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Communities of Practice

leveraging innovation at the practitioner level

February 2005 Volume 2, Number 2

Surgical Oncology CoP News Bulletin

CoP Update

Welcome to the CoP Surgical Oncology news bulletin!

The members of the Ovarian Cancer Community of Practice have their meeting on March 4, 2005 at the Delta Chelsea hotel in Toronto. At this first CoP meeting, participants will have a chance to meet, to share the ideas/data, to identify the most pressing issues and to think about what *they* would like to do to move the issue forward.

This half-day meeting will provide them with the opportunity to:

- Examine the impact of the Cancer Care Ontario Quality Indicator data public release
- Explore the role of the CoP office in supporting projects and initiatives at the practitioner level
- Select a few strategic initiatives to improve quality outcome results across all disease sites
- Establish priorities for action and outline steps toward those priorities

Please submit your travel expenses for reimbursement to Jennifer Mah, Executive Assistant (Administration), Cancer Care Ontario, 620 University Avenue, Toronto, Ontario M5G 2L7, Tel: 416.971.5100 x 1633, Fax: 416.217.1207 e-mail:Jennifer.mah@cancercare.on.ca

The Delta Chelsea contact information for room reservation is: Delta Chelsea, 33 Gerrard Street West, Toronto, ON M5G 1Z4, 416.595.1975. For Reservations: call 1.800.243.5732

CCO Initiatives Update

Ontario's first index on cancer system performance will be launched in April. Surgical quality indicators that have been developed by expert panels of Ontario surgeons for breast, colorectal, ovarian and prostate cancer are among the 25 indicators being implemented to measure the quality of Ontario's cancer system. The indicators will be published in a publicly accessible Web-based display. The surgical indicators that will be implemented in the first round are those that are feasible to populate and that were rated as high priority by the indicator panels. They are:

- Waiting times
- Average hospital length of stay
- Completeness of colorectal pathology reporting - margins and lymph nodes
- Post-operative mortality
- Post-diagnosis survival
- Population mortality by year

Additional surgical indicators will be revisited in the coming year to determine which indicators will be implemented in the second round. As well, the Surgical Oncology Program will convene new expert panels to select indicators for other cancer sites.

Work continues to move forward with the Guidelines and Standards Initiatives. The Thoracic Surgical Oncology Standards Expert Panel has developed a preliminary draft of the thoracic surgery standards and is currently working on refining the draft. The Laparoscopic Colon Surgery Panel is in the final stages of consensus development to refine the draft on guidelines and standards for laparoscopic colon surgery in the province. Drafts of both documents will be circulated for review and comment to a wider group of surgeons across the province once the expert panels have reached consensus.

For more information on these initiatives, please contact Farrah Schwartz at farrah.schwartz@cancercare.on.ca or 416. 971.5100 x1322.

Introducing SiteScape - The Newest Communication Tool for Communities of Practice

Communication is an integral part of a community of practice. Without good communication, groups can not share their ideas and experiences. However, in today's fast paced world, group members can not be expected to meet face to face on a regular basis. Teleconferencing and videoconferencing help to bridge some of the geographical barriers but even these tools are not enough. That is why the CoP team has decided to implement SiteScape as a tool for constant asynchronous communication between the groups. SiteScape includes functionalities such as:

- Discussion Forums: Various topics will be posted by group members and the CoP team, group members can review and respond to these topics in a threaded discussion format. Members can also post their own topics of interest. This functionality allows members to participate in asynchronous discussion when it is most convenient for them.
- Library: Articles of interest, case studies, research information and more will be available in a number of topic based libraries.Members can browse the various library areas, search for

specific documents and add interesting articles to the library. Members can also post comments related to those articles, case studies etc.
- Public and Private Space: Site group members will have their own space in which to interact. As well, project groups will have their own private space in which they can discuss and work on their projects. Updates and products from project groups will be posted in the public group space.
- Messaging: Members can see which of their peers are also online and contact them using instant messaging. They can have a conversation without picking up the phone. The conversation can also be saved for future review.
- Calendars, Task Lists, Contact Lists and more

The CoP Communication System is located at https://webworkzone.com/cancercareontario/ Usernames, passwords and training will be provided to all members in the coming weeks.

Collect CPD Credits for CoP Activities

Participation in CoP activities can help you to earn CPD credits under the RCPSC Maintenance of Certification Program (MOC). You can enter 1 credit per hour in Sections 1 and 2 by participating in Group Learning Activities such as CoP Journal Clubs, Workshops and Meetings. Section 4, Structured Learning Projects, gives you 1 credit per hour for developing a Personal Learning Project or participating in other learning activities. The CoP team is committed to bringing you a variety of activities that will provide you with an opportunity to learn and share in a group setting, while obtaining CPD credits for your participation. Before each CoP activity, you will be told in which section of the MOC program you will be eligible to enter points. For more information on the Maintenance of Certification program or to enter your credits go to http://mainport.org, login and select Submit CPD Credits.

Colorectal Cancer Community of Practice

The Surgical Oncology Program at Cancer Care Ontario is leading a Laparoscopic Colorectal Cancer Surgery initiative to develop a guideline and standard for providing care to patients using the technique. To date, a draft of the practice guideline has been developed and reviewed by an expert panel which includes members from the CCO Program in Evidence-Based Care, surgeons who perform colorectal cancer surgery, and other multidisciplinary professionals who are experts in colorectal care. The draft guideline is being updated to incorporate suggestions made by the expert panel at its January 21 meeting.

The Communities of Practice team is performing a preliminary environmental scan and survey of this Colorectal Cancer Surgery group, and is also meeting with individuals that have been recommended by this group. More than 660 surgeons perform colorectal cancer surgery in the province; the CoP team is interested in engaging all of these individuals.

My Article of Interest

“Timing isn’t Everything: An Analysis of When to Start Salvage Chemotherapy in Ovarian Cancer” D. Scott McMeekin*, Todd Tillmanns, Taimur Chaudry, Michael Gold, Gary Johnson, Joan Walker, Robert Mannel, Gynecologic Oncology 95 (2004) 157–164

Dr. Tien Le reviewed the article, which seeks to answer the question of the optimal time to initiate second line chemotherapy in a patient who had achieved complete clinical response status to standard surgical debulking followed by 5-8 cycles of combination Carboplatin and Paclitaxel. Dr. Tien Le thinks that this study was weakened by the retrospective design with unknown biases and confounders . The authors of the paper acknowledged that a direct statistical comparison could not be performed to GOG 178 results but made some qualittative comparison. However, It would appeared that some of the assumptions that the authors were making are questionable. The authors views of the consolidation phase of GOG 178 as a second line therapy may not be valid as the optimal duration of taxane exposure in ovarian cancer has not been completely defined. A variation in the use of second and third line therapy in the current study also made comparison very difficult. Furthermore, we have no information on the response rate and progression-free interval after initiation of third line chemotherapy in the GOG 178 study as these patients may have a better response rate to re-treatment with a platinum compound compared to the third line regimen that was offered in this study.

Considering the current available data, patients should be counseled about the possible slight increase in progression-free survival at a cost of significant increase in toxicity with consolidation Paclitaxel. (Please contact the CoP office at 613.737.7700 x 56097 if you would like to see the whole review, to read a full text of the article, or to sign up for a teleconference.)

Evaluation of the Surgical Oncology Community of Practice

The evaluation process is occurring in parallel with the development and implementation of the Community of Practice. CoP evaluation takes a participatory approach to engage community members more actively in reflecting and assessing the impact of data feedback on their performance.

The Community of Practice

A Community of Practice is defined as “groups of people who share a concern, a common set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” (Wenger E, McDermott R, Snyder WM 2002). The Surgical Oncology Community of Practice was initiated by Cancer Care Ontario, and is designed to provide an ongoing mechanism for information sharing and the translation of evidence into action in provincial cancer care settings. A brief summary of the key components of a Community of Practice and its applicability to the cancer care context can be found on our webpage on the CCO Web site.

Opportunities to participate in evaluation activities

There will be numerous opportunities for Community of Practice members to participate in evaluation. Progressive findings from the evaluation will be posted in this news bulletin and on the CoP Web site at https://webworkzone/cancercareontario/.

We would be pleased to hear from you at any stage about your views of the CoP. Please contact us if you have any questions or issues you wish to share.

Upcoming Events

The Society of Gynecologic Oncologists of Canada 5th Annual Continuing Development Meeting is being held in conjunction with the NCIC Conference in Montréal, Québec March 30 to April 2, 2005. Main CPD meeting day - April 1, 2005
The theme for this year's meeting is “Re-tooling for the Future.” The meeting will emphasize emerging technologies, and their impact on clinical care, and update on the latest controversies in approaches to the management of patients with recurrent ovarian cancer. Addressing the theme is an outstanding line-up of international speakers. Find more information at: http://www.g-o-c.org/conferences/cpd.asp

2005 International Symposium on Code Generation and Optimization with special emphasis on feedback-directed and runtime optimization. CGO will be held March 20-23, 2005 in San Jose, California at Hotel Valencia Santana Row.
http://www.cgo.org/

Update in General Surgery 2005
45th Annual Course for Practising Surgeons

April 21-23, 2005, Westin Harbour Castle Hotel, Toronto, Department of Surgery, Faculty of Medicine, University of Toronto. This two and a half-day course will highlight breast oncology, colorectal oncology, bleeding and blood transfusions, complications and their management, laparoscopy, critical care and trauma, and difficult case management. The format includes interactive touch-pads and live telesurgery. Participants will be able to identify and manage difficult clinical problems, be updated on guidelines for cancer management and learn to diagnose and prevent common surgical problems. Find more information at: http://www.cme.utoronto.ca/PDF/SUR0504.pdf

Funding Opportunities

CIHR expects to launch the following Request for Applications (RFA) in February 2005:
Toward Canadian Benchmarks for Health Services Wait Times – Evidence, Application and Research Priorities
The purpose of this RFA is to fund initiatives designed to inform the work of Ministers of Health in meeting those commitments in the Ten-Year Plan to Strengthen Health Care related to establishing evidence-based benchmarks for medically acceptable wait times, in five priority areas: cancer, heart, diagnostic imaging, joint replacement, and sight restoration.

- Expected launch date: February 2005.
- Expected registration date: March 15, 2005.
- Expected full application date: March 31, 2005.
- Expected one-year funding to commence: May 2, 2005.

Please monitor the CIHR Web site (http://www.cihr-irsc.gc.ca/e/26572.html) for updates. For questions on CIHR funding guidelines, how to apply, and the peer review process contact:

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If you have information about an interesting conference/ workshop/ case review/ publication that you would like to share with your colleagues, please let us know and we will publish it in our next news bulletin. You may fax it to 613.247.3528, e-mail it to egoubanova@ottawahospital.on.ca or call 613.737.7700 x 56097.

Surgical Oncology CoP News Bulletin is the official newsletter for surgical Communities of Practice. You may distribute this bulletin to others that are interested. If you have questions, comments or suggestions please contact us: egoubanova@ottawahospital.on.ca, 613. 737.7700x56097.