I. Highlights of the Past Year

This past year has been an extremely active one for the Pulmonary Division in all aspects. Our clinical and research programs continue to grow at an exponential rate. Some of the highlights are the following:

Our Pulmonary Oncology program at the Segal Cancer Centre has undergone major expansion in the past five years in both clinical and research activities. We have been recently designated a level 3 tertiary referral lung cancer centre from the Programme Québécois de Lutte contre le Cancer (PQLC). Our research includes both basic science and clinical projects. Some of our current clinicians and ongoing projects include:

- Dr. Carmela Pepe – Lung cancer in the elderly
- Dr. Thomas Jagoe – Cachexia (weight loss) in lung cancer patients
- Dr. David Small – Clinical trials for lung cancer patients
- Dr. J. Agulnik – Interventional bronchoscopy procedures and lung cancer trials
- Dr. Victor Cohen – Molecular mutations in lung cancer
- Dr. Goulnar Kasymjanova – Retrospective database analysis

We conducted the third Lung Cancer Awareness Month and this has become a yearly affair with numerous events, such as a presentation at Nurses Grand Rounds, and a public information booth, manned by our physicians, pulmonary oncology nurses and others to educate and sensitize the public about lung cancer and its prevention. In addition, information on the JGH non-smoking program was distributed.

The culmination of the whole month’s program was the lecture on Lung Cancer for our patients and their families organized in partnership with Hope and Cope and the Cancer Prevention Centre held in the Block Amphitheatre of the hospital.

The work of our Tumor Board continues to be one of the most important tools in the comprehensive approach to the treatment of our oncology patients. Tumor Board includes the participation and detailed discussion by physicians from surgery, radiotherapy, nuclear medicine (reviewing PET CTs), pathologists (presenting and reviewing pathology slides), in addition to our pulmonary oncology team (physicians, nurses) and our Cancer Nutrition and Rehabilitation group. This comprehensive approach to treatment of our lung cancer patients has brought a number of patients requesting second opinions.
This major initiative that we have embarked on is the creation of the Brojde Lung Cancer Centre. Mary Grossman, N. PhD. who joined our Pulmonary Oncology team as a Director of the Brojde Centre, coordinated the work in developing a proposal for the creation of the Centre which will combine traditional Chinese Medicine and other complementary modalities with mainstream treatment for our lung cancer patients. This center will be based on the philosophies of integrative oncology and holistic nursing, and will offer opportunities for research, education, and state of the art clinical practice with facilities to provide services to patients in our center, as well as at home.

For several years, the McGill Cancer Centre has been offering the Experimental and Clinical Oncology Course to its medical students and as part of that course students are asked to attend the Pulmonary Tumor Board meetings at the JGH as part of the workshop portion of their course.

Our research program in different aspects of pulmonary oncology has led to the hiring of additional support staff to maintain the quality care we are known for. Research continues as well in obstructive lung disease and asthma with a number of studies ongoing at any given time.

Our new Airways Centre aims to increase accessibility to respiratory services to provide optimal care to patients suffering from asthma and COPD. Our team of respiratory therapists, nurses and physicians offer walk-in spirometry, patient education and consultation in pulmonary medicine. The evaluation of our asthmatic clientele includes specialized tests and consultation with a pulmonary physician, an allergist and ENT specialist. We provide facilitated access to exercise and rehabilitation programs for all our patients. We also offer patients the opportunity to participate in studies involving new medications, as well as new approaches to the treatment of asthma and COPD. The launch of the new Airways Centre is scheduled for April 2009. Doctors from the hospital, family physicians, representatives of the pharmaceutical companies, families and other organizations sponsoring this very exciting project will be in attendance.

Pulmonary vascular disease is managed with the collaboration of Dr. Andrew Hirsch in two sub-specialized clinics. The Center for Pulmonary Vascular Disease is one of two major referral centers in the province that diagnose and manage patients with pulmonary hypertension of all causes. A new respiratory physician, Dr. Kim Boutet, has joined the team and along with the Divisions of Cardiology, Cardiac Surgery and Rheumatology it has developed into a premiere clinical program within the hospital with a constant increase in referrals (up 30% this year.)

The thrombosis service continues to grow, and in conjunction with Dr. Hirsch and the Divisions of Hematology, and Internal Medicine provide expert in-patient and out-patient care to patients with all varieties of arterial and venous thrombotic diseases. This of course includes the diagnosis and management of acute and chronic pulmonary embolism. The Thrombosis team runs a variety of multi-center studies and recently got CIHR funding for a multi-center study looking at the long term clinical outcome of patients after an acute pulmonary embolism. TB clinic continues to grow under the co-leadership of Dr. Mark Palayew and Dr. Chris Greenaway, of the Division of Infectious Diseases. There have been approximately 30-40 visits weekly to this clinic in the past year.
The collaboration between our Division and the Mt. Sinai pulmonary rehabilitation and asthma education programs has been of great benefit to our patients. Patients with sleep disorders are investigated and treated at the Mount Sinai Sleep Clinic. Dr. Wolkove, Dr. Palayew and Dr. Small are involved in this clinic and conduct 5 half-day clinics per week. There are approximately twenty-five sleep studies ordered every week. In addition, they run a very successful smoking cessation program. There are plans for further collaboration with Mount Sinai Hospital for exercise and rehabilitation programs upon the opening of our Airways Centre.

II. Evaluation of the Past Academic Year

The initiation of many new research projects and the significant increase in clinical activities has resulted in a very active year. Teaching remains of the highest caliber.

1) Teaching activities

The JGH Pulmonary Division was extremely active in teaching. Five members of the Division attended on the medical wards. While there, they supervised the medical team consisting of medical students, junior and senior residents. They conducted daily teaching rounds as well.

The pulmonary consult service is always extremely active. Medical students, residents and pulmonary fellows always benefit from diverse and challenging cases when they are on the Pulmonary rotation. They see patients in Emergency and on the floors and in outpatient clinics. They also participate in weekly Pulmonary, Tumour Board and X-ray rounds. Fellows and residents receive “hands on” training in invasive procedures, such as bronchoscopy and thoracocentesis. Pulmonary fellows gain experience in working up and following patients in a 6-month rotation. They have their weekly clinics under the supervision of Dr. Small (pulmonary), as well as sub-specialty clinics in pulmonary oncology, pulmonary hypertension (Dr. Hirsch) and tuberculosis (Dr. Palayew).

Drs. Mark Palayew, Jason Agulnik and Andrew Hirsch have supervised evening Journal Clubs with the Pulmonary and Oncology fellows as well as Hematology, Thrombosis and Internal Medicine residents.

In addition to the clinical teaching, all members of the division regularly participated in lecture series to family physicians at the Thursday Evening Lecture Series (TELS), to the medical residents and students at their CXR teaching sessions and Core medicine lectures.

With the ongoing success of the Experimental and Clinical Oncology Course 56-635D, undergraduate students continue to participate in our Pulmonary Tumor Board meetings (held weekly) as part of the workshop portion of their course. This year again, the students greatly appreciated the opportunity to attend the Tumor Board meetings and thereby gain a unique experience in participating in the work of this multi-disciplinary, innovative team.
Divisional weekly pulmonary rounds take place throughout the academic year. This involves presentations by our own staff, including fellows, residents and physicians from other divisions of the Jewish General, as well as many visiting professors. This year, guest speakers have included Dr. W. Mahmood (Fellow), Dr. B. Smith (Fellow), Dr. G. Ely, Dr. G. Ostiguy, Dr. T. Kader, Dr. F. Khan (Fellow), Dr. N. Routhier, Dr. P. Warshawsky, Dr. S. Suissa, Dr. K. Boutet, Dr. R. Sheppard, Dr. G. Friedman, Dr. T. Wilson (Fellow), Dr. T. Jagoe, Dr. C. Chan, Dr. P. Small, Dr. D. Roberge.

A weekly Clinical/X-Ray conference is held in conjunction with the Radiology and Thoracic Surgery Departments.

Members of our Respiratory Physiology Department are also active in the ongoing clinical teaching of Vanier College Respiratory and Anesthesia students, including HOP students.

We were lucky to have three abstracts and posters presented at ASCO, one at ATS and three at MASCC in 2008.

2) Research

Research studies have been undertaken in pulmonary oncology, obstructive lung disease, asthma, thromboembolism and pulmonary hypertension.

Research studies, many of which are ongoing include:

2005  Ortho Biotech LEAD - A Prospective Study to Evaluate Anemia and Transfusion Requirements in NSCLC Patients with Completely Resected Tumors Undergoing Adjuvant Chemotherapy

2005  London Regional Cancer Centre XRP6976B/6034 A Phase I Study of Cisplatin/Docetaxel Chemotherapy with Concurrent Thoracic Radiotherapy in Advanced Loco-Regional Non-Small Cell Lung Cancer from the LRCP

2006  Abbott M05-782 A Phase ½ Study Evaluating the Safety and Efficacy of ABT-751 in Combination with Docetaxel Versus Docetaxel Alone in Subjects with Advanced or Metastatic Non-Small Cell Lung Cancer

2008  Phase III, A Randomized, double-blind, double-dummy, placebo controlled, parallel group study to assess the efficacy and safety of 48 weeks of once daily treatment of orally inhaled BI 1744 CL (5ug (2 actuations of 2.5 ug) and 10 ug (2 actuation of 5 ug) delivered by the Respimat ® Inhaler, and 48 weeks of twice daily Foradil ® (12 ug) delivered by the aerolizer ® Inhaler, in patients with Chronic Obstructive Pulmonary Disease (COPD)

3) Clinical Activities

Oncology Clinic Statistics
New patients 111
Follow up visits 2265
4) Academic Staff

The division plans to recruit Dr. Lama Sakr in the coming year.

5) Consulting activities:

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6) Honors, awards and Prizes: None

III. Objectives and Priorities

This past year has been an extremely successful one for the Pulmonary Division. Our Clinical and Research activities have increased but nonetheless we feel that our patients have not at all been hindered by this growth.

We look forward to further development of the Airways center that is currently evolving as a premier clinical and research center.

Our ongoing research and clinical programs in lung cancer, airways diseases tuberculosis, pulmonary hypertension and our collaboration with Mount Sinai will continue to expand in the
upcoming year. As usual, we are extremely fortunate to have an outstanding staff including our nurses, technical and support staff members, who strive for excellence on a day to day basis.

Respectfully submitted,

David Small, M.D., F.R.C.P.©
Chief, Pulmonary Division