

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 <p><i>Neuropathic pain is an ongoing and distressing issue for many pediatric cancer patients. This quick hit session will provide an overview of pharmacological interventions to manage neuropathic pain in this patient population, including the use of gabapentin, pregabalin, amitriptyline, and duloxetine.</i></p> ○ 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</i></p>

	<p><i>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. DeGroot School of Medicine, McMaster University</p> <p><i>Teenagers undergoing treatment for cancer face a variety of mental health challenges. These include low or disturbed mood, anxiety, and altered cognition (e.g. delirium, psychosis), among others. In order to select the best treatment or intervention, the first step is proper identification of the presenting mental health concern. This workshop will briefly address accurate diagnosis, and then will focus on practical management strategies to support teenagers, including both non-pharmacological and pharmacological approaches.</i></p> <p>b) Optimizing Palliative Care for Children with Advanced Cancer 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 Adam Rapoport, MD, FRCP(C), MHSc, Medical Director, Paediatric Advanced Care Team, The Hospital for Sick Children, Medical Director, Emily's House Children's Hospice, Associate Professor, Paediatrics and Family & Community Medicine, University of Toronto</p> <p><i>Survival rates for childhood cancer in developed countries have steadily improved over the last few decades from 58% in the mid-1970s to over 80% today. Despite the tremendous progress in treating pediatric malignancies, 20% of children with cancer will still die from their disease. This presentation provides an overview of symptoms and suffering in children with advanced cancer and provides practical suggestions on how to improve communication about palliative and end-of-life care topics. Through a case example and group discussion, we hope to identify strategies to optimize team communication and improve the care we provide to children with advanced cancer in the satellite setting.</i></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

Even with the use of topical anesthetics such as EMLA cream, paediatric cancer patients continue to experience pain and anxiety during clinical procedures. Preventing stress in this patient population is essential, given recurrent procedures and the potential for significant distress if anxiety is not well-managed. Recent research has shown that simple, developmentally appropriate techniques, such as distraction, pet therapy, and play therapy, can lessen pain in children by diverting the child's focus from potentially painful procedures such as PORT access or dressing changes. Despite a variety of non-pharmacological interventions, in-clinic procedures remain a significant source of stress and trauma for a portion of children. In these cases, pharmacologic interventions may be considered. This workshop will also review currently available pharmacological interventions and provide practical guidance in the selection and use of appropriate pharmacological and non-pharmacological strategies to decrease anxiety and pain for minor procedures.

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

Cytotoxic chemotherapy is a foundational tool in the treatment of childhood cancers. These agents, used alone or in combination, have been pivotal to the sharp increase in survival rates for pediatric oncology patients over the past four decades. Despite all of these successes, the administration and monitoring of patients treated with these drugs remain complex, high risk, and challenging. This workshop will provide an introduction to chemotherapy agents. Mechanisms of action, common and important toxicities, and tips around safe administration and the management of complications will be discussed in an interactive environment.

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</p> <p>Moderator: Vicky Breakey, BSc, MEd, FRCPC, Associate Professor, Department of Pediatrics, McMaster University, Pediatric Hematologist/Oncologist, McMaster Children's Hospital, Hamilton Health Sciences</p> <p>Peter Bender, Parent Representative</p> <p>Tanya Hobson, RN, BScN, BScBiomed, CVAA(c), CONC(c), POGO Pediatric Oncology Satellite Clinic Nurse, Northeast Cancer Centre, Health Sciences North</p> <p>Kelly Mahon, Parent Representative</p> <p>Diana Masse, BScN, Nurse Case Manager, Children's Hospital, London Health Sciences Centre</p>

	<p>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><i>Join two parents, along with their care teams, as they share their families’ personal cancer journeys and the impact Satellite care had on their children’s treatments. Although their stories are similar, each family and team will give their personal insights into the care process and the role of POGO Satellite Clinics. Panelists will participate in a moderated discussion and then be available to take your questions.</i></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</i></p>

	<p>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.</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><i>Anxiety and worry are normal responses for children undergoing cancer therapy. For some children, however, anxiety can become so severe that it interferes with their ability to access care and substantially impacts the quality of life of both the patient and their family. This round table will discuss ways of identifying anxiety beyond “normal response” in young children (age 3-9) and discuss pharmacologic and non-pharmacologic methods of improving the symptoms.</i></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 (Attendees pre-register for one of the above) 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