



Sunnybrook Health Sciences Centre

Cancer Research Program Retreat January 16, 2009

Summary of Proceedings

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Introduction

Sunnybrook Health Sciences Centre (SHSC) has long been the home of one of Canada's largest comprehensive cancer prevention, research, teaching and treatment centres. As a highly specialized comprehensive cancer program, it ranks among a select group of world-class institutions who are research-intensive, provide the full spectrum of patient care and engage in education and community outreach.

The Cancer Research Program is one of seven research programs under the Sunnybrook Research Institute (SRI). It seeks to understand the basis of cancer and to improve prevention and treatment. Areas of focus range from the basic genetics, biochemistry and biology of cancer, through new experimental treatments to social factors and quality of life of patients living with cancer.

The researchers in the program include medical and radiation oncologists, surgical oncologists, molecular biologists, imaging scientists, psychologists, epidemiologists, nurses and other health professionals. Dr. Richard Wells was appointed Director of the Cancer Research Program in 2007.

The Cancer Research Program held its first ever planning retreat on January 16, 2009 with a total of 44 attendees, including researchers in the program and several guests¹. The objectives of the planning retreat were to:

1. Better understand the key issues and opportunities in the external and internal environment influencing the Sunnybrook Cancer Research Program
2. Shape a shared vision for the Sunnybrook Cancer Research Program
3. Discuss and provide collective input with respect to advancing translational research in our research program
4. Identify goals, actions and priorities to strengthen the Sunnybrook Cancer Research Program
5. Provide an opportunity for information sharing and networking with scientists, clinicians and administrative leaders.

This report highlights the key discussions and outputs of the Cancer Research Program retreat.

The Cancer Research Program and its priorities and opportunities are shaped, in some measure, by its relationships with several key partners:

- ❖ University of Toronto, Faculty of Medicine, in which many of the researchers have an appointment;
- ❖ Odette Cancer Centre and Cancer Care Ontario (CCO); and,

¹ See Appendix 1 for list of retreat participants; Appendix II for Retreat Agenda

- ❖ Ontario Institute for Cancer Research (OICR)

The planning retreat included presentations from representatives of these groups as well as from the Sunnybrook Centre for Health Services Science.

Setting the context for cancer research at Sunnybrook

University of Toronto Faculty of Medicine

Dean Catharine Whiteside provided a brief update on the Faculty of Medicine strategic plan and highlighted Faculty developments of importance to cancer research. The Faculty continues to build on its foundation of 27 departments. Evolving interdisciplinary (extra-departmental) units that are likely to have an interface with cancer research include:

- The Joint Centre for Bioethics
- The Terrence Donnelly Centre for Cellular and Biomedical Research
- The Dalla Lana School of Public Health
- Center for Forensic Sciences and Medicine
- Center for Patient Safety

Dean Whiteside noted several important themes flowing from the Faculty Strategic Plan.

- The Toronto academic community needs to move from institutional dispersion to greater integration across partners. She noted the Cancer Program as an ideal opportunity for greater collaboration and integration. As an example, considered together, the Princess Margaret Hospital and Odette Cancer Centre is the largest comprehensive cancer centre in North America.
- Measurement and benchmarks are vitally important to success – “we can only be accountable for what we can measure”. Benchmarking is critical to managing positive change and for accountability and branding.
- Significant efforts are being made to achieve more sustainable funding, for example, lobbying for fair research funding overhead. (U of T is currently the lowest in the country with only 17% of overhead funding from the federal government). Opportunities exist for sharing revenue and expenses with partners, for establishing new permanent revenue sources and for commercialization.

The Faculty seeks to bring translational research to a whole new level. It is an increasingly important focus for the Faculty, the universe of research and health care for several reasons:

- Integral to the academic hospital mandate
- Canadian Institutes for Health Research (CIHR) and health charity goal

- Application of discovery – Industry Canada’s Science & Technology Strategy
- Knowledge translation – will transform health care
- Improve human subject research infrastructure in Toronto

Dean Whiteside further noted that the Toronto Academic Health Sciences Network (TASHN) has identified priority areas where the Toronto academic community has a global presence. These include such areas as cancer, imaging, neurosciences, cardiology and regenerative medicine. Work is underway to examine opportunities to create greater impact in each of these areas.

Lastly, the issue of the clinical trials system was raised. Currently, the numerous legal, administrative, and other barriers are a major challenge to clinical trials research. Dean Whiteside reported that this issue is being addressed through the University through a joint working group of the Faculty and V.P.s Research. The goal is to streamline and simplify a range of processes to support clinical trials.

In response to a question, the Dean acknowledged that graduate departments such as Medical Biophysics, which rely on foundation funds to support graduate students, have been placed in a very difficult position by the current economic downturn. She affirmed that the Faculty of Medicine will undertake to cover graduate students during this time. The University should be able to manage for at least 2 years, without needing to decrease the numbers. She encouraged the program to maintain graduate students at their current level.

In closing, the Dean commended researchers, faculty and staff for their tremendous contributions to advancing knowledge and the treatment of cancer – and for their importance and commitment to the University of Toronto.

Odette Cancer Centre

Dr. Linda Rabenek, Regional Vice President, Cancer Care Ontario and Chief, Odette Cancer Centre provided an overview of the Odette Cancer Centre and its role at Sunnybrook Health Sciences Centre and in the cancer system overall. Sunnybrook has named Cancer as one of six strategic priorities for the hospital and identifies breast, colorectal and prostate cancer as clinical and academic foci.

The Odette Cancer Centre is the sixth largest comprehensive cancer centre in North America following MD Anderson, Memorial Sloan Kettering, H. Lee Moffitt, Dana-Farber and Princess Margaret Hospital. Odette Cancer Centre and Princess Margaret Hospital combined would be unparalleled among cancer centres. There has been a long tradition of rivalry between Odette Cancer Centre and Princess Margaret, however, a more collaborative association has been developing through strong relationships at the leadership level of both organizations and the introduction of cross-appointments of faculty.

Cancer Care Ontario launched its Ontario Cancer Plan in 2005 and Goal #6 is of particular relevance to this planning retreat deliberations: ***Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control.*** An external review of research investments identified the need to be more focused in aligning modest investments. As a result, four research networks were formed:

- ❖ Cancer Imaging (J. Battista)
- ❖ Experimental Therapeutics (J. Dancey)
- ❖ Health Services Research (C. Earle)
- ❖ Population Studies (J. McLaughlin)

Furthermore, CCO has moved to invest in people with the creation of CCO Research Chairs, Level 1 and Level 2, providing salary and other supports. A total of seven chairs were awarded in 2008. A partnership of CCO with Ontario Institute for Cancer Research (OICR) and the Canadian Partnership Against Cancer (CPAC) has launched the Ontario Health Cohort as part of an unprecedented Canada-wide cohort.

Overall, CCO has been leading a number of initiatives to strengthen cancer research in Ontario and the Odette Cancer Centre has been playing a large role in moving these initiatives forward.

Ontario Institute for Cancer Research

Dr. Craig Earle, Director of the Health Services Research Program for Cancer Care Ontario and the Ontario Institute for Cancer Research (OICR), provided an overview of OICR and the health services research program.

OICR was formed in 2005 from the previous Ontario Cancer Research Network (OCRN). OICR has funding of \$346.5 million over the first five years from the Ministry of Research and Innovation. The key strategies of OICR are:

1. Build innovative, multidisciplinary programs that will impact cancer in the Ontario population (reduce incidence, morbidity and mortality)
2. Ensure effective translation into health care products and services
3. Build on existing strengths, and fill gaps where necessary to enhance programs
4. Establish partnerships (in Ontario, Canada and internationally)

OICR's research strategy for 2007-2010 was approved in January 2007 and implementation began immediately. The strategy is based on an organizational model of programs in two categories, innovation and translation. The translation programs facilitate the development of new devices, treatments and services as they progress towards application in the clinic and include high impact clinical trials; health services research; and patents to products (commercialization).

The mission of the health services research program is to "provide the knowledge needed to optimize the delivery of cancer services today and to ensure rapid dissemination of health service innovations and well-evaluated technologies".

The framework for health services research is to look at organization and delivery of care in terms of access, quality, cost and outcomes.

The Health Services Research Strategic Plan outlines three main strategies:

- People (OICR Investigator Awards, CCO Chairs Program, HSR network training support)
- Data ('cd-link', Expanded DSAs, Pan-Ontario ICES)
- HSR Network (major projects, pilot studies and knowledge translation network)

Ongoing research in the health services research network includes the surgery atlas, patterns of cancer surgery follow-up and access to end-of-life care. A broad range of topics are of interest across the cancer control continuum and – screening and diagnosis, treatment, survivorship, and end-of-life care. There is a need to work with policy makers, LHINs and others to identify the priority research questions.

Overall, the goal is to make cancer health services research easier to do and to build a network of health services researchers.

Centre for Health Services Sciences (CHSS)

Dr. Merrick Zwarenstein, director of the Discipline: Combined Health Services Sciences and chair, Centre for Health Services Sciences at Sunnybrook, presented an overview of CHSS. Launched in July 2007 as a joint program of SHSC and SRI, CHSS is designed to ensure that innovation occurring at the interface between care and research is captured and translated readily into those areas where it will have the most impact. The Centre for Health Services Sciences has four research platforms, each led by renowned clinicians and experts in their discipline:

Patient Safety Improvement Research

- Supporting the existing efforts of the Patient Safety Service

CCO/OICR Health Services Research Program Vision

To contribute to a future where:

*Fewer people develop cancer;
Those who do are diagnosed promptly
& at earlier stages;
Treatment is safer, more equitable, &
of higher quality;
And the cancer system is economically
sustainable*

- Safety Scholar Funding

Knowledge Translation

- Translating data into collaborative QI efforts
- Support Project evolution, communication, spread & sustainability planning

Hospital Epidemiology

- Assist with research questions, datasets, measurement, tools, KT, etc.
- Many improvements are never formally evaluated in a way which demonstrates their benefits.

Clinical Studies Resource Centre

- Support for research & evaluation planning and implementation
- Running even the smallest study is a series of complicated and somewhat discouraging hurdles, beginning with design, ethics, logistics, statistics

Since its establishment, CHSS has been involved in:

- MOH Interprofessional Collaboration Grant
- Clinical Studies Resource Centre Training Courses (oversubscribed)
- CIHR Café Scientifique for public engagement
- Consulting w/ REB regarding quality improvement related studies
- Patient Safety Scholar Program
- Hospital-wide SSI & DVT initiatives
- Cataloguing existing resources and research
- Working with DQPS re: evaluation of programs

The Clinical Studies Resource Centre has several service objectives:

- Enhancing communication
- Developing a comprehensive, informative website (electronic tools such as applications, instructions, templates)
- Consults (1:1 consultant resource for clinical research staff; guidance with REB applications and forms, Health Canada, budget development, regulations, audits preparation, investigator study file assistance, DSMB report template, job posting writing and editing, interview questions)
- Education and Training (GCP training, Ethics Lecture Series, Lunch & Learn)
- Needs Assessment (High priority: SOP training, REB Submissions, Study Budgets ; Average priority: HC Submissions, Protocol development and Design, Subject Recruitment Strategies; Lowest priority: Source Documentation, Document Management, Study groups for clinical research certification)
- Standard Operating Policies & Procedures

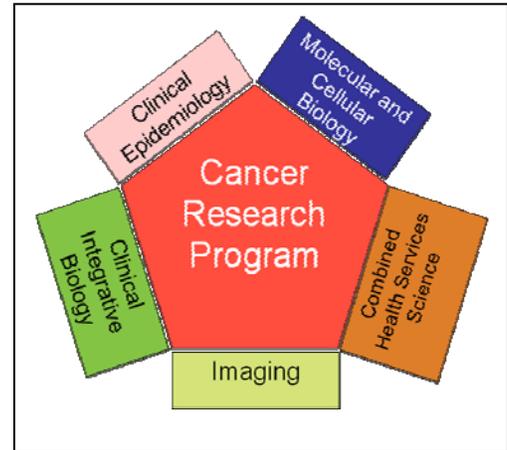
- Collaborative Relationships (Internal: REB, HDR, departments, Researchers, Coordinators; External: N2, OCREB, TAHSN)
- Research Ethics Office (Increasing Research Ethics Office resources; Developing and Maintaining Standard Operating Policies & Procedures; Research Ethics Consults; Privacy & Data Security)

Researchers who have questions about health services research should be encouraged to contact CHSS for guidance on where to access needed assistance.

Cancer Research Program – An Overview

Dr. Richard Wells provided an overview of the history of the cancer research program, key measures of the program and the results of the pre-meeting survey.

The Cancer Research Program includes faculty from multiple disciplines: Clinical Epidemiology, Clinical Integrative Biology, Combined Health Services Science, Imaging and Molecular and Cellular Biology. The faculty include 19 associate scientists, 22 scientists and 22 senior scientists for a total of 63 scientific faculty. Key partners are Cancer Care Ontario (CCO), the Institute for Clinical Evaluative Sciences (ICES), and the Ontario Institute for Cancer Research (OICR).



The Cancer Research Program has been highly productive with 288 publications in 2006-07, and total of \$39.5 million in external funding in 2006-07. Over the past five years, the Program has held 42 Canadian Institutes for Health Research (CIHR) grants of \$10.2 million and 29 National Cancer Institute of Canada (NCIC) grants of \$25 million. The Cancer Research Program is the leading research program at SHSC, with more grant funding than all other research programs combined.

In preparation for the planning retreat, a faculty survey was undertaken. The response rate to the survey was 35 of 55 faculty invited to participate. The survey responses contributed to creating the following summary of the strengths, weaknesses and opportunities for the Cancer Research Program.

Strengths	<ul style="list-style-type: none">• Big clinical program with a heritage of interdisciplinary research• High-grade expertise, especially in imaging, angiogenesis, immunology• Good infrastructure and organization
Weaknesses	<ul style="list-style-type: none">• Basic/clinical interactions could be better• Gaps in expertise but no space• Need incentives/support/infrastructure to stimulate team research• Overshadowed by Princess Margaret Hospital• Lack of coherent program
Opportunities	<ul style="list-style-type: none">• Greater collaboration; interdisciplinary, with other centres• Specialize in rapid translation of research ideas, targeting specific priority areas• Central oncology lab infrastructure, e.g., tissue banks, linked clinical databases• Enhancing profile and marketing more aggressively

Overall, the Cancer Research Program has much to be proud of. Its size and breadth provide the critical mass to pursue research in a wide range of areas. Attention to the opportunities outlined above will set the stage for future success.

Shaping a Vision for Sunnybrook Cancer Research

The planning retreat participants engaged in lively dialogue and debate in contributing to the following mission, vision and values.

Vision

Inventing cancer care through research and the rapid translation of discoveries to patients and their families.

Mission

The Sunnybrook Cancer Research Program will:

- create a culture of discovery that will be embraced by all staff, patients and collaborators of the Sunnybrook Cancer Program
- discover the root causes of cancer
- develop the best ways to prevent, diagnose and treat of cancer, from discovery to policy
- create a culture of partnership without borders
- educate and train cancer leaders for today and tomorrow
- advance the timely translation of research
- improve cancer outcomes and quality of life

Values

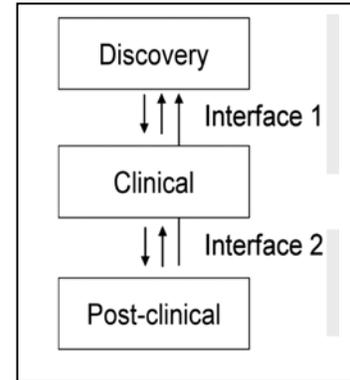
- Excellence
- Innovation and insight inspired research
- Interdisciplinary collaboration and partnership
- Respect for the integrity of each individual and exercise of the highest ethical standards

Participants identified the following priorities to achieve this vision and mission: greater communication between divisions, raising the profile, branding and fundraising, more space and greater buy in from senior leadership.

Translational Research

Dr. Wells provided a brief introduction of translational research, noting the definition: “... *the strategies by which the intellectual riches flooding from biomedical discovery can be converted into practical riches from which humanity can benefit.*” (Nature 453 p.823, 2008).

Dr. Wells noted that translational research involves research at one of two different interfaces – 1) between discovery and clinical application; and 2) between clinical application and post-clinical studies. He commented on a number of examples of published translational studies by our cancer program researchers and emphasized that in order to move fundamental discoveries to new treatments and diagnostics, several things must be in place – teamwork, commercialization and incentives.



To better understand the nuances and challenges of translational research at Sunnybrook, two translational research teams - the Angiogenesis Team and the Transurethral Ultrasound Team - were invited to discuss their research and outline some of the lessons learned.

Angiogenesis Team: Drs. Georg Bjarnason, Bob Kerbel and Peter Burns - addressed their work related to Timing of Stent Therapy in patients with Kidney Cancer.

Transurethral Ultrasound Team: Drs. Laurie Klotz and Michael Bronskill

Overall, the team presentations identified a number of lessons learned with their experiences with translational research:

- It is a stimulating and rewarding experience to work in a multidisciplinary research team
- Generally, there has been little communication and sharing among basic scientists and clinicians and teams form more on chance than by any structured interaction.
- Increasing specialization and categorization of research does not facilitate interests on a broader platform
- Collaborations of this type require a huge time commitment without any assurance of a valuable clinical endpoint for the research
- Commercialization is a daunting process; very lengthy timeline; most scientists do not have the skills or experience with the process, negotiations and the players in a commercialization venture

- The hospital, the investors and the inventors in any commercialization process may have differing interests; need conflict of interest policies
- Technology transfer offices may lack expertise in medical device development
- Need for basic researchers to push the research far enough to be convincing to an investor; often little incentive or resources to push far enough

Despite this long list of challenges, it was clear that:

- Interdisciplinary collaborations work extremely well at Sunnybrook/Odette
- Translational research of this nature is highly intellectually satisfying, both to basic and clinical researchers.
- There is considerable appetite within our program to build more collaborations like these.

Overall, the value of translational research to impact patient care makes it appealing and exciting for all researchers involved. Considerable work is needed to smooth the process, and provide the support, infrastructure and incentives to enable more translational research.

Breakout Group Discussions

The planning retreat included group discussions on the following themes²:

1. Identifying challenges and solutions to advancing translational research in the Cancer research program
2. Enhancing communications, collaborations and interactions between researchers, and between scientists and clinicians
3. Building capacity, mentoring and supporting researchers
4. Building on strengths, opportunities for new/enhanced programs of research and collaboration
5. The big picture: enhancing our profile, reputation and achievements in cancer research

² Breakout group questions are included with the Agenda in Appendix II

1. Identifying challenges and solutions to advancing translational research in the Cancer Program

There was general agreement that translational research should be a priority for the cancer research program.

Key Barriers and Challenges to Translational Research	<ul style="list-style-type: none">• Lack of knowledge of what research is being done and by who• Limited exchange of ideas between clinical and basic science researchers• Culture differences and differing priorities of clinical researchers and basic scientists• Limited knowledge of resources available within the organization and city-wide• Few mentorship opportunities for translational research• Limited infrastructure for clinical trials, e.g., biostatistical support, informatics, technology, legal, tumour and tissue banks• Lack of funding for clinician scientists• Lack of funding for developmental work, quality & other parts of the process
Advancing Translational Research – what is needed	<ul style="list-style-type: none">• Shared seminars or rounds for basic scientists and clinical researchers• Directory (web-based) of expertise/ interests (like that of OICR)• Translational research unit or service (providing assistance with partnerships, bioinformatics, and other supports); seek out models and learn from them• Hiring practices to target individuals with translational research interests and experience• Grant programs to support developmental phase of new products• Structured mentorship/ facilitator

The discussion outlined two priorities for advancing translational research in the next 12 to 18 months:

1. Enhance communications and awareness across cancer program researchers, including basic, clinical, health services and behavioural ;
2. Encourage a shared vision and culture for translational research with specific supports .

2. Enhancing communications, collaborations and interactions between researchers, and between scientists and clinicians

There was general agreement and support for more venues for communication and interaction across all the disciplines involved in research.

<p>Fostering greater communication and synergy among different groups of researchers</p>	<ul style="list-style-type: none"> • Enhance communications through workshops/ seminars / think tanks • Formalize site group rounds / theme rounds • Encourage face-to-face venues; consider an annual informal gathering • Format is critical – propose lunch time rounds (with food) • Assess outcomes re transfer of knowledge or resources ; outcomes should be pre-defined • Annual or semi annual social event
<p>Key challenges and enablers</p>	<ul style="list-style-type: none"> • Time limitations are real • One approach doesn't work for everyone • Outcome has to be clear – trial various formats and assess • Define a trial period and test – is this having an impact in fostering more translational research

The outcome of enhanced synergy between researchers, clinicians, etc. would be more collaborative projects which would attract funding. Further, there would be an increased transfer of knowledge and awareness of shared interests that could lead to future collaborations.

3. Building capacity, mentoring and supporting researchers

The group discussed a number of areas of need in order to improve support for researchers as well as to enhance mentoring strategies.

<p>Key issues and areas of greatest need</p>	<ul style="list-style-type: none"> • Clinical trials infrastructure needed to support orphan studies, pilot studies • Core funding needed and cores services for statistics, administrative coordination • Space allocation is an issue (and desks for everyone)
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	<ul style="list-style-type: none"> • Resources needed for translation and research coordination centrally • Web-based system for researchers to know what is available • Propose that SRI newsletter feature a section on cancer researchers
Mentoring strategies	<ul style="list-style-type: none"> • Initiate early meeting with program and discipline directors to identify/ highlight a mentor • Ensure that new faculty are introduced to those that are relevant to interest areas • Provide a list of resources (including mentors) and who can deliver these resources

4. Building on strengths, opportunities for new/enhanced programs of research

The group identified several areas of strength in the Cancer Research Program:

- Diagnosis and imaging
- Large patient pool
- Interdisciplinary groups
- Clinicians and scientists in close proximity

Opportunities for building new programs of research or enhancing current research	<ul style="list-style-type: none"> • Potential for building further in molecular imaging • Cataloguing techniques, clinical fee-for-service lab or core facilities • Tissue banks – information accessibility
Steps for moving forward	<ul style="list-style-type: none"> • Create forums for personal interaction; e.g., ideas based principal investigator presentations, joint cancer research seminars • Seed money for pilot programs • Establish a core facility for clinical analysis

5. The big picture: enhancing our profile, reputation and achievements in cancer research

Overall, the discussion emphasized the need for the Cancer Research Program to make concerted efforts to enhance the program's profile and achievements.

Suggestions included:

- Allowing individual programs to 'step out' as subunits of Sunnybrook (reinforcing the message of the Odette Cancer Centre being "part of the Sunnybrook family"). Concern that there was a real missed opportunity for profile, both for the Cancer research program and Sunnybrook.
- Increased profiling of the Cancer Research Program in a variety of venues, i.e., hospital newsletters, public news media
- Greater interaction across all the Cancer Program researchers – through seminars, 'speed-dating for science' - in which researchers would each provide brief intros and highlights of the focus of their research ,
- Improve the protected time for clinician scientists; enhance sources of salary support, e.g., CCO Chairs ; need more flexibility in the AFP to support the clinician scientist role (clinicians need to make sure to bill to their maximum)
- Look for a big granting opportunity to facilitate more collaboration between PMH and Sunnybrook; e.g. clinical trials at both sites . Seek out opportunities for joint proposals. Goal should not be about being #1 in Toronto; but about being #1 in North America by enhanced collaboration.
- Explore combined fellowship program with PMH. (Need to resolve the space issue).
- Work with U of T and SRI to develop an equivalent ranking system as the Comprehensive Cancer Centre model in the US (present U of T as one cancer centre, e.g. Dana Farber/Harvard)

The "big picture group" underscored that the two top priorities for the Cancer Research Program were (1) enhancing its profile and brand and (2) promoting greater integration and collaboration.

Concluding Remarks

Overall, the Cancer Research Program has a strong track record of a highly successful research program at Sunnybrook and within the University. It is indeed the largest research program of the Sunnybrook Research Institute with respect to grant funding and number of researchers. The Cancer Research

Program has also been quite successful in translational research, with several notable studies over recent years.

The planning retreat provided a valuable opportunity to bring together researcher from multiple disciplines to discuss the changing environment facing researchers and the priorities of partner organizations, and propose ways for the Cancer Research Program to strengthen in the years ahead. The retreat participants recommended regular venues for interaction among researchers, particularly seminars and rounds that would engage both basic and clinical researchers. Priorities also included strengthening the infrastructure to support research, and specifically translational research.

Dr. Wells thanked all the speakers and participants for contributing to the success of the planning retreat and indicated his commitment to move forward on the many recommended actions flowing from the discussions of the day.

Appendix I: Planning Retreat Participants

Bronskill, Michael	Burns, Peter	Dumont, Dan	Hamilton, Kevin
Kerbel, Bob	Martel, Anne	Seth, Arun	Simmons, Christine
Barbera, Lisa	Booth, James	Fitch, Marg	Rakovitch, Eileen
Tinmouth, Jill	Warner, Ellen	Yaffe, Martin	Yang, Burton
Ben-David, Yaacov	Bjarnson, Georg	Buckstein, Rena	Cheung, Matthew
Nam, Robert	Perry, James	Puri, Mira	Roberts, Stephanie
Emmenegger, Urban	Filmus, Jorge	Rast, Jonathan	Ratcliffe, Michael
Wong, Shun	Craig, Earle	Andrea, Eisen	Stuart, Foster
Hanna, Sherif	Jong, Roberta	Plewes, Don	Rabeneck, Linda
Spaner, David	Zwarenstein, Merrick	Petrella, Teresa	Poon, Ian
Zuniga-Pflucker, J-C	Anderson, Michele	Pritchard, Kathy	Wells, Richard
Whiteside, Catharine			

Appendix II: Retreat Agenda with breakout group questions

A) Barriers and solutions to advancing translational research

1. What is your vision for translational research in the Sunnybrook Cancer Research Program?
2. What do you see as the key barriers/challenges to translational research?
3. What solutions would you recommend to address these barriers and advance translational research at Sunnybrook? What kinds of model do you see working well at Sunnybrook?
4. What do you see as the top one or two priorities for advancing translational research over the next 12 to 18 months?

B) Enhancing communications and interactions between basic and clinical researchers, clinical and population researchers

1. What are the conditions, processes, and/or mechanisms that need to be in place to foster greater communication and synergy amongst different types of researchers, i.e.:
 - Basic science and clinical researchers
 - Clinical and population, health services researchers
2. What changes would we have to make to facilitate these interactions?
3. What are the key challenges? What are the key enablers?
4. Can you describe what it would really mean for translational research to occur between these different types of researchers? What would be the outcome of this synergy?
5. What are the top one or two priority short term actions that the Cancer Research program can undertake to facilitate these interactions?

C) Building capacity, mentoring and supporting researchers

1. What are the key issues with respect to building human resource capacity in the Cancer Research program? Where are our greatest areas of need?
2. Mentoring has been identified as a gap in our program, what recommendations would you make to improve mentoring of our researchers? Who would your target and what strategies/actions would you recommend for the target groups?
3. What would recommend as the top one or two priority actions in this area over the next 12 to 18 months?

D) Building on strengths opportunities for new/enhanced programs of research and collaboration?

1. The following criteria have been identified as guiding discussions of strategic foci and research priorities. Do these work? What would you change, drop or add?
 - *Potential to improve clinical care, health outcomes or health services delivery*
 - *Builds on areas of strength or emerging capacity – has the potential to be outstanding by international standards*
 - *Fosters interdisciplinary team based research*
 - *Leverages partnerships, existing infrastructure or investment*
 - *Aligns with the research priorities of SRI*
2. What are the areas of strength and excellence in the Sunnybrook Cancer Research Program?
3. Where do you see the greatest opportunities for building new programs of research or enhancing current research efforts?
4. What steps would you recommend to move forward in advancing our areas of strategic focus?

E) The big picture: enhancing our profile, reputation and achievements in cancer research

1. The Sunnybrook Cancer Research Program is one of the leading cancer research programs in North America, how do we make it # 1 in Ontario?
2. A number of priorities have been identified today to achieve our vision for the Cancer Research Program – how do we move forward on these priorities?
3. How can the Cancer Research Program best work with the Sunnybrook Cancer Program, SRI and the University of Toronto to advance their collective visions?
4. **Overall, what are the one or two implementation priorities over the next 12 to 18 months?**