

Alberta Doctors' Digest

A worthy addition to oncology for Calgary and all of Alberta

When I came to Edmonton in 1975, the Cross Cancer Institute was the only named cancer centre in Alberta. It was named after physician and politician Dr. Wallace Warren Cross. In Toronto, there was the Princess Margaret Cancer Centre, but in Calgary there was only a clinic at the Holy Cross.

I visited the Holy Cross clinic several times to recruit patients for a clinical trial of oral BCG (as an “immunotherapy”) in malignant melanoma run by Dr. Alex McPherson. Dr. McPherson passed away on September 5, 2024. His contributions include a long career in oncology research (1972-85). He was also President of the AMA (1981-82) and Deputy Minister of Health in (1985), where he made further contributions in public life as Deputy Commissioner and Executive Director of the Premier's Commission on Future Health Care for Albertans (1985 – 1990). Dr. McPherson was delighted to know that the new cancer centre would be built on the grounds of Calgary's Foothills Hospital. It opened October 2024.

Dr. Neil MacDonald is another titan who contributed greatly to the development of oncology in Alberta. I recall the mild exasperation in the 1970s of Dr. MacDonald, who at that time was Head of Cancer Services for the Provincial Cancer Hospital Board and forerunner of the Alberta Cancer Board. He was unable to get ahold of people in Calgary and his phone calls were left unanswered! There was in those years of visiting Calgary somewhat of an attitude – not universal – that malignant disease (except for leukemias) was best left in the hands of the surgeons, and these new treatments using drugs was best left to Edmonton. One enlightened exception was Dr. Robert Pow who ran the cancer clinic at the Holy Cross.

Some years later, the Tom Baker Cancer Centre (named after Tom Baker who was a teacher, politico, and Chair of the Provincial Cancer Hospitals Board) opened in 1981, However, it was still well behind the Cross in its research and clinical studies. Modern research thinking was established around 1983 when Dr. Walley Temple, a surgical oncologist, and Dr. Martin Jerry arrived in Alberta.

When I came to Calgary in 1990 there was a lingering attitude that “we treat cancer patients, and though research has its place, it's not necessarily here.”



J.E. Arthur Child Comprehensive Cancer Centre: Room with a view. Ceiling hoist lines. Shadeable windows. Comfy seating.

Tempora mutantur!

Roll over the Tom Baker Cancer Centre which will be repurposed providing more clinical lab, clinic and office space for Foothills and the Calgary zone. Following the \$50 million donation from the J. E. Arthur Child Foundation, the newly constructed Cancer Centre has taken his name.

Discussion and planning for a new building to house expanding cancer populations in Calgary and environs, together with major advances in oncology requiring more complex treatments, started at the turn of the century and got serious around 2012.

The provincial government and Alberta Health originally thought that building a new cancer centre in the South Health Campus was an option, but by then much of the campus had been taken by neurology. Most of us knew that modern oncology required access to a wide range of specialists, and the NDP government agreed. The new centre was planned for the Foothills site.

The result is a magnificent building which has even won several prizes. The architects, DIALOG, in collaboration with Stantec, were responsible not only for the architectural

and interior design but also the structural, mechanical and electrical engineering. DIALOG continues landscape planning and ongoing building modification as required.

The architects' vision for the new centre was innovative for a hospital building. The design features two curving L-shaped building blocks placed, as it were, about to embrace each other. In the middle of the building is an all-season garden that symbolizes the "heart". It's a refreshing take on a hospital building design. The architects say it, "symbolizes the type of care a patient can expect to receive, providing year-round access and views to nature for patients and their families."

The building, for which PCL Construction, Modern Niagara, and the Canem/Plan Group broke ground in November 2017, has cost \$1.4 billion to complete, and comprises 186,000 square metres (of which 9,200 square metres will be devoted to research laboratories and associated offices). It purports to be the largest comprehensive cancer centre in Canada, and the second largest in North America. The building's stature will be helpful in recruiting excellent clinicians and scientists to Calgary.

I first visited the new cancer centre with several retired nurses towards the end of November, 2024. There was accessible parking for peoples with disabilities right outside the reception area, and parking spots for oversized vehicles. This was unusual and may have been one aspect of advice from patient committees who had provided input to the architects in advance of construction.

Upon entering the building, I entered the reception area with staff at the desk. I recognized someone named Cheryl. She said that a new Tim Hortons ("you're only a sip away") had just opened in the building. I wandered past a portrait of Arthur Child, who died in 1996, and whose foundation donated \$50 million towards cancer research at the new centre, then past a series of plaques outlining Child's life (born in Guildford, England, moved to Canada where he worked as a paperboy, then at a packaging company, starting at the bottom and making his way upwards). Tim Hortons was open and well-lit with outside seating, which will work well in the summer months. I bought a tasty egg sandwich but lost 25 cents down the back of the sandwich display unit. If anyone finds it, let me know.

In the middle of the reception area is a display cabinet with an Indigenous headdress called a "Stand Up Head-Dress". The explanatory text notes that the headdress, "is a Medicine for its wearer. It protected warriors on raids, during war to protect territory and in buffalo hunts. It also provides healing." Beside the headdress is a land acknowledgement, and behind the reception area, is a "Spirit Room." The room is designed with artwork on the floor.

I had some research papers to sign and going up to the research assistants' area on level 6, I was amazed at its extent which included scores of desks and workspaces. The clinical research team had moved into the facility from the Holy Cross and the Tom Baker. I mentioned to Erin (whom I was meeting) that when I came to the Tom Baker from Edmonton in 1990, there were two nurses in clinical research and three research assistants. The research assistants now have a view of the mountains! The windows have no blinds and are instead being controlled by "dynamic light control."

Softening the rough edges of the cancer experience

To the Wards. There are now 161 beds available, compared to some 60 previously in the Foothills Hospital. We toured level 9, and entered room 31. The rooms are impressive (see photo). Each room contains one bed with room to include an additional

bed if needed. The window view is impressive. Those facing SW have crisp vistas of the Rocky Mountains and a view over the outside sitting area (usable in summer). There's a comfy chair for a visitor and beside it is sofa seating to accommodate additional visitors.

A support track runs along the ceiling for a hoist. This runs over the bed area and into the bathroom, which makes washing, bathing and transferring immobile patients so much easier than manual lifting. Outside each room is a sign with changeable discs indicating whether a patient has special requirements such as N.P.O., allowed liquids, dietary restrictions, or is a fall risk. There is also a wall chart for "My Health Care Plan". Yes, pretty impressive.

The library in concert with current excess circumlocution is called "The Knowledge Resource Centre (library.)" A lecture theatre is on the level 2.

Dr. Lisa Barbera, Head of Radiation Oncology, was out of town, but e-mailed me stating: "We have a total of 15 vaults: two with MR-Linacs (MRI-guided linear accelerators), eight with brand new LINACs, two with LINACs transferred from Foothills (i.e. 10 standard LINACS) and there are three empty vaults for future growth. We have two CT-simulators and one MR-simulator. In the brachytherapy area we have three operating rooms (OR's). Two of them are directly connected to an MR-imaging suite. The third is a separate room unconnected to the MR."

I took the green elevator and had a look around the doctors' offices. My friend and former colleague, Dr. Marc Webster, had an office with a window and a view of the Rockies. If you're confident with computers, it's no problem but if you're a paper guy like me you miss the organized chaos of little piles of paper on the desk and floor each being a separate project or research paper. But for Mark: "25 years as an oncologist and it's the first time I've had a window!"

When I started in oncology at the Cross in Edmonton each oncologist had a secretary who would take much of the administrative tasks from your crowded day. We then moved to one secretary for two clinicians. Now with the apparent help of computerization there are between three to four clinicians per secretary. This doesn't help wait times.

Dr. Danny Heng, Head of Medical Oncology, had a bigger office space and a good view. He acknowledged the clinic work space is inadequate. Too crushed with computers tightly packed and sitting space too compact. "You have to talk quietly or your voice will be picked up on a colleague's dictaphone!" But this problem should be remediable.

He said: "Overall, morale is good. Medical oncology is preparing for a big increase in patient numbers. Although there's room for significantly more chairs which may be needed in the future (up to 100) there are currently between 45 and 51 treatment chairs being used on different days of the week in day care. One day last week there were 180 individual treatments administered – a record – and an indication of future load. Before the move, there were 150 treatments/day on average. There is now room for double that but funds to run them are scarce. We currently have 31 medical oncologists on staff with three more starting next year. By 2026 we should have 36."

I was surprised. I said, musing: "In 1991, we had six medical oncologists and maybe 18 by 2012. It confirms the extraordinary increase in prevalence of malignant disease – and its treatability."

But a problem heard frequently is the shortage of funding for nursing and support staff. Nurses can relieve the workload of specialists in many ways. One of the losses is the great help that came from the "tumour group" specialist nurses. These nurses were

invaluable. They knew the patients and they knew the protocols and problems in patients in an oncologist's practice. For example, in a practice with mainly breast cancer patients, they dealt with issues quickly rather than a problem going back and forth until someone is found to resolve the issue. However, I'm told that this nursing model is in process of being strengthened to provide a more efficient telephone triage system. There is a phase 1 drug trial program underway. This is an advance. New treatments direct from the laboratory can be tested and developed in Calgary without waiting for phase 1 trials done elsewhere, then joining in with phase 2 or phase 3 trials.

Down on the administrative level 2, the view was also lovely. I chatted to Dr. Don Morris (Head Department of Oncology and Facility Medical Director), who along with Dean Ruether (Senior Medical Director for Cancer Alberta) have the challenging job of recruiting enough trained staff to match the growing cancer population.

Dr. Morris said: "Part of the Child donation will go toward a bio-manufacturing facility where tailored cancer therapies can be created using cancer cells drawn from patients. This new area of therapy harnesses the immune system and make cells better "cancer killers".

Last June, a report presented to Alberta Health Services by Dr. Dean Ruether, stated wait times for treatment have surged over the past seven years and the number of new cancer patients has increased. Oncology referrals have climbed 18 per cent in seven years. Patients getting their first oncology consult outside the recommended window has escalated by 68 per cent, the average time rising to nine weeks from six weeks, a figure that took a jump in the months between the fourth quarter of 2023 and the first quarter of 2024.

Calgary is experiencing a surge of immigration. Earlier this month, the number of weeks from referral to a first consult for radiotherapeutic oncology almost doubled from a year ago, to 11 weeks from 6.7 weeks, while the time to see a medical oncologist was nine weeks.

"Some of those figures result from progress made in fighting cancer, which has turned many cancers from fatal to chronic," said Morris. "We're victims of our own success – people are living longer and better, but the cost to the system is still there, requiring multiple lines of treatment," he said. "It's where most of the workload is coming from."

Softening the "rough edges of the cancer experience" was a major priority in designing the J.E. Arthur Child Comprehensive Cancer Centre. This has been a success.

Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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