

Muriel Brackstone - 2018 Canadian James IV Association Travelling Fellow Report

I would like to thank Dr. Chris Schlacta, Dr. Vivian McAllister, James IV Association Canadian Secretary, and Dr. Ken Leslie, my Division of General Surgery chair/chief, for having nominated me for this travel award. I have felt an incredible honour in being able to represent this association and have benefitted tremendously from the experience and resultant contacts and collaborations. I selected centers to visit during my travels that would provide me with a broad view of how breast cancer is treated surgically (similarities and differences) across countries, as well as purposing to meet highly productive clinician researchers in the field of breast clinical trials in order to further collaborative research opportunities.

New York, NY: I began my travels in New York City in March, 2018, where I was hosted by Dr. Sylvia Formenti, ironically a radiation oncologist, who is chair of Radiation Oncology at New York Presbyterian / Weill Cornell Medical Center in Manhattan. She is very well known in the field of preoperative radiation and immunotherapy in breast cancer, and it was a fantastic opportunity to present my clinical trials in preoperative radiation and cancer immune priming, and from that we fostered a strategic plan to work together. She invited me to her home for a lovely dinner where I had the pleasure to meet her husband, Roger Spottiswoode, a fascinating film director with a long list of successful movies such as James Bond, and an equal number of great life stories. As it turned out, my daughter Ella's high school band had been invited to play at Carnegie Hall, therefore I stayed to spend some time touring New York, and invited my mother to join me to attend this concert.



We were able to secure 'Hamilton' Broadway tickets and enjoyed a fantastic performance. The following day, we attended my daughter's Carnegie performance, and I really appreciated how awe-inspiring the Hall is. Of course, the performance was excellent and we celebrated afterwards with High Tea at the Russian Tea Room down the street. We also took the ferry to Staten Island, visited the Statue of Liberty and walked throughout Manhattan, Central Park and a number of museums, as all tourists do.

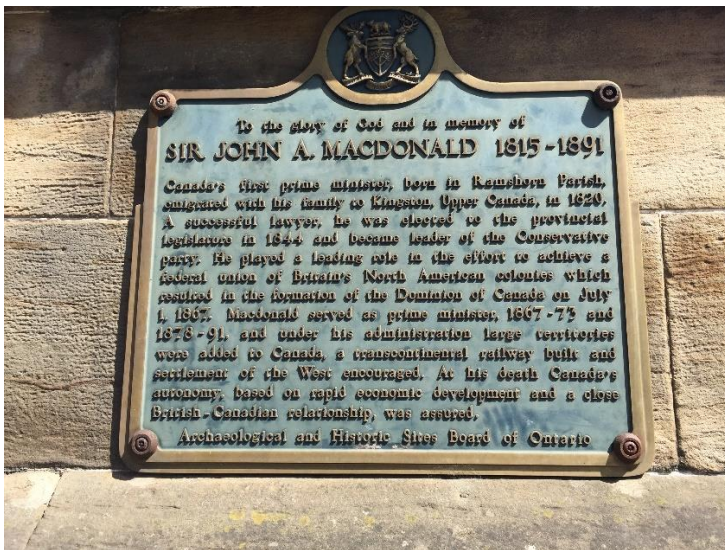
Tel Aviv, Israel: I travelled to Tel Aviv in May 2018, and was invited by Dr. Patricia Mallinger, a surgeon at Meir Hospital. It was really interesting to see how surgeons functioned in a geographically small nation, a mere kilometers from political conflict. It was interesting to speak with taxi drivers, healthcare staff and others, and began to see and sense the almost palpable uneasy co-existence between two cultures. My hotel was a 10-minute walk from the Mediterranean Sea, and I really enjoyed long walks along the beach and appreciated a very different architecture, with buildings that

were purposefully asymmetric, circular, triangular and completely modern, set against a backdrop of Jaffa, considered the oldest port in the world. The day after arriving, Dr. Mallinger picked me up and we travelled to the hospital and I was immediately struck with the difference in healthcare. Surgeons there are salaried and therefore required to 'clock in' and 'clock out' of the hospital each day. They did have some hospital resources, such as intra-operative radiotherapy for breast cancer, and not others, such as radioactive seed localization, with limited use of oncoplastic surgery. I spent the day in the OR with her and was impressed to learn that she trained in Columbia and then moved to Israel to become the first female surgeon in that country. As she was still mid-career, it showed how new the notion of women in surgery remains.



The following day, the breast radiologist Dr. Anat Kornecki picked me up and we drove with her son to tour Jaffa and have brunch on the beach. There we met a breast radiologist from Paris, whose wife is the owner of the art galleries 'Galleries Charlot', one located in Paris and the other located in the cornerstone buildings of Jaffa. We had a lovely tour of the gallery and drinks in their home. Dr. Mallinger met with me later and took me out to dinner with her daughter, and the following morning, picked me up to take me to Cesarea, one of the oldest remaining Roman ruins. The following day Dr. Kornecki had arranged for us to tour Jerusalem with a tour guide. It happened to be Jerusalem day and the day prior to Donald Trump's move of the US Embassy, and there was a lot of political tension. The tour was a fantastic behind the scenes guide of sites and historical details not available to most tourists. During a tour of the covered market, we had a moment of fear when approaching one section and became caught between zealous teens ahead of us and the police they were trying to provoke behind us. Thankfully we were able to move away. The following day I gave a presentation to the breast surgeons and radiologists on the use of radioactive seed localization in oncoplastic breast surgery. I had great opportunities to tour around on my own and experience the culture of the region before heading home.

Glasgow and Edinburgh, Scotland: In early July I spent over two weeks travelling to Europe. I began in Glasgow Scotland to visit as a tourist, and enjoyed walking to take in the sites, and happened to walk past the birthplace of Sir John A. MacDonald, who only later immigrated here to become our first prime minister. The following day I took the train to Edinburgh and ended up in a hotel overlooking Edinburgh Castle.



I tried Glenmorangie scotch to satisfy my colleagues, and toured all the sites, castles and the Royal Mile, including Mary King's Close, for a few days. I was invited to visit the Edinburgh Breast Unit at the Western General Hospital, hosted by Dr. Oliver Young, breast surgeon and director of the unit. It was very interesting to learn about the differences between the UK's NHS healthcare system and ours. The differences in type of breast reconstruction and materials used was also interesting and I enjoyed going to the OR to participate in cases. I presented my clinical breast cancer trials and highlighted the research benefits of a centralized tumour biobank. I went to the Scotland Hall of Surgeons museum at the Scotland Royal College of Surgeons. I picked up a book they were profiling written by Scotland's first female surgeon, which was written in 2018, and was again struck with how recently women had begun to practice surgery in the UK. The following day I attended their multidisciplinary rounds and was interested to note the differences in how these rounds are conducted. The UK discusses every patient, meaning most programs ran a few rounds per week, to discuss over 120-150 breast cancer patients per week. This differed from Paris and New York, where large centers see over 5000 breast cancer cases per year and cannot possibly discuss each only individually. I noted the difference in the setup of the ORs, where there is an induction room for anaesthesia, seemingly to keep the surgeon away from bothering or rushing them during the induction, with a safety checklist that was certainly much more comprehensive. I later went to a pub to drink beer and eat fish and chips while watching the world soccer quarter finals. The following day I flew to Dublin.

Dublin, Ireland: I was invited by Dr. Arnie Hill, chair of the Department of Surgery at the Royal College of Surgeons of Ireland (RCSI) to visit the Beaumont Hospital. We began with a lovely dinner hosted by Dr. Colm Power a breast surgeon and by translational research scientists, Dr. Hopkins and Dr. Youngboth. They were all so friendly and welcoming, and introduced me to a popular Irish pub, where I had the pleasure of enjoying live music over a pint of Guinness. The following day I presented the cosmetic outcomes of my single fraction preoperative radiation clinical trial and was able to exchange ideas with scientists and clinicians alike, and established some long-term collaboration plans with Dr. Hopkins. I spent the day in the OR and learned about the blended private and public healthcare system in Ireland, necessary with the underpayment of surgeons with the public system alone. With this public system comes a rapid access to care but an inability to choose your surgeon, and surgeons often saw each others' patients or postop complications.



I loved my visit to Trinity College founded in 1592 and toured the Old Library which houses the 'Book of Kells', a two-story library, rivaled by the Berkeley Library on the same campus that houses every UK book ever published, I was taken through the main building of the Royal College of Surgeons of Ireland, still adorned with bullet holes from the war of independence in 1916, contrasted to the new Simulation Center across the street with 8 stories of robotic and live patient simulations and trainers in addition to a full workout gym for students! The following day I attended their rounds where every patient with a biopsy was discussed (including patients with atypia), which took several hours. I spent that day with Dr. Mike Allen, general (breast and vascular) surgeon who told incredible tales of Northern Ireland around the time of the IRA and injuries they commonly treated (such as popliteal artery injuries from 'cappings'). After several castle, church and Viking tours, I travelled to Malahide on the coast, as Dr. Hopkins had invited me to her home for a lovely family dinner and later a drive along the coast. There we finalized our pending translational research collaboration.

Oxford, England: From Dublin I flew to London UK and took a train to Oxford. The following day I booked a guided walking tour of Oxford University, where I learned all sorts of details from one of their graduating PhD students. We visited several of the 38 colleges and saw the chapel, dining room, student common rooms and central quad areas for them, noting the many rivalries. We toured the older colleges such as Balliol, Trinity and University colleges, most of the having opened around 1260 AD, and saw the statue erected to celebrate 30 years since they began allowing women to enrol... erected in 2009!



For my son's sake I visited the dining halls and convocation hall where portions of Harry Potter movies were filmed, and for my father, I visited the History of Science Museum and took a photo of Einstein's chalkboard from his revolutionary 1931 lecture at Oxford on the Theory of Relativity. The following day I was invited to Churchill Hospital where the Oxford Cancer Center is located and was met by my host Dr. Pankaj Roy. She showed me her lateral partial breast reconstruction technique termed the lateral intercostal thoracic artery perforator flap, or LICAP) to fill lateral glandular defects. I was interested to learn that the NHS system doesn't pay for more than two surgical procedures at once and therefore patients are not offered immediate breast balancing procedures for cancer for example. I presented my clinical trials for early breast cancer to Dr. Roy, Dr. Simon Lord a Phase I trialist and others including Dr. Carolyn Taylor a radiation oncologist involved in the Early Breast Cancer Trialists' Group (EBCTG) which publishes guideline setting meta-analyses for breast cancer care. Dr. Roy then invited me back to her home where we visited and later went for a lovely in the countryside. I then attended clinic to see how patients managed and later was invited out by the group for drinks. It was interesting to hear her perspective on promotion in the UK for surgeons, and how most departments are led by one 'professor', who holds that position long-term, and therefore there are not opportunities for promotion to full professor for younger staff, and most breast surgeons are at the clinical lecturer or assistant professor position. I was really pleased to have had the opportunity to visit Oxford.

Paris, France: I took the Eurostar train from London, England to Paris. I am fortunate to have most of my maternal family in France and therefore had an apartment, shared among cousins when they visit Paris, where I could stay, next to Sacre Coeur. I met with my cousin and we went out for dinner and walked along Montmartre to catch up. The following day I went to the Curie Institute after having stopped at the Marie Curie Hospital and seeing where and how she had discovered Polonium and Radium and described radiation, for which she and her husband Pierre would win two Nobel Prizes, and where their daughter would later also receive a Nobel Prize for ongoing work.



I attended clinic with Dr. Fabien Rey, my host and Chair of Breast Surgery at Curie Institute. The method for examining patients differed very much from our more conservative and private methods, and it was fascinating to see the difference in evolution of breast surgery in France, where breast surgeons train as Obstetrician/Gynecologists firstly and then do a fellowship in breast surgery, where they learn aspects of breast reconstruction including implant and gracilis flap reconstruction techniques, thereby offering all aspects of breast care themselves. However, as I learned when I spent the day in the OR with him, the French system (combined private and public) does not fund tissue expanders and therefore they take patients back to the OR 7-8 times for lipofill or sequentially larger and larger definitive implants until they are satisfied with the cosmetic outcome. Their multidisciplinary clinic ran for hours, and I was invited out for drinks afterwards. The conversation was certainly more edgy than one would ever hear in Canada, which was made most evident the following day in the OR. It was conduct that likely hasn't been seen in North America for many decades. On a side note, it was interesting to see that France has a shortage of OR nurses, which they addressed by having medical students function as the OR scrub for all cases, and the only thing that gets counted are the sponges.

The next day I was invited to meet with Dr. Angelica Conversano, a surgeon at Gustave Roussy, the largest Cancer hospital in Europe. I saw patients with her and discussed differences in the French healthcare system, including patient expectations that the public system cover all aspects of their care including their transport costs to the hospital for appointments. After this lovely visit, where I presented on the late adoption of Oncoplastic Surgery in Canada, I toured around Paris as they celebrated their World Cup win and visited the Moulin Rouge.



New York, NY: I returned to New York in August for a week, to spend time with Dr. Monica Morrow at Memorial Sloan Kettering Cancer Center, at the invitation of Dr. Murray Brennan, Chair of Surgical Oncology. Dr. Brennan and I met and he showed me his Visitors Log, signed by many including Mother Theresa. It was a very warm welcome, and his office had arranged for both OR and clinic visits all week. I stayed in a hotel on the west side of Central Park and enjoyed daily walks through the park to work. I met Dr. Morrow for clinic at the Lauder Breast Center that houses all breast clinics and breast imaging. The following morning, I attended rounds which was similar to educational rounds at our institution. We then went to the Robertson Surgical Center, an ambulatory surgical center that is built with impressive technology. Every employee wears a GPS tracker, and every OR is being filmed and displayed live on large screens so you can see what is happening in each OR at any time. Additionally, elevator buttons are outside, preventing anyone from going to an unplanned floor. Within the OR itself, the checklist was on display on a screen and frozen section results were relayed to the surgeon by video-chat. The breast surgery was otherwise similar to what is done in Canada, with a similar limited use of oncoplastic surgery. I was happy to have an opportunity to speak at length with Dr. Morrow, the senior author on the practice-changing publication that demonstrated that axillary dissections were no longer required for patients with less than three positive lymph nodes who were going to receive adjuvant radiation. Dr. Morrow invited me to lunch and we discussed publishing a summary of axillary management of lymph node positive breast cancer patients. I attended Dr. Brennan's general surgical oncology rounds, where 25 fellows or so were taken to task during their presentations in a right of passage of sorts. I had always wanted to visit Juliard, which was unfortunately closed for the summer, but was able to catch open air Operas outside of the Metropolitan Opera House. I saw 'Electra' one night, and 'The Barber of Seville' the next. The remainder of the week was very interesting at Sloan Kettering, where I also met Dr. Beryl

McCormick the chair of breast radiation oncology, where I had the pleasure of presenting my clinical research on single dose radiation preoperatively for low risk breast cancers.



All of these travelling and networking opportunities would not have been possible without the James IV Association Travelling Fellowship, and I am very grateful for them. I have already been reaping the rewards of them, including research collaborations with Ireland underway, a planned publication and a return to Paris, France in September, where I presented the work to date on a randomized trial initiated in collaboration with Dr. Formenti. I was able to stop off in Iceland on my way back and visit that country as well. Thank you to the James IV Association for this incredible opportunity.