

MORNING PROGRAM

8:00 am – 8:45 am	Registration & Breakfast
8:45 am – 8:50 am	Opening Remarks
8:50 am – 9:20 am	<p>Advances in Treatment for Neuroblastoma Daniel Morgenstern, MB BChir, PhD, Staff Oncologist, Director of New Agent and Innovative Therapies Program and Therapeutic MIBG Program, The Hospital for Sick Children</p> <p><i>This presentation will review recent advances in the treatment of high-risk neuroblastoma, including the use of tandem high-dose chemotherapy, therapeutic ¹³¹I-MIBG and the incorporation of targeted molecular therapy into upfront treatment protocols. The role of anti-GD2 based immunotherapy in the treatment of neuroblastoma in both the upfront and relapse settings and other potential strategies for treating relapsed or refractory high-risk disease will also be discussed. Finally, future potential therapies for neuroblastoma will be outlined.</i></p>
9:20 am – 10:05 am	<p>Supportive Care Quick Hits: (15 mins each)</p> <ul style="list-style-type: none"> ○ Management of Neuropathic Pain – What actually works and why? Deepa Kattail, MD, MHS, FAAP, Assistant Professor, Anesthesiology, McMaster University, Pediatric Anesthesiology and Pediatric Pain Physician, McMaster Children’s Hospital, Hamilton Health Sciences ○ The Art and the Science of Managing Post- Lumbar Puncture Headaches Angela Punnett, MD, FRCPC, Director, Undergraduate Medical Education and Associate Professor, Paediatrics, University of Toronto, Staff Physician, Haematology/Oncology, The Hospital for Sick Children <p><i>Diagnostic and therapeutic lumbar punctures (LP) are an integral component of the evaluation and treatment for many children with cancer. Headache occurring as a result of LP is not uncommon, particularly in our adolescent population, and can significantly impact both quality of life and protocol therapy. This presentation will provide an overview of what we know, and what we think we know, about the risk factors, prevention, and treatment of post-LP headaches, highlighting recently published guidelines for prevention.</i></p> ○ Delayed/Persistent Nausea and Vomiting: Puzzle or Quandary? Lee Dupuis, RPh, ACPR, FCSHP, PhD, Associate Scientist, Research Institute and Health Clinician Scientist, Department of Pharmacy, The Hospital for Sick Children, Associate Professor, Leslie Dan Faculty of Pharmacy, University of Toronto <p><i>Pediatric patients routinely receive antiemetics to prevent acute chemotherapy-induced vomiting (CIV) on the days they receive chemotherapy. Effective tactics to prevent CIV in the days immediately following chemotherapy (delayed CIV) are more uncertain. Thus, delayed CIV may be difficult to prevent. Further, since most patients are at home when delayed CIV occurs, it may be even more difficult to detect and treat. Factors that place pediatric patients at risk of experiencing delayed/persistent CIV will be discussed. Considerations for the assessment and treatment of patients who are experiencing delayed CIV will be presented.</i></p>

<p>10:05 am – 10:35 am</p>	<p>Upcoming Trials in Standard and High Risk ALL: What Satellite Healthcare Providers Need to Know Sumit Gupta, MD, PhD, Staff Oncologist and Clinician Investigator, Haematology/Oncology, The Hospital for Sick Children</p> <p><i>It's the most common childhood cancer we see, and cure rates are already high, but the treatment of ALL may be about to undergo a major shift. The next generation of Children's Oncology Group (COG) trials in ALL, opening this summer, will determine whether new immunotherapies should be incorporated into first-line treatment. This presentation will provide an overview of these trials, the immunotherapies involved, and other changes in the standard backbone that will impact satellite healthcare providers.</i></p>
<p>10:35 am – 10:50 am</p>	<p>Morning Break</p>
<p>10:50 am – 12:00 pm</p>	<p>INTERACTIVE WORKSHOPS (attendees pre-register for one of the following)</p> <p>a) Helping Teens Thrive While in Treatment: Discussing Mental Health Challenges in Teenage Patients Alex Drossos, MD, MBA, MEd, FRCPC, Child Psychiatrist, Child and Youth Mental Health Program, McMaster Children's Hospital, Hamilton Health Sciences, Assistant Professor, Psychiatry and Behavioural Neurosciences, Michael G. DeGroote School of Medicine, McMaster University</p> <p>b) Palliative Care in the Satellite Setting Alisha Kassam, MD, MPH, FRCPC, Staff Pediatric Oncologist and Staff Palliative Medicine, Southlake Regional Health Centre, Associate Staff, Division of Haematology/Oncology, The Hospital for Sick Children, Assistant Professor, Department of Pediatrics, University of Toronto</p> <p>c) When Emla Isn't Enough: Pharmacological and Non-Pharmacological Strategies for alleviating procedural pain and distress in Satellite patients Amanda Gaudet, RN, Satellite Nurse Coordinator, Orillia Soldiers' Memorial Hospital Deepa Kattail, MD, MHS, FAAP, Assistant Professor, Anesthesiology, McMaster University, Pediatric Anesthesiology and Pediatric Pain Physician, McMaster Children's Hospital, Hamilton Health Sciences</p> <p>d) Chemo Side Effects 101 – The Worst Offenders, and How to Mitigate Them Lisa Egan-Bates, RN, BScN, POGO Pediatric Oncology Satellite Nurse Coordinator, Southlake Regional Health Centre Paul Gibson, MD, FRCPC, Pediatric Hematologist/Oncologist, Children's Hospital, London Health Sciences Centre, Associate Medical Director, Pediatric Oncology Group of Ontario, Associate Professor, Western University</p>

AFTERNOON PROGRAM

12:00 pm – 1:00 pm	Lunch
1:00 pm – 2:00 pm	<p>In Transition: Parent Perspectives on Traversing Ontario’s Cancer System Moderator: Vicky Breakey, BSc, MEd, FRCPC, Associate Professor, Department of Pediatrics, McMaster University, Pediatric Hematologist/Oncologist, McMaster Children’s Hospital, Hamilton Health Sciences Peter Bender, Parent Representative Tanya Hobson, RN, BScN, BScBiomed, CVAA(c), CONC(c), POGO Pediatric Oncology Satellite Clinic Nurse, Northeast Cancer Centre, Health Sciences North Kelly Mahon, Parent Representative Diana Masse, BScN, Nurse Case Manager, Children’s Hospital, London Health Sciences Centre Cristina Peter, BScN, CPHON, POGO Satellite Nurse Coordinator and Resource Nurse for Children’s Outpatient Clinic, Grand River Hospital Graham Robinson, RN, BScN, Oncology Case Manager/POGO Satellite Coordinator, Children’s Hospital of Eastern Ontario</p>
<p>↓ NEW THIS YEAR! INTERACTIVE ROUND TABLE DISCUSSIONS ↓</p> <p>Attendees will be divided into two groups. While one group of attendees is participating in round table discussions on the topics below, the other group will have the opportunity to grab a snack, catch up with colleagues and hone their central line care skills at a hands-on practice booth. Then, the groups switch! Pre-register for your round table topic of choice.</p>	
2:00 pm - 2:45 pm	Group 1: Afternoon Break/Networking/Central Line Care Practice
2:00 pm – 2:45 pm	<p>Group 2: Round Table Discussions <i>(Attendees pre-register for one of the following)</i></p> <p>1) Every Dose Matters: Addressing Compliance Challenges Diana Masse, BScN, Nurse Case Manager, Children’s Hospital, London Health Sciences Centre</p> <p><i>Pediatric cancer patients are asked to do a lot. They are asked to come back and forth from the hospital, on time, often many times per week. They’re asked to take multiple medications, often with doses changing regularly. In pediatric Acute Lymphoblastic Leukemia, failure to take daily chemotherapy medications as directed even once per month can lead to increased risk of relapse. This interactive round table discussion will aim to discuss factors that lead to poor patient and family compliance and discuss strategies to improve compliance and subsequent outcomes.</i></p> <p>2) Update on Outpatient Fever & Neutropenia Protocol: Satellite Perspectives Sarah Alexander, MD, Clinical Director, Division of Haematology/Oncology, The Hospital for Sick Children</p> <p><i>Fever and neutropenia is a common and potentially life-threatening toxicity of therapy for many pediatric oncology patients. Traditionally, these patients have been managed as inpatients for administration of empiric IV antibiotics and for close monitoring. There is, however, substantial data to support risk stratification, as well as treatment with oral antibiotics and care in the outpatient setting. Within Ontario, some tertiary centres have moved to treating a select group of patients meeting low-risk criteria with oral antibiotics as outpatients. While this is not an expected service to be offered by satellites, many have voiced interest in developing similar programs. This round table discussion will provide an overview of the steps required to implement outpatient management of fever and neutropenia and discuss the associated challenges and opportunities.</i></p>

	<p>3) Abdominal Pain: When to Chill and When to Freak Marta Wilejto, MD, FRCPC, MScCH (HPTE), Assistant Professor, Division of Hematology/Oncology, Children’s Hospital, London Health Sciences Centre</p> <p><i>Abdominal pain is an extremely common pediatric complaint. In pediatric patients undergoing cancer therapy, it is even more common. While many presentations are benign, abdominal pain may also be the presenting symptom of a variety of severe and serious complications of cancer and cancer therapy. This round table will review the presentation of abdominal pain in pediatric oncology and discusses approaches, red flags and initial steps in management.</i></p> <p>4) When Worries Take Over: Addressing Anxiety in Young Children Alex Drossos, MD, MBA, MEd, FRCPC, Child Psychiatrist, Child and Youth Mental Health Program, McMaster Children’s Hospital, Hamilton Health Sciences, Assistant Professor, Psychiatry and Behavioural Neurosciences, Michael G. DeGroot School of Medicine, McMaster University</p> <p>5) Pediatric Oncology Emergencies: Satellite Case Examples Kirsty Morelli, BScN, MN, NP-Paeds, CPHON, Paediatric Nurse Practitioner, POGO Satellite Clinic, Scarborough Health Network</p> <p><i>The success of pediatric cancer therapy is owed in large part to the intensity of therapy. Unfortunately, this also means that a variety of emergent situations arise when caring for these patients. While fever and neutropenia is the most common emergent situation seen in satellites, there are many other possible presentations. This round table will review three different emergent presentations and discuss their management.</i></p>
<p>2:45 pm – 3:30 pm</p>	<p>Group 1: Round Table Discussions (<i>Attendees pre-register for one of the above</i>) Group 2: Afternoon Break/Networking/Hands-On Skills Practice</p>
<p>3:30 pm – 4:15 pm</p>	<p>Bringing Care Closer to Home: Good News Stories from Three Satellite Clinics</p> <p>1. Fat Stacks for a Big Cause: Southlake’s Epic PJ Party Charmaine van Schaik, HBSc, MSc, MD, FRCPS, Chief of Pediatrics, Southlake Regional Health Centre</p> <p><i>Last fall, September 2018, Southlake launched its inaugural annual PJ party in celebration of Childhood Cancer Awareness Month. The first POGO Satellite Clinic to bring the PJs and Pancakes platform to the community was the result of the continually growing partnership between both organizations, a true collaboration of leadership, fundraising, community partners, and most importantly FUN for all! You too can create support for your institution and POGO, furthering the awareness for pediatric oncology needs in your community and provincially.</i></p> <p>2. Profile of Peterborough, POGO’s Newest Satellite Clinic Shay Cannon, RN, POGO Pediatric Oncology Satellite Clinic Nurse, Peterborough Regional Health Centre (PRHC)</p> <p><i>This presentation will tell the story, from a satellite clinic nurse’s perspective, of how saying “yes” to opportunities led to the opening of POGO’s newest Satellite Clinic in Peterborough.</i></p> <p>3. Health Sciences North Takes Aim at the Flu Sylvie Kozlowskyj, BScN, RN, CVAA(c), CON(c), POGO Pediatric Oncology Satellite Nurse Coordinator, Northeast Cancer Centre, Health Sciences North/Horizon Sante-Nord</p>

	<p><i>This presentation will highlight the influenza vaccination awareness campaign that was recently rolled out at the POGO Satellite Clinic in Sudbury. The campaign's goals were to raise awareness of the benefits of the influenza vaccine and increase immunization rates. Campaign strategies and tools will be shared with this audience, as well as a summary of the program's success.</i></p>
4:15 pm – 4:30 pm	Closing Remarks/Evaluation