

HEALTH CARE

New cancer centre signals fresh approach to treatment

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When Norma Beauchamp had an abnormal mammogram last year, she had to spend several anxiety-filled weeks waiting to hear if she had cancer. Once the diagnosis was confirmed, the 51-year-old Toronto resident had to travel to different hospitals for radiation and chemotherapy.

A new 28,000-square-foot, state-of-the-art breast-cancer centre at Sunnybrook Health Sciences Centre in Toronto will change all that, offering patients everything from next-day diagnosis to participation in innovative clinical

trials to immediate postoperative breast reconstruction.

The centre, which many health-care experts say is the model of how cancer care should be overhauled, is the largest of its kind in Canada, and houses breast imaging, diagnostics, treatment programs, counselling services, research and a clinical trials unit.

Health-care institutions across the country are looking at the integrative model as they try to find ways to improve patient outcomes and maximize efficiency at a time when hospital beds and funding are at a critical shortage.

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Centre: Focus is on efficiency and speedy diagnosis

» “The whole spectrum of care is delivered here,” Eileen Rakovitch, director of the Louise Temerty Breast Cancer Centre, said Thursday at the opening.

Although Sunnybrook’s is the largest, several other cities have adopted similar models for breast-cancer care that place all services under one roof. Breast cancer is the most common cancer among Canadian women, and receives significant amounts of funding. The new centre, for instance, was made possible by a \$10-million donation from Louise Temerty and her husband, James Temerty, the founder and chairman of Northland Power.

But some hospitals are also looking to apply the model to prostate and other types of cancer, said Marsha Davidson, executive director of the Breast Cancer Society of Canada.

“I’m hoping that there will be some cost savings in this new model at the same time as making it better for the patient,” Ms. Davidson said.

In addition to greater efficiency, Ms. Beauchamp – a board member of the Breast Cancer Society – said the holistic model will provide patients like her with greater convenience and comfort. For instance, patients will really get to know the health-care staff in the centre and won’t have to waste time navigating the often complicated health-care system.

“It’s much more patient-focused,” she said. “I think it will make it so much easier for women going through this situation, this experience.”

Dr. Rakovitch said the new centre will also look to make breakthroughs in cancer care by improving breast imaging to allow earlier detection and diagnosis, and developing new and better treatments through collaboration with researchers conducting clinical trials. Any developments will also benefit



Ontario Premier Kathleen Wynne gets a demonstration of ultrasound equipment at the opening of the Louise Temerty Breast Cancer Centre on Thursday. MOE DOIRON/THE GLOBE AND MAIL

many other breast-cancer patients at other hospitals, she said.

“I think the vision is really national and international,” Dr. Rakovitch said.

At the official opening, Ontario Premier Kathleen Wynne said the centre will help rewrite the way cancer care is delivered to patients.

“This centre brings into being the kind of care we want to see take root across our entire health-care system,” Ms. Wynne said. “It’s an integrated model that cares for the whole patient.”

Patients at the centre will have access to immediate reconstructive surgery, which will eliminate the lengthy waits many women

endured in the past. It will also offer genetic screening and counselling for women who have a high risk of breast cancer, such as those with a family history or genetic predisposition, as well as the PYNK Breast Cancer Program, a unique venture that focuses on young women with the disease.

But much of the fanfare surrounds the rapid diagnosis centre, which will provide women who have an abnormal mammogram, breast ultrasound or suspicious clinical finding with a next-day answer on whether they have cancer. Previously, the average wait was six weeks, Dr. Rakovitch said.

“We really prioritized develop-

ing the rapid diagnostic,” she said. “I can deal with the diagnosis, [women] used to say to me. It’s the waiting.”

During her remarks, Ms. Wynne noted the attendance of her partner Jane Rounthwaite, who was once treated for breast cancer at Sunnybrook. Ms. Wynne said she knows from personal experience what a difference the rapid diagnosis centre will make for patients and families.

“Until you as a family member have experienced that, it’s hard to understand ... the fear that those words really strike in your heart,” she said. “It will do so much to ease the anxiety that goes along with that life-altering news.”