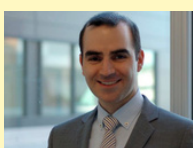


St. Mary's Research Centre

JUNE 2022

FROM THE SCIENTIFIC DIRECTOR



Dear members of the SMRC community,
On the occasion of Elder Abuse Awareness Day (June 15th), this edition of the SMRC newsletter highlights the work of Dr Mark Yaffe, family physician and researcher at St. Mary's

Hospital. Dr Yaffe has developed and refined EASI, a validated elder abuse detection tool that has received recognition from the World Health Organization and the Center for Medicare and Medicaid. As the demographic importance of seniors in the population increases, tool such as EASI will become increasingly relevant to ensure that vulnerable members of society are not victims of mistreatment. St-Mary's is well-known as one of the country's largest family medicine residency training centers. Important, patient-centered research such as that conducted by Dr Yaffe reflect how members of St-Mary's also contribute to scientific development in the field.

St-Mary's Research Centre continues to recover from the pandemic, with increasing numbers of staff returning on site. Of course, the constraints of remote work did not stop us from maintain our productivity. Nina Morena, PhD student at the SMRC recently received a doctoral research scholarship from both the Fonds de la recherche du Québec and the Social Sciences and Humanities Research Council. I have the privilege of co-supervising her research work in understanding social media practices of young women with metastatic breast cancer.

The newsletter will take a break for the summer. Please be sure to follow the September edition, where you'll find details of our fall program of lectures and presentations. I'd like to close by thanking Isabelle Crépeau, Scientific Information Officer at the SMRC for her work on preparing the newsletter content every month. Many of you have complemented the expanded content, professional look and feel. The credit is Isabelle's.

Have a wonderful summer!

Ari Meguerditchian, MD
Scientific Director

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SUMMER BREAK

The newsletter and Lunch & Learn events will be back in September.

In the meantime, you can follow us on our [Internet site](#), [Facebook](#) and [LinkedIn](#)

RESEARCH PROGRAM HIGHLIGHT: THE ELDER ABUSE SUSPICION INDEX (EASI©)

by Isabelle Crépeau

Detecting elder abuse is challenging and complex. Its outcomes are broad, extending from social implications to actual premature death of its victims. The Elder Abuse Suspicion Index (EASI©) is a validated tool which facilitates the detection of mistreatment, and was initially conceptualized for use by family doctors, given, in optimal situations, their on-going contact with older adults. Dr. Mark Yaffe, family physician and researcher at St. Mary's Hospital Center, is one of the scientists who developed and validated EASI©, which exists now in 15 languages.



What brought you to study the detection of elder abuse?

Early in my career, I made family caregiving a major clinical and research focus. In the 1980's such caregiving was not a common concern for family physicians; it was addressed mostly by social workers, psychologists, and nurses.

This led to me authoring an article published in 1988 in the Canadian Medical Association Journal which addressed caregivers' needs and challenges for family physicians. [1]

It became the basis for later research into family caregiving, and at the urging of a social work colleague, I created a multidisciplinary team to explore ways to detect elder abuse in the ambulatory setting by family doctors.

In 2008 we published our successful work on the Elder Abuse Suspicion Index (EASI©). [2]

Do you have any evidence of the uptake and recognition of EASI©?

In 2008, the World Health Organization Ageing and Life Course Programme (WHO/ALC) and the Center for interdisciplinary Gerontology at the University of Geneva (CiG-UNiGE) published a report aiming to provide an instrument to detect elder abuse. [3] They cited EASI© as a model to be considered.

In 2014, in collaboration with the National Initiative for the Care of Elderly in Canada, EASI© was printed in pocket card format and inserted in an issue the Canadian Family Physician journal for distribution across Canada. A random sample of the receivers of the issue were followed-up. [4]

In 2014 the Centers for Medicare and Medicaid in the U.S. identified EASI© at one of the three recommended tools for attempting to identify elder abuse. [5]

In 2021 Dr Yaffe published a journal article that summarized enquiries about using EASI© that came from 25 different countries. [6]

RESEARCH PROGRAM HIGHLIGHT: THE ELDER ABUSE SUSPICION INDEX (EASI®)

Is EASI® used by other health professionals?

The tool was designed to use vocabulary that family physicians would be comfortable using, and which would encompass easy to remember themes.

EASI® is now not only used by physicians from a broad spectrum of disciplines, but also by nurses, social workers, psychotherapists, researchers, physical and occupational therapists, audiologists, para-medics, dentists, long term care organizations and for commercial needs (electronic medical records, books).

EASI was also modified for use in other settings, such as versions for self-administration and for Long-term care institutions.

EASI- self-administered is a 5-question tool intended for patient usage in waiting rooms before meeting with health professionals. EASI- LTC is a 9-question tool designed to raise suspicion of abuse toward cognitively functional elderly living in long-term care facilities.

Research is needed to validate EASI- LTC, and a research grant proposal has been submitted with that in mind by a team on which Dr Yaffe is a co-investigator. Since it has been estimated that mistreatment of older adults in long-term care may exceed 25% of residents, there is certainly a need for the tool.

“

Elder abuse is
a social
phenomenon
with important
health
implications.

”

[1] Yaffe MJ. [Implications of caring for an aging parent](#). CMAJ. 1988 Feb 1;138(3):231-5

[2] Yaffe MJ, Wolfson C, Lithwick M, Weiss D. [Development and validation of a tool to improve physician identification of elder abuse: the Elder Abuse Suspicion Index \(EASI\)](#). J Elder Abuse Negl. 2008;20(3):276-300

[3] [Global Response to Elder Abuse and Neglect: Building Primary Care Capacity to Deal with the Problem Worldwide: Main Report](#). World Health Organization. Geneva. 2008.

[4] Yaffe MJ, Leaney A. An evaluation of the Elder Abuse Suspicion Index (EASI) © pocketcard. Report prepared on behalf of the National Initiative for Care of the Elderly for the Division of Aging and Seniors of the Public Health Agency of Canada. 2010

[5] McMullen T, Schwartz K, Yaffe M, Beach S, Elder Abuse and Its Prevention: Screening and detection, IOM (Institute of Medicine) and NRC (National Research Council: Elder Abuse and Its Prevention: Workshop Summary, Page Range: 88-93, The National Academies Press, Washington, DC. April 2014

[6] Yaffe MJ. [Content and analysis of a knowledge translation activity for an elder abuse detection tool: a descriptive study](#). BMC Geriatr. 2021 Aug 6;21(1):455

ACADEMIC OUTPUT

Peer-reviewed and other publications

Lambert SD, Grover S, Laizner AM, McCusker J, Belzile E, Moodie EEM, Kayser JW, Lowensteyn I, Vallis M, Da Costa D, Pilote L, Ibberson X, Sabetti J, de Raad M. [Adaptive web-based stress management programs among adults with a cardiovascular disease: A pilot Sequential Multiple Assignment Randomized Trial \(SMART\)](#). Patient Educ Couns. 2022;105(6):1587-1597

Morena N, Ahisar Y, Wang X, Nguyen D, Rentschler CA, Meguerditchian AN. [Are YouTube videos a reliable information source for young women with metastatic breast cancer?](#) J Clin Oncol. 2022;40, Supp 16 (abstr 10142).

Delirium Index

A revised version of the [Delirium Index](#) developed by Drs Jane McCusker and Martin Cole is available.

The Delirium Index is an instrument for the measurement of severity of symptoms of delirium that is based solely upon observation of the individual patient, without additional information from family members, nursing staff or the patient's medical chart.

"Oral presentations

La recherche qui soigne" colloquium

Presentations by Dr. Ari Meguerditchian and Sylvie Lambert at the Colloquium on breast cancer organized by McPeak-Sirois "La recherche qui soigne", are available online

[Les données au services de la patiente](#) (34 min) - Dr. Ari Meguerditchian

[Résultats rapportés par les patients](#) (28 min) - Sylvie Lambert



Fellowship awarded

Congratulations to Nina Morena, PhD Candidate in Communication Studies at McGill University for being awarded a doctoral research scholarship from the Fonds de Recherche du Québec - Société et Culture (FRQSC) to support her research on the knowledge creation and social media practices of young women with metastatic breast cancer.

Nina's research explores the ways in which these patients seek and share health information on social media and how this impacts their disease management.

She has also received funding from the Social Sciences and Humanities Research Council of Canada. Nina is supervised by Dr. Ari Meguerditchian and Dr. Carrie Rentschler.

Poster accepted

Morena N, Ahisar Y, Wang X, Nguyen D, Rentschler CA, Meguerditchian AN. Are YouTube videos a reliable information source for young women with metastatic breast cancer? [Poster] presented at: Canadian Surgical Forum; September 15-17 2022; Toronto, Ontario, Canada.



ROSTER OF ACHIEVE ONCOLOGY CLINICAL TRIALS

Lung cancer

A phase 3 study of Pembrolizumab (MK-3475) in combination with concurrent chemoradiation therapy followed by Pembrolizumab with or without Olaparib vs concurrent chemoradiation therapy followed by Durvalumab in participants with unresectable, locally advanced, stage III non-small cell lung cancer (NSCLC). [MK 7339-012]

A randomized, double-blind, placebo-controlled phase 3 study of Pembrolizumab (MK-3475) in combination with concurrent chemoradiation therapy followed by Pembrolizumab with or without Olaparib (MK-7339), compared to concurrent chemoradiation therapy alone in participants with newly diagnosed treatment-naïve limited-stage small cell lung cancer (LS-SCLC). [MK 7339-013]

A phase 2 precision oncology study of biomarker-directed, Pembrolizumab- (MK-3475, SCH 900457) based combination therapy for advanced non-Small cell lung cancer (KEYNOTE-495; KeyImPaCT). [MK-3475-495]

Bladder cancer

A Phase 3, randomized, study of neoadjuvant chemotherapy alone versus neoadjuvant, chemotherapy plus Nivolumab or Nivolumab and BMS-986205, followed by continued post-surgery therapy with Nivolumab and BMS-986205 in participants with muscle-invasive bladder cancer. [CA017-078]

Breast

An Open-label, Randomized, Multicenter Study Evaluating the Activity of Lasofoxifene Relative to Fulvestrant for the Treatment of Pre- and Postmenopausal Women with Locally Advanced or Metastatic ER+/HER2- Breast Cancer with an ESR1 Mutation (Sermonix SMX-18-001)

"A Clinical Trial to Determine the Efficacy of Five Years of Letrozole Compared to Placebo in Patients Completing Five Years of Hormonal Therapy Consisting of an Aromatase Inhibitor (AI) or Tamoxifen Followed by an AI in Prolonging Disease-Free Survival in Postmenopausal Woman with Hormone Receptor Positive Breast Cancer" (NSABP-42)

A Randomized Phase III Trial of Adjuvant Therapy Comparing Chemotherapy Alone (Six Cycles of Docetaxel Plus Cyclophosphamide or Four Cycles of Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel) to Chemotherapy Plus Trastuzumab in Woman With Node-Positive or High-Risk Node-Negative HER2-Low Invasive Breast Cancer (NSABP-47)

Gastric

A Phase 3, Global, Multi-Center, Double-Blind, Randomized, Efficacy Study of Zolbetuximab (IMAB362) Plus mFOLFOX6 Compared with Placebo Plus mFOLFOX6 as First-line Treatment of Subjects with Claudin (CLDN)18.2-Positive, HER2-Negative, Locally Advanced Unresectable or Metastatic Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma (Astellas SPOTLIGHT)

Contact information: franca.cantini.comtl@ssss.gouv.qc.ca

SMRC & STAFF NEWS

RESOURCES FOR USERS OF THE CONSULTATION SERVICE

To optimize use of our Consultation Service, and to build the capacity for research at St. Mary's among SMHC researchers and their trainees, the Consultation Service has developed a [list of resources](#) on various methodological topics.



We welcome feedback on this list!
consultation.smrc.comtl@ssss.gouv.qc.ca

REVIEW OF 2021-2022 IN ONE MINUTE



NEW STAFF



Kelly Ingabire joined the SMRC as an Administrative Technician. Kelly is assisting in financial management and documenting human resources processes. She is also providing support in administrative practices which are shared between the CIUSSS and McGill University. Kelly is currently pursuing undergraduate studies in Business Administration at HEC Montreal.



Marc-André Bélisle joined the SMRC as an Administrative Technician - Information Resources Specialist. Marc-André will develop cataloging plans and conservation schedules for various administrative and research archives in order to standardize organizational and archival processes. Before joining the research centre, Marc-André worked in archeology and participated in the excavation and cataloging of a prehistoric site in the St-Anicet region (Quebec). He also worked as a coordinator and supervisor. Marc-André graduated from the University of Montreal in Anthropology.

ERRATUM

An error appeared on page 4 of the May issue (Welcoming Statistician Simona Mitotti). It should have read: "Between 2006 and her move to Canada in 2019, she was an Assistant Professor (tenured)..."

SMRC & STAFF NEWS

SMRC WELLNESS CHALLENGE

From April 15th to May 13th staff challenged themselves and their colleagues in a wellness challenge that helps develop and maintain healthy habits.

Cindy Ibberson



Rachelle Dumas

Isabelle Crépeau

Average activities /week:

7

Total hours spent training:

217

Average session duration:

8h/sem

Top trending activities:

Walking/Running 69%

Lift sessions 7%

Cycling/Spinning 5%

Yoga 1%

Participants:

Cindy Ibberson
Isabelle Crépeau
Jean-Daniel Beauchesne
Lisa Starr
Manon de Raad
Rachelle Dumas
Sandhya Baskaran

Congratulation to all!

RESEARCHER PORTRAIT: Dr. JANE McCUSKER



Dr Jane McCusker is a senior scientist at the St. Mary's Research Centre. In 1993, she was appointed to start the new Department of Clinical Epidemiology and Community Studies (DCECS) at St. Mary's. She led the Department for 18 years as it developed into a thriving internationally-recognized centre, establishing an infrastructure for research conduct, outreach to clinicians through collaboration with quality assessment projects, methodological consultation, and a small grants program.

Research foci in geriatrics and mental health were established in collaboration with clinical researchers which led to successful funding by provincial and federal grants. Notable research accomplishments included the development of a two-step screening and assessment intervention for older adults in the ER.

The Identification of Seniors At Risk (ISAR) tool is internationally known and used. Hospital and community-based interventions for delirium and depression followed, with the co-leadership of Dr. Martin Cole in Psychiatry.

Dr McCusker continued to be active in research as the DCECS transitioned to the current Research Centre, contributing to the growing field of self-care for mental health disorders. She led the successful development and evaluation of an innovative intervention using trained lay coaches to support patients as they develop self care skills. She acts as Scientific Lead of the Scientific Consultation service, advising clinician researchers on methodology. She also mentors younger researchers at the Research Centre.

Dr Jane McCusker is a medically-trained epidemiologist. She obtained her medical degree at McGill University, a Master of Public Health and a Doctorate in Public Health and Epidemiology at Columbia University. Over the years, she has held or contributed to more than 100 research grants and published 250 peer-reviewed articles.

Dr Jane McCusker interests include chronic diseases in elderly, cognition, community health / public Health, emergency medicine and health Services.

EMPLOYMENT OPPORTUNITY

[Psychologist \(Oncology\)](#)

COMING UP! LUNCH & LEARN 12PM-1PM

<https://us02web.zoom.us/j/409644888>

June 23

When all systems fail: The burden of managing health in socioeconomically deprived communities



[Dr. Marianne McCallum](#)
Institute of Health and Wellbeing
University of Glasgow