



**Sinai
Health**

Zane Cohen Centre
for Digestive Diseases

NETWORK Newsletter | Fall 2021

Discover & Explore

Zane Cohen Centre





Director's Message

This has been an extraordinary 18 months for all of us – our staff, our students, and in particular, all of you who are reading this issue of the Network Newsletter of the Zane Cohen Centre.

I would like to thank everyone for their patience, persistence, support and cooperation as we still navigate through difficult times of the pandemic.

While working mainly virtually, we continue to be productive in accomplishing the goals for our patients. Holding a successful virtual Polyposis Education Night, furthering our genetic counselling to patients with hereditary cancer syndromes, providing information tools for our Lynch patients, providing a mobile app for patient discharge planning, providing tips for healthy outcomes for pregnancy, and expanding our telehealth reach, increasing the scope of our IBD clinical trials network, getting closer to truly understanding the cause of Crohn's disease, bettering management of sarcomas and providing state of the art innovative surgical techniques for our patients, are just a few examples of the work we are doing. You can read further details in the pages below, and I hope you will take that opportunity.

As we continue to work during these difficult times, we will continue to push the boundaries forward.

Wishing you well during 2021/2022.

Sincerely,



Zane Cohen

Familial GI Cancer Registry (FGICR)

Polyposis Education Night

Kara Semotiuk
Genetic Counsellor



On May 11th, 2021, we hosted our 3rd education night for families with familial polyposis. There are several main types of hereditary polyposis, including Familial Adenomatous Polyposis (FAP), a more mild form of FAP called Attenuated FAP (AFAP), and MUTYH-Associated

Polyposis (MAP). These rare conditions cause multiple polyps in the colon and rectum, specifically the type called adenomas. Polyps can appear as early as childhood, and if not removed, could cause a high risk for colorectal cancer. The evening highlighted a captivating range of topics, including a talk on Pre-Implantation Genetic Testing given by genetic counsellor Diane Myles Reid, a section on Managing Desmoid Tumours in Familial Polyposis by Dr.

Abha Gupta, a lecture on Lower GI Screening & Polyp Management Following Polyposis Surgery delivered by Dr. Rob Gryfe, and a touching patient's perspective from one of our wonderful patients, Linda. This was our first ever virtual education night hosted on Zoom, and feedback suggested that it was well-received.

Attendees commented on a follow-up survey that the evening was informative, that the presenters were great, and that they appreciated the virtual style. We were able to record the evening and you can watch the full video here:

zanecohencentre.com/fampoedu

We look forward to hosting future education nights!

Decision-aid booklet for Preventative Cancer Surgery

Melyssa Aronson
Genetic Counsellor



The ZCC specializes in hereditary gastrointestinal cancers such as colorectal and small bowel cancers. We also focus on hereditary stomach cancer and provide genetic counselling, testing, support, screening and surgery to individuals and families at high

genetic risk to develop stomach cancer. Some syndromes cause a very high risk of stomach cancer which unfortunately, is very aggressive and very hard to detect at early stages. For these high-risk families, the recommendation is to consider removing their stomach as a way to prevent cancer. The first question people ask is, "How can you live without a stomach?"

To help answer that question, in June 2021, the ZCC published a booklet on our website full of insights from individuals who were faced with making the difficult decision of whether to have risk-reducing stomach surgery. Some of the individuals chose not to have surgery and shared their thoughts on coming to that decision. Others decided to proceed, and shared their experiences and what life is like living without a stomach. We are so grateful to all those individuals for sharing their journey and experiences with others, in their own words. Since we published the booklet, we have had requests from all over Canada, the United States and even New Zealand for links to the booklet. The hope is that others facing this decision will be able to read about these experiences and make informed decisions for themselves.

What to know when deciding about preventative stomach surgery

Experiences from those with hereditary diffuse stomach cancer syndrome



You can access the booklet here: zanecohencentre.com/fgicr/book

Lynch Information Tool

Dr. Tae Hart
Scientist



Women with Lynch syndrome (LS) are at an increased lifetime risk for endometrial and ovarian cancers, but screening options are limited and largely low in efficacy. Some women make the decision to do screening until they are finished having children, and later decide to have surgery to remove their reproductive organs. Others make the decision to undergo risk-reducing surgery right away. However, little research exists on the informational needs and gynecological decision making in LS. Dr. Tae Hart, along with Melyssa Aronson, and Drs. Zane Cohen and Sarah Ferguson, is currently conducting interviews with women with LS on how they decided to manage their

gynecological cancer risk. Whatever decision participants ultimately made (that is to undergo screening only vs. risk-reducing surgery), this qualitative study is examining the unmet informational needs of approximately 30 women with LS as they contemplated these risk management decisions. The study team has now completed about half of the interviews and plans to complete them during the Fall of 2021. For the next phase of the study, the data will be analyzed and used to create a low cost, easy-to-access set of informational tools to increase understanding of gynecological risk management in LS. One such tool will be a video about options to manage one's gynecological cancer risk in the face of LS.

Research Programs & Activities

Surgical Group Research

Dr. Erin Kennedy
Colorectal Surgeon and Head of Division of General Surgery at SHS



Dr. Erin Kennedy is a Colorectal Surgeon and Head of the Division of General Surgery at Mount Sinai Hospital. She is a Professor in the Department of Surgery and Institute of Health Policy, Management & Evaluation at the University of Toronto. She is also a Senior Clinician Scientist and the Ontario GI Cancers Lead for the Disease Pathway Management Program at Cancer Care Ontario and is a member of the Department of Surgical Oncology at Princess Margaret Hospital. She has a clinical interest in colorectal cancer and inflammatory bowel disease and is an internationally recognized expert in patient-centred care, qualitative research methods and shared decision making in surgery.

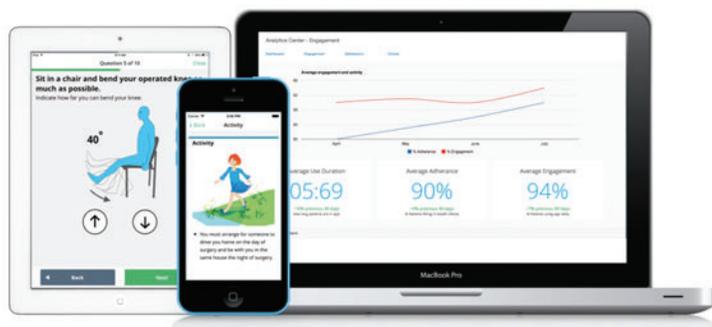
Dr. Kennedy currently holds several peer-reviewed research grants from funding agencies such as Cancer Care Ontario and the Canadian Institutes of Health Research (CIHR) and leads a clinical research program that is focused on developing, evaluating and implementing strategies to improve patient care in terms of quality, safety and efficiency. She has successfully developed a collaborative network locally, provincially and nationally and has led several multidisciplinary initiatives, including the development and implementation of a synoptic MRI report for rectal cancer across Ontario. This quality improvement project focused on standardizing the use of MRI, multidisciplinary cancer conferences, surgical and pathology techniques across the country to improve the management of rectal cancer patients.

Summary of Current Studies

- Home to Stay: An integrated monitoring system using a mobile app to help reduce readmissions following colorectal surgery
- Phase II study to assess the safety of non-operative management (NOM) for low rectal cancer
- FUNCTION Trial: Functional Outcomes of Transanal Ileal Pouch-Anal Anastomosis Compared to Laparoscopic or Open Ileal Pouch-Anal Anastomosis: a Multi-Center, Randomized, Parallel-Group, Non-Inferiority Trial
- Is mechanical bowel preparation necessary to reduce surgical site infection following colon surgery? A randomized controlled trial

For more information on the trials, please go to:
zanecohencentre.com/ibd/research

Current Surgical Group Research Activities



If you are interested and have questions about the Home To Stay app, please speak to Selina Schmocker (selina.schmocker@sinahealth.ca)

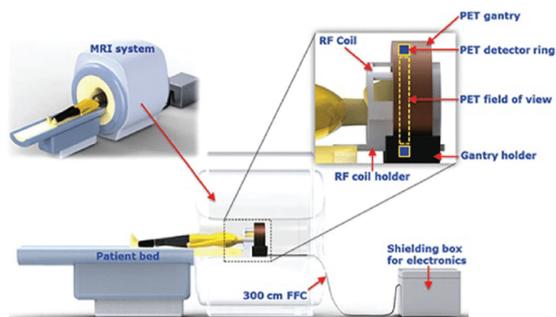
Home to Stay: An integrated monitoring system using a mobile app to help reduce readmissions following colorectal surgery

Dr. Kennedy and her research team implemented an integrated discharge monitoring system using an interactive Mobile App for colorectal surgery patients. Based on this initiative, the group developed a program called "Home to Stay" which is an interactive home monitoring system using a mobile application (app) to support patients at home after surgery by tracking and helping them to manage their symptoms for 30-days following their surgical procedure. Currently, there are 47 patients enrolled in the trial at participating sites in Vancouver and Toronto, with an aim to recruit a total of 670 patients over a 2 year period. This trial is necessary to provide high quality evidence about the effectiveness of this mobile app. The results will help to establish the appropriateness of this strategy to improve the quality of care while reducing health care costs for patients, health care providers, hospital administrators and policymakers.



PET-RPS: Can PET-MR imaging identify early response to pre-operative chemotherapy?

Retroperitoneal sarcoma often presents as a very large abdominal mass, and complete surgical removal with clear margins is challenging. Pre-operative treatments such as chemotherapy may help by shrinking the tumour before surgery. However, response to chemotherapy is unpredictable; and if the tumour progresses, instead of responding, the window of opportunity for surgery may be missed. Early information on tumour response is critical to allow timely modification of the treatment plan to optimize patient outcome. PET-MR is a new imaging technique that has been shown in other tumour types to identify early response to treatments such as chemotherapy. The soft tissue sarcoma group has begun a pilot study of 10 patients with high-grade retroperitoneal sarcoma to determine if PET-MR imaging after a single cycle of chemotherapy gives an early measure of tumour response. We anticipate our findings will help determine the best imaging technique to identify chemotherapy response prior to surgery.



PET-MR Imaging system process

STRASS 2: Does pre-operative chemotherapy improve patient outcome in high-grade sarcoma?

High-grade retroperitoneal liposarcoma (LPS) and leiomyosarcoma (LMS) are rare cancers with a poor prognosis. Complete surgical resection is the gold standard; however, the 5 year risk of metastasis is 40-50%, with a 5 year risk of death >70%. With the help of the Canadian Cancer Trials Group, we are joining forces with other Canadian sarcoma groups, as well as researchers from Europe, Australia and the United Kingdom as part of the STRASS 2 randomized phase III study. STRASS 2 aims to answer the question: Does chemotherapy before surgery lead to a longer disease-free period and, ultimately, does it increase overall survival?

Molecular testing has proven pivotal in diagnosing and treating a number of types of cancer, including sarcoma. As part of STRASS 2 we will be collecting and banking tumour tissues and cell-free plasma for molecular research to build on our knowledge of molecular alterations in high grade LPS and LMS. Samples will be subjected to whole genome sequencing, RNA sequencing, methylation assays and proteomics. The goal of this translational research is to determine if molecular characteristics of the tumour (or of the circulating cell-free DNA) can predict response to chemotherapy, or can identify new prognostic factors and biomarkers of this rare and devastating disease.

FUNCTION Trial



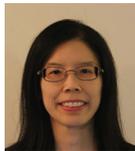
Dr. Mantaj Brar and Dr. Anthony DeBuck,
FUNCTION Trial Investigators

Functional Outcomes of Transanal Ileal Pouch-Anal Anastomosis Compared to Laparoscopic or Open Ileal Pouch-Anal Anastomosis: a Multi-Center, Randomized, Parallel-Group, Non-Inferiority Trial (FUNCTION Trial)

The objective of this study is to determine if pouch-related functional outcomes following transanal ileal pouch anal anastomosis (ta-IPAA) are not worse than a transabdominal approach (tabd-IPAA) at one year after surgery in UC and IBD. Secondary objective is to assess pouch-related functional outcome within a year after surgery, measured at several time intervals through the use of questionnaires. Currently, we have started recruitment at Mt. Sinai and have operated on a few patients this summer. We are consenting even more this fall. The other sites participating in this study include: Cedars Sinai Medical Center in Los Angeles USA, St-Mark's Hospital in London UK and Leuven University Hospital in Belgium.

Since there is very limited data on functional outcome in patients with ta-IPAA, this study aims to investigate the impact of transanal access for IPAA on its functional outcome. This ta-IPAA technique has emerged from an ongoing concern to decrease surgical invasiveness. However, long-term good functional outcome is of utmost importance in the young patient population. Our priority is with a well-functioning pouch and increased survival rates.

To learn more, visit: zanecohcentre.com/function



The Preconception and Pregnancy in IBD clinical research program has expanded to include 1 IBD fellow/PhD student, 5 internal medicine residents, 2 undergraduate medical students, 2 university students, and 2 high school students! In the past year, our team has accomplished an early researcher award (Dr Huang), an IBD fellow award (Dr Tandon), DDW poster and U of T GI research day awards (Dr Grace Wang), 4 published manuscripts, 4 manuscripts in progress, and 10 poster/oral abstract publications/presentations. We have successfully completed the OMNI remote monitoring pilot and found that e-health monitoring of IBD in pregnancy is acceptable and feasible for our patients. We have completed the PIDA decision aid pilot and are embarking on a large international randomized intervention study to test its effectiveness to improve decision making regarding pregnancy and IBD. We continue to work on several retrospective studies investigating maternal and obstetrical health outcomes in IBD, and are actively recruiting into the prospective cohort following mothers with IBD and their infants. We have strengthened our clinical and research collaborations with our IBD surgery and MFM/OB colleagues at MSH, and other U of T hospitals, and we now also have new collaboration with Sick Kids Special Immunization Clinic. Our Multidisciplinary Care in IBD (MCIBD) educational conference is in its 4th year and is virtual (due to COVID pandemic) thus expanding its reach to our international colleagues. Our program continues to aim to find ways to improve outcomes for mothers with IBD and their infants, and also to research the complex interaction between IBD, IBD therapies, and maternal and neonatal outcomes.

Tips for increasing likelihood of a healthy pregnancy while having IBD

1. Women with IBD can become pregnant and have healthy children.
2. Discuss your family plans and wishes with your gastroenterologist and your care circle.
3. Ideally be in remission for at least 3 months before trying to become pregnant.
4. Stay on your maintenance IBD meds as prescribed by your gastroenterologist during pregnancy.
5. Do not stop your IBD medications on your own - speak with your gastroenterologist about your IBD medications and pregnancy.
6. Regular moderate exercise can help to keep you healthy and is important in pregnancy. Gentle exercises, such as walking, yoga and swimming, can be especially valuable. That said, it is also important not to overdo it, especially if you already suffer from IBD-related tiredness and fatigue.
7. Having IBD, the increased nutritional needs of pregnancy may mean you need to supplement your diet, especially if you are underweight or have active disease. You may find it helpful to talk to a dietitian or your IBD team about this.

Nationalization of the PACE Program



Dr. Geoffrey Nguyen
PACE Program Director



Promoting Access and Care through Centres of Excellence (PACE) was developed in collaboration with Crohn's and Colitis Canada to improve access to and quality of care for patients with IBD. Dr. Geoffrey Nguyen is the national director and site lead at Mount Sinai Hospital where telemedicine was utilized to improve care for patients in rural and remote Ontario. Through PACE, patients accessed experts in the IBD field from Gastroenterologists to Surgeons, dietitians, IBD nurses and ostomy nurses. From inception, PACE improved access to more than 450 patients by reducing the wait time for patients to access a multidisciplinary team of IBD specialists. Furthermore, the telemedicine program is being evaluated regarding improving patient outcomes including lower risk of surgery, utilization of emergency department visits, hospitalization and better patient reported outcomes. Because of the program success, PACE expansion of telemedicine program to other provinces is currently in progress with a proposal to expand the telemedicine program to 5 other provinces or territories in Canada. We are currently in the process of needs assessment including structured interviews with key stakeholders, patients and health care providers in each province to establish a national PACE program that is developed in collaboration with the central telemedicine manager at Mount Sinai Hospital.



For more info, please visit: zanecohencentre.com/pace

Healthcare Utilization for Pregnant Patients with IBD

We received funding from Crohn's and Colitis Canada to characterize healthcare utilization patterns and determinants among pregnant women with inflammatory bowel disease. The study will also evaluate the impact of specialist care on pregnancy outcomes. The study is part of Dr. Parul Tandon's PhD thesis research project under my supervision. Dr. Vivian Huang is a co-investigator and also on Dr. Tandon's thesis committee.



Dr. Silverberg's IBD Biomarkers research program is in its 19th year. The goals of our research program are to identify susceptibility genes and biomarkers for Inflammatory Bowel Disease (IBD) and to explain the contribution of these markers to the cause and clinical course of IBD. To help us do this, we work with your samples: blood, biopsies, saliva & stool. We need your help!

We have exciting studies to participate in: Please contact us if you would like to help us.

ICARUS

Goal: To understand the seroprevalence of COVID-19 in IBD patients
Involves: Questionnaires & blood collected approx 8 times over 48 weeks and blood collected at your infusion centres or blood lab

IMPACT

Goal: To understand how mRNA vaccines work in IBD patients
Involves: Blood & questionnaires collected up to 5 times over approx. 7 months
Exciting news: this study is expanding! We are looking for more patients, even if you've already been vaccinated

UC Diet Study

Goal: To understand if a high fiber, low-meat diet can affect the severity of disease activity in UC patients by altering the microbiome.
Involves: The study is 10 weeks in length and food is delivered to patients for 8 weeks. Patients undergo a flexible sigmoidoscopy with biopsies before starting the study & at the end of the study. Blood, stool & questionnaires collected every 2 weeks over the 10 week period

UC Relapse

Goal: To identify gene expression pathways activated during flares to help understand mechanisms of relapse and aid in predicting future relapses
Involves: UC patients in remission, blood, stool & questionnaires collected every 3 months over a 2 year period, optional colonoscopies can be arranged after 1 year & 2 years from the start of the study

Prospective Pouch

Goal: To examine the structure and function of the microbiome in patients who undergo pelvic pouch surgery to identify how the microbiome may contribute to the onset of ileal inflammation.
Involves: 6 pouchoscopies with biopsies, blood, stool & questionnaires collected over 2 years

We would like to extend a warm welcome to our new Advanced IBD Fellows & thank you to our current and past Fellows:

Helena Martinez Lozano (Spain)
Emmanuel Gonzalez Moreno (Mexico)
Pablo Olivera Sendra (Argentina)
Cristian Hernandez (Chile)
Sun-Ho Lee (South Korea)
Haim Leibovitch (Israel)
Rogier Goetgebuer (The Netherlands)

Departed Fellows:
Samuel Truniger (Switzerland)
Lara Hitz (Switzerland)

This research program has been funded mainly by grants from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK/NIH), Crohn's and Colitis Canada (CCC), Canadian Institutes of Health Research (CIHR), the International Organization for the Study of Inflammatory Bowel Disease (IOIBD) as well as generous donations which are critical to support the work that we do.

For more information on the Silverberg Lab, please visit our lab website at: <http://research.lunenfeld.ca/silverberg>
A full listing of all clinical-translational and clinical trial research projects can be found at: <http://zanecohencentre.com/ibd/research>

Clinical Trials in UC and CD

Dr. Hillary Steinhart
Gastroenterologist



Dr. Steinhart's research interests include the evaluation of new therapeutic strategies for the treatment of inflammatory bowel disease, meta-analysis and clinical trials methodology, disease severity evaluation, complications of inflammatory bowel disease,

phenotype-genotype interactions in inflammatory bowel disease and teaching. He has published over 150 research papers as well as two books on Inflammatory Bowel Disease for patients and families. This past year Dr. Steinhart and his team have carried out several

international clinical trials investigating new medications in Ulcerative Colitis (UC) and Crohn's Disease (CD). Patient information sessions are now available for patients interested in gaining more information about clinical trials in IBD at MSH. Please refer to zanecohencentre.com/ibd/research for the list of actively recruiting clinical trials. For information about patient information sessions or questions related to actively recruiting clinical trials please contact Shlomit Boguslavsky, at (416) 586-4800 ex.8351 or email Shlomit.Boguslavsky@sinahealth.ca



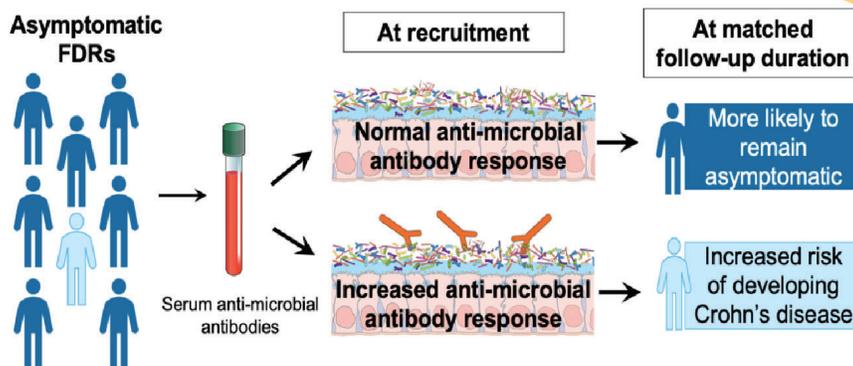
Dr. Ken Croitoru continues to lead the Crohn's and Colitis Canada GEM (Genetics, Environmental and Microbial) Project, coordinated at the Zane Cohen Center at Mount Sinai Hospital in Toronto. Now in its 12th year, the GEM Project aims to define biomarkers that will quantify risk and predict who will develop Crohn's disease (CD). This unique cohort established through the recruitment of more than 5000 participants worldwide (each a first-degree relative of a Crohn's patient), aims to address the questions of what causes CD and how can we prevent it? Since their recruitment, 98 GEM participants have developed CD and their pre-disease samples are critical to our study. From our cohort, we have collected genetic data, environmental and dietary data, assessed the composition of their gut bacteria (microbiome), quantified physiological markers of gut leakiness and markers of pre-clinical inflammation. Combining all these datasets will allow us to develop a prediction model that will determine the risk a person has for developing CD. By identifying what puts someone at risk, we can begin to develop new preventative strategies and explore new therapeutic avenues for those already diagnosed. In the last year, the GEM team has been making exciting discoveries of biomarkers that predict risk for CD. It has long been hypothesized that a 'leaky gut' or increased permeability preceded CD onset, however the GEM team was the first to show that indeed pre-CD GEM participants had increased leakiness compared to those who remained healthy (Turpin, et al., *Gastroenterology*, 2020). Moreover, the blood of these participants who later developed CD contains increased levels of antibodies against gut microbes that suggests a breakdown in the balance of gut health (Lee, et al., *Gastroenterology*, 2021). In another study, our team identified that CD genetic risk variants contributed to the composition of certain gut bacteria (Turpin, et al., *BMC Med Genet.*, 2021). Finally, in collaboration with colleagues at McMaster University, a pre-colitis microbial signature was present in GEM participants who subsequently developed ulcerative colitis (Gallipeau, et al. *Gastroenterology*, 2021). Moving forward, our team is excited about our most recent work, including the development of a microbiome-based risk score for CD, the influence of diet on

the microbiome and pre-clinical gut health, and the multi-omic risk prediction model. Visit the GEM Project website to be kept up to date on future publications from the GEM Project. This is a graphical abstract from our most recent publication, led by Dr. Sun-Ho Lee, who identified a pre-CD signature of elevated anti-microbial antibodies in GEM participants who went on to develop Crohn's disease. Check out the full article currently in press in *Gastroenterology* (PMID: 34293299).

As always, our team has evolved again and we welcomed some new members to the analysis team including Dr. Mingyue Xue, Anna Neustaeter, Dr. Haim Leibovitch, and Dr. Tey Irrazabal as postdoctoral fellows. Each is working on a different aspect of the GEM Project, including using mass cytometry to characterize the white blood cells in GEM participants, exploring the effect of dietary patterns on disease onset, evaluating the effect of environmental exposures on intestinal permeability, and combining all the various datasets into an integrated prediction model.

In addition to GEM, Dr. Croitoru's research team has many other on-going studies focused on the biology of IBD:

- **PIONIR:** A pilot diet trial examining the impact of the Tasty&Healthy dietary approach on risk factors for developing Crohn's disease among first-degree relatives of Crohn's patients.
- **PRECIOUS:** Examine the predictive performance of PredictSURE IBD™, a classifier to predict prognosis of patients with CD or UC from diagnosis, in North American patients.
- **IMAGINE:** A large cohort study aimed to better understand the key mechanisms in the diet-microbiome-host relationship in patients with IBD and IBS.
- **PATH:** A prospective cohort study to further define the mechanisms of action of anti-TNF (specifically Humira) in patients with IBD and identify predictors of response to treatment.
- **GM-CSF:** A collaboration with Brigham and Women's Hospital and Mount Sinai New York to investigate anti-GM-CSF autoantibodies as a disease determinant in Crohn's disease with Identification and functional analysis of pathogenic and protective bacterial species of CD



Graphical Abstract: Lee SH, Turpin W, Espin-Garcia O, et al. Anti-microbial antibody response is associated with future onset of Crohn's disease independent of biomarkers of altered gut barrier function, subclinical inflammation, and genetic risk [published online ahead of print, 2021 Jul 19]. *Gastroenterology*. 2021;S0016-5085(21)03243-1.

ZCC Announcements

Ostomy Care Exhibit Web Launch

Each year over 12,000 people in Canada undergo ostomy surgery requiring specialized containment devices which are uniquely designed to provide safe, effective and discreet care. On November 6, 2018, the Innovation in Ostomy Care exhibit was opened at the Zane Cohen Centre for Digestive Diseases, at the Mount Sinai site of Mount Sinai Health System, in Toronto. This exhibit houses 'ostomy artifacts', which serve as an educational venue and a historical display of the development of ostomy products. Over thirty items chronicle an incredible story of the advancing technology of ostomy products from the 1920s to present.

To view the Innovation in Ostomy Care exhibit, visit the Zane Cohen Centre for Digestive Diseases website: zanecohencentre.com. Click on Surgical Programs, then the Rachel M. Flood Education Program.

Launch of the Innovation in Ostomy Care on-line exhibit at the Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) website, <http://nswoc.ca/> is scheduled to go live mid-October 2021.

Patient Access to the ZCC

As we navigate through this newly changed landscape in healthcare, our facilities at the Zane Cohen Centre are reopening for patient access. There are entry points at the 60 Murray Street building entrances with staff who will pre-screen incoming patients and visitors for the list of COVID-19 symptoms and ask health related questions after which they will be granted access to inside the building.

OICR Grant



We would like to congratulate Dr. Raymond Kim (FGICR Geneticist) on being awarded the Ontario Institute for Cancer Research (OICR) grant in June 2021 for his Adaptive Oncology Project. He has received a Notice of Award (NOA) letter

confirming the decision to approve funding up to a total of \$4,500,000 for the period of October 1, 2021 to March 31, 2026, from the Government of Ontario. The purpose of the grant will be for ascertainment and acquisition of Hereditary Cancer Syndrome (HCS) patients across Ontario and the development of a HCS registry across Ontario and Canada. The main goal being to create evidence-based surveillance 3D protocols for HCS patients.

The Zane Cohen Centre has approved the appointment of Lauren Hughes as the OHCRN program manager with full privileges. We would like to welcome her to the OICR team and wish her the best. She will be working closely with Melyssa Aronson (Sr Genetic Counsellor).

Crohn's & Colitis Award



Dr. Anthony DeBuck has also recently been awarded a Crohn's and Colitis (USA) grant to explore the interaction of fertility reproductive knowledge and mode of delivery in UC patients. In addition, he has been appointed to the young investigators research committee of the American Society of Colon and Rectal Surgeons.



Kathryn Kozell (L) and Dianne Garde (R)
Co-developers of the Innovation
in Ostomy Care exhibit

New Staff Members

We would like to extend a warm welcome
to our new staff at the Zane Cohen Centre

- ✦ Parizad Varghaei (**Research Coordinator** for Dr. Laura Targownik)
- ✦ Ashley Patel (**Research Coordinator** for Dr. Laura Targownik)
- ✦ Saima Rizwan (**Research Coordinator** for Dr. Mark Silverberg)
- ✦ Jenny Lee (**Research Coordinator** for Dr. Mark Silverberg)
- ✦ Tashina Ahsan (**Research Coordinator** for Dr. Ken Croitoru)
- ✦ Kirtana S. (**Research Coordinator** for Dr. Ken Croitoru)
- ✦ Arlene Silverstein (**Program Manager** for Dr. Ken Croitoru)
- ✦ Ayesha Tirmzi (**Research Coordinator** for Dr. Erin Kennedy)



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ZANE COHEN CENTRE FOR DIGESTIVE DISEASES

The generous support of our community
fuels everything we do from
seamless care to scientific discovery



Contact Us

Zane Cohen Centre

60 Murray Street L3-000

Toronto ON M5T 3L9

P: 416-586-5112

P(toll free): 1-877-586-5112

E: ZaneCohenCentre.msh@sinaihealth.ca

zanecohencentre.com

YOU CAN HELP

Your donation can help the Zane Cohen Centre “join the dots more quickly” to bring new knowledge into practice for better care for patients and their families. There are many ways to support our work. These include gifts of cash, stocks or existing insurance policies. Legacy gifts to the Zane Cohen Centre can also be designated in a will.

To donate online: www.zanecohencentre.ca/donate
or Contact **Sinai Health Foundation**

Phone: 416-586-8203,

Toll free: 1-877-565-8555 or

Email: foundation.MSH@sinaihealth.ca

Mail: Sinai Health Foundation

1001-522 University Avenue

Toronto, Ontario M5G 1W7