Many of us have been touched by cancer in one way or another. A family member, a friend, a colleague and even ourselves. When you are diagnosed with cancer, it can be a very scary and frightening time. You worry about your treatment, possible side-effects, your outcome and you also worry about the impact this has on your family as they certainly shoulder this enormous burden as well.

At RVH, patients are at the centre of everything we do and that’s why it was so important to involve patients in the development of the regional cancer plan. This plan reflects the collective expertise and experience of our patients, families, physicians, nurses, community, regional partners, volunteers and the North Simcoe Muskoka Local Health Integration Network (NSM LHIN). Over eight months of planning and engagement have shaped our strategy - ensuring we continue to be a provincially top-performing cancer centre and ensuring patients and families have a voice in the design, delivery and evaluation of their cancer care.

In keeping with the focus of patients first in our organization, it is important we continue to move forward and further develop our cancer program to meet the needs of those requiring our care. So in consultation with regional partners, patients and their families and our care team, this plan is our cancer program’s roadmap for the next four years. Our health centre’s vision is to ‘Make each life better. Together.’ and this plan is reflective of that commitment to delivering you the safest, highest quality cancer care.

Respectfully

Janice M. Skot, MHSc., CHE,
RVH President and CEO

It has been over three years since the Regional Cancer Centre at Royal Victoria Regional Health Centre (RVH) opened. Our first Regional Cancer Plan, Patients as Partners in Care (2014-2016) helped us to establish the programs and teams within the cancer centre and throughout the region. We achieved 100 per cent of targeted initiatives over the life of the plan. Our success is the result of the commitment of the entire team of professionals working across the region to deliver the best patient experience. Every day we strive to Make each life better. Together.

Building on those successes, the second Simcoe Muskoka Regional Cancer Plan is aligned with Cancer Care Ontario’s (CCO) recently released Ontario Cancer Plan (OCP IV) and RVH’s Strategic Plan, MY CARE. Both documents guide us to broaden our work within the region encompassing all stages of the cancer continuum and advancing our person-centred approach.

This plan reflects the collective expertise and experience of our patients, families, physicians, nurses, community, regional partners, volunteers and the North Simcoe Muskoka Local Health Integration Network (NSM LHIN). Over eight months of planning and engagement have shaped our strategy - ensuring we continue to be a provincially top-performing cancer centre and ensure patients and families have a voice in the design, delivery and evaluation of their cancer care.

We will work together to continue to develop the best system of cancer care for our region. This plan is our commitment to the health of our communities throughout North Simcoe Muskoka.
Early in 2015 I was asked by a member of my care team to participate in Vision Planning discussions to update the Simcoe Muskoka Regional Cancer Plan. It was an excellent opportunity to see how program staff and patients worked together to improve patient care for the Simcoe Muskoka Regional Cancer Program (SMRCP). During these very positive sessions I learned about the Patient and Family Advisory Council. It seemed like a logical progression to become involved with the SMRCP as it had been a huge part of my cancer treatment.

I applied to the council, and was accepted as a member, attending my first meeting in July. From day one, this has been a very positive, friendly, and supportive experience. I was very pleased to see how input from patients, family members, and staff was openly accepted, valued and considered for the improvement of patient care. The opportunity to participate in special projects and hands on ideas like a ‘travelling cart’ to provide patients with information about peer support available through the Canadian Cancer Society, allow personal rewards for volunteering. I have also been able to join several projects such as the local re-design of palliative linkages, a patient-facing electronic portal, and a legacy program for SMRCP patients.

PFAC has been directly involved as a partner in the development of this plan. We have helped to translate the CCO goals into local, easily understood language for patients and families. We participated in the development of the shared ownership model for the regional cancer program with the cancer team that will allow us to deliver a ‘gold standard’ of care from a patient experience perspective. We can’t wait to get started on implementation of this plan. We are committed to bringing this plan to life!

Barry Constable,
Co-Chair, SMRCP PFAC

Message from Co-Chair – Patient & Family Advisory Council (PFAC)

It’s been a year now since the cancer clinic at Orillia Soldiers’ Memorial Hospital (OSMH) re-opened its doors as a satellite of the Simcoe Muskoka Regional Cancer Centre (SMRCC) at RVH and the program is getting strong reviews from patients.

“...my treatments in both Barrie and Orillia have been excellent and seamless,” says Sue Griffin, an Orillia resident diagnosed with breast cancer in June.

Griffin’s surgery and all of her chemotherapy have been done in Orillia, while she attends the regional centre for tests and additional updates.

“Patient reactions to the new surroundings and the quality of care have been overwhelmingly positive,” says Dr. Rob Cambridge, General Practitioner, Oncology, OSMH.

As a satellite of the regional centre patients, like Griffin, are able to receive the highest quality of care closer to home.

Unbelievably shocked by her diagnosis earlier this year, Griffin says she came into the situation very confused, overwhelmed and afraid. She appreciates the compassion, understanding, and dignity shown to all patients and is especially grateful for the hometown element that reduces travel and anxiety.

“For me there is a real comfort factor knowing I can go to OSMH, a hospital that I have visited over the years and come to know,” says Griffin. “We have the opportunity right here that many do not. We have a great facility in our own backyard. You don’t need to travel to a larger site to get first-rate care and attention.”

After several years as a standalone cancer clinic, OSMH determined its oncology program needed to establish an affiliation with a regional program to ensure alignment with Cancer Care Ontario guidelines and tap into the broader resources available at the SMRCC.

As a result, OSMH temporarily suspended chemotherapy services for two years while the necessary enhancements were made. Those changes included re-locating the previous clinic from cramped quarters in the Eleanor Johnson Wing to a much more spacious area on the second floor of the Harvie Wing.

The satellite clinic at OSMH welcomed its first patient in November 2014.
In 2014, RVH became a CCO designated Gynecological Centre of Excellence – only one of eight in the province. This meant that the approximately 300 women annually from central and northern Ontario that had to travel to Toronto for gynecological cancer surgery could receive this highly specialized care and treatment closer to home. RVH has changed the landscape for the care of women’s cancers in the region and beyond.

Today, women with gynecological cancers can receive surgery, chemotherapy and radiation consultation and treatment at the Simcoe Muskoka Regional Cancer Centre. There are currently two gynecological oncologists, Dr. Leah Jutzi and Dr. Allison Ball at RVH. Together, they see approximately 28 consults in clinic each month and have performed over 300 surgeries in the first year of operation. Twice a month, Drs. Ball and Jutzi conduct a clinic in Sudbury, helping to service Sudbury patients in the North East LHIN. This service is helping to close the distance gap for women in northern Ontario. Gynecologic oncologists specialize in diagnosing and treating cancers that originate within a women’s reproductive organs. They not only perform surgery, but also prescribe and monitor a patient’s chemotherapy and if needed, palliative care. These highly specialized physicians develop a strong bond with their patients, caring for them throughout their entire cancer experience.

Ensuring women get the cancer care they need closer to home

Every year, 3,200 women across the province require gynecologic cancer services. This can mean lengthy wait times when time is critical and travel over long distances. RVH is playing a big part in improving access to care in the province. By becoming a hub for gynecological cancer services, RVH is helping women from across central and northern Ontario gain access to life saving treatment.

Did you know...

Northeast (Sudbury)
148 Consults
(77 completed at SMRCC)

North Simcoe Muskoka
229 Consults

Central (South of Barrie)
18 Consults
Developing our second Regional Cancer Plan

The Regional Cancer Plan for North Simcoe Muskoka builds on Cancer Care Ontario’s (CCO) Ontario Cancer Plan IV (OCP IV) 2015–2019 with the vision that ‘Together, we will create the best health system in the world’. OCP IV provides a framework for system improvement and outlines strategies to improve quality of life, patient experience, safety, equity, sustainability, effectiveness and integration of care across the cancer continuum. The OCP IV supports other provincial plans such as the Aboriginal Cancer Strategy III and the Provincial Plan for Systemic Treatment. It is the foundation for our local plan and all of the other cancer program plans across the province.

This plan is guided by RVH’s Strategic Plan MY CARE, and the vision, ‘Make each life better. Together.’ The Simcoe Muskoka Regional Cancer Program commits to working together to develop the best system of regional cancer care that ensures an optimal patient experience, every time.

The provincial strategic priorities of the OCP IV, RVH’s four strategic priorities (Focus on MY CARE, Drive Clinical Excellence, Value People and Accelerate Teaching and Research), SMRCP’s first regional cancer plan and input from healthcare providers, patients and families in the North Simcoe Muskoka (NSM) region, have been used to develop our second SMRCP Regional Cancer Plan. Together we have established six regional goals aligned with OCP IV strategic priorities. These regional goals will be achieved by 2019 through specific, measurable action plans that are developed on an annual basis.

This plan is rooted in the patient centred care philosophy that is embedded in MY CARE and CCO’s patient centred care strategy, which means every patient has a right to expect the best possible experience in our health centre and regional satellites. Always. Every day. And without exception.

Patients and families from our cancer program have helped to shape this plan. They have translated our goals into meaningful language and been central in the development of our objectives. They will continue to be central to our success as we implement and evaluate our plan.

Cancer services in our region

The SMRCP includes a wide array of healthcare providers across the NSM LHIN and partnership with the adjoining LHINs of Central and North East.

Patients receive cancer care from a broad array of service providers. According to the 2015 Cancer System Quality Index; it was projected that approximately 3,510 individuals living in North Simcoe Muskoka would receive a diagnosis of cancer in 2015, and approximately 1,180 individuals would succumb to their disease.

Cancer by the numbers in the North Simcoe Muskoka LHIN 2014–2015

- 90,449  Cancer centre clinic visits
- 12,197  OBSP screening mammograms (women aged 50+)
- 2,696  Telemedicine cancer care visits (OTN)
- 5,006  Colonoscopy screenings
- 2,318  New systemic cases
- 1,567  New radiation cases
- 3,235  Surgical cancer procedures
North Simcoe Muskoka – Working towards our goals - TOGETHER

This plan is a comprehensive roadmap for us regionally in the NSM LHIN. It outlines how we - healthcare professionals, patients and families - and the provincial government will work together to develop and deliver cancer services over the next four years.

The SMRCP held a number of consultation forums with patients and families, physicians, staff, volunteers and community partners from the regional cancer program. Hundreds of people have been involved in the development of this plan. The message was loud and clear from our patients and families. They were asking for us to define and deliver high-quality, patient-centred cancer care. High-quality care is about each individual’s experience - addressing their most important needs. Embracing this approach means we need to look at how our teams are organized and work together to deliver care. By focusing on patients, there will be an improvement in system level outcomes.

A shared ownership for delivering the best patient experience

This plan is rooted in a patient-centred care philosophy called MY CARE, which means that every patient has a right to expect the best possible experience in our health centre and regional satellites. Always. Every day. And without exception. This philosophy is translated into action through the development and implementation of a shared ownership model for care.

As part of the Regional Cancer Program’s commitment to provide the best patient experience, we will:

- Communicate and connect as providers so you don’t have to repeat your story
- Respond in a timely and effective manner so you and your family experience minimal anxiety, discomfort and distress
- Proactively address your wellness needs including mind, body and spirit
- Provide education and guidance so you feel prepared for what is ahead and understand the next steps in their care
- Support you and your family in realizing your goals of care so you feel satisfied, in control, and receive the type of care you want and need
- Provide dedicated expertise 24/7 so you and your family never feel alone

As part of the patient and family’s commitment to the Regional Cancer Program to ensure our best experience, we will:

- Communicate with our care team in the best way that we can, and ask questions when we don’t understand
- Take ownership of our care and make choices that are best for us
- Actively seek support for our mental, physical, and spiritual needs and those of our families
- Behave in a respectful way towards the care team, other patients and our surroundings
- Inform our healthcare team about changes in our health and medications, and share details of other treatments we are receiving
- Be open and honest with our care team, and voice our wishes without fear
Simcoe Muskoka Regional Cancer Centre - Working with YOU

1. Outpatient Oncology Clerks
2. Oncology Pharmacy
3. Radiation Therapy
4. Patient & Family Support
5. SMRCP Administration
6. Prevention, Screening and Education
7. Chemotherapy
8. Diagnostic Assessment Programs
9. Oncology Clinical Trials
10. Physics
11. SMRCP Administrative Assistants and Projects Leads
12. SMRCP Physicians
### QUALITY OF LIFE & PATIENT EXPERIENCE

Ensure the delivery of responsive and respectful care, optimizing individuals quality of life across the cancer continuum.

**Guide us through each step with respect**

- Implement an electronic patient portal
- Work with patients to develop a standardized care plan model that can be customized to each patient
- Develop and implement strategies for care in the home program
- Develop and implement a standardized approach to frailty screening and senior care principles for new cancer patients
- Work with patients and families to collect real-time measures of their experience and continually improve

**Measurement of success:**

- Electronic patient portal implemented
- Patient satisfaction scores
- Adherence to CCO’s Patient-Centred Care guidelines
- Patients report knowing the next steps in care
- Formal adoption of assessment and intervention strategies for seniors
- Patient reported experience measures

### SAFETY

Ensure the safety of patients and caregivers in all care settings.

**Keep us safe**

- Create a safe environment for disclosure and dialogue of:
  - Case reviews
  - Complementary and alternative therapies
  - Provide 24/7 access to cancer expertise for patients and families
  - Implement a Regional Systemic Quality Committee
  - Provide safety and wellness educational sessions for staff, patients and families
  - Implement a peer review program in pathology and mammography

**Measurement of success:**

- Incidents reviewed and per cent of recommendations implemented
- Complementary and alternative therapies strategy developed and implemented
- Cancer patients receiving chemotherapy with Emergency department visit or admission within four weeks of treatment
- Participation in education sessions
- Compliance rate to standards of peer review

### EQUITY

Ensure health equity for all Ontarians across the cancer system.

**Accessible care, informed choices**

- Develop and implement second regional aboriginal cancer plan
- Implement a youth cancer prevention strategy and Lesbian Gay Bisexual Transgender (LGBT) cancer plan
- Integrate the social determinants of health into care models and provide services that address these factors
- Optimize access to cancer care in NSM region sub-geographies

**Measurement of success:**

- 100 per cent implementation of annual action plans in aboriginal, youth and LGBT plans
- Patient satisfaction results, symptom management (ESAS) scores and patient-reported outcomes
- Utilization of Ontario Telemedicine Network (OTN) & regional satellites
- Oncology satellite clinic established in Collingwood
<table>
<thead>
<tr>
<th>INTEGRATED CARE</th>
<th>SUSTAINABILITY</th>
<th>EFFECTIVENESS</th>
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<tbody>
<tr>
<td>Ensure the delivery of Integrated Care across the cancer care continuum.</td>
<td>Ensure a sustainable cancer system for future generations.</td>
<td>Ensure provisions of effective cancer care based on best evidence.</td>
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**Our Story. Our Care. One Focus.**

- Implement comprehensive and personalized electronic medical record (EMR)
- Enhance the connection with primary care by developing a shared model of care
- Create an integrated regional network for hospice/palliative care
- SMRCP and regional systemic satellites will work together to ensure all systemic therapy centres are safe, efficient and optimize capacity

**Measurement of success:**

- Regional providers with access to electronic medical record
- Growth in patients receiving follow up care in a primary care setting
- Early identification and referral to community supports for palliative patients
- SMRCP patients with Advance Care Plans
- Growth in patients receiving care in Level 4 facilities (satellites)

<table>
<thead>
<tr>
<th>Learn from me. Learn from each other for tomorrow’s patient.</th>
<th>My best care + your best evidence = our best outcomes.</th>
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<tr>
<td>• Implement a self-care program for patients</td>
<td>• Implement clinical pathways for each disease site</td>
</tr>
<tr>
<td>• Integrate a peer-to-peer model to create programs by patients for patients</td>
<td>• Prospectively measure patient-related and clinical outcomes to help us continually improve patient care</td>
</tr>
<tr>
<td>• Increase screening and prevention rates by targeting under and never-screened populations and educating primary care providers</td>
<td>• Optimize access for all of our patients to clinical trials</td>
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<tr>
<td>• Streamline processes and adapt navigation to better support patients and families throughout the cancer continuum</td>
<td>• Work with CCO to implement and align interventional radiology resources regionally and provincially</td>
</tr>
<tr>
<td>• Implement and integrate all Quality-Based Procedures (QBP) initiatives led by CCO</td>
<td>• Build a Brachytherapy suite and program to support RVH’s Gynecological Centre of Excellence</td>
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**Measurement of success:**

- Patient participation in self-care and peer-to-peer initiatives
- Screening rates
- Regional cancer screening rates
- Wait times for service access
- QBP quality measures and performance

- Compliance with clinical management processes
- Improved wait times for cancer treatments
- Clinical trial availability and volumes
- Implementation of Ontario standards
- Brachytherapy capital and program plans complete and implemented
QUALITY OF LIFE & PATIENT EXPERIENCE

Highlight’s of current activities:

Sexual Health, Intimacy and Cancer (SHIC) Clinic

The Sexual Health, Intimacy and Cancer (SHIC) Clinic supports patients with their sexual health throughout their cancer journey. The SMRCP patient survey results in 2010/11 indicated that less than half of patients felt there was enough information on their sexual activity changes, confirming the need for services and resources related to sexual health and relationship changes.

The SHIC Clinic’s goal is to ensure patients and/or their partners have their sexual health concerns and needs addressed on an emotional and physical level. This innovative service is the first of its kind in the region. The cancer program, in collaboration with the Patient and Family Advisory Committee (PFAC), developed the SHIC Clinic which began in June 2014. Initially, the clinic was open to patients with prostate cancer who were receiving or had previously received pelvic radiation treatment. The clinic has since expanded and is now accessible to all patients across the cancer spectrum as of Spring 2015.

The SHIC development team structured the clinic to address both sexual health and sexuality in a holistic manner. The SMRCP has a strong psychosocial program and Nurse Practitioner presence, that supports patients on multiple levels. The SHIC Clinic empowers patients and their partners by supporting their concerns through counselling and other interventions.

“Guide us through each step with respect”

Candy Carnahan, Registered Nurse, Outpatient Clinics, is one of the professionals involved in the Let’s Talk About Sex workshops, a partnership with RVH and Gilda’s Club of Barrie.

From our patients...

“Over the past six years, Monique has supported us through my husband’s journey with multiple cancers. She is exceptional as a counsellor with such compassion and caring. Even when we think that there is nothing to talk about, she adeptly brings thoughts and fears to the forefront and guides us to find solutions. She enables us to reconnect with ourselves and each other. She teaches us coping mechanisms. She is open and thoughtful with our sexual issues post cancer and post chemo, which is so important to us. Thank you Monique for your intellect, your knowledge, your compassion, your humour and your empathy.”
Robotic IntraVenous Admixture (RIVA):
RVH was one of the first hospitals in the country to implement RIVA in the Simcoe Muskoka Regional Cancer Centre. This robot, which resembles a miniature Canadarm, ensures each of the very complex, patient-specific doses is prepared safely and accurately in a sterile, controlled environment. Patient visits to RVH’s cancer centre average 100,000 a year and thanks to this robotic technology, that demand can be met safely and accurately.

RIVA makes almost 75 per cent of all chemotherapy doses. Since rolling out in March 2014, almost three out of every four medications are “touched” in one way or another. RIVA can draw up medication into a syringe, or put that same medication into a bag for infusion.

As new medications are available to the centre RIVA is able to keep up with the demand and produce these new medications precisely and safely – because Safety Is Our Promise.

Peer Review In Radiation Oncology
The quality of care we give to our patients is paramount to us. Therefore, every patient’s radiation treatment plan is reviewed by a radiation oncologist other than their own. This is called peer review, the underlying premise of which is to improve the quality and safety of radiation treatment, and ultimately to improve the care our patients receive. We are one of only a few cancer centres in Ontario that is able to do this for every patient, every time.

“Keep us safe”
Robotic IntraVenous Admixture (RIVA)
The Simcoe Muskoka Regional Aboriginal Cancer Plan was implemented in 2013. A second Aboriginal Cancer Plan will be developed and implemented by our Aboriginal Regional Lead; Dr. Danusia Gzik and Aboriginal Patient Navigator; Leah Bergstrom, in alignment with this plan. The regional plan strategically aligns with Cancer Care Ontario’s Provincial Aboriginal Cancer Strategy. Together these initiatives work to ensure equitable access and culturally sensitive care across the cancer continuum for the Aboriginal patients and their families of our region.

Creating an environment that is sensitive to the needs of Aboriginal Patients has been a priority for the SMRCP. Staff participation in cultural safety training has helped to cultivate an atmosphere of deeper understanding and increased respect for the people, their history and world view. Policy development has included provisions for culturally specific healing ceremonies on-site including a smudging ceremony policy.

Smudging can take place in safe and specially designated areas at the cancer centre including a “Healing Circle” developed by Tim Laurin a local Mètis artist. The office of the Aboriginal Patient Navigator is also a designated smudging area where additional culturally relevant supports can be accessed and a safe space provided.

Collaborating with First Nation communities, Aboriginal agencies and service providers has been instrumental in building productive working relationships. These relationships have led to increased educational opportunities and understanding for the Aboriginal community regarding the importance of early detection through cancer screening. This increased awareness has led to the acceptance and implementation of under-screened/never screened initiatives throughout the region. Through collaborative working relationships with the First Nation communities and health centres as well as organizations such as local Native Friendship Centres, screening for some First Nation women in our area has become more accessible resulting in increased rates of participation. Women’s Day events which include pap screening clinics and mammograms are arranged in the communities making the services more accessible and comfortable for women who may not otherwise participate. The effort to meet community members where they are comfortable helps to establish trust and demonstrates respect, this leads to a sense of empowerment and therefore improved health outcomes.

Smudging, in traditional Aboriginal medicine, is the ritual of purifying the location, patient, healer, helpers, and ritual objects by using the smoke obtained from burning the sacred plants, such as ceremonial tobacco (not commercial), sage, sweet grass and cedar. Cleansing often initiates healing sessions, provides comfort and relief during times of stress, facilitates the decision making process and is used in offering prayer.

Leah Bergstrom, Aboriginal Patient Navigator

“Accessible care, Informed choices”
INTEGRATED CARE

Highlights of current activities:

Patient Portal: A new way to put patients back in the driver’s seat

Across the province, and within North Simcoe Muskoka, patients and their families have voiced a need to better understand their health information, and have the ability to access their own health information when and how they choose. The Simcoe Muskoka Regional Cancer Program (SMRCP), with the help of its Patient and Family Advisory Council (PFAC), is piloting an interesting initiative to move these suggestions forward: a patient portal.

A patient portal allows patients, their families, and their care team to access relevant care information through a website secured by user specific log in and passwords, similar to an email account. The SMRCP is working with its existing information system to launch a portal by the spring of 2016.

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The importance of a good death

Palliative care enhances understanding, reduces suffering, and helps patients, families, and the healthcare team clarify goals. The focus is on symptom relief and pain management, so that it is possible to live well for as long as possible.

The SMRCP has worked over the last 18 months with its community partners to develop a network of palliative care for patients and families. Starting in the Barrie area, we have created a system of care for patients from the cancer centre that need access to palliative care and end of life care at home or in the community. A Nurse Navigator from the Palliative Care Network receives a referral from the cancer centre for a patient. She makes sure that the patient has a primary care doctor who provides palliative care and makes additional referrals to any other community services that may be required. Weekly, the whole care team reviews the palliative patients to ensure that all needs are being met to ensure a good death. This system has improved communication and coordination of care allowing families to focus on spending quality time with their loved ones.

A good death is important. Not only for the patient but for the family who will remember the experience forever.
SCREENING ACTIVITY REPORT (SAR) SUPPORT SERVICE

SAR developed by Cancer Care Ontario allows Primary Care Providers (PCP) to monitor the cancer screening rates of their practice by highlighting patients overdue for cancer screening and those who require follow-up of an abnormal test.

PCP play a crucial role in influencing their patients to participate in cancer screening. PCP’s who utilize the SAR can increase patient safety by easily identifying patients who are overdue for breast, cervical and/or colorectal cancer screening. The Simcoe Muskoka Regional Cancer Program (SMRCP) developed a regional SAR Support Service in April 2014 to increase the utilization of the SAR, which provides local registration and SAR training and support. The service empowers PCP offices to be proactive with cancer screening and encourage, motivate and remind their patients to get screened for cancer.

Currently North Simcoe Muskoka is the leading region for SAR utilization in the province. To date, over 60 physicians and 57 delegates have been supported by the SAR Support Service, and as a result we have assisted these offices to identify over 17,000 overdue screening tests. Since the implementation of the service there has been an increase in both breast cancer and colorectal screening among these supported physicians in six months.

A patient’s story...

“It was through this routine pap test that my cervical cancer was caught early and was removed through surgery. When I was told it was cancer I wasn’t that surprised. I felt it was probably something more than an abnormal period. When you hear the big C-word the thing you worry about when you have small children is what life will look like for our family if I wasn’t healthy. I see now how really important it was that I did go. Cervical cancer is pretty awful and it can just creep up on you. It’s scary. And yet look how lovely this worked out. Now I don’t have to worry – it’s wonderful.”

- Katherine Bacik

“Learn from me. Learn from each other, for tomorrow’s patient.”
Clinical Trials

In treating cancer, much has changed over the last 10-20 years to produce better results, treatments and outcomes for our patients. These new, innovative cancer treatments for patients all started as clinical trials. These give patients early access to the newest treatment options and provide an option when standardized treatments are no longer delivering optimal results.

When patients are referred to a clinical trial by their oncologist they will work with the SMRCP clinical trials team who will enroll them and care for them throughout their journey. A small and efficient group of multidisciplinary staff, the Clinical Trials team, works closely with the medical team in the cancer centre to ensure an optimal patient experience. Currently there are 16 open clinical trials with approximately 60 patients participating. These trials are high-quality and cover a wide range of disease sites.

This team has been extremely successful in many of our research projects. They were recognized internationally for most rapid trial enrollment for women with Advanced Breast Cancer. This offered our patients an opportunity to receive a new treatment on top of their standard therapy.

Closer to home, the clinical trial team was also recognized in Canada as a high performer for patient enrollment in a radiotherapy trial, only surpassed by a large academic centre.

Participation in clinical trials is now an option for many of our patients. We are working hard to make this a standard of care for as many of our patients as possible.

Clinical Pathways

Every cancer patient’s path is unique, but no matter where a patient is on their path we will be right there with them – with a roadmap to help guide the way. We are developing clinical pathways, which help our oncologists to offer our patients the most promising framework for success at the beginning of their care. Clinical pathways are based on a consensus of evidence in the medical community, and allow flexibility that our oncologists need to fine-tune treatment. By adopting clinical pathways we will provide top-notch, leading-edge, and cost-effective care for every patient, no matter how unique their cancer situation may be.
WORKING TOWARDS OUR GOALS - TOGETHER

Simcoe Muskoka Regional Cancer Plan 2016-2019

Our Partners
Cancer Care Ontario
Collingwood General & Marine Hospital
Community Care Access Centre (CCAC)
Georgian Bay General Hospital
Gilda’s Club Simcoe Muskoka
Hospice Georgian Triangle
Hospice Huntsville
Hospice Huronia
Hospice Muskoka
Hospice Orillia
Hospice Simcoe
Muskoka Algonquin Healthcare
North East Regional Cancer Program
North Simcoe Muskoka Local Health Integration Network (NSM LHIN)
North Simcoe Muskoka Palliative Care Network (NSMPCN)
Orillia Soldiers’ Memorial Hospital
Princess Margaret Cancer Centre
Southlake Regional Cancer Program
Sunnybrook Health Sciences Centre
Odette Cancer Centre
Toronto East General Hospital

CCO Regional Leads
Aboriginal Cancer
Dr. Danusia Gzik
Breast Imaging
Dr. George Lougheed
Cancer Imaging
Dr. John Nadeau
Cancer pathology
Dr. Russell Price
Cervical Screening/Colposcopy
Dr. Andrew Browning
Colorectal Cancer / Gastrointestinal Endoscopy
Dr. Doug Hemphill
Education
Susanna Wong
Palliative Care
Dr. Deb Harrold
Primary Care
Dr. Danusia Gzik
Psychosocial Oncology (Interim)
Lesley MacInnis-Miller
Quality, Systemic Therapy
Dr. Sara Rask
Radiation Oncology
Dr. Christiaan Stevens
Surgical Oncology
Dr. Rob Hekkenberg