Surgical Oncology Program
NEWS BULLETIN
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Improving the Quality of Colorectal Cancer Care in Ontario

Introduction

In keeping with the goals of Cancer Care Ontario, the Surgical Oncology program supports and facilitates research that improves the quality of cancer care by establishing best practice, and promoting appropriate processes and outcomes of care. This communication describes such research related to improving the quality of colorectal cancer care in Ontario. Dr. Andrew Smith is a colorectal cancer surgeon at Sunnybrook and Women's College Health Sciences Centre in Toronto, and Assistant Professor at the University of Toronto. Dr. Marko Simunovic is a colorectal cancer surgeon at the Juravinski Cancer Centre in Hamilton, and Assistant Professor at McMaster University.

Improving Colon Cancer Staging in Ontario

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Patients with resected node positive colorectal cancer (CRC) who receive adjuvant chemotherapy experience significant reduction in rates of disease relapse and mortality (www.cancercare.on.ca/pdf/pebc2-2s.pdf) so retrieval and/or examination of an appropriate number of lymph nodes in surgical specimens is critical to identifying these patients. The National Cancer Institute recommends that 12 lymph nodes be assessed when staging a patient with CRC.

A recently completed population-based assessment of lymph node assessment in Ontario hospitals between July 1, 1997 to June 30, 2000 revealed that a median of 8 lymph nodes were examined, and fewer than 12 lymph nodes were assessed in 73% of patients. Interestingly, multivariate analysis revealed that volume of cases performed at a given hospital did not predict lymph node count. Hospital "quality culture", or a standardized approach to managing CRC patients, may contribute to appropriate lymph node staging.

We are currently conducting a randomized controlled trial to evaluate the effect of a blended continuing education (CE) strategy on lymph node staging practice in Ontario. Blending refers to a combination of formal (didactic) and informal (interactive) strategies. Opinion leaders are recognized by colleagues as individuals with up-to-date clinical expertise who enjoy interacting with peers to share their knowledge. Such opinion leaders have been successfully engaged to change physician behaviour through non-confrontational social interaction for a wide variety of conditions in a number of health care settings.

Data will be collected for three years before and after the intervention, and data on number of lymph nodes assessed will be provided to surgeons and pathologists at 6 and 12 months following the intervention. This study may result in more node negative CRC patients receiving adjuvant chemotherapy and, hence, reducing the number who develop metastases after surgical resection. It will also contribute to the body of knowledge concerning the effects of opinion leaders and blended approaches on physician behaviour change.

Quality Initiative in Rectal Cancer (QIRC) Trial

Simunovic M, Smith AJ, McLeod R, Reed K, Stephen W, Tam P, Taylor B, Stern H, Goldsmith C, Tabane L, Riddel R, Dinardi F, Whelan T, Browman G, Levine M.

The Quality Initiative in Rectal Cancer (QIRC) Trial is testing if a set of interventions designed to positively influence surgeon practice can improve rates of permanent colostomy and local tumour recurrence for surgically treated rectal cancer patients. The trial will also assess patients' sexual, bowel, and bladder function, and quality of life.

Sixteen hospitals across Ontario are participating in the trial and have been randomized to the QIRC strategy (experimental arm) or no intervention (control arm). The QIRC strategy has three main components – a workshop to discuss quality issues in rectal cancer; an operative demonstration component in which a participating surgeon invites to his or her operating room one of our eight operative demonstrators; and a postoperative questionnaire designed to prompt surgeons to re-examine their key operative steps. The strategy also uses opinion leaders, structured feedback, and ongoing direct contact with surgeons to encourage participation in all components of the study.

To date, 63 of 87 requests for operative demonstrations have been filled, and 460 of the target 672 patients have been enrolled in the study. We anticipate the completion of accrual this fall. Trial observations should inform further efforts to enhance knowledge transfer among Ontario surgeons.