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Ontario Cancer News

A Message from Hartley Stern, MD, FRCSC, FACS. Provincial Head, Surgical Oncology Program, Cancer Care Ontario

Welcome to the first issue of CCO's Surgical Oncology Program's quarterly electronic newsletter, Surgical Oncology News.

Cancer Care Ontario is changing, and so is the landscape of cancer care in Ontario. Surgical Oncology News is one of the many important tools that we will use to keep surgeons across the province informed and engaged.

Each issue will include a mix of articles about changes, developments and improvements in cancer surgery across the province, provincial quality initiatives, news, facts, and research related to surgical oncology in Ontario.

Surgical Oncology Program Updates

The overall mission of CCO is: Working Together: "We will improve the performance of the cancer system by *driving quality, accountability and innovation* in all cancer-related services". In keeping with this mission, the Surgical Oncology Program at CCO works to:

- Increase access to care
- Improve the quality of care
- Support knowledge transfer and evidence-based practice
- Support the recruitment and retention of cancer surgeons
- Foster research and innovation

Over the past several years, the program has undertaken a number of initiatives which seek to deliver on these goals:

Access to Care & Wait Times

Under the Ontario government's Wait Times Strategy, CCO was asked to form an expert panel to make recommendations about developing an accessible, high-quality cancer surgery system, including the establishment of wait time targets.

The targets developed by CCO's Cancer Surgery Expert Panel were adopted as the provincial targets for cancer surgery. The targets were developed through consultation with a panel of clinical experts from across the province and a rigorous review of the evidence and literature about wait times.

This is an important step forward in the work to improve access. The targets give cancer care providers, CCO, hospitals and the government the ability to measure how well Ontario is doing on cancer treatment wait times and where additional resources and work are needed to solve wait time problems and ensure Ontarians receive the care they need in a timely way, close to home. The report by the CCO surgery expert panel can be found at the following link:

http://www.health.gov.on.ca/transformation/wait_times/wt_reports/cancer_ep_report_0905.pdf

Quality & Safety

The Surgical Oncology Program (SOP) has as its main objective the improvement of the quality of cancer surgery care in the Province of Ontario. As part of our quality improvement initiatives, the SOP has been working with the Program in Evidence based Care of CCO, and Ontario surgeons, to develop new guidelines and standards.

In 2005, the program has developed and disseminated:

- Thoracic surgical oncology standards
- Laparoscopic surgery for cancer of the colon guideline

The program has recently completed two standards in June 2006:

- Hepatic pancreatic biliary tract standards
- Multidisciplinary cancer conference standards

The program is continually listening to surgeons across the province to identify areas requiring further development and attention. Some of our upcoming program priorities include:

- Lymph node retrieval & margin status guideline for colorectal cancer
- Breast cancer surgery
- Prostate cancer surgery

Knowledge Transfer

To increase visibility and participation of the surgical community in cancer quality initiatives, the program has been supporting surgical oncology Communities of Practice.

The Communities of Practice initiative aims to improve the quality of cancer care by identifying knowledge gaps and problems in the organization and delivery of services, and then address these issues through a collaborative effort around translation of evidence into practice. Two groups are being used for the preliminary phase: surgical gynaecological oncologists and general surgeons performing colorectal cancer surgery.

In addition, the program is actively working to help regions implementing CCO surgical standards and guidelines.

AFP & Volume/Complexity Funding

The program has been approached to act in an advisory role to the Ministry of Health and Long Term Care regarding the distribution of 2005/06 Specialty Review Funding (SRF) and coordination of accountability and reporting processes accompanying this funding.

The program has accepted this request and values the opportunity to assist in addressing issues of recruitment and retention of academic surgical oncologists across the province.

Quality Initiatives in Surgical Oncology

Grand River Hospital (GRH) faced a quality improvement challenge in 2004. The pathology department led by Dr. Dimitiros Divaris audited their lymph node (LN) retrieval rates in colorectal cancer (CRC) for cases done in 2003. Using the recommended 12 LN count as a target, the success rate was only 46 %.

Multidisciplinary Cooperation:

The pathologists, surgeons, and oncologists at GRH have long shared a good working relationship. The establishment of the Grand River Regional Cancer Centre (GRRCC) enhanced this further. Working closely with the Regional Vice President (RVP) for cancer care, the clinicians and administrators were able to define and solve the problem.

Expert Intervention:

As part of a knowledge transfer initiative, Dr. Andrew Smith visited GRH in 2004 and presented a seminar to surgeons and pathologists on the importance of LN retrieval in CRC. The seminar focused on how LN retrieval can impact staging, treatment, and survival. The clinicians agreed with the importance of this indicator. Just as important, the RVP and the VP in charge of Laboratory Services also attended the talk and were convinced that this was an important quality marker.

Subsequently, LN counts were observed to improve from 46% to 72% in 2004. How did this happen? The pathologists were fairly confident that the weak link in terms of LN retrieval was at the “grossing” of the specimens. The time spent by the pathologists in this stage was sacrificed as workload increased and manpower decreased. Dr. Craig McFadyen, the Surgical Oncology lead worked together with Dr. Divaris to drive improvement. Administration was hearing three messages simultaneously:

i) From CCO: LN retrieval was an important quality indicator in colorectal cancer care.

ii) From the Medical Director of Surgical Oncology: There was room for improvement locally.

iii) From The Chief of Pathology: A solution was readily at hand.

Dedicated Resources for Pathology Assistant:

Adequate resources and collaboration were necessary for success. Administration helped by facilitating the addition of a Pathology Assistant (PA). This addition allowed for consistent, standardized specimen dissection and meant more time was spent searching for nodes. At the end of 2005, LN retrieval rates were audited again for the cases from that year and the 12 LN counts were at 92%. This occurred despite the fact that the number of CRC cases increased by 27% since the first audit in 2003.

This success story underscores several pillars of quality improvement. First, audit data from CCO enabled identification of a problem. Secondly, a potential solution was put forward by the local Department of Pathology. Administration, hearing cogent and consistent arguments from different sources, made additional resources available. The strategic utilization of those resources allowed action and finally, the improvement in LN assessment.

Surgical Wait Times Update

In November 2004, Ontario's Ministry of Health and Long-Term Care (MoHLTC) announced Ontario's Wait Time Strategy. The strategy was designed to reduce wait times by December 2006 by improving access to healthcare services for adult Ontarians in five areas of care including cancer surgery.

As part of this strategy, CCO was asked to form an expert panel to make recommendations about developing an accessible, high-quality cancer surgery system, including the establishment of wait time targets. The targets were developed through consultation with a panel of clinical experts from across the province and a rigorous review of the evidence and literature about wait times.

The Panel, led by Dr. Jonathan Irish, developed target wait times from the decision-to-treat[1] to surgery that could be used to monitor and evaluate the relationship between system capacity and the demand for surgery, as well as to plan for appropriate capacity. These targets have been adopted as provincial targets and will be used as a system management tool to identify resource needs.

Cancer Surgery Target Wait Times

Priority Category	Clinical Conditions	Target wait times (calendar days)	
		Consult to Decision to treat	Ready to treat to Operation
I	Emergent cases of known or suspected cancers that have immediately life-threatening characteristics (e.g., airway obstruction, hemorrhage, neurological compromise)	Immediate	Immediate
II	Patients diagnosed with very aggressive tumours, such as central nervous system (CNS) cancer.	14	14
III	All patients with known or suspected invasive cancer that does not meet the criteria of urgency category II or IV.	14	28
IV	Patients diagnosed with indolent tumours.	14	84

Targets are not intended to guide decisions about the urgency of the need for surgery for an individual patient; those decisions require careful consideration of individual clinical presentation and patient values and preferences and will continue to be made at the discretion of the surgeon in consultation with the patient.

These target wait times do not apply to:

- Surgeries to remove benign tumours, even if there are major or urgent health issues
- Surgeries to remove non-invasive or pre-malignant tumours
- Procedures for reconstruction or rehabilitation
- Palliative operations or operations for metastatic disease
- Surgeries that are delayed because the surgeon and the patient have agreed on a "watchful waiting" strategy for treatment

The provincial target for cancer surgery wait times is that: 90% of all cancer surgeries measured by tumour site be less than or equal to 14 days from consult to decision-to-treat and 14 days from the ready-to-treat date to the date of surgery for category II, 28 days for category III and 84 days for category IV.

The **Executive Summary** of the Wait Times Report is available at our web-site http://www.cancercare.on.ca. The report lays out an "access to care framework" to describe how wait time management fits into the broader goal of improving access to quality care. It also contains:

- Common definitions for wait time events in the cancer care continuum
- Revised wait time definitions
- Priority categories and target wait times (TWT) for each of the three types of treatment
- An accountability framework for improving access to cancer services

Ontario has made dramatic improvements in wait times for radiation treatment and important progress in surgical wait times, but there is more work to be done.
CCO and Regional Cancer Programs are committed to using this report for system planning and performance management initiatives aimed at cancer achieving wait time targets by 2007-2008.

Wait Times Information System (WTIS)

The MoHLTC is launching a new provincial Wait Times Information System (currently being implemented) that will capture the wait times for cancer surgery across the province and also contain additional information about surgical procedures and the reasons for waits, so that physicians and administrators will be better able to understand these causes and implement solutions to improve patients' access to care.

The MoHLTC is targeting having this new information system established in approximately 50 Ontario hospitals by December 2006. Eventually, this new system could track wait times for all surgical procedures in Ontario.

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[1] For the purpose of preparing these targets, the decision-to-treat date has been defined as the date on which the surgeon makes the decision to operate and that decision is agreed to by the patient. This date is distinct from, and may precede, the date on which all pre-operative investigations are complete.

Hot off the Press!
Multidisciplinary Cancer Conferences (MCC) Standard

MCCs, also known as tumour boards, are defined as a regularly scheduled multidisciplinary conference to prospectively review individual cancer patients and make recommendations on best management. With the leadership of Dr. Frances Wright, the surgery program collaborated with other clinical programs at CCO to produce a MCC standards document, which was released in June 2006. An MCC is applicable to all malignant diseases and is the recommended standard of care for all institutions providing cancer services. The standard outlines recommendations for MCC objectives, meeting format, team members, roles and responsibilities and institutional requirements. It supports the development of regional MCCs and encourages the use of videoconferencing.

The standard is available on the Program in Evidenced-Based Care section of CCO's website at: http://www.cancercare.on.ca/index_practiceGuidelinesandEvidencesummaries.htm

The MCC Toolkit and resources are available at: http://www.cancercare.on.ca >guidelines and standards>Multidisciplinary Cancer Conference (MCC) Resources

The additional two standards and guideline have recently been released.
The documents were subject to a rigorous process of external reviews and feedback from the surgical community and other key stakeholders.

Hepatic, Pancreatic and Biliary (HPB) Surgical Oncology Standard

In June 2006, the program released a new standard for the delivery of HPB cancer surgery in Ontario, resulting from the work of an Expert Panel, chaired by Dr. Michael Marcaccio. The standard includes surgery for malignant diseases of the liver, pancreas and peri-ampullary region and the biliary tract (including gallbladder) and includes the full spectrum of multidisciplinary assessment and treatment. The

document outlines the recommended requirements for hospitals, including organization, resources, and infrastructure, and for surgeons in terms of training and experience, in order to provide the best possible care for patients with these conditions.

Thoracic Surgical Oncology Standard

In September 2005, the program released a new standard for the delivery of thoracic cancer surgery in Ontario. This includes surgery for malignant diseases of the lung, the esophagus and other structures in the chest. Chaired by Dr. Sudhir Sundaresan, an Expert Panel recommended requirements for hospitals, including organization, resources, and infrastructure, and for surgeons in terms of training and experience, in order to provide the best possible care for patients with these conditions.

Laparoscopic Surgery for Cancer of the Colon Guideline

Released in September 2005, the guideline for Laparoscopic Surgery for Cancer of the Colon reviews the evidence supporting the use of laparoscopic surgery as an alternative to open surgery for colon cancer, and outlines recommendations regarding patient selection, resource and other requirements of institutions of such surgery is performed, as well as the training and experience needed by surgeons.

Dr. Andy Smith, who chaired the Expert Panel in developing this guideline, is now working with the Surgical Oncology Program at CCO to incorporate the recommendations of this guideline and the standards into our quality improvement knowledge transfer and planning activities. We look forward to communicating with you around this in the coming months. In the meantime, please feel free to contact us with your comments or thoughts to surgicaloncologynews@cancercare.on.ca

The surgery quality summaries, along with the detail of the systematic review and the consensus used in its development, can be accessed from the CCO website: http://www.cancercare.on.ca/index_1527.htm

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4,700 Additional Cancer Surgeries in 2006/07

Further to Minister Smitherman's approval of new funding in 2006/07 to support the increase of cancer surgery volumes across Ontario, the Ministry of Health and Long Term Care (MoHLTC) asked CCO to distribute volumes and funding that would meet short term requirements for incremental cancer surgery volumes and also set the stage for longer term improvements in the quality of cancer surgery and integration of cancer system.

This is the third provincial cancer surgery investment initiative to increase cancer surgery volumes. In 2004/05, 23 hospitals and in 2005/06, 38 hospitals received incremental funding. This year, CCO identified 47 hospitals to receive funding for incremental cancer surgery volumes performed during the 2006/07 fiscal year which would see the addition of 4,700 more cancer surgeries. These 47 hospitals account for approximately 80% of the total cancer surgeries performed in Ontario each year.

As in previous years, hospitals receiving funding will be required to sign a Cancer Surgery Agreement (CSA) with CCO and agree to participation in the provincial surgical oncology program's efforts and initiatives (i.e., implementing surgical guidelines and standards).

The Ministry of Health and Long Term Care and Cancer Care Ontario are working together to ensure that there are long-term benefits from this cancer surgery investment.

For more information, visit the MOHLTC website: http://www.health.gov.on.ca/transformation/wait_times/wait_mn.

html

Regional Updates in Surgical Oncology

South West

A unique partnership called the Southwest Regional Cancer Services Alliance (RCSA) was launched in February 2006. It is comprised of hospitals and health organizations throughout Southwestern Ontario. The RCSA will plan and coordinate services across programs and providers. Furthermore, the RCSA will review, approve and recommend allocation of new funding from Cancer Care Ontario for Southwestern Ontario. Organizations will develop an accountability agreement laying out roles, responsibilities and a clearly defined process through which system-wide improvements will be made in the delivery of cancer services. Surgical oncology services are an important part of this endeavor. Dr. Joseph Chin, Head of Surgical Oncology, is working within this framework with the other surgical leaders in the region. Amongst the tasks will be the implementation of CCO Standards and Guidelines.

Mississauga Halton

A few multi-disciplinary projects are underway in the Peel Surgical Oncology Program. The Peel Regional Cancer Center will offer patients in the region a new program, called Vertebroplasty. Patients with metastatic tumors in the spine will receive a pain relief procedure under local anesthesia. In this procedure, bone cement is injected by needle into the vertebral body, to provide both pain relief and stabilization. This outpatient procedure was developed as a result of multi-disciplinary work of surgical, medical and radiation oncologists and interventional radiologists. As well, the PRCC is about to establish a regional Multi-Disciplinary Program for patients with hepatobiliary tumors in conjunction with the HPB surgical group at the Trillium Health Center. The other examples of multidisciplinary teamwork include the development of evidence-based care pathways for patients with thoracic, breast and colorectal malignancies. For more information, please contact Dr. Donald P. Jones, Surgical Oncology, Peel Regional Cancer Centre, tel: (905)813-1100 ext. 5070

South East

The Cancer Centre of Southeastern Ontario was visited by Dr. Don Low, a thoracic surgical oncologist from Seattle, on April 6 and he participated in the William Ersil Day in Surgery. He discussed lung cancer management, esophageal cancer, and surgical outcome measures. William Ersil Day took place on April 7, 2006 and included presentations on breast cancer, melanoma, and soft tissue sarcoma for the benefit of the surgical community.

Tumour boards are up and running in the Kingston centre, with 6 sites having a surgical chair or co-chair to guarantee appropriate surgical input. The breast site group is now videoconferencing it’s weekly meeting to Bellville and Cobourg to improve access to these meetings throughout the region. The OCRN provincial tumour bank is now receiving specimens from Kingston thanks to some hard work and co-operation between KGH’s Department of Pathology and the Cancer Centre’s Division of Surgical Oncology.

As the provincial surgical oncology group considers synoptic operating room reports for oncologic cases, a local study has been completed and confirms the unreliable inclusion of oncologic details in our recent notes. The study supports some form of initiative to standardize oncology operative dictations.

Champlain

The Champlain Regional Cancer Program: CoPs are in the vanguard of the integrated regional cancer system

The Regional Cancer Program is forming project-specific CoPs in the colorectal, breast and prostate disease sites in its attempt to integrate the cancer system. Project teams at each disease site will work on

implementing the top five priorities identified at the initial CoP regional meetings. Under surgical leadership, the multidisciplinary teams will come together over the next year to improve the quality of cancer surgery delivery. The improvements are aligned with the CCO quality agenda and include the development of pathways, improving participation in the regional tumor boards, development and implementation of surgical guidelines/standards, better communication between the regional hospitals and optimizing OR time. A good example of moving these initiatives forward is increased participation in the breast rounds at The Ottawa Hospital. The rounds are broadcast now using CareConnect, a telehealth network connecting close to 50 sites in Eastern Ontario. If you have any questions, please contact Jennifer Smylie, Regional Surgery Oncology Manager at jesmylie@ottawahospital.on.ca

North Simcoe Muskoka

A mentoring project for breast and colon site groups is being developed with many of the resources found in-house. Surgeons in Barrie are supportive and intend to make this a long term project, with the hopes of extending to the other area hospitals and specialties. Proposed multidisciplinary breast and GI clinics will add to this initiative.

Tumor boards: The first regional video conference board has been developed, currently in the Breast and GI specialties. All hospitals from the region are involved with some early success. The groups are supported by medical oncology and radiation oncology from PMH.

Collaborative staging: In Barrie the TNM staging process is advancing together with synoptic reporting in pathology and hopefully later in surgery CME. In partnership with industry a regional oncology group is forming to meet 3-4 times per year. The format will focus on multidisciplinary case discussion. In conjunction with the other community centers an informal group has formed to discuss issues and plan 'lateral' initiatives. The surgeons in the region have been a very positive resource and are showing significant leadership ability. In time, the hope is to involve most or all of them in these initiatives.

North East

The North East Local Health Integration Network is a vast geographical area and fostering a multidisciplinary approach to cancer patient care can therefore be difficult. To overcome this issue, the cancer program has developed a videoconference-based Multidisciplinary Case Conference. This will involve surgeons from all over the region as well as medical and radiation oncologists. PACS technology will be used to broadcast digital images. These conferences will serve a dual purpose: clinical decision-making and an accredited educational event. This year will also see the creation of a thoracic oncology unit where thoracic oncology patients can receive centralized care at the cancer center, whether in person or via teleconference. Thoracic surgeons, medical and radiation oncologists will see patients in the same area and in close proximity to other disciplines including supportive and palliative care.

North West

Surgical Oncology Network in the Northwest LHIN

Thunder Bay Regional Health Sciences Centre (TBRHSC), in partnership with the Northern Cancer Research Foundation has officially opened the Linda Buchan Centre for Breast Screening and Assessment. TBRHSC has spent the past few months beginning to shape an integrated core of leadership tools in support of a Surgical Oncology Network for the Northwest LHIN. Beginning accomplishments include the development of white papers by Disease Secretariats for Lung, Colon, Prostate, Breast and Gyne, planning a strategy for the network, implementing CAP Checklists for four disease sites and providing education sessions for Laparoscopic Colon Cancer Standards and the Pathology Project. The goal of the Network is to assure a high level of evidence based cancer surgery is provided within the LHIN. A strategy to manage all cancer surgeries under one network will help reduce wait times and improve the quality of care. Once operational, our Network will build on the current strengths and offer support through implementation of Communities of Practice and the provision of ongoing CME.

SOP Collaboration with the Royal College of Physicians & Surgeons of Canada (RCPSC)

On January 5th 2005, the Surgical Oncology Program signed a Memorandum of Understanding (MOU) with the RCPSC Center for Learning in Practice. The intention of the MOU is to integrate professional learning and development with various activities supported or sponsored by the Surgical Oncology Program.

Continuing Professional Development extends beyond traditional Continuing Medical Education which is perceived to focus on updating medical knowledge.

The Maintenance of Certification Program requires that fellows earn a minimum of 400 credits during five years by participating in educational activities based on the needs of their current professional practice using the framework of CPD options.

It is the responsibility of the Fellow to participate in events and enter their own points; however, the SOP can integrate the RCPSC piece into activities which it hosts, supports, facilitates.

To date, the Surgical Oncology Program has supported and sponsored the following events where Fellows have had the opportunity to collect CPD points:

- Breast and Colorectal Regional workshop (Champlain) Section 1 CPD points
- Laparoscopic Colon guideline & Thoracic standard Section 6 CPD points
- Champlain Regional Web-seminar with Harvard Section 2 CPD points
- Champlain Regional Personal Learning Project for Laparoscopic Colon Section 4 CPD points
- Colorectal Cancer Lymph Node Project Practice Audit Section 5 CPD points

The Surgical Oncology Program will continue to work with the RCPSC to facilitate the integration of CPD into our quality initiatives.

Upcoming Events

Events for 2006

September 8-9 (Calgary, AB) Canadian Association of Thoracic Surgeons Annual Meeting

September 9-11 (St. John's, NFLD) 2006 Canadian Association of Continuing Health Education

September 28-30 (Ottawa, ON) The Royal College of Physicians and Surgeons of Canada

October 4-6 (Toronto, ON) Princess Margaret Hospital Conference New Developments in Cancer Management

October 8-12 (Chicago, IL) American College of Surgeons 92nd Annual Clinical Conference

October 27 (Toronto, ON) Annual Update in Surgical Oncology, Faculty of Medicine, University of Toronto

November 4 (Toronto, ON) 12th Annual Meeting of the Ontario Association of General Surgeons

November 8 (Webinar) Changing the Medical Model of Care: New Systems, Improved Quality and Efficiency **(Harvard School of Public Health)**

Upcoming Events for 2007

March 15-18 (Washington, DC) The Society of Surgical Oncology

April 28 (Montreal, PQ) Canadian Society of Surgical Oncology

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