an employee at Kitchener Public Library (KPL), recognized that a partnership between the library and the cancer centre would be a valuable way to ensure we are providing access to current information, maintain up to date collections and provide assistance with health related searches. PFAC advocated to senior leadership to support an innovation to renovate the resource centre which presented an opportunity to partner with the Grand River Hospital Foundation and KPL to develop a new innovative approach to patient education and information exchange in a person centred community setting atmosphere. Lead by a nurse in the oncology program, the resource centre was reimagined using a modified satellite branch model. The resource centre provides library cards to cancer patients and their caregivers enabling them to access materials in the resource centre and all KPL services with extended loan periods and fine exemptions.

Outcome: From October 1st, 2017 to February 28th, 2018, 1254 patrons visited the J Wesley Graham Resource Centre (JWGRC). 10 to 17 patrons visit the resource centre each day. The checkout patterns and patron inquiries point to a breadth of information patients are searching for. It is essential to not only equip patients with information and strategies around their disease but also around their well-being. When benchmarking the JWGRC patron volumes against a resource centre in a much larger cancer centre, these volumes exceed expectation.

 **III-05-D****12:00 PM – 12:20 PM**

The 2017 British Columbia Wildfires: Maintaining Excellence in Oncology Patient Care

Mary Beth Rawling, BA, CON(C), RN¹, Sylvi LeBlanc, RN¹, Jennifer Mitchell, B.Pharm.², Allison Filewich, BScN¹, Ava L. Hatcher, MN, CON(C)¹, John Larmet, MN¹, ¹BC Cancer, Kelowna, British Columbia, Canada, ²Interior Health, Williams Lake, British Columbia, Canada.

The 2017 British Columbia wildfire season was the longest and most severe in its history. The wildfires resulted in approximately 40,000 British Columbians in the interior region being evacuated from their home communities. This crisis resulted in the closure of oncology systemic therapy services in two Interior Health Community Oncology Network Clinics. To continue to meet the standards of oncology services in BC, collaboration occurred within three independent health authorities; Interior Health, Northern Health, and BC Cancer (Provincial Health Services Authority). This collaboration involved leadership and interprofessional teams across health authorities to coordinate and share responsibility for the care delivery of displaced oncology patients. Challenges included accessing medical records from multiple health authorities, locating displaced patients, and communicating with evolving emergency response systems. Innovative solutions were developed to overcome these and other challenges. A formal review of the wildfire response within the oncology setting helped to identify opportunities to improve and formalize BC Cancer policy and inform the Provincial Emergency Response Plan.

The presentation will: (a) provide a background on the fires, (b) demonstrate how collaboration and communication among health authorities helped maintain seamless and timely delivery of patient care, (c) discuss the key roles of the healthcare professionals in the affected communities and those coordinating schedules and care for displaced patients, (d) relate patient challenges and successful outcomes, and (e) present lessons learned and future planning.

CONCURRENT SESSION / ATELIER SIMULTANÉ III-06 11:00 AM - 12:30 PM

Bridging Academia and Clinical Practice Chandler

III-06-A

11:00 AM – 11:20 AM

Supporting the Scholarly Development of Early Career Doctorally-Prepared Oncology Professionals: Constructing a de Souza Scholar Designation

Jacqueline Galica, PhD¹, *Marian Luctkar-Flude, PhD¹, Jiahui Wong, PhD², Mary Jane Esplen, PhD²*, ¹Queens University, Kingston, Ontario, Canada, ²de Souza Institute, Toronto, Ontario, Canada.

Background/rationale: Recent PhD graduates report a discord between the skills and experiences gained during their PhD, and the skills required to facilitate their search for and development of their post-PhD career. Recognizing this gap, a working group is developing a de Souza Scholar Designation for the community of early-career doctorally-prepared oncology professionals.

Methods: We have drafted a Framework to provide an overview of the proposed Designation that will provide mentorship; opportunities for dialogue; leading and sharing to support development of professional leadership and scholarship; and general support for a successful and rewarding career. The Framework describes components and deliverables associated with the Designation. Intended resources include personal networks, a formal mentorship program, and monthly seminars. A needs assessment survey was developed and distributed to new PhD and postdoctoral graduates to seek out additional content for Designation activities.

Outcomes & Discussion: Results from the needs assessment surveys will be presented in light of revisions to the proposed Framework. To guide the future direction of the drafted de Souza Scholar Designation Framework, the authors will seek the following feedback from the audience: 1) What is your overall feedback to the proposed designation content (e.g., desirable attributes of this program, what has been overlooked?); 2) What is your feedback about the content/activities included in the proposed designation; and 3) What are your thoughts about the potential update/receptivity of the proposed designation?

III-06-B

11:20 AM – 11:40 AM

Bridging the Gap from Class Instruction to Practice: Creation of Specialized Oncology Nurse Preceptors Workshop

Tamara Homeward-Pascal, RN, BScN, MEd, *Angela Leahey, RN, BScN, MN*, Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.

Novice nurses entering into the role of a Specialized Oncology Nurse, are charged with delivering complex and quality care for patients and families living with cancer. The development of the novice nurse working in an outpatient cancer centre requires specialized knowledge, critical thinking, comprehensive assessment skills, inter-professional collaboration and clinical skills to provide safe and competent care. To address transitional learning challenges from classroom learning to independent practice, the role of a Specialized Oncology Nurse Preceptor was embedded into the orientation program of a large comprehensive cancer centre.

In 2017, Specialized Oncology Nurse Preceptorship Workshop was developed and implemented in our cancer centre. The goal for the workshop is to support experienced nurses in their role as Specialized Oncology Nurse Preceptors and to facilitate and reinforce classroom learning in the practice setting. This two hour workshop, delivered by the Clinical Nurse Educator, prepares the preceptors to provide a supportive learning environment amidst the fast paced clinics; allowing the novice learner to develop their knowledge and skill.

The presentation will review all elements of the Specialized Oncology Nurse Preceptorship Workshop including the:

- Cancer centre's Orientation Pathway comprising objectives and unit based activities
- Nurse Preceptors as Leaders which addresses preceptors as role models in providing excellence of care
- Overview of Clinic Expectations to outline all nurses' accountability to practice. Practical application on providing feedback

In summary, evaluation data presented supports Oncology Nurse Preceptors' impact in creating passion for caring in novice oncology nurses.

Bridging Graduate Studies and Clinical Practice for the Benefit of Oncology Patients And Families: Ne’r The Twain Shall Meet?

Tracy L. Powell, BScN, RN, MN, PhD student^{4,5}, Jacqueline Galica, RN, PhD, CON(C)^{7,2}, Kristen R. Haase, RN, PhD⁸, Jagbir Kaur, RN, MN, PhD(student)^{6,1}, Leah K. Lambert, RN, PhD(c)¹, Fay J. Strohschein, RN, PhD(c)^{7,3}, Tracy Truant, RN, MSN, PhD(c)^{1,6}, ¹University of British Columbia, Vancouver, British Columbia, Canada, ²Queens University, Kingston, Ontario, Canada, ³Jewish General Hospital, Montreal, Quebec, Canada, ⁴University of Victoria, Victoria, British Columbia, Canada, ⁵Mount Royal University, Calgary, Alberta, Canada, ⁶BC Cancer, Vancouver, British Columbia, Canada, ⁷McGill University, Montreal, Quebec, Canada, ⁸University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

High quality person-centred cancer care requires oncology nurses to integrate research and practice. Many oncology nurses broaden their research skills and career prospects by taking on graduate education (e.g. MSN, PhD). For those with an active clinical practice, navigating the disparate demands and requirements of clinical and academic worlds can be challenging. The purpose of this presentation is to discuss, from multiple perspectives, the relationship between clinical and academic work; before, during, and after graduate studies. Members of the CANO/ACIO Doctoral Student Network (DSN) will share their collective wisdom, expertise, and experiences to help and inspire others in navigating this journey. In this three-phase presentation, we will explore: (1) when and how to move from clinical practice towards graduate studies; (2) ways in which academic work can impact clinical practice and patient outcomes including how clinical roles may strengthen and provide challenges in academic research; and (3) how to engage in clinical settings during and after completing graduate education. This discussion will draw on a review of the literature concerning clinical and academic roles in nursing, along with insight into the challenges faced by DSN members and the strategies they employed to successfully overcome these barriers. Participants will have the opportunity to discuss their own academic goals and challenges and receive support from the DSN members to find effective graduate education strategies to move forward toward integrating research and practice.

PFIZER INJECTABLES LUNCH SYMPOSIUM / DÎNER ÉDUCATIF PFIZER INJECTABLES



12:30PM – 2:00PM
Sir John A/MacDonald/Coles

This session will be focusing on Cancer-Associated Thrombosis (CAT). First, the multi-disciplinary approach in regards to patient education will be reviewed in order to highlight the importance and the benefits of disease awareness in CAT. Then, the latest guidelines and clinical evidence in CAT management will be reviewed. Finally, a clinical approach on how to optimize CAT patients anticoagulation treatment based on their individual risks (such as bleeding risk, cancer types, drug-drug interactions) will be presented.

Cette session portera sur la thrombose associée au cancer (TAC). En premier lieu, l'approche multidisciplinaire en matière d'éducation des patients sera examinée afin de mettre en évidence l'importance et les avantages de la sensibilisation à la TAC. Ensuite, les dernières lignes directrices et plus récentes données probantes seront examinées. Finalement, une approche visant à optimiser l'anticoagulation des patients atteints de TAC en fonction de leur niveau de risque individuel (tel que le risque de saignement, le type de cancer, les interactions médicamenteuses) sera présentée.

HELENE HUDSON LECTURESHIP AND AWARD PRESENTATION / CONFÉRENCE HELENE HUDSON ET REMISE DE PRIX



2:15 PM – 3:15 PM
Sir John A/MacDonald/Coles

Passion Into Practice: Difficult Conversations In Oncology Nursing

Dr. Anne Katz, CancerCare Manitoba, Winnipeg, Manitoba, Canada

Talking about sensitive topics and having difficult conversations is never easy no matter how old the patient or how experienced the nurse. Nurses often have to engage in difficult conversations at a time of crisis for the patient and their family members and no matter how many times the nurse has done this, for the patient and their family the news of a cancer diagnosis or recurrence is a first and life-altering event.

Effective communication requires attention to both the affective and relational aspects of the nurse-patient relationship, empathy, mutuality and trust. Having compassion is not enough even though this is something that we all strive for, and most attain. Effective communication at times of stress requires a skill set that can be learned and enacted to the benefit of the patient and their family, and ultimately the oncology nurse too.

In this presentation, key points and helpful models will be presented to assist oncology nurses to have these difficult conversations while recognizing the personal and institutional barriers to effective communication.

Objectives:

- Identify the key concepts in effective communication of stressful conversations.
- Suggest strategies to help the oncology nurse gain confidence in having these conversations.
- Describe models that assist the nurse to have difficult conversations.

De la passion dans la pratique : conversations difficiles en soins infirmiers en oncologie

Dr. Anne Katz, CancerCare Manitoba, Winnipeg, Manitoba, Canada

Parler de sujets sensibles et avoir des conversations difficiles n'est jamais aisé, quel que soit l'âge du patient et quelle que soit la somme d'expérience de l'infirmier, de l'infirmière. Le personnel infirmier doit souvent entreprendre des conversations difficiles en temps de crise pour le patient et pour les membres de sa famille, et peu importe combien de fois l'infirmière, l'infirmier, l'a fait, pour le patient et sa famille, la nouvelle d'un diagnostic ou d'une récurrence de cancer est une première et un événement qui change la vie.

Une communication efficace requiert d'être attentif à la fois aux aspects affectifs et relationnels de la relation infirmière-patient, à l'empathie, à la mutualité et à la confiance. Avoir de la compassion n'est pas suffisant, même si c'est une chose à laquelle nous aspirons tous, et que la plupart d'entre nous manifestons. Une communication efficace en situation de stress requiert un ensemble de compétences qui peuvent être apprises et mises en œuvre au bénéfice du patient et de sa famille, et ultimement, également au bénéfice de l'infirmière, de l'infirmier en oncologie.

Dans cette présentation, des points clés et des modèles utiles seront présentés afin d'aider les infirmiers et infirmières en oncologie à avoir ces conversations difficiles tout en tenant compte des obstacles personnels et institutionnels à une communication efficace.

Objectifs :

- Identifier les concepts clés d'une communication efficace lors de conversations stressantes.
- Suggérer des stratégies pour aider l'infirmière, l'infirmier en oncologie à se sentir apte à avoir ces conversations.
- Décrire des modèles pour aider l'infirmière, l'infirmier lors de conversations difficiles.

HEALTH BREAK / PAUSE SANTÉ
 **GROUP 4 POSTER SESSIONS /**
SÉANCE D'AFFICHES GROUPE 4

3:15 PM – 3:45 PM
Exhibit Hall - Gray/Palmer/Pope

CONCURRENT SESSION / ATELIER SIMULTANÉ IV-01
Telephone Practice in Oncology

3:45 PM – 5:15 PM
Tupper/Tilley

 **IV-01-A**

3:45 PM – 4:05 PM

A Callback Program for Proactive Symptom Assessment and Management in Chemotherapy Naïve Patients

Carly Spragg, BScN, MSc, CON(C), Andrea Finlayson, BNSc, CON(C), Credit Valley Hospital, Mississauga, Ontario, Canada.

Background: Starting chemotherapy for the first time is an overwhelming experience for most patients. Despite education offered by multiple practitioners on managing and avoiding side effects, patients at the Peel Regional Cancer Centre (PRCC) were still struggling with potentially manageable side effects, especially right after therapy. A program aimed at chemo naïve patients was implemented to call patients 2-5 days post their initial treatment with the main goals of 1. Reviewing side effects and offering proactive nursing interventions to ease suffering and avoid further complications; 2. Review educational materials and resources at PRCC for treatment patients; 3. Identify high risk patients who may need follow up.

Methods: Data was gathered using a standardized nursing assessment form from phone calls made to eligible patients from March 1 2017 – Oct 13 2017 2-5 days post initial treatment.

Results: 318 calls were answered. Reported data showed 44.2% required intervention such as further side effect education, advice on how to implement management strategies provided or further follow up. Top side effects reported were constipation 44.8%, nausea 34.6%, and pain 30.7%.

Conclusion: This program provides patient centred, timely assessment and treatment of chemotherapy side effects. Side effects are not always being managed effectively, especially in initial days after chemotherapy, despite multiple sources of education and strategies provided. To best inform possible solutions, more research is needed on effective symptom management strategies and current education practices.

Implementation of COSTaRS: The Alberta Experience

Jennifer Anderson, BN, MN, CON(C), RN, *Amanda McKinley, BScN, RN, Liz Ross, RN, Krista Rawson, RN, BScN, MN, NP, Linda Watson, RN, PhD, CON(C), Shaunna Milloy, MSc, Alberta Health Services, Calgary, Alberta, Canada.*

Oncology nurses are passionate about providing excellent care for their patients, regardless of where they are in the cancer trajectory. They are also a trusted contact for questions and concerns about symptom management. Offering a provincialized program, CancerControl Alberta (CCA) is responsible for all aspects of ambulatory cancer care across the province. In a provincial review of telephone symptom management the use of evidence informed practice to manage symptoms was not consistent, nor was the documentation of such calls. As a result, the integration of the COSTaRS guidelines has been undertaken at the two tertiary cancer centres, which have established telephone triage practices. The use of these guidelines ensures that telephone symptom management is evidence-informed and that telephone symptom management practice is consistent across the province. This practice change also required the development of a provincial electronic documentation tool; to both standardize documentation and improve visibility of nursing care as it relates to symptom management calls.

To ensure effective integration of the practice guides and new electronic documentation tool, the team partnered with the provincial human factors team, and included usability testing and feedback to inform our education and training strategies. The team also partnered with the national COSTaRS group and other sites across the country that were also working to integrate COSTaRS into their nursing practice. These collaborations have leveraged shared learning and collective innovations.

This presentation will outline CCA's implementation process for this practice change, discuss future directions for scale and spread provincially and highlight how our collaboration with both internal and external partners has supported our success.

 **IV-01-C**

Development of a Nurse-led Telephone Follow-Up Process for Gastrointestinal Cancer Patients Receiving Oral Chemotherapy in Ambulatory Oncology

Jen Rosychuk, BScN, BSN¹, *Michelle Post, MSN, CON(C)¹, Sheila Epp, BScN, MN², ¹BC Cancer, Vancouver, British Columbia, Canada, ²University of British Columbia, Vancouver, British Columbia, Canada.*

The treatment of cancer with oral chemotherapy affords patients and families the opportunity to manage their disease from home. The risks of serious adverse events remain. Patients require the same care and support regardless if they are receiving treatment at home or at a cancer center. Oncology nurses have the specialized knowledge and skills to support patients.

This pilot project addresses the gaps in care needs of gastrointestinal patients receiving oral capecitabine. Through developing a nurse-led follow-up model, patients new to treatment were supported through pre-determined telephone calls and appointments. Guided by staff input, standards were developed to address the goals and outcomes of each interaction. A preliminary model to support staff was developed to address project process, oral chemotherapy and telehealth education needs.

The evaluation examined the overall nursing experience and the resources required within the current nursing model. Telephone assessment data identified multiple medication related minor side-effects that were successfully managed. The nurse-led calls identified gaps in the interdisciplinary process for patients receiving oral capecitabine.

The data collected identifies the components needed to implement a standardized telephone follow-up process. Nurse-led support for patients and families ensures that they have the tools needed for safe treatment. BC Cancer nursing is on a path to establish patient and family-centered oral chemotherapy care in a system striving to deliver responsive and effective health services to British Columbians.

 **IV-02-A****3:45 PM - 4:05 PM****Passion for A Smooth Transition for Our Patients: Empowering Patients Through Standardized Proactive Education and Tele-Nursing**

Nadia Pooran, CON(C), CON(C), RN, Bachelor of Health and Science in Nursing^{1,2}, Lisa Tinker, BNSc, MN, CON(C), Nurse Manager-Ambulatory Care^{1,2}, Simonne Simone, MEd, CON(C), Advanced Practice Nurse Educator^{2,1}, ¹University Health Network, T, Ontario, Canada, ²University Health Network, Toronto, Ontario, Canada.

Tele nursing support is an integral part of the exemplary patient care provided by the Gynecology Oncology Ambulatory interprofessional team in a large urban cancer centre. From July 2016 to December 2016, 2435 telephone calls were received on the Gynecology Tele Nursing line from patients. These calls were above patients' regularly scheduled appointments. Of the 2435 calls, 384(15%) were enquiries about specific Gynecological Oncology test results. Patients were predominantly seeking additional information regarding their CA 125 (75%) or Pap test (25%) test results. Call durations of 10-15 minutes were spent educating and counselling patients. Such practice remains in adherence with the Canadian Association of Nurses in Oncology (CANO) practice standards, specialized oncology nurses are responsible for providing education and counselling for patients and caregivers during their treatment (CANO, 2006). However, best practice and standardization of this education and counselling and supplemental patient education materials to support self-management were absent.

This presentation will discuss a proactive approach implemented in the gynecology oncology ambulatory clinic to fill this gap and reduce the number of reactive calls received. The goal of this approach is to empower patients through standardized proactive education that reflects best practice, thereby improving satisfaction and overall experience. In addition, best practice for the education and counselling requirements for the specialized gynecology oncology nurse in relation to test results will be supported.

 **IV-02-B****4:05 PM - 4:25 PM****The Urgent Care Urgency; Improving Oncology Patient Access to Urgent Care Through Remote Symptom Management**

Lucie Tremblay BcSc Inf., CON(C)¹, Lucie Tardif, inf, M. Sc. Inf.², Erin L. Cook³, MScN, ¹Jewish General Hospital, Montreal, Quebec, Canada, ²McGill University Health Center, Montreal, Quebec, Canada, ³CIUSSS Centre Ouest Ile de Montreal, Montreal, Quebec, Canada.

The majority of cancer patients on active treatment face symptoms severe enough to require emergent intervention. Approximately 90% of cancer patients are treated in the ambulatory setting which places the direct responsibility of complex symptom management on the patient and family. Although cancer centers often have multiple support structures in place, the majority of patients present to the emergency department because they waited too long to manage their symptoms, and the outpatient clinic does not have the capacity to meet their needs. The Rossy Cancer Network, in partnership with a patient representative, has addressed this concern by launching a nurse led pilot project in which nurses perform remote symptom assessment, management and triage of patients on active treatment with the goal of providing more timely access to care and reduce emergency department visits. 80 nurses across 3 cancer centers were trained to perform symptom management via telephone. An electronic decision aide tool was developed to assist the nurses in triage, documentation and follow up, and marketing strategies were completed with patients and families to encourage them to call as soon as they start experiencing symptoms. Quality indicators, including emergency department visits pre and post intervention, as well as, patient and staff satisfaction were measured demonstrating favorable outcomes.

Excellence in Oncology: Development of Better Medication Management Tools for Patients with Brain Tumours, their Caregivers and their Health Care Providers through a Quality Improvement Project

Janelle Desjardins, MScN, *Lynne Jolicoeur, MScN, Katelyn Balchin, MSc, MSc(HQ), MSc(Biostat), Tiffanie Sabourin, RN, Johanne Lefebvre, RN, The Ottawa Hospital, Ottawa, Ontario, Canada.*

A quality improvement (QI) project was undertaken to better manage symptoms for patients diagnosed with a brain tumour with the end goal of reducing unnecessary emergency department (ED) visits in this patient population. An analysis of ED visit data for cancer patients showed that nearly 50% of patients diagnosed with a brain tumor had at least one visit to the emergency department. As a result, a deeper dive into this patient population that included an analysis of calls made to our Patient Support Line, patient and caregiver interviews and a literature review highlighted gaps in practice and in patient and caregiver education. Based on these findings, the QI project team focused two of their initiatives on better managing medications, specifically for temozolomide and dexamethasone, from both the health care provider's and the patient and caregiver's perspective. The QI project team developed a temozolomide teaching & follow-up schedule checklist for nurses and pharmacists, a temozolomide information sheet for patients, and dexamethasone tapering protocols for health care providers and for patients and their caregivers. This passionate QI project team enhanced best practices for medication management in this patient population, aiming for excellence in care for these vulnerable patients. The main objectives of our presentation are to share 1) the approach used by the QI project team to identify the gaps in practice and in patient education, and 2) the health care provider and patient and caregiver tools developed



WORKSHOP/ ATELIER IV-03

3:45 PM – 5:15 PM Archibald

A National Conversation about Oncology Nurses' Role in Optimizing Care of Older Adults with Cancer

Fay J. Strohschein, RN, PhD(c)¹, Martine T. Puts, RN, PhD², Kristen R. Haase, RN, PhD³, Lorelei Newton, RN, PhD⁴, Cindy Kenis, RN, PhD⁵, *¹McGill University, Montreal, Quebec, Canada, ²University of Toronto, Toronto, Ontario, Canada, ³University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ⁴Camosun College, Victoria, British Columbia, Canada, ⁵University Hospitals, Leuven, , Belgium.*

Canadians over the age of 70 currently comprise close to half of all new cancer cases. As the number of older Canadians continues to increase, a 40% increase in new cancer cases is expected, the majority of which will occur among older adults. Age-related disparities in cancer treatment, survival, and mortality raise questions about how we address the concerns of older adults receiving care within our cancer system. In its Strategy for Cancer Control, 2017-2022, the Canadian Partnership Against Cancer (CPAC) highlights the importance of addressing the needs of older people with cancer to ensure quality care. Oncology nurses have a crucial role to play in optimizing care for older people with cancer and those close to them; however, training, resources, and support is often lacking. CANO members at a 2015 conference oncology and aging workshop highlighted concerns related to ethical issues, ageism, and sub-optimal treatment outcomes for older adults in their practice. A framework to inform our approach to age-related concerns in oncology nursing practice, policy, and research is needed.

In this workshop, we will facilitate a round table discussion to gather CANO members' perspectives concerning the role of oncology nurses in addressing age-related concerns in clinical practice, research, leadership, and policy. These perspectives will contribute to a joint position statement written in collaboration with the International Society of Geriatric Oncology (SIOG) and the European Oncology Nursing Society (EONS). Oncology nurses from across Canada are invited to participate in this national discussion, sharing their experiences and perspectives, and articulating the position of Canadian oncology nurses' in promoting optimal care for older adults with cancer and those close to them

This is an initiative of the CANO/ACIO Oncology and Aging Special Interest Group, in collaboration with the SIOG Nursing and Allied Health Interest Group.

 **IV-04-A**

3:45 PM – 4:05 PM

Addressing Information Needs and Preparing Cancer Survivors to Self-Manage Their Follow-Up Care: An Evaluation of a Survivorship Education Class

Brittany Mutsaers, BSc¹, Carrie Liska, RN, BScN, MN², Gail Larocque, RN(EC), BScN, MN², Robin Morash, RN, BScN, MHS², Lauren Stenason, BA¹, Sophie Lebel, PhD¹, ¹University of Ottawa, Ottawa, Ontario, Canada, ²The Ottawa Hospital, Ottawa, Ontario, Canada.

Background: The Wellness Beyond Cancer Program (WBCP) provides survivorship care to breast, colorectal, and endometrial cancer survivors. The purpose of the WBCP is to meet survivors' individual physical and psychological needs, and aims to empower them to actively participate in their follow-up care. An integral program component is a one-time two-hour didactic disease-site specific education class conducted by oncology nurses to educate survivors about follow-up care, common survivorship concerns, and late and long-term effects due to treatment. A program evaluation of the WBCP education class was conducted to determine if the class meets the information needs of breast and colorectal cancer survivors and facilitates survivors' intent to self-manage their follow-up care.

Method: A pre-post design was used where survivors completed a questionnaire measuring information needs and intent to self-manage one's follow-up care before and after the education class. Dependent t-tests were used to compare pre and post test scores. Descriptive statistics on the individual items will inform recommendations for revisions of the class content.

Results: Data analysis is currently ongoing. The results of the program evaluation will be presented, including (a) a comparison of pre and post total scores for information needs and intent to self-manage, (b) average pre and post scores on individual items, (c) average difference in pre and post scores for items, and (d) a summary of recommendations based on the evaluation. Preliminary results to date indicate that survivors, after attending the class, report fewer information needs and an increased intent to self-manage their follow-up care.

Summary: This presentation will provide an overview of the WBCP, the content and rationale of the education class, and the results of the project evaluation. Suggestions for modifications to the class content, based on the evaluation results, will also be shared.

 **IV-04-B**

4:05 PM – 4:25 PM

Growing Self-Management through Patient and Family Education at the End of Treatment

Elysa Meek, RN, BA, BN, Krista Marsden, RN, BNSc, MSChP, Alberta Health Services, Calgary, Alberta, Canada.

Patient education has historically been provider-centric and often overwhelming to patients. A cultural shift is now underway in healthcare to provide more patient-centred care. At the same time, cancer patients are living longer both with and beyond their disease and the health care system is shifting to managing cancer as a chronic disease. This shift has meant supporting patients longer and not necessarily with more cancer care staff. Part of supporting patients and families to live their best is enhancing capacity for and supports to self-management; an approach embraced in chronic care and growing in cancer care. Patient-centred practice helps build the shared care context in which self-management can be successful.

The transformation of cancer patient education continues in Alberta. Building on the work done in CancerControl Alberta with the curative intent, post-treatment Transitions of Care initiative, we will discuss and demonstrate the incorporation of self-management supports into this initiative through intentional work with HealthChange Methodology™. The trend to strengthen self-management, its potential to improve patient care, and the overall shift in patient education practice will be highlighted. Evolution of the provincial Transitions of Care patient and family resources will be presented, along with the benefits and challenges of this work, as we strive toward greater excellence in meeting our oncology patients' needs.

From Patient- to Person-Centred: Key Strategies to Inform Equitably High Quality Cancer Survivorship Care

Tracy Truant, RN, MSN, PhD(c)^{1,3}, Sally Thorne, RN, PhD, DSc (Hon), FAAN, FCAHS¹, Colleen Varcoe, RN, PhD, FCAHS¹, Carolyn Gotay, PhD, FCAHS², ¹University Of British Columbia, Vancouver, British Columbia, Canada, ²University of British Columbia, Vancouver, British Columbia, Canada, ³BC Cancer, Vancouver, British Columbia, Canada.

Purpose: Evidence of health disparities among cancer survivors is growing. Canada's survivorship care systems may privilege some, and not others, to receive high quality survivorship care and optimal health. This study aims to improve survivorship care systems by better understanding how various factors (e.g. social, political, economic, personal) shape the development of and access to high quality survivorship care for all.

Methods: Using a qualitative Interpretive Description approach this study involved: 1) critical textual analysis (e.g., survivorship guidelines, education programs, policies), 2) secondary analysis of a Canadian Cancer Care Communication (CCC) database, and 3) survivor and stakeholder interviews.

Results: Integrated findings across all phases are presented (Phase 1=70+ documents, Phase 2=19 survivors, Phase 3=35 survivors and 15 stakeholders). Survivors described a gap between their expected and actual survivorship care experiences. This gap was shaped by contextual and structural factors that further marginalized some individuals/groups. Factors shaping this gap at individual (e.g., previous experiences, social determinants of health), group (e.g., defining standardized "norms") and system (e.g. efficiency drivers, patient versus person perspectives) levels are presented. Multi-layered recommendations ranged from strategies building survivor trust, to integrated policies across social and health sectors to promote survivors' holistic health.

Conclusions: This intersectoral approach to understanding what shapes survivorship care systems highlights and unravels the complex nature of the issue, helping nurses, clinicians and decision makers find multi-layered approaches for equitably high quality survivorship care.

Passion for Patients: Meeting the Survivorship Needs of Patients Living with Head and Neck Cancer (HNC)

Maurene McQuestion, RN, BScN, MSc, BA CON(C)^{2,1}, Andrea Gomes, BSc, MCLSc, SLP(C), Reg. CASLPO², Jenn Deering, RN(EC), BScN, MN, NP^{2,1}, Joanne Pun, BSc, RD², Shannon Cluett, RSW, MSW², Yumi Lee, MHSc, Reg. CASLPO², Jolie Ringash, BSc, MSc, MD, FRCP(C)^{2,3}, ¹University of Toronto, Toronto, Ontario, Canada, ²Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ³University of Toronto, Toronto, Ontario, Canada.

Treatment for HNC can be particularly debilitating due to the physical, functional, emotional and social impact on the patient and family. Few resources are available for ongoing support and rehabilitation compared to other types of cancer.

The HNC Survivorship Program launched in 2012, embracing a model of inclusiveness, a grass roots perspective, interdisciplinarity and an integrated philosophy of survivorship addressing the needs across the spectrum of care.

A half-day retreat with over 50 stakeholders along with an informational needs assessment and a study of the unmet survivorship needs guided the development of the program. Outcomes to date include patient resources such as an education pathway, patient pamphlets, 3 psycho-educational group classes, a survivorship navigation map, videos, a rehabilitation navigation consultation and website, and an early intervention swallowing project. Clinical care addresses medical surveillance, monitoring for late effects, risk reduction, health behaviours, symptom management, psychosocial support and referral to specialized clinics. Ongoing research includes predicting patient and caregiver unmet needs, management of swallowing issues, cognitive changes in survivors, return to work concerns, risk assessment and quality of life. Survivorship events have included 4 awareness symposiums, Journey to Conquer Cancer walks and other patient engagement activities.

The HNC Survivorship Program is a model for the development of other survivorship programs. This presentation will highlight the development, implementation and evaluation of our program and share strategies that others may utilize in their own programs.

U^o IV-05-A

3:45 PM – 4:25 PM

Supportive Care Experiences of Rural Women Living with Breast Cancer: An Interpretive Descriptive Qualitative Study

Joanne K. Loughery, RN, MN¹, Roberta L. Woodgate, PhD², ¹Red River College, Winnipeg, Manitoba, Canada, ²University of Manitoba, Winnipeg, Manitoba, Canada.

Breast cancer is the leading cause of female cancer in Canada with forty percent of the population living in rural areas of the country. With rising incidence and prevalence in breast cancer in our country, it remains an important health topic. However, research on the Canadian rural cancer experience is limited. The purpose of this qualitative study was to arrive at an increased understanding of the supportive care experiences of rural women requiring treatment for invasive breast cancer and who reside in rural Manitoba. To explore this phenomenon, an interpretive descriptive qualitative study was completed. Twenty women from four regional health authorities participated in the study. Data was collected using face-to-face, semi-structured interviews and analyzed by content analysis through an interpretive qualitative lens. The findings to be presented emphasize a holistic overview of the supportive care experiences of women living with breast cancer that captured both the positive aspects of living rurally and the challenges that present in the face of a cancer diagnosis. The presentation will be of keen interest to oncology nurses who work in both urban and rural settings in our country. Pragmatic recommendations have been generated from the study findings with implications for practice, education and research.

📄 IV-05-B

4:25 PM – 5:05 PM

Seeking Excellence in Providing Patient Education Post Brachytherapy... Utilizing Our Passion for Exceptional Care to Empower and Engage Our Patients

Anet Julius, RN, MN, CON(C)¹, Jodi-Ann Manhertz, RN, BScN, CON(C)¹, Carol Heck, PhD², Janet Papadakos, MEd, PhD(c)³, Jennifer Croke, MD, FRCPC³, Kitty Ying-Hei Chan, CRST³, ¹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ²University Health Network, Toronto, Ontario, Canada, ³Princess Margaret Cancer Centre, Toronto, Ontario, Canada.

Background: Brachytherapy (BT) plays a fundamental role in the treatment of women with gynecological cancers. At Princess Margaret, nurses, as part of the interprofessional team, are essential to providing patient education for vaginal self-management post-BT. The purpose of this presentation is to share findings of a nurse led research study which explored the educational needs of women surrounding vaginal self-management post-BT and to determine the enablers and barriers to the provision of this education by health care professionals (HCPs).

Methods: The study used a cross-sectional survey mixed methodological design. Patients and HCPs (radiation oncologists, brachytherapists and oncology nurses) completed a one-time questionnaire.

Results: 18 patients and 55 HCPs were approached for the study. Of these, 12 patients (67%) and 53 HCPs (96%) consented to participate. Overall, the results showed all education related to vaginal care and symptom management were highly important to women. HCPs indicated that providing detailed instructions to patients was important for engaging them in self-management behaviors yet only 39% of HCPs felt that they have adequate knowledge in providing education.

Conclusions: Patients highly value the education provided and prefer to have education done one-on-one with their HCPs. Majority of HCPs feel they do not have adequate knowledge to provide this education. Future work will involve developing a standardized post-BT patient education program to address patient and HCPs needs.

 **IV-06-A**

3:45 PM – 4:05 PM

Honoring the End of Life – Stories from the Sikh tradition

Jagbir Kaur, MN, *University of British Columbia, Vancouver, British Columbia, Canada.*

End of life care often naturally leads to exploring issues of spirituality and religion with patients and families. However, in practice, some clinicians may be concerned with opening a Pandora’s Box of religious preferences or experience reluctance based on their perceived lack of knowledge when caring for patients from diverse religious and spiritual traditions. This presentation aims to unravel some of those hesitations by engaging in a dialogue exploring ideas and beliefs about end of life from the Sikh tradition, one of Canada’s largest visible minority populations. While this presentation will try to help increase awareness of some of the unique ways in which the Sikh tradition may influence a patient’s beliefs and ideas about death, afterlife and fate by synthesizing research in the field, sharing resources and providing strategies and tools. The goal will also be to encourage participants to move beyond drawing boundaries that include and exclude people, to consider ways in which oncology nurses can talk about faith and life values in ways that verify both our differences and our similarities.

 **IV-06-B**

4:05 PM – 4:25 PM

Providing Passionate Culturally Sensitive End of Life Care

Laurie Ann Holmes, BScN, CON(C), CHPCN(C), *The Ottawa Hospital, Ottawa, Ontario, Canada.*

Canada has the highest percentage of foreign-born citizens of any G8 country. In the 2011 National Household Survey there were more than 200 ethnic origins identified in Canada. The Canadian Nurses Association “believes that to provide the best possible outcomes, nurses must provide culturally competent care.” Yet nurses receive little if any training on cultural sensitive care.

Nurses working in Oncology frequently provide care for patients that will succumb to cancer, as health care professionals the care we provide at end of life will leave a lasting impression on their family. It is imperative that we are sensitive, supportive and facilitate care that is respectful of their culture. Virtual Hospice has created many excellent on-line educational videos on culturally sensitive care, but do not provide in the moment support to caregivers.

This educational project will involve a knowledge assessment of nurses understanding of end of life care beliefs in prominent cultures. These nurses will then attend educational sessions and will be provided with summarized reference tools. Followed by reassessment of the nurses comprehension.

As the Canadian population continues become more diverse it is imperative that Oncology nurses more knowledgeable about their clients cultural beliefs to provide excellent, passionate end of life care.

 **IV-06-C**

4:25 PM – 5:05 PM

Developing, Implementing, Evaluating and Sustaining an End of Life Clinical Order Set and E-learning Module

Nancy Lee Brown, MSc(A), CON(C)¹, *Charmaine Lynden, NP, CON(C)², ¹Trillium Health Partners, Mississauga, Ontario, Canada, ²Trillium Health Partners, Mississauga, Ontario, Canada.*

As one of the largest community-based acute care facilities in Canada, Trillium Health Partners (THP) provides end-of-life care for approximately 2,000 patients/families annually. We identified the need to implement strategies to improve the quality of inpatient care provided during a patient’s last days or hours of life. This initiative is consistent with THP’s organizational values of compassion, courage, and excellence.

Using the RNAO End of Life Best Practice Guideline recommendations, an interdisciplinary End of Life (EOL) working group was formed. This group developed an EOL clinical order set to provide a standardized, evidence-informed approach to prescribing medications and care for dying patients regardless of where they die within THP. Additionally, the group developed an online e-learning module to increase clinicians’ comfort and skill in caring for dying patients. Both the order set and the e-learning module take a holistic approach to the dying process and aim to address all elements of high-quality care.

Implementation included a small pilot study, a robust education plan, evaluation criteria, and a sustainability plan. The results of the pilot study demonstrate an increase in clinicians’ ability to identify that a patient is actively dying and a positive shift in their comfort in caring for dying patients. This presentation will describe the development and implementation of the order set and e-learning module, results of the implementation thus far, and plans for continuous quality improvement and sustainability.

COMMITTEE + SIG MEETINGS / RÉUNIONS DU COMITÉ + DU SIG

5:15 PM – 6:15 PM

SOCIAL EVENT (PRE-REGISTRATION REQUIRED)/
SOIRÉE SOCIALE (PRÉ-INSCRIPTION REQUISE)

7:30 PM
7:15 PM RECEPTION FOLLOWED
BY BUFFET DINNER
MacDonald/Coles

Day Four / JOUR QUATRE

MONDAY, OCTOBER 29, 2018 / LUNDI 29 OCTOBRE 2018

CANO/ACIO BREAKFAST SESSION /
SESSION DE DÉJEUNER ACIO/CANO

7:00 AM – 8:15 AM
Sir John A/MacDonald/Coles

Medical Marijuana in Oncology: Best Bud or Wicked Weed?

Reanne Booker, RN, BScN, MN, NP, *Tom Baker Cancer Centre, Calgary, Alberta, Canada, Foothills Medical Centre, Calgary, Alberta, Canada.*

The legalization of recreational cannabis in Canada has led some to speculate that both medical and non-medical cannabis use may increase. The potential impact on public health remains to be determined and many questions abound. Medical cannabis has been utilized for an array of different medical conditions and has been available in Canada since 2001. In spite of this, there is little research to guide oncology nurses on how cannabis use may influence the health and well-being of patients with cancer. In order to provide comprehensive, quality nursing care to patients with cancer, it is imperative that oncology nurses become educated on cannabis. This presentation will provide an overview of cannabis use in the context of cancer. Specific objectives include:

1. provide a summary of what cannabis is and how it works in the body
2. discuss potential risks and benefits of cannabis use with an emphasis on use in patients with cancer
3. review implications for oncology nursing including challenges and opportunities; discussion will be invited.

La marijuana en oncologie : belle rose ou vilaine ronce?

Reanne Booker, RN, BScN, MN, NP, *Tom Baker Cancer Centre, Calgary, Alberta, Canada, Foothills Medical Centre, Calgary, Alberta, Canada.*

La légalisation du cannabis à des fins récréatives au Canada a mené certains intervenants à spéculer que la consommation de marijuana médicinale et non médicinale pourrait augmenter. L'impact potentiel sur la santé publique demeure incertain, et cette nouvelle direction soulève de nombreuses questions. Accessible au Canada depuis 2001, le cannabis thérapeutique sert à traiter toute une gamme d'affections. Malgré cela, il existe peu d'études susceptibles de guider les infirmiers et infirmières en oncologie quant à la façon dont l'utilisation du cannabis pourrait influencer la santé et le bien-être des patients qui vivent avec le cancer. Pour offrir des soins infirmiers complets et de qualité à ces patients, les infirmières et infirmiers en oncologie doivent impérativement s'éduquer en matière de cannabis. Cette présentation offre donc un survol de l'utilisation du cannabis dans le contexte du cancer. Elle vise à :

1. fournir un aperçu de la nature du cannabis et de son fonctionnement dans l'organisme;
 2. discuter des risques et des avantages potentiels de l'utilisation du cannabis, en concentrant l'attention sur les patients vivant avec le cancer;
 3. examiner les répercussions pour les soins infirmiers en oncologie, y compris les défis et les opportunités; les participants seront invités à prendre part à la discussion.
-



Reverend David Maginley

Spiritual Dimensions of Medical Assistance in Dying

Medical assistance in dying is seen by many either as the ultimate act of compassion, or an act of transgressing the 7th commandment. Few issues have stirred the debate on end-of-life care so intensely, or are so ripe for moral distress. While the conversation has focused largely on medical and legal aspects, it is the spiritual dimensions of MAID which informs the heart of this debate. Such conversations are subliminally shaped by our theology of suffering, death and dying, the afterlife, our concept of moral culpability and of the gift of life. Unless these spiritual aspects are overtly and intentionally honoured, they can actually become a source of even more suffering and distress.

For 18 years, Rev. David Maginley has provided spiritual care for the cancer, palliative and intensive care programs at the QEII Health Sciences Centre in Halifax, NS. As an interfaith chaplain, he has also supported staff and patients as they consider, and participate in MAID. David will explore the various faith perspectives on MAID, considerations for creating a deeply compassionate experience of MAID, as well as the complex ethical dynamics at play in this ultimate act at the end of life.

Les dimensions spirituelles de l'aide médicale à mourir

L'aide médicale à mourir est vue par beaucoup soit comme l'acte ultime de compassion, soit comme un acte qui transgresse le septième commandement. Peu de questions ont remué le débat sur les soins en fin de vie avec autant d'intensité, et sont aussi propices à la détresse morale. Alors que la conversation s'est largement concentrée sur les aspects médicaux et juridiques, ce sont les dimensions spirituelles de l'aide médicale à mourir qui éclairent le cœur de ce débat. De telles conversations sont formées de façon subliminale par notre théologie de la souffrance, de la mort et du mourir, de l'après-vie, de notre concept de culpabilité morale et du don de la vie. À moins que ces aspects spirituels soient honorés de façon ouverte et intentionnelle, ils peuvent en réalité devenir une source accrue de souffrance et de détresse.

Cela fait dix-huit ans que le révérend David Maginley offre des soins spirituels pour les programmes de soins en oncologie, de soins palliatifs et de soins intensifs au Centre des sciences de la santé Reine-Elizabeth II à Halifax, N.-É. En tant qu'aumônier interconfessionnel, il a aussi soutenu des membres du personnel et des patients alors qu'ils considéraient, et participaient à l'aide médicale à mourir. David explorera des perspectives confessionnelles variées sur l'aide médicale à mourir, des considérations pour créer une expérience profondément compatissante de l'aide médicale à mourir, ainsi que les complexes dynamiques éthiques en jeu lors de cet acte ultime en fin de vie.

INTERNATIONAL JOINT SYMPOSIUM / SYMPOSIUM INTERNATIONAL CONJOINT

9:45 AM – 10:45 AM
Sir John/MacDonald/Coles

CANO/ACIO International Symposium: Working In Partnership Within and Beyond Our Canadian Borders to Enhance Oncology Care

Fay Strohschein, RN, PhD(c)¹, Martine Puts, RN, PhD², Margaret Fitch RN, PhD³, Linda Watson, PhD, RN, CON(C)⁴, Maurene McQuestion, RN, BA, BScN, MSc, CON(C)^{5,6}, Tayreez Mushani, BScN, MHS, CHPCN(C), CON(C)⁷, Pamela Savage, BA, MAEd, CON(C)⁶, ¹Ingram School of Nursing, McGill University, Montreal, Quebec, Canada, ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada, ³University of Toronto, Toronto, Ontario, Canada, ⁴CancerControl Alberta, Calgary, Alberta, Canada, ⁵University of Toronto, Toronto, Ontario, Canada, ⁶Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁷Aga Khan University School of Nursing and Midwifery, Nairobi, Kenya

Globally, cancer is increasingly affecting our societies, families and health care systems. It is estimated that over 14 million people are diagnosed annually, with over 8 million people dying of cancer each year. Currently there are over 32 million individuals who have had cancer and are living with it. Complicating these overwhelming statistics is the reality that many countries in the world do not have well-developed cancer treatment programs, nor recognize that nurses require specialized knowledge about cancer and caring for those with cancer.

CANO/ACIO has long held the vision of being a driving force nationally, but importantly, we have also committed to being an influencing force internationally. This year's International symposium will highlight CANO/ACIO's work to date on developing guiding principles for our international work, and will highlight two cases that demonstrate how CANO/ACIO is actively influencing and advancing oncology nursing excellence internationally. In the first example, The Princess Margaret Cancer Centre engaged in philanthropic work with two higher learning institutions in Kenya, Africa. The collaborative partnership developed and implemented the first higher diploma program in Africa. The curriculum for the program was grounded in CANO's Practice Standards and Competencies for the Specialized Oncology Nurse. The second is the mutually beneficial partnership between CANO/ACIO and the International Society for Geriatric Oncology (SIOG), who are collaborating to optimize treatment and care for older adults with cancer and those close to them.

These two cases will highlight CANO/ACIO's role in actively influencing oncology nursing knowledge and expertise internationally. Although our prime priority is still meeting the needs of our members in Canada, we believe we can improve the quality of cancer nursing at home and abroad by leveraging our existing work in a broader context. The symposium will conclude with a panel discussions where members will be given the opportunity to comment on CANO/ACIO's vision to be an influencing role internationally.

Symposium international de l'ACIO/CANO : Travailler en partenariat à l'intérieur et à l'extérieur des frontières canadiennes afin d'améliorer les soins en oncologie

Fay Strohschein, RN, PhD(c)¹, Martine Puts, RN, PhD², Margaret Fitch RN, PhD³, Linda Watson, PhD, RN, CON(C)⁴, Maureen McQuestion, RN, BA, BScN, MSc, CON(C)^{5,6}, Tayreez Mushani, BScN, MHS, CHPCN(C), CON(C)⁷, Pamela Savage, BA, MAEd, CON(C)⁸, ¹Ingram School of Nursing, McGill University, Montreal, Quebec, Canada, ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada, ³University of Toronto, Toronto, Ontario, Canada, ⁴CancerControl Alberta, Calgary, Alberta, Canada, ⁵University of Toronto, Toronto, Ontario, Canada, ⁶Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁷Aga Khan University School of Nursing and Midwifery, Nairobi, Kenya

À l'échelle mondiale, le cancer affecte de plus en plus nos sociétés, nos familles et nos systèmes de santé. On estime que plus de 14 millions de personnes reçoivent un diagnostic chaque année, et que plus de 8 millions de personnes meurent annuellement du cancer. À l'heure actuelle, plus de 32 millions de personnes dans le monde vivent avec un cancer ou y ont survécu. Ces statistiques déconcertantes sont compliquées par le fait que de nombreux pays n'ont pas de programmes de traitement du cancer bien développés ou ne reconnaissent pas que les infirmiers et infirmières ont besoin de connaissances spécialisées sur le cancer et sur les soins aux personnes touchées par le cancer.

La vision de l'ACIO/CANO a longtemps été d'être une force motrice à l'échelle nationale, mais nous nous sommes également engagés à jouer un rôle d'influence au niveau international. Cette année, le symposium international illustrera le travail effectué par l'ACIO/CANO jusqu'à présent en vue d'élaborer des principes directeurs pour son travail à l'international. Il mettra en valeur deux cas qui démontrent la façon dont l'ACIO/CANO influence et rehausse activement l'excellence dans le domaine des soins infirmiers en oncologie à l'échelle mondiale. Le premier exemple porte sur le Centre de cancérologie Princess Margaret, qui a réalisé du travail philanthropique auprès de deux établissements d'enseignement supérieur au Kenya, en Afrique. Ce partenariat a permis de développer et de mettre en œuvre le premier programme de diplôme supérieur en Afrique. Le programme d'étude était basé sur les Normes de pratique et compétences pour l'infirmière spécialisée en oncologie, un document produit par l'ACIO. Le deuxième cas porte sur le partenariat mutuellement bénéfique entre l'ACIO/CANO et la Société Internationale d'Oncologie Gériatrique (SIOG), qui vise à optimiser le traitement et les soins aux aînés atteints d'un cancer et à leurs proches.

Ces deux cas illustreront le rôle actif de l'ACIO/CANO dans l'évolution des connaissances et du savoir-faire en soins infirmiers en oncologie à l'échelle mondiale. Bien que notre priorité absolue soit encore de répondre aux besoins de nos membres au Canada, nous croyons également pouvoir améliorer la qualité des soins infirmiers en oncologie à l'étranger en prenant appui sur notre travail au pays. Le symposium se terminera avec une discussion de groupe qui permettra aux membres de commenter la vision de l'ACIO/CANO de jouer un rôle d'influence sur la scène internationale.

HEALTH BREAK / PAUSE SANTÉ

10:45AM – 11:15 AM
Exhibit Hall - Gray/Palmer/Pope

U^o V-01-A

11:15 AM – 11:35 AM

Why do so Few People Die at Home in the 21st Century? Passionate About Making a Difference!

Lynn E. Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{1,4}, Suzanne Madore, RN, MN², Edward Fitzgibbon, MD, MSc, MICGP, MRCGP,CCFP (PC)^{1,4,3}, ¹The Ottawa Hospital , Ottawa, Ontario, Canada, ²The Ottawa Hospital , Ottawa, Ontario, Canada, ³University of Ottawa, Ottawa , Ontario, Canada, ⁴Ottawa Health Research Institute , Ottawa , Ontario, Canada.

Oncology nurses are dedicated to providing quality patient care. However, we fail when discussing end of life. The majority of the population, when surveyed as to preference for location of death, desire to die at home. However, recent data suggests that over 50% of Canadians die in an acute care setting. How can oncology nurses impact this contradictory trend?

At our tertiary academic centre we have struggled with this question as we focus on ensuring appropriate care for patients facing life-threatening illnesses. We asked: Are there specific interventions that might effectively transition patients to home/community settings at the end of life?

We will outline the results of a retrospective chart audit of 499 patients who died at our centre from April 1 to June 30, 2017. This presentation will highlight key factors that constitute barriers or facilitators to death in the acute care or home setting. These findings have been used to develop a quality project employing strategies to reduce the number of hospital deaths for patients at the end of their life. We will discuss practical tactics employed to facilitate death in the home or community setting for those patients facing terminal illnesses. If we are passionate about providing high quality end-of-life care it is critical that oncology nurses have the tools to overcome the obstacles to ensuring patients' wishes for death at home.

U^o V-01-B

11:35 AM – 11:55 AM

Our Oncology Patients Want to Die at Home: Can We Use Our Passion for Quality Care to Make This Happen?

Wendy Petrie, RN, BScN, MScN, CON(C), CHPCN(C)¹, Sylvie Bruyere, RN, BScN, CON(C), CHPCN(C)¹, Lynn E. Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{1,2}, ¹The Ottawa Hospital, Ottawa , Ontario, Canada, ²Ottawa Health Research Institute , Ottawa , Ontario, Canada.

Although many oncology patients wish to die at home or in a community setting, data suggests that 61.4% of people died in an acute care hospital and 38.4% of people died in the community (home, hospice, or nursing home). (Stats Canada 2015). Health Quality Ontario (2016) notes that 47.9% of patients start receiving palliative services in the last month of life and 25.8% spent half or more of their last month of life in hospital. There is obviously room for improvement in providing appropriate end-of-life care for Canadian citizens. We have the data but do we know what interventions might improve the outcome for dying patients? What can be done to reverse this trend?

Our Palliative Care consult team conducted a QI Project to elicit effective strategies to improve this situation. We designed processes and tools to facilitate patients' discharge home for end-of-life care, ensuring adequate supports to prevent ER visits and/or admissions to an acute care hospital.

This presentation will describe the results of a pilot project to educate and mentor the teams on two inpatient units in incorporating these interventions into their daily practice when discharging patients home to die. We will discuss the results of a post discharge phone call to ascertain services were in place and family concerns were addressed. Finally, we will share our plan to implement this strategy across a large academic hospital.

Delivering Optimum Care for MAiD Patients: Voices of the Care Team

Linda Ramjohn, RN, MScN, CON(C)¹, Anita Long, RN, MSN/ED, CON(C)², Ashley Andrade, RN, BScN, CON(C)¹, Eleanor Miller, RN, PhD¹, ¹Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada, ²Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

In health care the focus has traditionally been on preserving life. However with the legalization of MAiD (Medical Assistance in Dying), a new paradigm shift was introduced in how care is delivered to these patients. With this shift comes the opportunity to explore and understand what this means for oncology nurses. Already some nurses have identified that there is a shift in the workload, others experience cognitive dissonance between their beliefs and the need to deliver patient centered care. Still there are others who find it very comfortable to care for these patients.

The goal of this study is to understand what nurses are saying about providing care to MAiD patients on a busy oncology unit. The results will help to inform how care can be optimized and how staff can continue to be supported while delivering care. This a fairly new practice for the organization, this study will help to inform best practices throughout the organization when delivering care to patients and their families.


V-01-D
12:15 PM – 12:35 PM

A Review of Family Members' Experiences With Assisted Dying

Tracy L. Powell, BSN, RN, MN, PhD student^{1,2}, ¹Mount Royal University, Calgary, Alberta, Canada, ²University of Victoria, Victoria, British Columbia, Canada.

Access to assisted dying has significantly and permanently changed end of life care in Canada and statistics reveal that individuals with cancer-related medical conditions most commonly obtain medical assistance in dying (MAiD). This profile of assisted death in Canada is consistent with jurisdictions internationally and, as a result, it is important for those involved in oncology to expand their knowledge about key aspects of this end of life option. Understanding policies and procedures related to assisted dying, as well as, reflecting on personal moral perspectives of this care option is essential; however, given the focus on families in cancer care, gaining an understanding of family members and caregivers' experiences with assisted dying is vital in order to provide quality care.

Through a narrative review, an exploration into the experiences of family members impacted by assisted death will be presented. Using a narrative review framework, the literature selection process will be discussed including key databases used. A summary of relevant literature on the topic will also be provided. This presentation will offer a broad overview of the literature related to family members experiences with assisted death, and an opportunity to discuss future research directions.

CONCURRENT SESSION / ATELIER SIMULTANÉ V-02

11:15 AM - 12:45 PM

Oncology Nurses on the Phone

Cartier/Campbell

V-02-A
11:15 AM – 11:35 AM

The Path to Oncology Nursing Excellence: Development of a Proactive Telephone Nursing Assessment Guideline

Lauren Cosolo, RN, BScN, MN, Samia Elmi, RN, BScN, MN, Angela Leahey, RN, BScN, MN, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

Proactive telephone practice has been part of oncology nursing at a large regional cancer centre for many years. Proactive telephone practice involves taking the initiative of calling patients and families before they reach their lowest point. After an environmental scan of the current state of proactive telephone work, it was realized that there was variability across all disease sites in the mechanism for identifying patients in need of a proactive call in addition to the assessment and documentation of the care provided. Also, the current practice of proactive calls is driven by the nursing teams as opposed to being driven by patient identified needs.

In an effort to create a standardized approach for proactive telephone practice, we sought to identify when patients require a proactive call based on key transitions points across their cancer care trajectory. This called for a needs assessment survey of patients to be conducted.

To address the need of creating a standardized approach for assessing patient's supportive care needs, a Proactive Telephone Nursing Assessment Guideline was developed. The guideline was developed based on current practice, literature findings and the needs assessment survey results. The guideline was piloted with patients to determine their unmet needs.

This presentation will highlight the results of the needs assessment survey, outcomes of the pilot and the implications on the future of

 **V-02-B**

11:35 AM – 11:55 AM

Improving Adherence to Testicular Cancer Surveillance and Patient Satisfaction by Utilizing RN-Led Telephone Clinics and Advanced Assessment

Laurie Tremblay, RN, Matthew Parezanovic, NP, Jenn Knoll, RN, Maureen Quinn, NP, Eric Winquist, MD, London Health Sciences Centre, London, Ontario, Canada.

Testicular cancer is the most common malignancy among men age 15-35 with a high rate of cure, but approximately a 30% recurrence rate. Surveillance to detect recurrence is critical to improving overall survival, but adherence to follow-up is challenging for some patients due to competing commitments. In response, our team at the London Regional Cancer Program optimized the role of the Registered Nurse (RN) by first developing an RN-led telephone clinic to better accommodate these patients, and second by training RNs to perform advanced health assessments. Methods included reviewing the literature, revealing the feasibility of telephone clinics; and reviewing the College of Nurses of Ontario standards regarding RN scope of practice. As a result, we created education materials, trained the RNs in advanced assessment, physical exam and dictation, and developed an assessment template. To date, twelve telephone assessments have been completed, and ten men have responded positively on a patient satisfaction questionnaire. Recently, the RN's have started advanced assessment and dictations, which will be evaluated later. In conclusion, optimizing RNs in both the telephone clinic and advanced assessment has enhanced the testicular surveillance program, by improving adherence and decreasing wait times. Further evaluation will be completed in the next six months.

 **V-02-C**

11:55 AM – 12:15 PM

Excellence in Oncology Nursing: The Evolution of the Live Voice Answer Telephone Initiative

Samia Elmi, RN, BScN, MN, Angela Leahey, RN, BScN, MN, Nelisha Bhaloo, RN, BScN, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

Direct access to specialized oncology nurses by telephone is essential to ensuring acknowledgment of patients' health related concerns in real time, identifying emergent needs and establishing safe and appropriate resolution. In 2016, a Live Voice Answer symptom management and distress line was developed at a large regional cancer centre in Toronto and it has been rapidly evolving to further meet the needs of patients and families. After marked improvements in patient satisfaction, the Live Voice Answer initiative expanded beyond the pilot disease sites to ensure all cancer patients have access to a person in real time (live voice) as opposed to the previous practice of having to leave a voicemail message with no definitive return call time. A series of improvements were made to the Live Voice Answer initiative which included the implementation of a call flow screening process, enhanced clerical support to manage appointment related calls, installation of a call queuing software, and real time data management. As a result of these key changes, the evaluation results indicated high patient satisfaction and improved timely access for patients and their families. An overview of the key changes, process improvements, and evaluation results will be highlighted during this presentation.

 **V-02-D**

12:15 PM – 12:35 PM

Capturing Workload in Oncology Nursing Telephone Practice: Development of a Telephone Docu-Workload Tool

Samia Elmi, RN, BScN, MN, Kathy A. Carothers, RN, BScN, MN, CON(C), Angela Leahey, RN, BScN, MN, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

Supporting patients and families through telephone practice is an integral component of the nursing role at a large outpatient cancer centre. As part of maintaining a quality practice setting, the College of Nurses in Ontario encourages organizations to adopt workload measures that take into account time spent on all telepractice activities.

In the past, the collection of telephone data was limited to metrics such as call volume, call type and patient satisfaction. There were challenges in collecting telephone data considering that data collection was based on paper telephone log records and narrative notes recorded in an electronic documentation system. This method of data collection created the need for a manual search through a number of nursing notes, the notes lacked standardization and there were no identified key data points to extract electronically.

A working group of engaged nurses from multiple disease sites collaboratively developed a Telephone Docu-Workload Tool in MOSAIQ aimed towards capturing key data points for workload data in addition to serving as a standardized tool for all telephone interactions intended to increase the efficiency and consistency of documentation. The Telephone Docu-Workload Tool was built to encompass the documentation requirements set out by the college Telepractice Standards and elements of COSTaRS.

This presentation will highlight the development process and implementation of the tool in addition to sharing key data findings and its

implications on telepractice workload in oncology nursing.



WORKSHOP/ ATELIER V-03

11:15 AM – 12:45 PM Archibald

Writing for Publication: Getting Started and Being Successful

Margaret Fitch, RN, PhD, *Editor in Chief CONJ and members of the CONJ Editorial Board*

The purpose of this instructional session is to assist authors who would like to submit an article to a peer-reviewed journal for publication and achieve success in their submission. Both first time and experienced authors are welcome. Members of the Canadian Oncology Nursing Journal Editorial Board will provide an overview of the process for preparing a manuscript for submission, submitting the manuscript, and responding to the peer review feedback. Author guidelines for the CONJ will be reviewed as an example. Topics suitable for submission will be illustrated and tips for writing will be shared. The session will be organized to be interactive and allow a substantial time for questions from the audience and responses from the members of the Editorial Board.

CONCURRENT SESSION / ATELIER SIMULTANÉ V-04

11:15 AM – 12:45 PM

Optimizing Education Opportunities

Johnson



V-04-A

11:15 AM – 11:35 AM

Evolution of an Outpatient Resource Team: Ensuring Nurse Training for Optimal Patient Care

Jennifer Newton, RN, BScN, MEd, *Angela M. Blasutti-Boisvert, RN, BScN, Amber Killam, RN, MScN, CON(C), Melissa Boonstra, RN, BScN, Deborah Marshall, RN, BN, The Ottawa Hospital, Ottawa, Ontario, Canada.*

Absenteeism, increasing workload, and staffing shortages are issues that healthcare providers grapple with on a constant basis. Safety as well as the quality of the patient experience can become jeopardized in the absence of adequate nursing staff. In response to an increasing demand for nursing resources, our centre created its first outpatient float team. This team was tasked with training in and floating to eight different and highly nuanced outpatient care areas.

In its infancy, the team consisted of three nurses with varied experience in oncology. The training program consisted of four consecutive days of in-class training, followed by buddy shifts in the various clinical areas. Little upfront planning was done with regard to the number training shifts required or in which order a trainee would be buddied in the various areas. As a result, the training experience and ultimately nursing job satisfaction across the team was inconsistent. This prompted an in-depth look at our training process, yielding valuable insight and spawning a new training model which was put in place when five additional team members were on-boarded.

This presentation will explore our experience with training resource nurses across various care areas and discuss our new model of training and its impact on nursing satisfaction and patient care.



V-04-B

11:35 AM – 11:55 AM

Striving for Excellence in Patient Education for Vaginal Dilator Therapy: An Interdisciplinary Approach

Joanne Power, RN, MScN, CON(C)¹, *Luisa Luciani Castiglia, RN, MSc(A), CON(C)¹, Joanne Alfieri, MD^{1,2}, Nancy Posel, RN, PhD^{2,1}, ¹McGill University Health Centre, Montreal, Quebec, Canada, ²McGill University, Montreal, Quebec, Canada.*

Women who undergo radiotherapy treatment for a cancer in the pelvis are at risk for secondary long-term effects, including vaginal stenosis caused by gradual damage to blood vessels and connective tissue in the radiation field. Vaginal dilation is recommended for all women who have had pelvic radiotherapy as a preventative measure, but compliance to this recommended treatment is poor. Our university health centre had an instructional sheet on vaginal dilation that required updating, as well as variability in practices in teaching about vaginal dilation.

An interdisciplinary group of nurses and physicians working in gynecologic oncology and radiation oncology came together to develop a new patient education tool. This provided an opportunity to standardize practices, such as what type of lubricant to recommend, and processes, such as the timing of when dilator use should begin. The group worked with our hospital's patient education office to develop an educational pamphlet using images to provide a visual component to enhance learning and appeal to patients who are more visual learners. The pamphlet went through several iterations as patient and health professional feedback on drafts was incorporated.

This presentation will provide an overview of: the development of the pamphlet, its implementation into clinical practice, and the associated teaching plan. Qualitative feedback from nurses who do the teaching and from patients who use the pamphlet and receive the teaching will be presented.

V-04-C

11:55 AM – 12:35 PM

HPV Diagnosis: Counselling the Patient from Prevention to Cancer

Castriona Buick, RN, MN, PhD, CON(C), Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

HPV infections account for approximately 5% of all cancers worldwide (Parkin, 2006). Whilst the association between HPV and cervical cancer is well publicized, HPV is also related to cancers of the Penis, Vagina, Vulvar, Anal and Head and Neck (Munoz et al 2004). Based on current recommendations, the use of HPV testing is often undertaken to determine treatment options (i.e. Head and Neck) or during preventative management (Cervical Cancer Prevention). As a result, patients are receiving diagnosis of Human Papillomavirus at key moments during the cancer continuum. An HPV diagnosis has implications in relation to cancer and risk and is also a specific diagnosis of a sexually transmitted infection. Furthermore, a diagnosis of HPV may cause anxiety, and has implications for patient education, quality of life, psychosocial wellbeing, sexual relationships and sexual satisfaction (McCaffery, 2006; Kwan, 2011). Despite these negative consequences, routine clinical education can improve patient's understanding of HPV (Pruitt, 2005). With significant changes underway in regards to the use of HPV testing [primary cervical cancer screening tool (CCO, 2012)], addressing these concerns and misconceptions at key points in the patient's cancer journey is crucial. This presentation will highlight future changes regarding the use of HPV testing in preventative screening and address common questions and misconceptions about HPV and HPV testing. Finally, it will provide practical clinical tools to effectively communicate with patients when discussing this sensitive topic.

CONCURRENT SESSION / ATELIER SIMULTANÉ V-05

11:15 AM - 12:35 PM

Symptom and Toxicity Management

Henry

V-05-A

11:15 AM – 11:35 AM

Excellence in Oncology, the Utilization of a Continuous Quality Improvement Project: Management of Increased Paclitaxel Hypersensitivity Reactions in our Cancer Program

Janet L. Giroux, RN(EC), MScN, CON(C), CCN(C), de Souza APN, Kardi Kennedy, RN, BScN, MN, CON(C), Shelley Gallipeau, RN, CON(C), Leslie Young, BSc, RPh, BScHons, BScPharm, PharmD, ACPR, Kingston Health Sciences Centre, Kingston, Ontario, Canada.

Paclitaxel is becoming a standard component of chemotherapy for more than gynecological cancers. Hypersensitivity reactions (HSR) are known to occur in up to 10% of infusions. With the increasing utilization of Paclitaxel in other disease sites, our cancer centre noted an increased rate and severity of HSRs. These reactions have varied from grade 1 (mild) to grade 4 (severe); however, no fatal reactions occurred. A decision was made to complete a retrospective analysis of HSRs to address strategies to decrease the frequency of reactions and better equip the staff in management. It is known that reactions can be influenced by the administration of pre-medications, but there are now an increasing number of health care providers who require additional training on management of reactions. There is a paucity of evidence to address the increased workload and burden on the chemotherapy unit. The challenges of providing safe patient care while maintaining fiscal accountability was reviewed. The nuance of re-challenging Paclitaxel following an HSR have become increasingly important. Therefore; an attempt to manage time constraints, control and minimize HSRs was a focus of a Continuous Quality Improvement (CQI) project in our centre. This oral presentation will review the steps undertaken and the outcomes will be shared.

V-05-B

11:35 AM – 11:55 AM

Supporting Our Patients Throughout the Journey of Breast Cancer

Crystele Montpetit, RN, BScN, Fraser Valley Cancer Agency, Surrey, British Columbia, Canada.

The diagnosis of breast cancer is the beginning of an emotional and physically challenging journey that affects countless women each year. This project evaluated the potential utility of InterDry Ag dressing to relieve discomfort of skin reactions for breast cancer patients undergoing radiation treatment. A descriptive design was employed to better understand the effectiveness of InterDry Ag dressing in reducing side effects of radiation treatment of the breast for women. Weekly assessments provided by the clinic nurse offered a therapeutic sense of support and control for patients' inner emotional self and the physical side effects of treatments. A telephone questionnaire seemed to play a large part in developing trust and further engaging patients to self-manage in their own care. The use of InterDry Ag dressing for radiation skin reactions to the breast has shown to be beneficial in terms of providing comfort to this small sample of patients. A decrease in pain and discomfort was voiced by most participants. It is of utmost importance to maintain an individual's ability to conduct practical daily activities after receiving a breast cancer diagnosis and the subsequent treatments. Most participants voiced their concerns and fears through a trusting relationship with the Radiation Oncology Nurse, which in turn provided comfort and relieved anxiety. Our patients are being provided with the emotional support needed to conquer their journey.

V-05-C

11:55 AM – 12:15 PM

Febrile Neutropenia Management: Are Nova Scotian Emergency Departments Adhering to Clinical Guidelines?

Kara Jamieson, RN, MN, MEd, CON(C)¹, Zara Forbrigger, BSc², Carol A. Digout, BA³, Conrad Fernandez, MD, FRCPC², Drew Bethune, MD¹, Meg McCallum, BSc, MA¹, ¹Nova Scotia Cancer Care Program, Halifax, Nova Scotia, Canada, ²IWK Health Centre, Halifax, Nova Scotia, Canada, ³Atlantic Provinces Pediatric Hematology/Oncology Network, Halifax, Nova Scotia, Canada.

Aim: The study goal was to determine whether Nova Scotian (NS) adult oncology patients with febrile neutropenia (FN) were managed according to the 2014 provincial FN Guidelines.

Methods: A retrospective chart review was conducted on adult oncology FN patients seen in all regional NS emergency department (ED) from March 1, 2014-February 28, 2015 and September 1, 2016-February 28, 2017. Patients were considered FN if they had an absolute neutrophil count (ANC) < 500 c/L and had one temperature of 38.3 C or two of 38.0 C, over one hour. The guidelines state that a complete blood count (CBC) must be drawn within ten minutes of arriving in the ED and the first dose of antibiotics given within 60 minutes. Once the patient is confirmed neutropenic, electrolytes (E), urinalysis (UA), blood cultures (BC) and a Chest X-Ray (CXR) must be done.

Results: Preliminary data of 151 charts showed only 3.6 % had a CBC drawn within the first 10 minutes and 8.5 % received antibiotics within 60 minutes. 92.1 % (n=139) had their electrolytes measured, 82.1 % (n=124) had a UA, 91.4 % (n=138) had a BC and 90.7 % (n=137) had a CXR.

Conclusion: The majority of NS ER departments do not meet provincial guidelines with respect to rapid assessment and treatment of FN patients. Delays are most significant in CBC draw and antibiotic start times. This study illustrates that an assessment of barrier adherence should be undertaken. LEAN methodology would be a logical strategy to consider in addressing this challenge.

V-05-D

12:15PM – 12:35PM

Ensuring Quality Follow-up Post-Discharge from Symptom Treatment Unit

Angela M. Blasutti-Boisvert, BScN, RN, Nehmat Khairallah, CON(C), MScN, RN, Andrea J. Keller-Robinson, BScN, CON(C), RN, The Ottawa Hospital, Ottawa, Ontario, Canada.

At The Ottawa Hospital Cancer Centre, patients can be seen in an urgent care area for symptom assessment if they present to a clinic appointment unwell or are triaged through our Patient Support Line. This enables a quicker and often more appropriate area to be assessed by a GPO and initiate treatment and even admission to hospital. As part of the New Ambulatory Models of care initiative with Cancer Care Ontario, patients seen in the Symptom Treatment Unit at TOHCC were surveyed. Results showed that most patients were not aware of any discharge instructions regarding plan of care and/or who to contact in case of exacerbation of symptoms. To ensure quality of care and prevent emergency visits, patients now receive a post-discharge phone call after a visit to the Symptom Treatment Unit where the plan of care is reviewed and the nurse ensures compliance with instructions given while in our urgent care area.

 **V-06-A**

11:15 AM – 11:35 AM

Breaking Down The Walls: Talking To Children About Parental Cancer

Shawna L. Ropson, RPN², Tracy Bowles, MSW, RSW¹, ¹Simcoe Muskoka Regional Cancer Centre, Barrie, Ontario, Canada, ²Simcoe Muskoka Regional Cancer Centre, Barrie, Ontario, Canada.

Purpose: Taking care of our patients is our passion, and our patient’s passion is often their family. A diagnosis of cancer is a life changing event for anyone, but it may have a larger impact on those with young children. Our regional cancer program has developed an Oncology Children’s Tours that has had great impact on our patients, our patients’ family and staff.

Background: Children’s symptoms of anxiety, stress and fear vary depending upon age, sex and which family member is effected by Cancer. In a Cancer Support Community Survey put out to parents, 66 % stated that their children did not talk openly or share their feelings about Cancer. Studies have proven that a child’s level of stress and anxiety increases with parental cancer and are often unseen by the parent.

Method: For the past 2 years our program has offered a child friendly tour that is designed to help answer children’s questions and learn hands-on what happens when a loved one receives treatment. Through surveys we have been able to evaluate the program and make changes as needed to best suit the children’s, patients and staff needs

Results: Throughout this presentation we will be reviewing the stress, anxiety and fears children face and the impact it has on our Oncology Patients. We will examine the reasons why our cancer center initiated the children’s tour and the positive impacts it has had on our patients and families. We will also be discussing in detail our Cancer Center Explore and More tour and the overall benefits of the program

Conclusion: As health care professionals it’s important that we address the needs of our cancer patients’ dependent children. It’s crucial that children have a good understanding of what happens in the cancer center to help reduce any stress and anxiety they may have when a loved one is undergoing treatment. In doing so we are better able to support our oncology patients throughout their journey.

 **V-06-B**

11:35 AM – 11:55 AM

Unobtrusive Exploration of Parents’ Online Accounts of Family Life with Pediatric Cancer

Jill M. Bally, RN, PhD, Meridith Burles, PhD, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Background: Parents and families of children with cancer experience a myriad of challenges related to their child’s treatment, caregiving activities, and complex emotions. Through evidence-based nursing care, families can manage and adapt to illness-related disruptions, and maintain hope for the future. However, face-to-face research with this population can be complicated. Alternatively, parents of children with cancer frequently use the Internet to share their family experiences, producing online narratives that capture the immediacy of everyday life with cancer and highlight issues related to psychosocial well-being.

Purpose: To explore publicly available online accounts shared by parents caring for a child with cancer. The specific aim is to enhance understanding of families’ oncology experiences and the role that the Internet plays in social support and coping processes.

Methodology: A narrative approach is being used to explore and analyze the content, structure, and audience engagement evident in parents’ online accounts, including blogs, social media pages, and personal stories shared on organizational websites.

Findings: During this presentation, a report of the findings of this online qualitative study will be offered along with insights pertinent to oncology nursing. Specifically, unique knowledge gained from first-hand accounts will be presented including parental experiences and support needs, and methodological challenges and strengths.

Implications: Practice implications will be identified based on the insights gained from parental accounts about pediatric cancer experiences and related social support and coping processes.

Family Functioning, Parents’ and Children’s Responses, When a Parent has Cancer: What Are Some Appropriate Interventions?

Andréa Maria Laizner, RN, PhD^{1,2}, ¹*McGill University Health Centre, Montréal, Quebec, Canada*, ²*McGill University, Montréal, Quebec, Canada*.

Background: A cancer diagnosis in a parent reverberates throughout the family system. Given this, health professionals identified the need to understand what happens within the family when a parent has cancer with children at home. This was sparked by concern about family member responses to determine appropriate interventions.

Methods: Evidence-based literature, focusing on family functioning and family member responses when parent has cancer, were retrieved and analyzed for rigor to inform health professionals, such as nurses working in different settings.

Results: Qualitative and quantitative studies provided family members’ perspectives of their family’s functioning. In earlier studies, the mother was the reporter for the family but over the last 20 years, the perspective of the ill parent, children, and other family members are included. Most studies were cross-sectional but some were longitudinal and examined whether perspectives changed over time. Patterns of response were noted across studies, including when the father is ill. Children can be resilient but decreased family functioning and depressive symptoms in a mother are important risk factors for children’s mental health. Evidence-based interventions, such as responding to information needs and providing contact with peers, were identified.

Conclusion: Nurses need to assess family functioning and individual family member responses when a parent has cancer as well as how to intervene.

This presentation will focus on the findings related to family functioning and family member responses when a parent has cancer. Tools that can help with assessment will be identified. Strategies for intervention will be suggested to address the information and psychological health needs of parents and their children. This information can help nurses decide how to intervene and refer families to appropriate resources.

LUNCH BREAK (ON OWN) / L’HEURE DU MIDI (LIBRE)

12:45 PM – 2:15 PM

CONCURRENT SESSION / ATELIER SIMULTANÉ VI-01

2:15 PM – 3:15 PM

How the Patient Experience Influences Care

Tupper/Tilley

VI-01-A

2:15 PM – 2:35 PM

Using Excellent Nursing Assessment to Make Urgent Care Seamless and Predictable for Patients

Shawne P. Gray, RN, BScN, CON(C), Tamara S. Bygrave, RN, BScN, Sonali Kirshenbaum, RN, MN, Christina Kim, RN(EC), MN-NP, Christine M. McDonald, MD, FRCP(C), Harvey H. Wong, MD, FRCP(C), Odette Cancer Centre, Toronto, Ontario, Canada.

Recurrent malignant pleural effusions (MPE) and malignant ascites (MA) are common complications of advanced cancer and can significantly worsen quality of life.

In recent years, the insertion of tunneled catheters has become recognized as a safe and highly effective means of symptom management for these patients. A regional cancer centre has established an innovative Effusion Procedure Intervention Clinic (EPIC), where tunneled catheters are inserted to provide symptom relief for patients in an outpatient setting, which reduces hospital admissions and lengths of stay.

For some patients, MPE and MA can cause fear and anxiety about their prognosis and quality of life. Experienced oncology nurses are well positioned to provide psychosocial support in collaboration with other members of the interdisciplinary team. Nurses also play an essential role in symptom assessment and management of these patients. In EPIC, we have utilized the COSTaRS algorithms, ESAS screening tool and ECOG assessment at regular intervals. We have focused on shortness of breath, fatigue, anxiety, appetite, and activity level, which has allowed for standardized assessment and evaluation of symptom control.

This presentation will share how the EPIC clinic has transformed the way we provide care and manage MPE and MA at the Odette Cancer Centre and how this has impacted our patients' quality of life. The use of nursing assessment to match the patients' needs to the clinician to provide seamless and predictable care will be discussed. The importance of the nursing expertise in managing patients with tunneled catheters for MPE and MA will be addressed.

VI-01-B

2:35PM – 3:15 PM

Cardiac Rehabilitation Following Autologous Hematopoietic Stem Cell Transplantation: Patient Perceptions

Derek Rothe, NP¹, Kara Schick-Makaroff, PhD², Alex Clark, PhD², Nanette Cox-Kennett, NP¹, Tammy O'Rourke, NP, PhD², Edith Pituskin, NP, PhD², ¹Cross Cancer Institute, Edmonton, Alberta, Canada, ²University of Alberta, Edmonton, Alberta, Canada.

Purpose: The risk for cardiovascular disease (CVD) in those treated with hematopoietic stem cell transplant (HSCT) is high, as such cardiac rehabilitation (CR) has been purposed as a means to mitigate the associated CV risks. The aim of this paper is to share the experiences of lymphoma patients who are referred to CR following autologous HSCT.

Methods: Guided by the qualitative approach of interpretive description, the researcher used semi-structured interviews to capture how participants perceived their experiences with CR following HSCT. Themes were derived using a constant comparative analysis and coding of verbatim transcripts of the interviews.

Results: Ten participants were interviewed (9 male; 1 female). Major themes included participants' priorities in taking part in CR, the impact of their HSCT experience upon attitudes toward CR, ways participants coped during recovery, and the uptake of heart healthy education and associated barriers.

Conclusions: Including CR into HSCT recipient recovery was viewed by participants as a positive intervention and beneficial to recovery. HSCT survivors are a heterogeneous group and should have their individual needs assessed during CR exercise planning and education. For HSCT recipients, CR education sessions may not be viewed as applicable, but nonetheless attendance should be emphasized given the high CVD risk in this population.

Implications for Cancer Survivors: As the efficacy of cancer treatments like HSCT improve, survivors live longer to see the effects of treatment related sequelae, such as CVD. Rehabilitation programs like CR can assist in recovery and promote heart healthy lifestyles for those with heightened risk for CVD following cancer treatment.

CONCURRENT SESSION / ATELIER SIMULTANÉ VI-02

2:15 PM – 3:45 PM

Improving the Patient Experience

Cartier/Campbell

VI-02-A

2:15 PM – 2:35 PM

Turning Challenge into Opportunity to Improve Quality Care in Chemotherapy

Angela Boudreau, BScN, MN, CON(C), Rui Zhang, RN, H.Bsc, BScN, CON(C), *Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.*

Innovation leading to practice change can arise from challenge. How challenge is engaged influences the outcome and learnings. In recent times, multiple supply shortages have compounded on one another impacting our current nursing practice within our Oncology program and our organization.

With a shortage of IV mini-bags, a hospital wide interprofessional team formed including members from Oncology to examine viable solutions. Within Oncology, our interprofessional team strategized internal solutions from multiple angles; financial, process, preparation, administration, chair time, smart pump drug libraries, and preset electronic orders. Decisions were executed immediately to preserve our bags for chemotherapy. Mixing multiple pre-meds within one bag, converting to oral and/or pushing pre medications in place of hanging a mini-bag allowed us to preserve our inventory. Our team also continuously connected with the hospital team to communicate strategy status.

Our presentation will discuss the formation, communication and collaboration of both groups. Strategies identified and implemented will be presented, with challenges faced and opportunities created. Our approach and communication created an environment of success. Evaluation of the success is ongoing at the hospital level. Opportunities can arise from challenges to create innovative practice changes, improving the quality of patient care. We must engage challenges and evaluate strategies implemented to ensure continued success. Having a successful, communicative, collaborative team contributes to the success.

VI-02-B

2:35 PM – 2:55 PM

Autologous Peripheral Blood Stem Cell Transplantation: From Then to Now

Kristen Brazel, BScN^{1,3}, Phillip Nguyen, BScN^{1,2}, Leslie Lepage, BScN¹, *¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.*

The authors of this topic intend to discuss innovative treatments conducted at The Ottawa Hospital involving autologous peripheral blood stem cell transplants. The scope of autologous peripheral blood stem cell transplantation has changed drastically over recent years. Historically, at The Ottawa Hospital, autologous transplants were performed solely for patients with Lymphoma and Multiple Myeloma. In the past decade, there has been an explosion of new research to allow better prognosis and enhanced quality of life for an increasing number of our patients. In addition to Lymphoma and Multiple Myeloma, we currently offer autologous transplants for individuals diagnosed with: Multiple Sclerosis, Stiff Person Syndrome, Crohn's Disease, Scleroderma, Testicular Cancer, Lupus, Myasthenia Gravis and Neuromyelitis Optica.

There have also been advancements in our ability to provide better care for these patients during their course of treatment. We can now mobilize our patients without the use of chemotherapy by administering Neupogen and Mozibil. We are also currently able to treat 60% of our autologous transplant population in the outpatient setting. The remaining 40% of patients are usually admitted due lack of caregiver support at home.

VI-02-C

2:55 PM – 3:35 PM

Aboriginal Patient Nurse Navigator Uses Land Based Approach To Connect With Cancer Patients And Their Families

Carolyn Roberts RN, Gwen R. Barton, BNSc, MHA, *The Ottawa Hospital, Ottawa, Ontario, Canada*

The Ottawa Hospital is the tertiary cancer care center for the Baffin Island area of Nunavut. Through the Champlain Regional Aboriginal Cancer Program, staff strives to provide culturally appropriate care for the Inuit patients from Nunavut and their families.

The Program uses an unconventional, patient-centered, culturally appropriate, land-based approach to support Nunavut Inuit patients. These patients are treated at TOH, thousands of kilometers away from family, community and culture, often for months at a time.

The program uses the principles from 'Supportive Care Framework' (M. Fitch, 1994) as a guiding tool. The Aboriginal Patient Nurse Navigator role developed using the perspective that FNIM people are land-based peoples. The Aboriginal Nurse Navigator uses this approach, taking patients out of the hospital whenever possible, to develop a trusting, therapeutic and culturally-appropriate relationship. By sharing a patient story, the benefits and success of this unique approach will be clearly demonstrated.

The purpose of this presentation is to question and possibly redefine our definition/perception of the traditional role of a cancer nurse and to challenge the assumption that to be a good nurse, one must be in a clinical setting.



WORKSHOP/ ATELIER VI-03

2:15 PM – 3:45 PM Archibald

Applying the “CANO/ACIO Learning Pathway for the Specialized Oncology Nurse” in Your Setting: A Practical Workshop for Oncology Nurses, Leaders, and Educators

Charissa Cordon RN, MN, EdD, CON(C)¹, Sarah Champ, RN, MN, CON(C)², Barbara Hues RN, MSc, CON (C)³, and Suganya Vadivelu RN, MScN, CON(C), PGDHM⁴, ¹Hamilton Health Sciences, Toronto, Ontario, Canada, ²Alberta Health Services, Edmonton, Alberta, Canada, ³Cancer Care Manitoba, Winnipeg, Manitoba, Canada, ⁴Jurivinski Cancer Center, Hamilton Health Sciences, Toronto, Ontario, Canada.

The CANO/ACIO Education Committee, along with key stakeholders and nurse leaders across Canada had an in-person meeting at the 2017 CANO Conference in Lac Leamy, Quebec to develop a learning pathway for oncology nurses. The learning pathway includes knowledge areas for oncology nurses in all areas of cancer which were identified using the CANO/ACIO Standards of Practice and Competencies for the Specialized Oncology Nurse. The learning pathway was developed to support oncology nurses to achieve and maintain specialized knowledge and skills, which is one of CANO/ACIO's Strategic Priorities for 2017-2018. The learning pathway can be used in many different ways. For example, it can inform the planning and develop of an oncology nursing orientation program, and continuing education programs. It can also inform self-directed learning plans, and help the learner navigate the knowledge areas required to prepare for specialty certification in oncology nursing.

In order to support the implementation of the learning pathway, the CANO/ACIO Education Committee is offering a 90 minute workshop for novice nurses and oncology nurse leaders.

Workshop Objectives:

- (1) Describe the Learning Pathway for the Specialized Oncology Nurse
- (2) Learn from other leaders who have successfully implemented the learning pathways within their organization
- (3) Identify strategies to mitigate barriers to implementation
- (4) Identify ways in which the pathway can be implemented from individual use to inform one's professional development plan
- (5) Help oncology educators and leaders with an action plan to implement the pathway within their organization

 **VI-04-A**

2:15 PM – 2:35 PM

Effectiveness sharing of the Fear of Recurrence Therapy (FORT) intervention in Women with Breast or Gynecological Cancer

Christine Maheu, PhD¹, *Sophie Lebel, PhD², christine courbasson, PhD³, Monique Lefebvre, MSc², Mina Singh, PhD³, Lori Bernstein, PhD⁴, Lorena Lazar, MSW⁴, Nancy Drummond, MSN⁵, Joanne Power, MSN⁶, Andrea cooke, MSN⁵, chantal leblanc, MSW⁶, Linda Muraca, BSN⁴, Aronela Benea, MSN⁷, Lynne Jolicoeur, MSN⁸, cheryl harris, PhD⁹, Agnihotram V. Ramanakumar, PhD⁶, Shadi Asadollahi, MSc(C)⁶, Sarah Ferguson, MD, PhD⁹, ¹McGill University, Montreal, Quebec, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³York University, Toronto, Ontario, Canada, ⁴Ellicsr, Toronto, Ontario, Canada, ⁵Jewish General Hospital, Montreal, Quebec, Canada, ⁶McGill University Health Centre, Montreal, Quebec, Canada, ⁷Women College Hospital, Toronto, Ontario, Canada, ⁸Ottawa Hospital, Ottawa, Ontario, Canada, ⁹Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

Background: Clinically significant levels of fear of cancer recurrence (FCR) affect up to 49 % of cancer survivors and are more prevalent among women and is poorly addressed in clinical care. To address this problem, we conducted a funded four year randomized clinical trial targeting FCR using a 6-week, 2-hour, cognitive-existential group intervention for cancer survivors of breast or gynecological cancer.

Goal and hypotheses: Multicenter, prospective RCT. Hypotheses: Women with breast or gynecological cancer taking part in the FORT intervention study to learn how to manage (1) will have less FCR, (2) will show more favorable outcomes on psychosocial and quality of life functioning compared to a control group receiving a support group approach. We postulated that the between-group differences would persist three months post-intervention.

Methods: Sixteen groups of seven to nine women were allocated to the intervention or the control group. Recruitment is complete for close to 144 cancer survivors from four hospital sites in three Canadian cities. Measurements: The primary outcome, FCR, is measured with the Fear of Cancer Recurrence Inventory. Secondary outcomes measured include cancer-specific distress, perceived risk of cancer recurrence, illness uncertainty, intolerance of uncertainty, coping, and quality of life. Results: Pre and post interventions with three months follow up results will be presented. Final analysis is currently taking place. To be presented are descriptive analysis comparing group equivalent baseline variables, identification of confounding/intermediate variables and univariate analysis. Each participant's trajectory will be calculated using Generalized Estimating Equation models to determine the time and group effects.

Conclusion: From the results of the data analysis, establish level of efficacy will be determined and discuss for the FORT intervention as a plausible strategy to manage FCR in clinical contexts.

 **VI-04-B**

2:35 PM – 2:55 PM

Perceptions of the First Cohort of Early-Discharge Breast Cancer Survivors in Southeastern Ontario: Well-Being and Comprehensiveness of Survivorship Care at One-Year Follow-Up

Marian Luctkar-Flude, RN, MScN, PhD¹, *Hugh Langley, MD³, Jane Tyerman, RN, PhD², ¹Queen's University, Kingston, Ontario, Canada, ²Trent University, Peterborough, Ontario, Canada, ³Ministry of Health and Long Term Care, Kingston, Ontario, Canada.*

Issue: Cancer centres are moving forward with earlier discharge of stable breast cancer survivors to primary care follow-up; however, many women continue to experience physical and psychosocial healthcare needs following treatment. It is important to understand the perspectives and satisfaction of breast cancer survivors as this new initiative is undertaken to provide appropriate education and support to both breast cancer survivors and primary care providers

Objectives: To describe satisfaction of the first cohort of early-discharge breast cancer survivors with their primary care follow-up, and their perceptions of the quality and comprehensiveness of their survivorship care at one-year follow-up.

Methods: A descriptive survey was completed early-discharge breast cancer survivors (n=61) twelve months following discharge from oncology follow-up. Outcome measures were: (1) Edmonton Symptom Assessment System (ESAS), (2) Canadian Problem Checklist (CPC), and (3) Patient Satisfaction Questionnaire (PSQ-18). Participants indicated who initiated discussions related to key guideline recommendations for breast cancer survivorship. A subset of participants (n=12) completed semi-structured interviews.

Results: Fatigue (63%), pain (51%) and anxiety (47%) were the most prevalent symptoms reported on the ESAS, with symptom severity rated as high as 10/10 for fatigue and pain, and 7/10 for anxiety. Thematic analysis revealed 5 positive themes (self-management, activity, back to normal, satisfaction with care, alternative therapy) and 4 challenges (ongoing side effects, lack of confidence with primary care, survivorship issues ignored, uncertainty).

Conclusions: Many breast cancer survivors are satisfied with their follow-up care in the primary care setting; however, a subset have identified gaps and concerns that will inform development of targeted knowledge translation interventions for primary care providers and breast cancer survivors to improve health and quality of life.

VI-04-C

2:55 PM – 3:15 PM

Optimizing Sexual Health and Emotional Well-Being for Breast Cancer Patients And Survivors through Nurse-Led Interventions

Samantha Scime, RN, BScN, CON(C), *Christine Brezden-Masley, MD, PhD, Charmaine Mothersill, RN, MN, Amy Skitch, BSc, St. Michael's Hospital, Toronto, Ontario, Canada.*

Background: The Medical Day Care Unit at St. Michael's Hospital serves approximately one thousand breast cancer patients each year. Owing to advances in screening and treatment, women diagnosed with breast cancer are living beyond five years; however, many are faced with physical and psychosocial issues that persist well into survivorship. Up to 70% of women diagnosed with breast cancer report sexual function disorders that have a significant impact on intimacy, relationships and quality of life. Commonly reported issues include concerns with body image, vaginal dryness, dyspareunia and vaginal atrophy resulting in a decreased libido and dissatisfaction with intercourse. Within oncology nursing literature, several nurse-led interventions have been identified as effective in ameliorating these symptoms.

Methods: In January 2018, the St. Michael's Hospital Oncology Clinical Research Group obtained REB and initiated a quantitative study to identify the prevalence of sexual dysfunction in women on anti-estrogen therapy and evaluate the current resources available to this population. To date, 67 breast cancer patients have been surveyed; 57% experienced sexual dysfunction while 72% reported they had never been asked about sexual health by their oncologist. Subsequently, the oncology team recognized an opportunity to improve access to care through clinician and patient education, as well as, nurse-led interventions.

Discussion: This presentation will highlight data from the "Describing the Sexual and Vaginal Health of Hormone-Sensitive Breast Cancer Survivors on Maintenance Anti-Estrogen Therapy" study, describe possible nurse-led interventions to reduce sexual dysfunction in this population and identify next steps at St. Michael's Hospital.

CONCURRENT SESSION / ATELIER SIMULTANÉ VI-05

2:15 PM – 3:45 PM

Electronic Tools in Oncology

Henry

VI-05-A

2:15 PM – 2:35 PM

Nurse Led Initiative and Implementation of Transfer of Accountability Tool in the Breast Center

Aryam Kidane, RN, BScN, *Michaela McCrady, RN, BScN, St. Michael's Hospital, Toronto, Ontario, Canada.*

Problem/Issue: A breast cancer diagnosis can be an overwhelming, anxiety inducing journey. This journey can consist of multiple urgent medical visits with various healthcare professionals that are included in a patient's care. This can create anxiety and confusion for the patient. Additionally, patients and their primary healthcare providers may have limited access to updated information regarding diagnosis, treatment and care plan.

Process: To design and implement an electronic "Transfer of Accountability" (ToA) tool, to enhance effective communication amongst multidisciplinary teams, patients, primary healthcare providers and decrease patient's anxiety.

Impact /Outcome: Surveys conducted to gather data and feedback regarding ToA tool from patients, interprofessional team and primary health care providers.

Key Messages: Successful implementation of ToA tool in the CIBC Breast Center will enhance communication amongst multidisciplinary team, patients and primary healthcare providers. As a result this initiative will allow for smoother transition of care for breast cancer patients. Although anxiety can be subjective, it is clearly indicated (Haq et al., 2016) that access to important information can help to decrease the overwhelming feeling and improve patient engagement.

VI-05-B

2:35 PM – 2:55 PM

What's App Doc? Empowering Patients and Families with a downloadable Consult Recording App

Linda Watson, RN, PhD, CON(C)^{1,2}, *Patrick Curley, MPH, PMP¹*, *¹Alberta Health Services, Calgary, Alberta, Canada, ²University of Calgary, Calgary, Alberta, Canada.*

A patient's first consultation with their oncologist can be very overwhelming as the diagnosis is discussed and treatment options are explained. Systematic reviews of interventions to improve health information retention have found written and audio-recorded instructions appear to improve recall in most situations. In light of this Alberta Health Services (AHS) and Alberta Cancer Foundation have partnered to develop a free cancer consult audio recording smartphone application ("App") for download/use.

Creating a patient controlled app minimizes the information privacy concerns as AHS does not keep a copy of the recording. We are also developing the App with the ability to add other cancer specific functionality over time as desired. The app is being design with several patient centric features in mind including a notes feature that saves any patient notes made during the consult with the recording and a question/reminder function that opens either pre populated cancer specific questions or patient entered questions during their recording.

To ensure the alignment of this project with best practices, AHS legal and privacy, Alberta College of Surgeons and Physicians, Canadian Medical Protective Society, AHS Communications have been consulted. Recommendations from these agencies have been incorporated into the design and functionality of the app. Patient, physicians and staff have been involved in the testing and evaluation phases.

Once the app is built and accessible (June 2018), the launch and testing of the app will occur in a multi phased approach. In this presentation the app will be demonstrated and what we have learned about the most effective process for integrating this change in practice from our pilot implementation will be shared. Targeted physician change management strategies will be shared. Based on the findings of the pilot, our intention is to do broader implementation of the app across other ambulatory cancer facilities in Alberta.

VI-05-C

2:55 PM – 3:35 PM

Integrating Digital Patient Reported Outcome (PRO) Reports into Standard Ambulatory Care Processes: What is Meaningful?

Linda Watson, PhD, RN, CON(C)¹, *Andrea Delure, BA, MHS¹*, *Krista Rawson, RN, MN, NP¹*, *Shelley Lawrence, RN, MN²*, *Marlene Estabrook, BA, PROSCI change management specialist¹*, *Danielle Moch, RN²*, *Louise Smith, BSc¹*, *Pat Gramlich, BSc¹*, *¹CancerControl Alberta, Calgary, Alberta, Canada, ²CancerControl Alberta, Red Deer, Alberta, Canada.*

Many cancer patients struggle with the physical and emotional effects of their illness and treatment. Measuring these symptoms and patient's overall quality of life through the collection of Patient Reported Outcomes (PROs) is an important facilitator of high quality care. Although evidence that collecting PROs and utilizing them as a part of standard practice in ambulatory oncology settings improves patients outcomes and may even extend survival (Basch et al., 2017) wide scale integration of PROs as a standard component of ambulatory cancer care processes has been slow due to technological and operational barriers (Wagle, 2016).

Recently, CancerControl Alberta (CCA) has developed an effective process for electronically capturing and reporting PROs through four new digital outputs including: an individual trended dashboard, a clinic list report, a symptom cluster dashboard and an aggregate dashboard. Although digital PRO reporting can make it easier for clinicians to identify areas of high symptom burden, electronic reporting does not translate into improved outcomes for the patient or new clinical efficiencies. This only happens if the PRO outputs are reviewed as a meaningful part of clinical processes and are used to focus care activities on symptoms that are impacting the patient's day to day life. To establish the most meaningful ways to use these four new digital PRO outputs, a Proof of Concept (POC) project was undertaken at one CCA facility.

The goal of this presentation is to share the PRO tools that have been developed and to explore the impact these digital products had on care delivery and patient experience. Specifically what clinicians, patients/families and administrators found meaningful, how these new PRO outputs impacted clinical processes and efficiencies in the pre-clinic, in-clinic and after clinic workflows, and strategies that emerged to facilitate early responsiveness to patient's symptoms and concerns will be explored.

CONCURRENT SESSION / ATELIER SIMULTANÉ VI-06

2:15 PM - 3:45 PM

Who's Who in the Zoo: The Many Roles of Oncology Nurses

Chandler

VI-06-A

2:15 PM – 2:35 PM

Delivering Safe Care to Cancer Patients on Non-Oncology Units

Linda Ramjohn, RN, MScN, CON(C)¹, Anita Long, RN, MSN/ED, CON(C)², Eleanor Miller, RN, PhD¹, Mark B. Eugenio, RN, BScN¹, ¹Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada, ²Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

Within the health care system patients expect care to be delivered in a timely and seamless manner. However, given resource constraints, such as shortage of beds and staffing challenges it is at times difficult to balance these competing needs. Oncology nurses on the In-patient and out-patient chemo clinic are expected to deliver chemotherapy to other areas of the hospital whenever the need arises. Naturally these nurses have the knowledge, skills, and expertise to deliver the chemotherapy. However, there are perceived challenges and extra workload for nurses.

The purpose of this study is to understand how providing additional nursing support to non- oncology units impacts oncology nurses workload. A working group will develop a survey that will capture the experience of nurses providing chemotherapy on non- oncology units. In addition, daily workload measurement results will be examined to further understand the impact on oncology nurses workload. The intent is to better understand these nurses experience and to provide additional support and resources where necessary.

VI-06-B

2:35 PM – 2:55 PM

Clinical Trial Nursing in Oncology

Mai Hong, RN, BN, BSc^{2,3}, Shane Sinclair, PhD, CancerCare Research Professor Associate Professor², Shelley Raffin Bouchal, RN, PhD, Associate Professor², Rosemarie Farrell, MSc, Manager¹, ¹Tom Baker Cancer Center, Calgary, Alberta, Canada, ²University of Calgary, Calgary, Alberta, Canada, ³Tom Baker Cancer Center, Calgary, Alberta, Canada.

Oncology clinical trials, integral to research and development, determine whether the innovations promote health, manage cancer, and extend life. At the current rate of scientific advances, the number of trials is anticipated to continue and even increase.

Clinical trial nurses (CTNs), with direct knowledge of the benefits and risks of clinical trials, can inform and advocate for patients receiving investigational therapies while ensuring a high standard of safety and well-being. The importance and role of the CTNs within oncology, however, have largely evaded the lens of empirical research.

This scoping review aims first, to describe the context and thereby the role of CTNs and next, to identify gaps and/or areas requiring further study for the development of this emerging nursing specialty. The review addresses two inquiries: how do researchers perceive the role of CTNs?; and in particular, how can advanced practice nurses contribute to the improvement of clinical trials?

As the role of CTNs has evolved, workforce planners have to stay current with demands in this area of cancer care research. What kind of educational preparation do CTNs require? What responsibilities do CTNs fulfill in clinical trial protocols and procedures? Lastly, although not conclusively, how can CTNs champion more collaboration among nurse- and medical- researchers? These and other questions will be addressed in this scoping review.

Formalizing Clinic Expectations: A Contextual Application of Specialized Oncology Nurses' Role in Ambulatory Care

Tamara Homeward-Pascal, RN, BScN, MEd, *Angela Leahey, RN, BScN, MN, Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.*

At a large regional Cancer Centre in Toronto, novice oncology nurses recognized a great deal of variability in practice among established Registered Nurses working across all cancer site specific clinic settings. Clinic Expectations was developed for the purpose of providing clarity and organization, so that all nurses, whether novice or expert, have a clearer understanding of their role, responsibilities, and accountability when working in the Specialized Oncology Nurse role.

The foundation of the Clinic Expectations framework is grounded in the College of Nurses of Ontario Documentation Standard, CANO Standards, organizational best practices for Person-Centred Care, Nursing Process, centre-specific policies and the Specialized Oncology Nurse Role description.

The seven key elements of the Clinic Expectations include

- Introductions, where the nurses are connecting with the patient/family
- Background information on the patient's trajectory of cancer care
- Comprehensive assessment
- Plan of care developed together with the patient and health care team
- Researched-based interventions integrating COSTaRs
- Evaluation in meeting patients' needs and concerns.
- The final key in Clinic Expectations discussed is documentation of nursing interactions.

The presentation will focus on the foundation and seven key elements of Clinic Expectation' which have resulted in the nurses now having a clear understanding of their role and responsibilities while working in the ambulatory oncology clinic.

Implementing the Adolescent/Young Adult Patient Navigator in the Adult Oncology Setting

Jodie R. Jespersen, BN, *Sarah McKillop, MD, Cross Cancer Institute, Edmonton, Alberta, Canada.*

In recent years there has been increasing awareness that the needs of adolescents and young adults (AYA) with cancer are different than older adults and children, leading AYAs to feel like 'misfits' in these current cancer systems. Though representing only 4% of total cancer diagnosis' in Canada each year, increasing incidence and survival rates of AYAs with cancer demands oncology nurses to consider strategies to support the needs of AYAs with cancer at initial diagnosis and beyond. The AYA patient navigator (AYAPN) role was established to facilitate age-appropriate assessment and support throughout the cancer journey.

This specialized oncology nurse received concurrent training in both patient navigation and AYA specific issues. With support of senior administration, initial contact with all patients between 17 and 29 years old was facilitated through bi-weekly reports of all eligible new referrals through the electronic medical record (EMR) system. The AYAPN makes early contact with newly diagnosed patients to identify needs, offer early access to psychosocial supports, and provide AYA specific support resources. While program established points for contact were defined, a unique AYAPN follow-up plan is developed with each AYA. While initially the data on AYAPN encounters was collected using the provincial patient navigator form in the EMR, modifications have been made to create an AYAPN template to better capture AYA needs/concerns and validate the AYAPN intervention.

Implementing AYAPN has clinically validated that the needs of AYAs with cancer are different and require AYA expertise to ensure excellence in care for this underserved population in oncology. With a >85% increase in initial contact with AYA's for dedicated age appropriate support the AYAPN intervention is an effective strategy for supporting AYA unique needs.

CLOSING CEREMONIES AND ABSTRACT PRESENTATION / CÉRÉMONIE DE CLÔTURE ET REMISE DE PRIX POUR ABRÉGÉS

Poster Presentations

SÉANCE D’AFFICHAGE

Exhibit Hall - Gray/Palmer/Pope

Group 1

Saturday October 27, 2018

10:15 AM - 10:45 AM

Exhibit Hall - Gray/Palmer/Pope

P-1

Care Pathways; A Holistic Approach to the Care Needs of the Head and Neck Patient

Tish Palfrey, LPN, Robin Moser, LPN, BC Cancer, Kelowna, British Columbia, Canada.

Patient centered and treatment specific care pathways have the potential to enhance the quality of care; improve consistency of care; promote patient safety; increase patient satisfaction; reduce patient suffering; and support patients to navigate a complex care system. Care pathways can illustrate a treatment plan; identify the team members during the treatment phase; and help guide patients throughout the treatment journey.

Patients diagnosed with a head and neck cancers often face complicated and radical treatment modalities. The location of these tumors and nature of their complex therapies can result in negative patient outcomes such as: significant side effect profiles; additional treatment related complications and symptoms; patients not coping with therapy; and lastly, patients abandoning therapy. Furthermore, navigating a multidimensional care system can prove challenging for a patient population who are potentially already compromised and vulnerable.

A care pathway that involves the right care provider, at the right time for the right care need can provide patients with clear definitive expectations which can promote patient autonomy and support holistic and therapeutic care.

This poster will demonstrate the value and impact a care pathway has had on the head and neck population in our Centre. As well, it will introduce a new self-reporting toxicity questionnaire offered to these patients receiving radiation therapy. This tool is utilized to evaluate patient needs and link the patient in with the right care provider when appropriate.

P-2

Supporting Family Caregivers of Children with Cancer in Keeping Hope Possible: Evaluation of a Psychosocial Intervention

Jill M. Bally, RN, PhD¹, Meridith Burles, PhD¹, Lorraine Holtslander, RN, PhD¹, Heather Hodgson-Viden, MD², Marcelline Zimmer, BHK³, Christopher Mpofo, MD⁴, ¹University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ²University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ³Ronald McDonald House Saskatchewan, Saskatoon, Saskatchewan, Canada, ⁴Saskatoon Cancer Agency, Saskatoon, Saskatchewan, Canada.

Evidence-based nursing care is essential to support families who are navigating challenges arising from a child's diagnosis of cancer or other life-threatening illness. Specifically, the integration of effective and convenient supportive tools into formalized care can help family caregivers in their management of illness-related challenges and family functioning. Furthermore, efforts to enhance hope are also valuable because hope has been identified as a critical resource for families facing uncertainty related to the child's cancer. Accordingly, a psychosocial support intervention, the Keeping Hope Possible Toolkit, was developed through a qualitative grounded theory study, Delphi study, and focus group interviews with parents and healthcare practitioners. The resultant self-administered support intervention for family caregivers is now being evaluated in a multi-phase, mixed methods study with participants from Saskatchewan. The aim of this presentation is to describe the study and progress to date. Namely, the research design and processes for the two phases will be outlined, including quantitative and qualitative data collection, findings from Phase 1, and preliminary data from Phase 2. Methodological successes and challenges emerging from this mixed methods study will also be identified with the aim of contributing to ongoing discussion of best practices for family-centred research within pediatric oncology. Implications of this research will be identified for nursing practice and future research in pediatric oncology and palliative care.

P-3

The Ethics of Online Research: Considerations for Research on Parents' Narratives of Pediatric Cancer

Meridith Burles, PhD, *Jill M. Bally, RN, PhD, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.*

Pediatric cancer introduces an array of challenges for families related to treatment, caregiving, and complicated emotions. Conducting research with this population is often difficult due to time and energy constraints, as well as the sensitivity of the topic. Additionally, parents' subjective views and priorities may not be captured in researcher-driven data collection methods. Therefore, novel approaches to research are required to enhance understanding of family experiences and support needs in oncology. Existing research indicates that parents frequently use the Internet during the pediatric cancer journey, including sharing their family experiences online for awareness, social support, and meaning-making purposes. Parents' online accounts can offer insights into families' everyday experiences and help to overcome barriers to research participation. However, there is debate about the ethics of including online content in qualitative research, particularly relative to issues of informed consent and confidentiality. This presentation will outline the varied ethical stances evident in existing literature about unobtrusive online research, as well as related practical issues. Ethical considerations for data analysis and dissemination of findings from online qualitative research will also be examined with respect to novel techniques for data representation. Conclusions will be made about the need for researchers and research ethics boards to show ethical awareness and flexibility when conducting unobtrusive qualitative research about personal accounts shared on the Internet, as insights gained from online content contribute to improving health knowledge and care.

P-4

Navigating the Patient Journey Between Health Authorities: A Process Improvement Project

Michelle Lafreniere, BScN, RN¹, *Kimberley Valkhard, BScN, RN, MHA¹, Theresa N. Zapach, BScN, RN², Katie Hennessey, BScN, RN, CON(C)¹, Melanie Cyr, BScN, RN³, Theadora Malczewska, BScN, RN, CON(C)³, Lindsay Cosgrave, BScN, RN³, Karolyn Blashko, BScN, RN³, ¹BC Cancer, Victoria, British Columbia, Canada, ³Royal Jubilee Hospital Island Health, Victoria, British Columbia, Canada.*

British Columbia is experiencing increased cancer incidence and a higher proportion of patients living with cancer. Systemic therapy options are more diverse and have increased in duration and complexity in response to advancements in diagnosis and treatment development. There are many new chemotherapy protocols requiring challenging management of infusional hypersensitivity reactions.

BC Cancer provides a comprehensive provincial cancer control program that plans, coordinates and evaluates cancer care with the health authorities. Island Health is the regional health authority on Vancouver Island, responsible for delivery of all inpatient chemotherapy with referrals originating from BC Cancer-Victoria. Patients frequently cross sites for care, yet there has not been consistent standardization or clarity of processes between health authorities. This has resulted in inefficiencies of both human and physical resources, negatively impacting the patient experience by causing frequent treatment delays, longer hospital stays, and inconsistent patient education.

Recognizing that optimizing the patient cancer journey is a shared responsibility, a multidisciplinary team of health care providers and patient partners were formed to look at processes. Value stream mapping and brainstorming were just two of many strategies that identified several key themes within current state processes. Chemotherapy education was a key theme prioritized in the group. This poster will share how nurse leaders, educators and front line staff from BC Cancer-Victoria and inpatient oncology on 8 South of the Royal Jubilee Hospital collaborated to develop a standardized approach to inpatient chemotherapy education. It will show that passion for our patients, our commitment to our work, and that opportunities supported by organizational leaders can improve processes across two separate health authorities.

P-5

Cancer and Treatment Related Symptom Management – Excellence in Oncology From Orientation to Practice

Jagbir Kaur, MN, Michelle Post, MN, Michelle Lafreniere, BScN, Jeevan Dosanjh, BSN, Andrea Knox, BSN, BC Cancer, Vancouver, British Columbia, Canada.

Poorly managed disease and treatment-related symptoms can result in treatment delays, increased distress, increased rates of hospitalization, and negatively impact a patient's quality of life. Oncology nurses in partnership with the inter-professional team, play a key role in providing support and symptom management to oncology patients. This presentation aims to share the experience of BC Cancer in supporting oncology nurses to provide symptom management from time of orientation to tools that support assessment and management in practice. We will highlight key BC cancer resources, many of which are easily accessible online, as well as lessons learned from a group of oncology educators throughout the province. An important focus of the presentation will include showcasing the newly updated symptom management guidelines, highlighting some of the key changes and strategies utilized to disseminate this resource amongst oncology nurses throughout British Columbia within all areas of practice including telephone care, ambulatory care, in-patient settings, and within the community.

P-6

Brachytherapy Review at BC Cancer Abbotsford Centre

Renelda Girouard, BSN, CON(C), CON (c), ONDEC^{1,2,3}, ¹BC Cancer, Abbotsford, British Columbia, Canada, ²University of Fraser Valley, Chilliwack, British Columbia, Canada, ³British Columbia Institute of Technology, Burnaby, British Columbia, Canada.

Brachytherapy is a key treatment modality for the management of a number of cancers. It is an essential curative modality for patients with gynecological tumours, and an important treatment option for patients with tumours of the prostate. Brachytherapy can also be used to treat patients with cancer of the lung, esophagus, vulva, urethra, penis and skin. Brachytherapy continues to evolve, both in terms of indications for use and the means by which treatment is planned and delivered. Most often patients require full anesthesia to undergo brachytherapy.

At BC Cancer Abbotsford Centre we have undertaken a full Brachytherapy Review to examine the current state analysis of processes as a baseline starting point. In this brachytherapy review, we have and will look at what is working well and not working well over the past years, and how we can continue to provide best patient care while ensuring we are utilizing all health care providers to their full potential. The review will address gaps and highlight areas of improvement and ways we can work better together with our host hospital and host health authority. With more services being added this a good opportunity to review our current resources and the potential impact it may have on patients and health care providers. Patient feedback is pivotal in this review and we will be able to share patient feedback related to their brachytherapy experience.

From a nursing perspective, we will review nursing process and flow to ensure we have maximized the number of patients per day to that we have created good accessibility for our patients. We will also look at the current gaps in nursing such as a lack of recruitment of recovery trained nurses which impacts the brachytherapy operational demands.

P-7**What is POSI? Putting the Patient Back in Patient Centered Care**

Elizabeth A. Barton, BNSc, *BC Cancer, Abbotsford, British Columbia, Canada.*

In an effort to create a plan of care based on patient reported outcomes a team of physicians, nurses, radiation therapists, and administrative personal came together to develop an assessment data base designed to put patient care back into the hands of the patient. In 2013 Prospective Outcomes, Supportive Initiatives (POSI) launched as a patient reported outcome (PRO) designed project in which patients are given tumor group specific questionnaires before and after radiation therapy. In person the patient is given an iPad to fill out POSI before beginning treatment. After treatment patients either fill out POSI on the iPad when seen for in clinic for follow up or telephone care nurses' complete questionnaires with the patient over the phone. Combining PRO's alongside patient assessments care is designed specifically for the needs that the individual identifies as important. The collection of this information is saved into a data base where radiation oncologists as well as nurses, dieticians, and patient and family counselors can view the patients rating of symptoms for the day at present as well as track changes from previous questionnaires. As POSI continues to grow and expand the opportunity for new nursing innovation and collaboration expands as well. Data for research can be obtained quickly and confidentially through this data base and thus POSI can serve to be a driving force in clinical and individual success with nursing at the forefront.

P-8**Excellence in Oncology, Management of Patients Receiving Immunotherapy**

Lourdes M. Abella, RN, CON(C), *Janet L. Giroux, RN(EC), BScN, CON(C), NP, Youngkyeong M. Kim, RN, BSN, Cancer Centre South East Ontario at Kingston Health Sciences Centre, Kingston, Ontario, Canada.*

Patient education and clinical advice are cornerstones of oncology nursing care. The use of immunotherapy is not new in the world of cancer, but its use in the treatment of cancer has grown across multiple disease sites over the last few years. Immunotherapy agents function as immune checkpoint inhibitors, activating the immune system to fight cancer. There are unique side effects associated with immunotherapy that require prompt and proactive assessment, and care coordination to enhance patient understanding of the seriousness of these events. Often a patient's knowledgebase is supplemented by the experiences of people they have known to have undergone traditional therapy. The immunotherapy patient would be at a disadvantage, due to the newness of this class of therapy. To bridge the gap and provide a firm educational foundation on which the patient may build their experience, nursing strategies to enhance immunotherapy patient outcomes are widely being developed by the primary nurses working in the cancer centres. The use of patient education methods, as well as more direct communication, can lead to improved patient understanding of side effects which may lead to earlier and more timely symptom management. Nursing telephone practice follow-up care can play a key role in the acknowledgment, grading and management of adverse events. The recognition that assistance is required to avoid treatment breaks or discontinuation of therapy becomes a natural development of this understanding. Ensuring patient safety and negating feelings of helplessness through early use of non-pharmacological interventions promotes increased adherence to treatment with improved outcomes. Immunotherapy agents offer new hope for cancer patients, but communication and education enhance and transform that hope into positive experience and confidence. This poster presentation will review the oncology nurses' steps to ensure the patient's experience is optimized and side effects are minimized.

Group 2

Saturday, October 27, 2018

3:15 PM - 3:45 PM
Exhibit Hall - Gray/Palmer/Pope

P-9

Introducing an Inter-departmental Program Providing Care for Acute Leukemia Patients Closer to Home

Fatima Canseco, BScN, MN, CON(C), *Patti Marchand, BScN, MN, CON(C), Durham Regional Cancer Center, Oshawa, Ontario, Canada.*

Historically, patients with acute leukemia living in the geographical area of a community hospital with a cancer center were required to seek all aspects of their care at a metropolitan cancer center away from home. The treatment for this diagnosis requires an initial hospital admission for chemotherapy followed by multiple appointments a week with the health care team for supportive care. The commute to the cancer center lead to increased fatigue, and the financial burden of travel served as an additional source of stress. The local cancer center did not have the necessary resources to support the complexities of these patients' entire trajectory of care. With increasing demand for services and expected growth, the local cancer centre was able to utilize its expertise and resources to build an organized and sustainable program to support care closer to home. They collaborated with the metropolitan cancer center to support follow-up appointments and supportive therapies between chemotherapy treatments. A task force with key stake holders from various departments at the hospital was created. This task force was able to assess the impact to their area, provide insight on capacity building, and identify any knowledge, policy and/or resource gaps. In the first year, the task force concentrated on hospital admission for febrile neutropenia, and improving collaboration between the two centres. An order set for febrile neutropenia was created to allow for consistency in care across the hospital. The local cancer center was formally identified as a shared care site to provide care closer to home between chemotherapy treatments. To improve communication between the two sites: an email distribution list involving the health care teams at both centres was established to support timely focused communication, and an electronic referral process for shared care patients was created. This poster will provide an overview of the journey and the successes and challenges along the way.

P-10

Collaborative Oncology Education to the Front Line Emergency Nurse

Amanda Lamarche, RN, BScN, CON(C), *Stephanie Crampton, RN, BSN, ENC (C), Royal Victoria Regional Health Centre, Barrie, Ontario, Canada.*

Background: With increasing needs for cancer services, Royal Victoria Regional Health Centre(RVH) and Simcoe Muskoka Regional Cancer Program(SMRCP) continue to strive for better quality care, representing excellence in Oncology: our patients, our passion. In 2017, clinical educators collaborated to provide focused learning to supplement current oncological knowledge, CVAD maintenance, care and occlusion certification.

Design: Resource assessment was initiated with the leadership teams. Variable factors that were assessed included: resources required, availability of staff, funding and time frame for completion. Emergency department (ED) leadership supported success of the initiative by funding each staff to attend a mandatory paid education session.

Method: 7 sessions were available inclusive of several formats: didactic with policy review, educator demonstration, nursing return demonstration, on-line learning module, and Regional learning package handout with quiz. Staff were provided the opportunity to seek clarification, network and share experiences. Post session feedback was requested and support of any outstanding challenges.

Outcomes: Sessions were attended by 75 % of ED nursing staff. Noted challenges of attendance included increased hospital volume and acuity. Additional sessions will be offered. Feedback included, limitations in current CVAD supplies, Alteplase availability and interprofessional communication of existing pre-printed order set.

Future Direction: Joint opportunity has been developed, strategies include working with the RVH procurement and project management to standardize central line supplies. Standardized education of oncological emergencies and a CVAD session have been added to the ED orientation. A sustainability plan for central line and oncological emergencies will be revisited on a bi-annual basis. Future opportunities include a partnership(SMRCP& ED) to expand the current Oncology Toxicity Assessment clinic including triage education.

P-11

A Passion for Knowledge: The Canadian Vascular Access Association (CVAA) Guidelines on Vascular Access and Infusion Therapy

Sheryl McDiarmid, AOCN, BScN, MBA, MEd., CVAA, CRNI, The Ottawa Hospital, Ottawa, Ontario, Canada.

Background: In 2014, CVAA membership indicated that national practice guidelines were a priority. The Board of Directors pledged to support the initiative through the development of a steering committee, commitment of financial resources, and engagement of membership to participate in the working group.

Design: The ADAPTE process, a methodology designed to take advantage of existing guidelines, was chosen for guideline development. Once selected, the guideline development group (GDG) applied the Appraisal of Guidelines for Research and Evaluation (AGREE II) tool to assess the guidelines. A consensus-based approach was used for topic selection, template design, and content development. A project charter outlining scope, timelines, deliverables, outcome indicators and financial commitments was developed. Draft guidelines were reviewed externally by patients/caregivers and clinicians.

Results: Fifty-five topics were identified and practice recommendations were developed, reviewed and accepted by the GDG. Topics were identified for subsequent toolkit development and a designated team identified to develop these guideline supports.

Implications for Practice: These recommendations can be broadly applied to support all healthcare professionals where vascular access and infusion therapy is a core function of their role. The Canadian Association of Oncology Nurses (CANO) has developed Standards of Care confirming the need for care based on theory, science based on evidence-based practice, best practice or available evidence. These practice recommendations support CANO's vision to advance oncology nursing excellence.

P-12

Patient Navigation: Defining and Validating the Role in Colorectal Screening in Saskatchewan

Lori Muz, RN, CON(C), Mardel Richards, RN, Saskatchewan Cancer Agency, Regina, Saskatchewan, Canada.

Patient Navigation has gained awareness and recognition as an emerging profession to join the discontinuities of a fragmented healthcare system. Historically, the concept of patient navigation dates back to the 20th century, but only gained strength during the 1970's patient rights movement. In 1990, the first navigation model was developed by Dr. Harold P. Freeman, a Surgical Oncologist at Harlem Hospital. Dr. Freeman identified and integrated this fundamental role. In 2018, the justifications for Patient Navigators remain true. These include the need to eliminate the barriers of timely cancer care for screening, diagnosis, treatment and supportive care. In Canada, more studies at the oncology and screening level are being researched to establish the efficacy of Patient Navigation. There is a developmental need for a framework to greater standardize this profession. This framework would apply throughout the cancer control continuum.

The Colorectal Screening Program in Saskatchewan is a population-based program that has incorporated patient navigation as an integral part of the vision for quality, seamless care for clients. This aligns with the mission of the Saskatchewan Cancer Agency: to provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. This presentation will include a review of the origin of the colorectal screening program using navigation, an analytical summary, and a framework for the standardization of this role.

P-13

Chemotherapy Medication Reconciliation at Winchester District Memorial Hospital

Jacqueline McMillan, RN, Michelle C. Renaud, BScN, CHPCN, CON(C), Penny Webster, BScN, Emily Mulligan, BSc, Mohamed Gazarin, B.Pharm., Dr., Joanne Leclair, B.Pharm., Winchester District Memorial Hospital, Winchester, Ontario, Canada.

A medication reconciliation quality improvement project

It has been well documented that the system of chemotherapy medication reconciliation is far from perfect in many organizations/hospitals. This has the potential to adversely affect patients as well as decrease therapeutic care from reaching its full potential. The best practice would be to have every chemotherapy patient's medications reconciled successfully, identify and correct any concerns or discretions. Throughout the course of their condition chemotherapy patients will be treated with numerous medications, including those already being taken prior to initiating chemotherapy, those treating the condition, those managing the side effects, and possible new medication orders.

To work towards best practice, WDMH has implemented strategies that will systematically raise the quality and safety of patient care, and the value of the medication reconciliation.

WDMH utilizes a program funded by the government of Ontario, called 'MedsCheck', which provides funds to help pharmacists assess and compile an accurate/ complete medication list for patients. At baseline the process is: the nurse assesses if a patient meets the criteria, a form is employed in the chemotherapy department by the nurses which is sent to the retail pharmacy of the patient, requesting that they complete a Meds Check. The retail pharmacy is responsible for the reconciliation of medications taken prior to initiating chemotherapy and communication to the pharmacy at WDMH who review the medication list for any safety concerns or interactions to chemotherapy. Results are documented in OPIS and if appropriate, those involved are updated of any suggested changes.

We used a variety of qualitative measures to review the current process and understand the barriers to achieving the full potential of a medication reconciliation program in assessing chemotherapy patients' medications and the possible clinical significance.

P-14

Safety Profile of Nivolumab (NIVO) and Ipilimumab (IPI) Combination Therapy in Patients (pts) With Advanced Melanoma (MEL)

Sonia Harnois, RN, BScN²⁰, Wendy Hauck, PhD²⁰, Sznol Mario, MD¹, Pier Ferrucci, MD², David Hogg, MD³, Michael Atkins, MD⁴, Pascal Wolter, MD⁵, Massimo Guidoboni, MD⁶, Celeste Lebbe, MD⁷, John Kirkwood, MD⁸, Jacob Schachter, MD⁹, Gregory Daniels, MD¹⁰, Jessica Hassel, MD¹¹, Jonathan Cebon, MD¹², Winald Gerritsen, MD¹³, Victoria Atkinson, MD¹⁴, Luc Thomas, MD¹⁵, John McCaffrey, MD¹⁶, Derek Power, MD¹⁷, Joel Jiang, PhD¹⁸, Stephen Hodi, MD¹⁹, Jedd Wolchok, MD²¹, ¹Yale University School of Medicine and Smilow Cancer Center, Yale-New Haven Hospital, New Haven, Connecticut, United States, ²Istituto Europeo Di Oncologia, Milan, , Italy, ³Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁴Georgetown-Lombardi Comprehensive Cancer Center, Washington, District of Columbia, United States, ⁵Department of General Medical Oncology, University Hospitals Leuven, Leuven, , Belgium, ⁶Immunotherapy and Somatic Cell Therapy Unit, IRCCS IRST, Meldola, , Italy, ⁷Hôpital Saint-Louis, Paris, , France, ⁸Hillman Cancer Center, Pittsburgh, Pennsylvania, United States, ⁹Ella Lemelbaum Institute of Melanoma, Sheba Medical Center, Ramat Gan, , Israel, ¹⁰University of California, San Diego, Moores Cancer Center, San Diego, California, United States, ¹¹University Hospital Heidelberg, Heidelberg, , Germany, ¹²Cancer Immunobiology, Olivia Newton-John Cancer Research Institute, Melbourne, Victoria, Australia, ¹³Department of Medical Oncology, Radboud University Medical Center, Nijmegen, , Netherlands, ¹⁴Gallipoli Medical Research Foundation and Princess Alexandra Hospital, Brisbane, Queensland, Australia, ¹⁵Centre Hospitalier Lyon Sud, Lyon, , France, ¹⁶Irish Clinical Oncology Research Group, Dublin, , Ireland, ¹⁷Irish Clinical Oncology Research Group, Cork, , Ireland, ¹⁸Bristol-Myers Squibb, Princeton, New Jersey, United States, ¹⁹Dana-Farber Cancer Institute, Boston, Massachusetts, United States, ²⁰Bristol-Myers Squibb, Saint-Laurent, Quebec, Canada, ²¹Ludwig Center at Memorial Sloan Kettering Cancer Center, New York, New York, United States.

Background: Nivolumab is a fully human IgG4 programmed death-1 (PD-1) immune checkpoint inhibitor antibody approved for the treatment of advanced or metastatic renal cell carcinoma (aRCC) after treatment with antiangiogenic therapy. Ipilimumab is a human cytotoxic T-lymphocyte antigen-4 (CTLA-4) immune checkpoint inhibitor antibody approved for treatment of metastatic melanoma.

CheckMate 214 was the first phase III trial to demonstrate superiority of nivolumab plus ipilimumab (N+I) versus standard-of-care sunitinib (S) in the first-line treatment of intermediate/poor-risk aRCC patients, with a manageable safety profile⁴.

Here, additional safety data from CheckMate 214 to better define the benefit-risk profile of N+I combination therapy in first-line aRCC will be reported.

Methods: Adults with clear cell aRCC were randomized 1:1 to N 3 mg/kg plus I 1 mg/kg every 3 weeks for four doses (induction) then N 3 mg/kg every 2 weeks (maintenance), or to S 50 mg orally once daily for 4 weeks (6-week cycle), as presented previously.⁴ Patients treated with N+I had to discontinue both nivolumab and ipilimumab if they had a treatment-related AE during the induction phase that required discontinuation, and could not continue on to nivolumab maintenance therapy.

Results: A total of 1,096 patients were randomized (patients treated: N+I, n = 547; S, n = 535)

The median (95 % confidence interval [CI]) duration of treatment for all treated patients was 7.9 months (6.5–8.4) with N+I and 7.8 months (6.4–8.5) with S

- In all, 79 % of patients received all four doses of ipilimumab in combination with nivolumab
- Among patients treated with N+I, N dose delays occurred in 58 %, and I dose delays occurred in 27 %; among patients treated with S, dose delays occurred in 59 %, and dose reductions in 53 %

Conclusions: The overall safety profiles of both N+I and S were consistent with expectations based on previously reported data in terms of AE type, frequency, and severity^{5,6}.

Most treatment-related select AEs were low-grade with median onset occurring during the induction period; most resolved and were manageable using the recommended treatment guidelines for early workup and intervention.

P-15

The Implications of Marijuana Utilization in our Transplant Population

Kristen Brazel, BScN^{1,3}, Leslie Lepage, BScN¹, Phillip Nguyen, BScN^{1,2}, ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.

Medicinal marijuana is a substance that has become an important complimentary therapy to manage treatment associated side effects for oncology patients. With recent changes to Canadian legislation, this substance is now accessible with a prescription, and available in various formats. Patients now have the option to inhale, ingest, or absorb (via sublingual, per rectum, or topical routes) their marijuana. Currently there is very little research to determine the best method to administer medical marijuana. Patients who undergo stem cell transplants may suffer from potentially debilitating side effects such as nausea, vomiting, weight loss, cachexia, and pain resulting from conditioning treatments. Along with the potential benefits, there are also potential drawbacks to marijuana use—especially in our neutropenic patients. We need to be concerned about drug interactions, overuse/abuse, polypharmacy, risk of potentially deadly fungal pulmonary infections, dosing, and exacerbation of certain pre-existing health conditions.

Due to the lack of available research, many healthcare professionals, are lacking in information to effectively counsel patients in using medical marijuana. Currently, many institutions have not provided nurses with any formal training. If healthcare professionals are not willing to discuss medicinal marijuana as a symptom management option, patients are forced to look elsewhere for information—and possibly supply.

The authors of this abstract intend to explore the various medicinal marijuana options available; risks and benefits of using marijuana in patients who have received a stem cell transplant.

Group 3

Sunday, October 28, 2018

10:30 AM - 11:00AM
Exhibit Hall - Gray/Palmer/Pope

P-16

Cancer Coaching: Model of Activation

Patricia Barrett-Robillard, RN, BScN, MNRS, CHN(C), Cancer Coach¹, Michelle Renaud, RN, BScN, CHPCN(C), CON(C) Cancer Coach², Linda Eagen, MBA, Founder, Cancer Coaching, President and CEO¹, ¹Ottawa Regional Cancer Foundation, Ottawa, Ontario, Canada, ²Winchester District Memorial Hospital, Winchester, Ontario, Canada.

As cancer care providers, we know clients with cancer have growing needs and demands for supportive care. Registered health care professionals are well positioned to understand the client, family and the cancer care system. In supporting cancer survivors, interventions that develop client capacity are gaining widespread attention.

Cancer Coaching, developed by the Ottawa Regional Cancer Foundation, is a model of care for clients or their loved ones in the community who are facing cancer. This comprehensive, person-centered service is delivered by Cancer Coaches; regulated health care professionals who provide problem-solving, decision-making and skills-development support to clients, their families and caregivers. Coaches and clients enter into a partnership that includes engagement and empowerment. Clients set measurable goals toward improving their quality of life and capacity to manage their disease. Coaches receive training through the Cancer Foundation's Cancer Coaching Certification Program.

Studies have shown significant differences in anxiety and depression, lower distress levels, and improved physical quality of life for Cancer Coaching clients and their families. A recent Harvard Institute of Coaching study found that, in terms of self-management, Coaching outperforms other advice-giving based approaches in 80 % of clinical trials. The Coaching Program at the Ottawa Regional Cancer Foundation is so popular that expansion is well underway to bring this model of care to the cancer population in outlying areas of Ottawa.

P-17

Implementation of Medical Directive to Support Nicotine Replacement Therapy in an Ambulatory Cancer Center

Anne Dionne, BA, RN, Robin Morash, BScN, MHS, RN, Guylaine Brazeau-Paquette, RN, Deborah Marshall, BN, RN, Angela M. Blasutti-Boisvert, RN, BScN, CON(C), The Ottawa Hospital, Ottawa, Ontario, Canada.

RNAO recommends integrating Tobacco Intervention into daily nursing practice. This means that health care providers should be able to support individuals who use tobacco in all care settings including outpatient care. The implementation of evidence based guidelines such as the Ottawa Model for Smoking Cessation emphasize that clinicians should consistently identify and treat all tobacco users with available counselling, treatments and pharmacotherapies. Evidence alone is insufficient to change routine clinical practice. There is a need to alter practices so that smoking cessation support is systematically and easily provided to all patients who smoke, as a routine part of care.

Smoking cessation in the cancer patient has many benefits including improved effectiveness of radiotherapy, improved efficacy of chemotherapeutic treatments, fewer complications after surgery including infections and shorter recovery times post-surgery. As of January 1st 2018, our tertiary care institution was designated as a smoke free environment. This challenged us to help support patients who were no longer allowed to smoke on the hospital premises and perhaps initiate smoking cessation in the cancer patient.

The purpose of this poster is to outline how nicotine replacement therapy (NRT) in cancer patients was optimized at our center following the development and implementation of a Medical Directive for use by nurses. This directive is targeted at patients who smoke tobacco and are experiencing withdrawal symptoms in the outpatient chemotherapy and radiation therapy treatment setting.

P-18**Maximizing The Scope Of Practice In The Oncology World: Registered Practical Nurse Working In The Ambulatory Cancer Center**

Shawna L. Ropson, RPN, Jennifer Baker, RPN, Alyson McQueen, RN, BScN, Simcoe Muskoka Regional Cancer Center, Barrie, Ontario, Canada.

Purpose: In our ambulatory care center, we have expanded the roles of the registered practical nurse (RPN) as we have identified ways to increase productivity and patient flow. There is a growing demand for oncology nurses and this new model has improved efficiency to our increasing population. RPN'S are currently running as a supportive treatment area, leading all bone marrow procedures and have helped initiate a combined skin care clinics in our Facility.

Background: With the impending Oncology nursing shortage, it's imperative we utilize all health care professionals to their full scope of practice. To no surprise, educational opportunities for RPNS continue to expand. Courses are now being offered for RPN's through Desouza, Oncology Nursing Society and Community Colleges. RPN's can now obtain Oncology Certificates specific to their designation. These specialty courses are of great benefit as the cancer population continues to expand while patients are facing longer trajectory for treatments.

Methods: RPN's have been present in our cancer Center since 2016. Throughout this presentation we will be discussing the 3 factor framework and the decisions leading up to these changes and the positive impact it has had on our patients and staff.

Results: By expanding the RPN's roles we have been able to improved workload for the Registered Nurse (RN), developed access to the combined skin clinic, implement changes to the bone marrow process, and decrease wait times for our patients.

Conclusion: Caring is every nurses passion, with the goal that every patient receive the best care possible. The impending nursing crisis will soon become more challenging as our patient population increases and the Oncology nursing shortage continues to rise. By expanding the roles, we have been able to manage our patients more efficiently while improving the work load for the RN.

P-19**Peer Support – The Value of the Lived Experience in an Online Environment**

Laura Burnett, RN, BScN, MPH, Danielle VandeZande, BA, Lacey Horta, BA, Canadian Cancer Society, Hamilton, Ontario, Canada.

Peer support has long been documented in the literature as an important method of connection during a difficult life experience. The value of peer support has been explored in a variety of health care contexts including mental health, chronic disease and cancer. Despite this literature base, there continue to be concerns voiced about the value of this support for patients.

The Canadian Cancer Society provides peer support in a variety of forms; in person, over the phone and online for both patients and caregivers. The online community, CancerConnection.ca, provides support that fits outside of the box. It's easy to access, providing 24/7 information and support in an environment where community members "get it". The community is supported by CCS moderators and by a team of engaged super users, or Community Mentors, who help to identify the needs of the community and build content. This presentation will seek to explore the reported value derived from this type of peer support service.

A survey of community members was initiated in late 2017 resulting in n=232 completed surveys that provided information and context regarding the value of the community and the support received through participation. This quality assurance data will be presented in addition to qualitative interviews with client participants.

Group 4

Sunday, October 28, 2018

3:15 PM - 3:45 PM
Exhibit Hall - Gray/Palmer/Pope

P-20

Transfer of Care: Effective Communication to Promote Improved Patient Experience and Outcomes

Nazanin Nouriany, RN, MScN, CCRP, CON(C), *Jared G. Cullis, BNSc, CON(C), RN, Taylor Cline, BNSc, CON(C), CHPCN(C), RN, Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

As the world of cancer research continues to evolve, clinical trials remain a vital component to discover new treatment modalities in the fight against cancer. At Princess Margaret Cancer Centre, up to 20% of patients will be a part of a clinical trial. Across Canada, this percentage is closer to 5%. As cancer treatment evolves, it is imperative that our nursing care and culture does as well in order to support our patients appropriately. There remains a dichotomy of care between patients participating in a clinical trial and patients who are on standard therapies. Nursing practice and processes can be different for each, and ultimately the patient is affected by this. Reflecting on our practice, there has not been a formal way of transitioning patients between different types of treatment and care. As clinical trial nurses, we have designed a standardized worksheet for nurses to efficiently provide more effective transition of care. The worksheet is straight forward, quick and easy to complete. The form facilitates effective communication and collaboration between clinical trial nurses and clinic nurses.

Our initiative is grounded in improving continuity of care for the patient as they transition between the two modalities. We will discuss the worksheet components, feasibility amongst disease sites, feedback received, and other positive implications of the handover standardization process.

P-21

Building Community Among Provinces, Professions and Patients through the Development of Patient and Caregiver Resources

Stephanie A. Freire, MRT(T), BSc, PEICTC, *Charlottetown, Prince Edward Island, Canada.*

Purpose: To foster patient-centred care initiatives and improve patient education materials within a Radiation Therapy (RT) program, a multicenter, multi-disciplinary collaboration was sought in partnership with patients and families.

Materials and Methods: Three patient education/engagement initiatives were undertaken through collaboration across 6 RT centres, 4 provinces and multiple disciplines (radiation therapy, physics, radiation oncology, nursing, nutrition, and speech language pathology): quality display board, skincare and head and neck RT patient education. Patients and caregivers were involved through membership in the committees, completion of surveys and development of the proposed tools.

Results: The quality display board has been visible in patient waiting areas of 3 regional RT centres since September 2016. Greater than half of the surveyed patients and caregivers reported that the information displayed on the quality display boards made them feel more comfortable with their oncology treatment. 93% answered 'somewhat or very interested' to the question: are you interested in our slide show? When asked: Do you think other patients and family members would be interested in our slideshow, 96% responded 'somewhat or very interested'. A standardized evidence-based skin care guideline including a patient and caregiver resource has been used in 5 Cancer Centres since October, 2015. The committee for the management of head and neck RT side effects is currently in the process of amalgamating resources to create a standardized patient education tool to be used in all 6 centres.

Conclusions: These three patient education initiatives provide evidence of the feasibility of patient centred care initiatives that can be fostered through multi-disciplinary, multicenter collaborative efforts. Partnership with patients and caregivers was an integral component of these collaborative initiatives.

P-22**Quality Dying and Living Initiative: Family Survey Results Recommendations to Prepare and Support Families at End-of-Life**

Kalliopi Stilos, BScN, MScN, CHPCN(C), Sunnybrook Health Science Centre, Toronto, Ontario, Canada.

Sunnybrook Health Science Centre embarked on an institution-wide strategy to improve the quality of the experience for patients and their family in the final year of life. Multiple interventions were employed to address eight domains of care identified as important elements of care at the end-of-life (EOL). To evaluate the success of these measures, a modified picker survey is mailed to family members 4-6 weeks following the death of a patient. A thematic synthesis was conducted of the survey responses to evaluate associations to the domains of care. Next, potential areas for improvement were identified. The survey responses recognized communication barriers as the primary inefficiency of care provided at EOL. Family members cited the primary gap being not receiving enough information to feel prepared and supported at EOL. Recommendations focus on improving communication skills for physicians and nurses involved in EOL care of patients to help them navigate difficult conversations.

P-23**Development of an Initial Patient Completed Questionnaire in the Ambulatory Care Setting**

Carolyn Fifield, MSc(A), RN, CON(C), Lynda Eastham, RN, CON(C), Suzanna Sancton, RN, CON(C), Launa Penney, RN, Angela Whynot, BScN, RN, CON(C), Joan Hamilton, RN, BN, MSc(A), Nova Scotia Health Authority, Halifax, Nova Scotia, Canada.

The nursing practice council (NPC) in a cancer care centre was reviewing nursing practices and processes to identify areas that could be streamlined. These specialized ambulatory care nurses wanted to maximize efficiencies in the system in order to spend as much time as possible understanding and helping manage patient's cancer experiences. The use of patient completed questionnaires in other cancer centres has been in effect for many years. The NPC wondered if this could be a time saving approach to our initial assessment process. After reviewing the literature to verify this approach as reliable and valid, the NPC collected various tools from other cancer centres. The information gathered was used to guide the development of our initial patient completed questionnaire and distress screen: 'General Information about You'.

A 6 month pilot of the questionnaire was conducted by members of the NPC and our evaluation found that although this approach did not save time (but nor did it take more time), the information obtained was far more meaningful and comprehensive. The transition to patient completed forms was surprisingly easy and well received by patients. A second trial by all nurses in this setting is underway and, if positive, we hope to work with the physician group to develop a patient completed 'Health History and Symptoms' questionnaire. The interdisciplinary team would then use the collected information collaboratively to provide the best possible care for our patients.

This poster presentation will identify the process used to develop the questionnaire, the evaluation to date, and future plan.

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Purdue Pharma (Canada) est une entreprise de recherche pharmaceutique et de soins de santé grand public présente au Canada depuis plus de 60 ans. Ses 400 employés ont pour objectif d'améliorer la santé et la qualité de vie des Canadiens. L'entreprise offre une vaste gamme de médicaments sur ordonnance et en vente libre, notamment des traitements sur ordonnance contre la douleur, le TDAH, les nausées et vomissements induits par la chimiothérapie, diverses affections ophtalmiques et des produits de soins de santé aux consommateurs. L'entreprise soutient la formation fondée sur des données probantes en appui à l'innocuité de ses produits. Des activités de recherche et développement intégrés, de formulation pharmaceutique et de fabrication se déroulent à son siège social de Pickering, en Ontario. Société privée fondée par des médecins, Purdue Pharma (Canada) est associée de manière indépendante au réseau d'entreprises multinationales Purdue/Napp/Mundipharma. Pour en savoir plus, veuillez visiter www.purdue.ca.

Sanofi-Genzyme

Sanofi is dedicated to supporting people through their health challenges. We are a global biopharmaceutical company focused on human health. We prevent illness with vaccines, provide innovative treatments to fight pain and ease suffering. We stand by the few who suffer from rare diseases and the millions with long-term chronic conditions.

As the specialty care global business unit of Sanofi, our work is focused in the areas of rare diseases, multiple sclerosis, oncology, and immunology. Each day we continue to advance new therapies, demonstrating our commitment to making a positive impact on the lives of patients around the world.

With more than 100,000 people in 100 countries, Sanofi is transforming scientific innovation into healthcare solutions around the globe.

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Making the human connection

For more than 40 years, Taiho Pharmaceutical Co. has been a pioneer in the field of oral cancer therapies in Japan. Now, we can proudly announce our dedication to making novel cancer therapies available for patients across Canada.

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Takeda Canada is delivering better health for Canadians through leading innovations in gastroenterology and oncology. Takeda's top priority is the health of Canadians; their well-being is central to our work and drives our commitment to deliver a diverse portfolio of innovative treatments in specialty care. Takeda Canada's vision is to be an agile, best-in-class specialty care provider focusing in the areas we work to serve the needs of Canadian patients. To find out more about Takeda Canada and our commitment to Canadians, visit www.takeda.com/en-ca

Teva Canada Innovation

At Teva Canada Innovation, we're committed to supporting you in helping your cancer patients get back to the lives they want to live. With over 100 years of experience, we have developed a powerful portfolio of effective medicines to treat a range of cancers. Ultimately, giving patients the strength to get out of the hospital and enjoy every beautiful moment.

Teva Canada Innovation est résolu à vous soutenir pour aider vos patients atteints du cancer à retrouver la vie qu'ils veulent vivre. Misant sur plus d'un siècle d'expérience, nous avons mis au point une gamme étendue de médicaments efficaces pour combattre de nombreux cancers. Le but ultime est de donner aux patients la force nécessaire pour sortir de l'hôpital et savourer chaque beau moment de la vie.



Presented by Lilly Canada's Oncology team, the Canadian Association of Psychosocial Oncology and the Canadian Cancer Survivor Network, the **Lilly Oncology on Canvas Canada** art program honours the journeys people face when confronted with a cancer diagnosis.

*Creative expression is more than just an outlet.
It's a way for anyone touched by cancer to share hope.*

Art submissions are welcome from Canadian individuals diagnosed with any type of cancer, as well as their families, friends, caregivers and healthcare providers.

All submissions will have a donation made in the participant's honour to the cancer-related charity of their choice, and the artwork may be showcased at various events across Canada.



Forest For The Trees

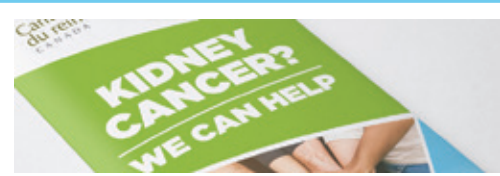
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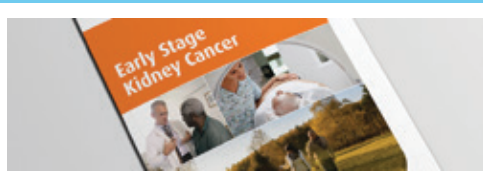


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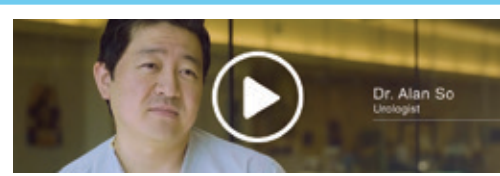
Kidney Cancer Canada Brochure - An overview of Kidney Cancer Canada with free services offered to patients and caregivers.



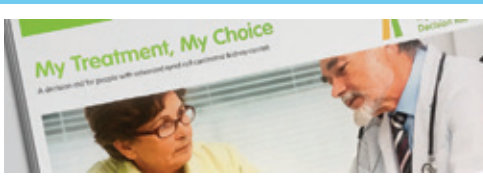
Early Stage Kidney Cancer - A book with an overview of early stage kidney cancer, explanations of available treatments, follow-up care and how to live well with the effects of kidney cancer.



Exercise Guidebook for Kidney Cancer Survivors - Helps kidney cancer survivors increase exercise levels, limit sitting time, and increase quality of life.



Video Knowledge Library - Kidney cancer experts answer frequently asked questions from patients.



My Treatment, My Choice Decision Aid - Helps clinicians guide patients through advanced kidney cancer with tools for collaborative treatment choices.

“Kidney Cancer Canada is a marvellous source of support and information for my patients.”

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Please consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00043592.PDF for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-844-MI-TAIHO (1-844-648-2446).

mCRC=metastatic colorectal cancer.
Fictitious patient. May not be representative of all patients.

Reference: 1. LONSURF[®] Product Monograph. Taiho Pharma Canada, Inc. January 23, 2018.
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Lonsurf
(trifluridine and tipiracil) tablets

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NINLARO[®] [ixazomib (as ixazomib citrate)] in combination with lenalidomide and dexamethasone is indicated for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.¹

CONTINUOUS TREATMENT WITH NINLARO[®] + LEN/DEX

Continuous treatment until disease progression or unacceptable toxicities. The recommended starting dose of NINLARO[®] is 4 mg (one capsule) administered orally once a week on Days 1, 8, and 15 of a 28-day treatment cycle.



Consult the Product Monograph at www.takeda.com/en-ca/ninlaropm for contraindications, warnings and precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-866-295-4636.

LEN: lenalidomide; DEX: dexamethasone.

Reference: 1. NINLARO[®] Product Monograph. Takeda Canada Inc. August 3, 2016.



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NINLARO[®]
ixazomib (as ixazomib citrate)

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*Comparative clinical significance not established.





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EVERY **4** WEEKS

OR

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mg

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OR

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mg/kg

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Adapted from Product Monograph¹

Please see the OPDIVO Product Monograph for complete treatment modification and administration instructions.

Continue treatment as long as clinical benefit is observed or until treatment is no longer tolerated by the patient.¹

OPDIVO is indicated for the treatment of:

- Unresectable or metastatic BRAF V600 wild-type melanoma in previously untreated adults.
- Adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumour aberrations should have disease progression on a therapy for these aberrations prior to receiving OPDIVO.

Please consult the OPDIVO Product Monograph at https://www.bmscanada.ca/en/pm/OPDIVO_EN_PM.pdf for indications, contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling us at: 1-866-463-6267.

References: 1. OPDIVO Product Monograph. Bristol-Myers Squibb Canada Co. 2. Data on file, Bristol-Myers Squibb Canada Co.

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Teva Canada est résolu à vous soutenir pour aider vos patients atteints du cancer à retrouver la vie qu'ils veulent vivre. Misant sur plus d'un siècle d'expérience, nous avons mis au point une gamme étendue de médicaments efficaces pour combattre de nombreux cancers. Notre objectif : redonner aux patients la force nécessaire pour quitter l'hôpital et retrouver un équilibre de vie.



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