@CANO/ACIO

SUMMER 2026

SEE YOU IN MONTRÉAL!

EARLY BIRD REGISTRATION IS NOW OPEN

Join us in vibrant **Montréal, Québec**, from **October 22–25, 2026,** for the CANO/ACIO 2026 Annual Conference at the beautiful **Hôtel Bonaventure Montréal.**

This year's conference theme, ***Stronger Together: Advancing Oncology Nursing through Collaboration and Innovation***, celebrates the power of partnership, knowledge sharing, and innovation in shaping the future of oncology nursing across Canada.

Whether you're looking to expand your clinical expertise, discover the latest evidence and best practices, engage with inspiring keynote speakers, or reconnect with colleagues from coast to coast, the CANO/ACIO Annual Conference offers something for every oncology nurse. From thought-provoking educational sessions and interactive workshops to networking opportunities and our unforgettable Hollywood-themed Social Event, Montréal promises an experience that is both professionally rewarding and personally memorable.

Early Bird Registration is now open! As a CANO/ACIO member, you'll enjoy exclusive discounted registration rates, making this the perfect time to secure your spot.

Not a member yet? Join CANO/ACIO today to take advantage of member pricing before the Early Bird **deadline of August 31, 2026.**

We look forward to welcoming you to Montréal as we come together to learn, collaborate, and continue advancing oncology nursing—**stronger together.**

Register today and save! **Register Now**

Registration	Early Bird Rate (Ends Aug 31, 2026)	Regular Rate (After Aug 31, 2026)
CANO/ACIO Member	**$600** + tax	$700 + tax
Non-Members	**$950** + tax	$1,300 + tax
Graduate Student Member	**$300** + tax	$350 + tax
Student/Non-Practicing Member*	**$150** + tax	$150 + tax
Daily Rate CANO/ACIO Member**	**$300** + tax	$350 + tax
Daily Rate Non Member**	**$475** + tax	$600 + tax
Low and Middle Income Countries (LMIC) Delegate	**$200** + tax	$250 + tax

UPCOMING EVENTS

2026 CANO/ACIO ANNUAL CONFERENCE

Early Bird rates end on August 31 – Register Now!
October 22 – October 25, 2026 • Montreal, Quebec

https://www.cano-acio.ca/page/cano2026

WEBINAR: TRANSLATING AI INNOVATION INTO BREAST CANCER CARE: LESSONS FROM THE DEVELOPMENT OF ASKELLYN.AI

Wednesday, August 26, 2026
Time: 9 AM PT / 12 PM ET

Presenter: Amina Silva

Click here to Register

CONJ HIGHLIGHTS

Development of standards of care for Canadian cellular therapy nurses

Élaboration des normes canadiennes de soins infirmiers en thérapie cellulaire

Cheryl Page, Angie Bauder, Lidia Cosencova, Laurie Ann Holmes, Sara Joyce, Meighan Kozlowski, Colette Longworth, Stephanie Maier, Joyce McAfee, Amanda McLean, Robin Pommier, Rebecca St. Jean, Ali Vavra

Continuing education needs of nurses caring for patients undergoing CAR T-cell therapy for hematological malignancies: A Canadian survey

Besoins de formation continue des infirmières pour la prise en charge des patients traités par thérapie CAR-T à la suite d'un cancer hématologique : un sondage canadien

Ines Ben Henda, Caroline Arbour, Karine Bilodeau

HELP BUILD THE BUZZ FOR MONTRÉAL 2026!

The excitement is building for CANO/ACIO 2026 in Montréal, and we'd love your help in spreading the word!

Whether you're attending, presenting, exhibiting, sponsoring, or simply looking forward to connecting with oncology nursing colleagues from across Canada, our 2026 promotional toolkit makes it easy to share your excitement.

Inside, you'll find ready-to-use graphics and social media assets to announce your participation, promote the conference, and invite others to join you in Montréal. Together, we can build excitement, strengthen our oncology nursing community, and make #CANOACIO2026 our biggest conference yet!

Download the promotional toolkit today and start sharing!

Access the Toolkit Here

EXPERIENCE MONTRÉAL LIKE A LOCAL – LPC PICKS!

While you're in Montréal for the CANO/ACIO 2026 Annual Conference, why not take some time to experience everything this vibrant city has to offer?

Our Local Planning Committee (LPC) has put together a list of their favourite places to help you make the most of your visit. Whether you're looking to savour Montréal's renowned culinary scene, stroll through historic neighbourhoods, explore cultural landmarks, or unwind after a day of learning, there's something for everyone.

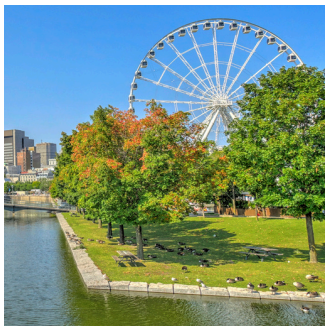
Some LPC favourites include:

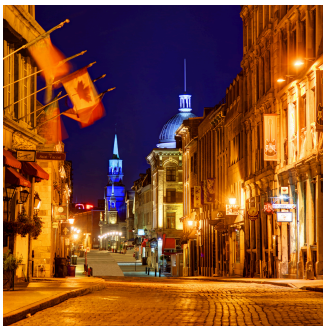
- Wandering the charming streets of Old Montréal (Vieux-Montréal)
- Enjoying Montréal's iconic cafés, bakeries, and local cuisine
- Discovering museums, art galleries, and unique boutiques
- Taking in the beautiful views from Mount Royal Park
- Experiencing Montréal's lively restaurants, patios, and nightlife
- Exploring local markets and neighbourhood gems recommended by our LPC

Whether you're extending your stay, arriving early, or simply exploring between conference sessions, Montréal offers the perfect blend of history, culture, and unforgettable experiences.

Be sure to check out the LPC's favourite recommendations and start planning your Montréal adventure today!

Experience Montréal





MEMBER SPOTLIGHT: BENEDICTA HARTONO, QUEBEC CHAPTER

Gabrielle Chartier, Quebec Chapter

WHAT INSPIRED YOU TO WORK IN ONCOLOGY NURSING?

I have always wanted to work in oncology. My grandfather was a surgical oncologist, and although I never had the opportunity to work alongside him, choosing oncology has always felt like a way of carrying on a small part of his legacy. My curiosity and love of learning initially led me to complete an undergraduate degree in Pharmacology, which has helped me better understand the mechanisms behind cancer therapies and explain them to my patients in a way that is meaningful and accessible. When I started my nursing career in 2021, I knew oncology nursing was where I wanted to be. Over the past few years, I have had the opportunity to experience oncology nursing from different perspectives: as a nurse clinician, a nurse educator and as a graduate student researcher. I am now back in an outpatient oncology clinic providing direct patient care. Each role has reinforced my passion for oncology and the impact nurses have across the cancer continuum. This fall, I will be starting my PhD in Nursing at the Université de Montréal under the supervision of Dr. Karine Bilodeau. My research will focus on understanding the systemic and intersectional barriers to self-management learning among adolescents and young adults after cancer treatment, with the goal of informing more accessible and equitable survivorship support resources.

HOW DID YOU BECOME INVOLVED IN CANO?

My involvement within the Quebec Chapter started when I participated as a presenter and a volunteer at the annual conference. I later joined the conference organizing committee. Those experiences introduced me to an incredible community of oncology nurses and inspired me to continue contributing. I eventually joined the Board of Directors where I currently serve as Treasurer and have had the opportunity to support initiatives that advance oncology nursing in Québec. This year, I am excited to be presenting an oral presentation at the CANO annual conference in Montreal.

FAVORITE THING ABOUT BEING AN ONCOLOGY NURSE?

What I love most about oncology nursing is the perfect balance between humanity and science. It allows us to build meaningful, lasting relationships with our patients while working in a field that is constantly evolving. With new treatments, research, and innovations emerging every day, oncology continually challenges me to learn and grow as a clinician. I also love empowering patients through education. Supporting patients' self-management through education is something I am particularly passionate about. Helping them understand their disease, treatment, and cancer journey gives them the knowledge and confidence to actively participate in their care. To me, that combination of human connection, lifelong learning, and patient empowerment is what makes oncology nursing so rewarding.

WHAT DO YOU LIKE ABOUT BEING INVOLVED IN CANO?

What I appreciate most about being involved in the Quebec Chapter is the sense of community and the shared commitment to advancing oncology nursing. I have had the opportunity to collaborate with passionate colleagues who are dedicated to improving cancer care through education, leadership, and knowledge sharing. As I prepare to begin my PhD this fall, I am looking forward to becoming even more involved with CANO and the national oncology nursing community through both my clinical practice and research.

AQIO Quebec Chapter
Association québécoise des infirmières en oncologie
of the Canadian Association of Nurses in Oncology

CANO WEBINAR RECAP

OPTIMIZING CARE IN CDK4/6 INHIBITOR THERAPY

Presented by: Brandi Vanderbyl and Nancy Gregorio
Recap by: Gayatre Maharaj, Ontario GTA Chapter

OVERVIEW

This webinar presented best practices for supporting patients receiving CDK4/6 inhibitors in the adjuvant setting. Breast cancer remains the most diagnosed cancer and the leading cause of cancer-related death among women worldwide. The presenters emphasized the critical role of nurses in supporting patients in managing treatment-related toxicities and promoting long-term adherence and treatment continuity.

LEARNING OBJECTIVES

- Current clinical evidence supporting CDK4/6 inhibitors in early HR+/HER2– breast cancer.
- Monitoring and management of key toxicities associated with CDK4/6 inhibitors.
- Strategies to support adherence, reduce early discontinuation, and optimize continuity of care.

CLINICAL EVIDENCE HIGHLIGHTS

MONARCH-E Trial (Abemaciclib + Endocrine Therapy)

- Targeted high-risk, node-positive, HR+/HER2-, early breast cancer patients.
- Demonstrated durable improvement in invasive disease-free survival (IDFS) with a 6.5% absolute benefit at 7 years.
- Showed a 30% relative reduction in recurrence risk.
- Achieved overall survival benefit with a 15.8% relative reduction in mortality.

NATALEE Trial (Ribociclib + Endocrine Therapy)

- Broader eligibility, including node-negative patients with high-risk features.
- Showed a 4.5% absolute IDFS benefit at 5 years and a 28% relative reduction in recurrence risk.
- Overall Survival trending positive; statistical testing ongoing.

TOXICITY MONITORING & MANAGEMENT

Abemaciclib

Primary toxicity: Diarrhea

- Typically begins 6–8 days into treatment.
- Managed with early antidiarrheals, hydration, and dietary adjustments.
- Lab monitoring every 2 weeks initially..

Other toxicities include neutropenia, fatigue, venous thromboembolic events (VTE), pulmonary embolism, and interstitial lung disease (ILD)/pneumonitis that are less common and manageable with supportive interventions, dose modifications and proactive monitoring.

Ribociclib

Primary toxicities: QTc prolongation, Hepatotoxicity, Neutropenia

Other toxicities are similar to the toxicity profile for abemaciclib and include fatigue, nausea, hair thinning, and skin reactions, which are manageable with supportive interventions and a step wise approach to starting medications.

MONITORING ESSENTIALS:

- Baseline ECG, repeat on day 15, then periodically.
- Avoid QT-prolonging medications and CYP3A4 interactions.
- Grade 1–2 neutropenia generally does not require dose modification.

Nurses are central to treatment success, particularly in the first 1–2 months when most toxicities emerge.
Recommended approaches include:

- Proactive symptom management and early follow-up.
- Clear communication channels for timely reporting of side effects.
- Stepwise therapy initiation (e.g., ovarian suppression → endocrine therapy → CDK4/6 inhibitor).
- Reassurance about dose reductions, which do not diminish treatment benefit.
- Holistic support, including fatigue management, return-to-work planning, and referrals to allied health services.

KEY TAKEAWAYS

- CDK4/6 inhibitors significantly reduce recurrence risk in early HR+/HER2– breast cancer.
- Early toxicity monitoring—especially for diarrhea (abemaciclib) and QTc/hepatic effects (ribociclib)—is essential.
- Nurses play a pivotal role in promoting adherence, education, and proactive symptom management.
- Dose reductions are common, safe, and do not reduce efficacy.
- Patient-centered care, including lifestyle and psychosocial support, enhances treatment success.

View the Webinar

GERIATRIC ONCOLOGY NURSING INITIATIVES AROUND THE WORLD: BEST OF THE INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY CONFERENCE 2025

Presented by: Bonnie Leung, Hanneke van der Wal-Huisman, To Hiu Kwan, Rachel Ng Qiao Ming
Recap by Zoe Ignacio, Manitoba Chapter

LEARNING OBJECTIVES

- Identify issues facing older adults with cancer during their cancer journey
- Identify nursing interventions and resources to address specific needs of older adults with cancer
- Describe models of oncology nursing care to provide optimal care for older adults with cancer, including treatment decision-making
- Identify barriers and facilitators to implementing models of care for older adults with cancer

KEY TAKEAWAYS

- Person-centred treatment decisions for older adults require comprehensive geriatric assessment and shared decision-making. Across the Netherlands, Singapore, and Vancouver, the consistent message was that treatment decisions for older adults with cancer should also integrate comprehensive geriatric assessment (CGA) and what matters to the patient. The Netherlands' Integrated Oncological Decision-Making Model (IODM) also incorporates nursing input, patient goals, psychosocial and functional assessment, and evidence-based treatment options into multidisciplinary discussions. This resulted in more individualized treatment plans, more informed shared decision-making, fewer complications, shorter hospital stays, and less decisional regret.
- Oncology nurses are essential leaders in geriatric cancer care. Nurses play a pivotal role in geriatric assessment, patient advocacy, care coordination, and shared decision-making. In the Netherlands, nurses strengthened multidisciplinary decision-making by contributing insights into patients' functional status, psychosocial concerns, and goals of care. Singapore's nurse-led interprofessional geriatric hematology clinic integrated advanced practice nursing with geriatrics, rehabilitation, nutrition, and social work to optimize treatment readiness and continuity of care. In Vancouver, nurses successfully embedded geriatric assessment into routine oncology practice with minimal additional workload, enabling referrals to geriatric clinic and supportive care services.
- Sustainable geriatric oncology models require interprofessional collaboration, standardized processes, and continuous quality improvement.

Despite differences in healthcare systems, common barriers included limited geriatric expertise, resource constraints, workflow challenges, and securing organizational buy-in. Successful programs addressed these challenges by integrating standardized geriatric screening into routine care, fostering collaboration among oncology, geriatrics, nursing, and allied health professionals, and using quality improvement strategies such as staff education, standardized documentation, regular feedback, and ongoing outcome evaluation.

View the Webinar

VALUE OF NURSES IN ONCOLOGY CLINICAL TRIALS

Presented By: Kayee Tung BScN, RN, CCRP and Zoe Ignacio RN, BN, CON(C), GCN(C), CCRC
Review By: April Wales, ONGIA South

LEARNING OBJECTIVES

- Describe the multifaceted role of oncology nurses across the clinical trial lifecycle.
- Recognize nursing contributions to patient safety, informed consent, ethical conduct, scientific integrity, and data quality.
- Understand how oncology nurses enhance the patient experience through advocacy, education, coordination, and support.
- Explore pathways for professional growth and development in oncology clinical research nursing.

SUMMARY

This CANO-ACIO webinar explored the critical role oncology nurses play throughout the clinical trial lifecycle and highlighted how nursing expertise directly contributes to patient safety, research quality, trial success, and improved cancer care outcomes.

Oncology represents approximately 28% of clinical trial activity in Canada, making it one of the most research-intensive areas of healthcare. The presenters emphasized that research is increasingly integrated into routine oncology care and that the specialized role of nurses in clinical research remains under-recognized.

The session described how oncology clinical trial nurses contribute across the entire research lifecycle—from protocol feasibility and study start-up through recruitment, informed consent, treatment delivery, safety monitoring, follow-up, and knowledge translation. Nurses function not only as coordinators but also as clinical experts, patient advocates, ethical stewards, educators, and leaders. Case studies demonstrated their impact on patient safety, protocol adherence, data integrity, participant retention, and multidisciplinary coordination.

The webinar also highlighted the importance of investing in research nursing through mentorship, education, certification, leadership opportunities, and organizational support. Strong nursing involvement improves trial quality, patient experience, and overall research outcomes.

KEY TAKEAWAYS

- Clinical trials are becoming an essential component of cancer care, and oncology nurses should understand the research process and their role in supporting participants.
- Research nurses are central to trial success, contributing to safety, recruitment, retention, protocol adherence, ethics, and data quality.
- Nurses have a measurable impact on patient recruitment and retention, helping prevent trial failure by reducing barriers and maintaining participant engagement.
- Nursing expertise protects both patients and research integrity through monitoring, adverse event reporting, informed consent support, and accurate documentation.
- Investing in research nursing through education, mentorship, and leadership development strengthens Canada's oncology research capacity and improves outcomes.

Bottom Line: Oncology clinical trial nurses are the vital link between patient-centered care and research excellence. Their contributions influence safety, ethics, quality, efficiency, knowledge generation, and the advancement of cancer care in Canada. Kayee and Zoe are the co-chairs of the Clinical Trials Special Interest Group (SIG) for CANO-ACIO – to learn more about this SIG, click here

View the Webinar

CLINICAL APPLICATION OF ANTIBODY-DRUG CONJUGATES AND EMERGING THERAPIES IN MULTIPLE MYELOMA

Presented by: Emma McArthur RN, MScN & Dior Caruso MN-NP
Recap by Alda Kiss, Ottawa-Champlain Chapter

KEY TAKEAWAYS

- Current first-line treatments available in Canada for patients who have been diagnosed with Multiple Myeloma (MM) are PIs (i.e., bortezomib, carfizomib), CD38 mAbs (i.e., daratumumab, isatuximab), and IMiDs (i.e. lenalidomide, pomalidomide, thalidomide). As relapse in MM in inevitable, providers at diagnosis think about second-, third-, and fourth-line treatments. Both disease factors and patients factors come in play when deciding which treatments to offer patients. Second-line therapies include anti-CD38-based combinations (ie., IsaKd, IsaPd, DVd), novel anti-CD38-sparing combinations (Clita-cel, BVd, BPd), and anti-CD38-sparing combinations (Kd, PVd, XVd, KCd).
- This discussion focused on the future of MM treatments after first relapse. Options for second-line treatment include BCMA-targeting therapies (i.e., CAR T-cell therapy, ADC, and BsAbs). BCMAs are at the forefront of MM therapy. These agents include belantamab mafodotin and clita-cel.
- Adverse events of belantamab include thrombocytopenia, neutropenia, infection risk, and ocular events (blurred vision, dry eyes, eye irritation, foreign-body sensation, eye pain, and clinical changes are seen on eye exams). These ocular events are reversible in 3-4 months when the dose is postponed. This will not affect progression-free survival. Clinical pearls of ocular adverse event management are that patients wear sunglasses, do not wear contacts, use cool compresses over eyes during the infusion, inform their healthcare provider of any ocular symptoms they experience, refrain from driving or operating machines, avoid night driving, and use preservative-free lubricant eye drops at minimum four times per day.
- Adverse events for bispecifics (teclistamab, elrantamab) include infections, hypogammaglobulinemia, ICANS, CRS, and peripheral neuropathy (elrantamab). CRS and ICANS are short-term adverse events.

View the Webinar

TREATMENT AT A GLANCE:

IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY SYNDROME (ICANS)

Hassan Zahreddine, RN, MN, Ontario-Horseshoe Chapter

OVERVIEW

Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) is a neuropsychiatric complication triggered by engineered T-cell therapies, such as CAR T-cells and bispecific antibodies (Lee et al., 2019). Characterized by systemic cytokine release and blood-brain barrier disruption, it leads to neuro inflammation and neuronal injury (Aziz et al., 2026). ICANS is an oncological emergency requiring rapid nursing detection (Fatahichegeni et al., 2026). It often follows Cytokine Release Syndrome (CRS) but can occur independently days to weeks post-infusion (Lee et al., 2019; Favero et al., 2025).

PATHOPHYSIOLOGY AND RISK FACTORS

Systemic immune activation drives elevated levels of circulating cytokines like IL-6 and IFN-gamma, altering central nervous system endothelial integrity (Aziz et al., 2026). This increases blood-brain barrier permeability, allowing an influx of immune cells into the cerebrospinal fluid (Khadka et al., 2019). Key risk factors for severe ICANS include high baseline tumor burden, pre-existing cytopenias with low platelets, early or high-grade CRS, and high structural target density (Lee et al., 2019; Jain et al., 2023).

CLINICAL PRESENTATION

- Early: Mild tremors, changes in handwriting (dysgraphia), minor attention deficits, and expressive aphasia, such as difficulty naming common objects (Lee et al., 2019).
- Progressive: Somnolence, confusion, mild lethargy, and global aphasia where the patient is awake but mute (Buciuc et al., 2025).
- Severe: Seizures, motor weakness, hemiparesis, obtundation, status epilepticus, and elevated intracranial pressure or cerebral edema (Lee et al., 2019).

NURSING ASSESSMENT & GRADING

Bedside tracking uses the 10-point Immune Effector Cell Encephalopathy (ICE) Score (Lee et al., 2019).

- Orientation (4 pts): Identifying current year, month, city, and hospital.
- Naming (3 pts): Naming three bedside objects.
- Following Commands (1 pt): Executing a simple two-step action.
- Writing (1 pt): Writing a standard, cohesive sentence.
- Attention (1 pt): Counting backward from 100 by 10s.

Overall grading follows the most severe domain across the ICE score, consciousness, and seizure activity (Lee et al., 2019).

ICANS Grade	ICE Score	Consciousness	Seizure Activity	Clinical Management Focal Point
Grade 1	7 to 9	Awakens spontaneously	None	Floor monitoring; q8h or q2h ICE tracking (Lee et al., 2019).
Grade 2	3 to 6	Awakens to voice	None	Initiate IV Dexamethasone; transfer consideration (Jain, 2023).
Grade 3	0 to 2	Awakens to tactile stimulus	Brief focal or generalized	ICU transfer; high-dose steroids; anti-seizure meds (Jain, 2023).
Grade 4	0	Unarousable	Prolonged or status epilepticus	ICU; airway protection; pulse steroids (Lee et al., 2019).

MANAGEMENT & NURSING CONSIDERATIONS

- Monitoring: Perform scheduled ICE scoring and neurological exams every 8 hours at baseline, escalating to every 2 hours upon symptom onset (Lee et al., 2019). Coordinate emergency Brain MRI or CT for Grade > 2 toxicity, and urgent EEGs to rule out non-convulsive status epilepticus (Fatahichegeni et al., 2026; Favero et al., 2025).
- Supportive Care: Elevate the head of the bed to 30 degrees (Fatahichegeni et al., 2026). Implement strict seizure precautions (Jain et al., 2023). Transition the patient to NPO status and convert all medications to IV at the first sign of altered consciousness or bulbar weakness to mitigate aspiration (Buciuc et al., 2025). Avoid central nervous system depressants or sedatives that confound neuro assessments (Lee et al., 2019).
- Therapeutics: For Grade 2 or higher, administer IV Dexamethasone 10 mg every 6 to 12 hours (Lee et al., 2019). For Grades 3 or 4, transition to high-dose IV Methylprednisolone 1 mg/kg up to 1 g daily, followed by a slow clinical taper (Jain et al., 2023). Administer non-sedating anti-epileptics for prophylaxis or active seizures (Favero et al., 2025). For isolated, steroid-refractory cases, consider alternative anticytokine therapies such as Anakinra per protocol (Jain et al., 2023).

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DID YOU KNOW?

1. CANO/ACIO recently released a new educational tool, the Cancer Care Compass, which are one pagers on oncology topics.

2. The first Cancer Care Compass issue on Supporting Neurodivergent Cancer Patients, was developed in partnership with All.Can Canada.

3. CANO/ACIO Cancer Care Compass one pager educational tools can be accessed by members on the CANO/ACIO website under “Practice and Education” resources.

CANO/ACIO ONE-PAGER

The CANO/ACIO One-Pager documents are quick reference tools for oncology nurses. The Cancer Care Compass one-pager highlights a specific oncology topic, covering clinical manifestations, assessments, and nursing considerations.

The Cancer Care Compass is presented in the SBAR format: situation, background, assessment, and recommendations.

Situation: Definition
Background: High-level synopsis of what is going on and why it is important.
Assessment: Clinical Manifestations or diagnostic assessment regarding the topic.
Recommendation: Emergency interventions and nursing considerations for the topic

The Oncoflash one-pager reviews information on systemic therapy agents, including indications, administration details, monitoring, and nursing considerations, as applicable. Feedback and ideas for new topics are encouraged.

Learn More about the CANO One-Pager

CHAPTER HIGHLIGHT: QUEBEC

Gabrielle Chartier, Quebec Chapter

This October, Montréal will proudly host the 38th Annual CANO/ACIO Conference under the theme "Stronger Together: Advancing Oncology Nursing Through Collaboration and Innovation."

This theme reflects the reality of oncology nursing today. As cancer care continues to evolve at a rapid pace, collaboration, innovation, and lifelong learning are essential to delivering safe, evidence-informed, and compassionate care.

Oncology nurses play a vital role throughout the entire cancer journey—from diagnosis and treatment to symptom management, survivorship, and supportive care. Their clinical expertise, leadership, and commitment have a direct impact on patient outcomes and quality of life. In this ever-changing landscape, continuing professional development is fundamental to maintaining excellence in practice and advancing the profession.

The Québec Chapter of CANO is proud to contribute to this mission. Our bilingual membership represents the full spectrum of oncology nursing, including radiation oncology, systemic therapies, and research. Our annual AQIO conference has become a flagship educational event, eagerly anticipated by oncology nurses across Québec as an opportunity to share knowledge, showcase innovations, and celebrate achievements in oncology nursing. Complemented by a wide range of educational activities, these initiatives extend beyond Québec, reaching French-speaking oncology professionals in New Brunswick, Morocco, and several European countries. Our most recent virtual educational activities attracted nearly 600 participants.

Our commitment also extends to provincial leadership. Through active collaboration with Québec's Direction de cancérologie, Santé Québec, and valued partners such as the OIIQ, our Chapter contributes to initiatives that help shape oncology nursing practice and strengthen cancer care across the province. Guided by a dedicated Board of Directors, we remain committed to advancing oncology nursing and continuously improving the care of people living with cancer in Québec.

Hosting the CANO/ACIO Conference in Montréal is an opportunity to celebrate the strength of our oncology nursing community—one that is united by a shared commitment to collaboration, innovation, continuous learning, and excellence in care. Together, we can continue to advance oncology nursing and improve the lives of people affected by cancer.

SURGICAL ONCOLOGY SIG SPOTLIGHT

Anita Long and Tracyann Machado (co-chairs)

The Surgical Oncology SIG has begun working on Standards for our SIG. We are in the preliminary stages of gathering data/references to start us on the journey of supporting and defining what is the uniqueness of a Surgical Oncology SIG.

To that end, we have the privilege of accepting to present a workshop at the upcoming CANO conference as a SIG on "Surgical Oncology Special Interest Group: The Surgical Patient 101". As we have been seeing in our practice, there has been quite a movement of newer nurses to the surgical area. Some of these nurses are coming with oncology experience, and some are completely new to the nursing field. Having a session to talk about what the unique areas to watch for with a surgical patient who is also an oncology patient was an opportunity we thought would be helpful for the nurses in attendance at the conference. Both for those who are actively working in a surgical area, or even a clinic that may do small procedures, to those who are caring for the patients pre/post a surgical intervention.

We want to create a workshop that will be both a learning opportunity for those in attendance that we will go on to the next stages of care with the Surgical Oncology Patients at the next conferences.