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QUICK NEWS UPDATES ...

The SOP web page has been updated!
Click here to visit the web page for news, publications, contact information, and more

Do you have **suggestions or ideas** for our next newsletter? If so, please e-mail **surgicaloncologynews@cancercare.on.ca**

Staff Departures & Arrivals
Arifa Abdulla, former Project Coordinator of Communities of Practice, has left for a new position at the Ottawa Heart Institute. We wish her the best!

Heidi Barnett will join the SOP on December 4th as Project Coordinator, Knowledge Transfer. Welcome to the SOP team Heidi!

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Surgical Oncology Program Update

A Thoracic Communities of Practice retreat was held on October 28, 2006 as part of the CCO Surgical Oncology Program quality improvement initiatives. This meeting brought together 34 representatives from all LHINs to address immediate needs relating to implementing the Thoracic Surgical Oncology Standards.

The Ontario Society of Thoracic Surgeons (OATS) and the CCO Surgical Oncology Program (SOP) team led the meeting. As a result of breakout discussions and prioritization process, participants came up with a surgeon-derived plan for improving the quality of care provided to patients with thoracic cancer in our province. The four top priorities for follow-up improvement projects include:

- Develop a **guideline/quality indicators** for mediastinoscopy;
- Identify opportunities to engage surgeons with no access to **MCCs** in their own region in the multidisciplinary case discussions (video/ teleconferencing, Intranet, etc.);
- Form a multidisciplinary working group with surgical leadership to develop a province-wide clinical **Care Pathway** to streamline the care of thoracic surgical oncology patients in Ontario;
- To **mandate OATS** to work with hospitals and LHINs on implementing the thoracic surgical oncology standards.

Feedback from participants demonstrated that the Community of Practice concepts for knowledge sharing as well as quality improvement tools can help facilitate integrated service planning, work on reducing variations in surgical care, and ensure the best care for all thoracic cancer surgery patients in Ontario.

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Update on Quality

The Surgical Oncology Program is currently developing two new guidelines. The expected completion date for both is early 2007.

Prostate Guideline: An Expert Panel of surgeons, pathologists, and administrators is being chaired by Dr. Joseph Chin of London Health Sciences Centre. The clinical question addresses the recommended surgical and pathological techniques for radical prostatectomies for cancer. This guideline could have a substantial impact for prostate cancer surgery patients since recurrence rates and morbidity conditions are dependent on the optimal execution of this frequent procedure.

Colon and Rectum Guideline: Similar to the prostate guideline, an Expert Panel of surgeons, pathologists, and administrators has been brought together to develop a colon and rectum guideline. The panel is being chaired by Dr. Andy Smith of Sunnybrook Regional Cancer Centre, Toronto. The proposed title and focus is: *Guideline(s) for optimization of surgical and pathological quality performance in colon and rectal cancer management,* including lymph node and margin recommendations. This project will not only solidify the basis of the indicator, 'percent of colorectal cancer resections with 12 or more lymph nodes collected and examined', but will introduce more indicators for colon and rectum surgery performance.

For a list of current surgery guidelines and standards please visit the SOP web page: http://www.cancercare.on.ca/index_SurgicalOncology.htm

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Surgical Oncology Research Network

Over the past year, the Surgical Oncology Program has made considerable progress in promoting health services research in surgical oncology. We have organized a **Cancer Surgery Health Services Research Network**, composed of health services researchers, surgeons, and decision makers from across the province.

Recently, the Network was awarded a Cancer Care Ontario Research Network grant of $189,000 to produce an *Atlas of Surgical Oncology in Ontario*. The data in the Atlas will provide key information for planning cancer surgery services, forecasting future resource requirements, and supporting future research. The Atlas is expected to be completed in the spring of 2007. The research network has facilitated linkages and inter-disciplinary collaboration between cancer surgery-related health services researchers in Ontario.

We are always happy to welcome new members into the research network. Any interested surgeons from the community or university-affiliated centres should contact David Urbach (email: david.urbach@uhn.on.ca phone: 416-340-4284)

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Regional Updates

Hamilton-Niagara Haldimand Brant

On October 21, twenty-three surgeons practicing colorectal caner surgery in LHIN 4 met for a workshop titled "Sticks, Carrots or Total Quality Management." The Southern Ontario Surgical Society, researchers from McMaster University and the Juravinski Cancer Centre, and physician leaders from teaching and community hospitals in LHIN 4 initiated and led the workshop. Participants reviewed the strengths and weaknesses of quality improvement initiatives in jurisdictions around the world. The principles and techniques of Total Quality Management were then introduced including the need for participatory and non-confrontational engagement with all stakeholders, the use of the continuous quality improvement cycle which runs from problem hypothesis to evaluation of intervention, and dependence on rigorous statistical analyses of data.

Small group sessions and a consensus discussion were used to select three measures for quality improvement including rates of peri-operative imaging of the abdomen for colon cancer, rates of pre-operative cross-sectional imaging for rectal cancer, rates of pathology reporting for tumour-radial margin distance for rectal cancer. A similar approach was used to select quality improvement interventions. Selections included audit and feedback, standardized presentations for surgeon-pathology and surgeon-radiology meetings, and point-of-care reminders. The group has set an ambitious target of completing the first continuous quality improvement cycle within six months.

Central West and Mississauga/Halton

A multi-disciplinary hepatobiliary/pancreatic carcinoma team has been assembled and multi-disciplinary clinics established to treat both primary and secondary patients with this disease. As well, two regional hospitals have the skills and technology to provide percutaneous Radio Frequency Ablation (RFA) and the HPB surgeons are adept at interoperative RFA.

As an initial step toward the establishment of a Regional Thoracic Surgical Oncology Program, the region has developed a regional thoracic surgical on-call schedule. A number of discussions with William Osler Health Centre have occurred as their new site is set to open in the summer/fall 2007. Further discussions are ongoing and it is hoped that the necessary cooperation and agreements will be in place to open what will probably be a Level 1 and a Level 2 Thoracic Surgical Oncology unit in this region.

The establishment of a Breast Diagnostic Centre (BDC) at the Credit Valley Hospital is well under way in combination with the OBSP, the Peel Regional Cancer Centre, regional radiologists and general surgeons. It is hoped that this patient-centered BDC facility will provide timely access for patients with breast disease and appropriate consultation and treatment within clearly defined and appropriate timeframes.

South East

The South Eastern Regional Cancer Centre has been experiencing significant shortages in operating room availability over the past months due to construction. Soon, two new Minimal Invasive Surgical rooms will be completed; the first in November and the second in January. This will bring the centre back to its previous capacity, and relieve some of the current cancer surgery wait time pressures. The additional resources dedicated to laparoscopic surgery in thoracic, urology and colorectal will also benefit the cancer patient population.

The Centre has been using an online OR booking tool at two sites which has been modified to include CCO's wait time definitions, allowing real time data analysis and availability. This will permit ongoing wait time surveillance and provide opportunity for timely action, reporting, and intervention, if required. The region has also confirmed its participation in the provincial liver PET scan study and has local surgical Principle Investigators for new trials in breast, colon, and liver oncology.

In June, a Regional Surgical Oncology Retreat was held that discussed colon surgery, breast sentinel node biopsy and thoracic surgery. This regional collaboration helps to ensure a consistent approach to surgical oncology issues in the area, and improve communication and understanding between our centres.

Central East

The region is undertaking implementation of the CCO Thoracic Cancer Surgery Standards. It will require a significant change to patient referral patterns, and location and allocation of hospital resources. In order to facilitate implementation, the region has brought together stakeholders to discuss the planning and preparation. In addition, an external reviewer from out-of-province has been asked for input into the strategy.

Lakeridge Health has been designated the first hospital-based Ontario Breast Screening Program (OBSP) affiliate in Durham. With two new state-of-the-art digital mammography machines, the program will be available at the Lakeridge Health-Oshawa site and eventually at the Bowmanville site. This program expects to perform over 5,500 scans in the first year of operation.

North Simcoe Muskoka
The program continues to develop, albeit slowly. Outcome assessment is regarded as essential to the future of the program. The region is engaged in a post operative mortality review for colon cancer at the request of CCO and will build on this to develop a regional group for ongoing quality indicators, which will include annual review and the introduction of timely case conferences when needed. It is essential that this process is non-threatening or regarded as punitive. Mentorship is encountering delays due to lack of funding, though help is hopefully imminent. Self mentoring in the region is having limited success; financial and non-financial ways of making it more attractive are being explored. The inaugural meeting of the Georgian Bay Oncology Group will be held December 4th. It will include all specialties and aim to meet four times per year to discuss clinical and administrative issues. It is intended to bring together all cancer treating physicians, pharmacists etc. The group is supported at arms length by industry.

Toronto Central - South
Recruitment:
Five surgeons have recently been recruited to the University Health Network including:

- Dr. Alexandre Zlotta to the Division of Urologic Oncology at PMH and Mount Sinai. Dr. Zlotta joins us from Brussels, Belgium.
- Dr. Sarah Ferguson to Gynaecology Oncology. She received her fellowship from Sloan Kettering.
- Dr. David Goldstein is an ENT- head and neck surgeon specializing in microvascular reconstruction, he received his fellowship training from the University of Iowa and the University of Toronto.
- Dr. Erin Kennedy to the General Surgery Department specializing in colorectal surgery. Erin adds to an already significant group of surgical oncologists working in the areas of health policy and clinical epidemiology.
- Dr. Ben Beheshi to the Division of Orthopedic Oncology who will be working at Mount Sinai Hospital and the Princess Margaret Hospital.

Donations-Fellowship Education Support:
UHN has been very honoured to receive generous donations that will have a substantial impact on education and research initiatives. The department has directed that one of the major priority areas for funding is fellowship education. Dr. Irish has worked actively with the Princess Margaret Hospital Foundation, the Toronto General and the Western Hospital Foundation to make this a high priority for fundraising.

The surgical oncology fellowship education program will be

supported by a $1M donation from Joey and Toby Tanenbaum over 10 years with $100,000 per annum to support surgical oncology fellowship education. Dr. Gerald Hatch has contributed $300,000 for Surgical Oncology research support and fellowship education from the Gerald and Shelia Hatch Surgical Oncology Fellowship Education Fund. The Rachel Higgins Memorial Fund ("THE RACH Fund") has provided $40,000-50,000 per year to research skull base malignancies.

The Princess Margaret Hospital recently honoured Dr. Patrick Gullane with a Tribute Dinner sponsored by the Princess Margaret Hospital Foundation. Dr. Gullane has been President of the American Head and Neck Society and President of the North American Skull Base Society and is a recognized world leader in the surgical treatment of head and neck cancer. All proceeds will be used to establish the Dr. Patrick Gullane Fellowship in Surgical Oncology. It is expected when all of the contributions have been accrued this will raise between $300,000-400,000 for fellowship education. On going operational support (computers, phones, printers, space) for the Surgical Oncology Fellowship Education Centre has been secured for $38,000. Lastly, a further $1M contribution has been made to start fundraising towards the establishment of a Chair in Surgical Oncology.

Research:
The Guided Therapeutic Program (GTX) is under the direction of the Surgical Oncology department led by Dr. Jonathan Irish, Dr. David Jaffray and Dr. Jeff Siewerdsen. The GTX laboratory will develop new imaging modalities, physical therapy delivery systems and robotic techniques for cancer surgery. This will create Translational Research Image Guided Operating Rooms (TRIGORs) at the Toronto General, Toronto Western and Princess Margaret hospitals where real time image guided cancer surgery is merged with intraoperative laser, photodynamic therapy, HIFU and robotics. Fundraising for this initiative has been led by the Dr. Irish and is currently $3.4M with a further Spotlight Fundraising Dinner being planned for February 15, 2006.

Clinical:
Last year Toronto Central met its surgery volume obligations. This year, however, poses a more difficult challenge in meeting the volumes due to OR nursing shortages, high occupancy rates and an anesthesiologist shortage. Various problem solving initiatives are being considered to rectify this shortage issue.

Toronto Central - North
Recruitment:
Two surgeons and one scientist have recently been recruited by Sunnybrook Health Sciences Centre (SHSC):

- Dr. Natalie Coburn was recruited to the Division of General Surgery. She is a specialist in HPB surgery and upper GI surgical oncology and is cross-appointed as an adjunct scientist at the Institute of Clinical Evaluative Sciences.
- Dr. Kal Ansari was recruited to the Department of Otolaryngology. He is a head and neck oncologic surgeon specializing in microvascular reconstruction. He received his fellowship training at the Mayo Clinic.
- Dr. Anna Gagliardi was recruited as a Research Scientist in knowledge transfer.

Education:
On October 27, 2006, the U of T "Update in Surgical Oncology" course was held at the Granite Club, under the leadership of Dr. Andy Smith of Sunnybrook, Toronto. The course was a great success and was attended by over 200 surgeons, including community surgeons from all over Ontario.

Research:
Fundraising to establish a Chair in Surgical Oncology Research is ongoing and more than $1.5 million of the $3 million dollar goal has been raised to date. Our team of translation researchers, including Drs. A. Smith, C. Law, N. Coburn, C. Holloway, F. Wright, M.L. Quan and A. Gagliardi, has been extremely productive academically.

Clinical Volumes:
Although last year the region was slightly below our targets for incremental surgery volumes, this year is proving an even greater challenge because of frequent O.R. cancellations due to bed shortages. Numerous initiatives are currently underway in an attempt to resolve this issue.

Regional Initiatives:
CCO – *Thoracic Standards*:
Following the retirement of one thoracic surgeon at SHSC in July 2005, a regional partnership with Toronto East General Hospital (TEGH) was established to transfer thoracic surgery cases. Thus far, this partnership has worked very well for both institutions over the past year.
CCO – *HPB Standards*:
In order to meet and potentially exceed the CCO standards in HPB surgery, the SHSC recruited a third HPB surgeon in addition to establishing a formal HPB multidisciplinary tumour board; this is in addition to the GI Oncology multidisciplinary tumour board. This area is recognized as an area of growth as the HPB surgery volumes are projected to increase due to changes in practice, eligibility criteria, and new referral patterns. Preliminary discussions with regional partners are taking place to centralize HPB surgery for the northeast sector of Toronto at SHSC.
Staging:

The SHSC, along with regional partners, has been involved in CCO's provincial Stage Capture Project aimed at increasing cancer staging to 90% of all cases included in the 2007/08 cancer surgery agreement. Staging leads for this initiative at Sunnybrook are Rosemary Walo, head of Health Data Resources, and Sherif Hanna.

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Surgery Leads the "Virtual" Multidisciplinary Way

Many LHINs have made great strides toward implementing Multidisciplinary Cancer Conferences (MCCs). The purpose of an MCC is for a multidisciplinary team to prospectively review cancer patient cases and make recommendations on best management. These forums are new to many regions but excitement about their potential is skyrocketing; one example comes from the North Simcoe Muskoka LHIN, which implemented a virtual MCC that brings geographically dispersed hospitals together bi-weekly to discuss patient cases for three disease sites. One of the key success factors of MCCs in this LHIN has been the leadership of surgical representatives in the region.

Recently, the Surgical Oncology Program at CCO contacted key players to reflect on their successes, barriers, and to obtain their words of advice.

Opportunity in the North Simcoe Muskoka LHIN
Similar to many Ontario LHINs, North Simcoe Muskoka is geographically dispersed, composed of many community hospitals including a regional cancer centre, and does not have access to some cancer disciplines locally (i.e., radiation oncologist, surgical oncologist). With this in mind, in late 2005, interest increased throughout the region to develop a MCC-like forum. Under the leadership of Dr. Mike Anderson, an MCC was formed to discuss patient cases from three disease sites, with the participation from six disciplines across nine hospitals. In addition to patient care, clinician education is a regular item on the agenda. The hospitals involved in the MCC include: Royal Victoria Hospital, Collingwood Marine & General Hospital, Muskoka Algonquin Healthcare (Bracebridge & Huntsville sites), Huronia District (Midland), Penetanguishene General Hospital, Orillia Soldiers Memorial Hospital, Toronto Sunnybrook Regional Cancer Centre, and Princess Margaret Hospital.

In North Simcoe Muskoka, MCC development has been eased by three key success factors:

1. **Having enthusiastic and committed leaders**. Having medical leadership that is interested in and committed to MCCs is invaluable. Dr. Mike Anderson and Dr. Duncan Paterson have dedicated time to talk to surgeons, answer concerns and reassure their peers that this and other initiatives can only lead to better patient care without being restrictive or threatening. Committed leaders have also been effective in facilitating

consultation with inter-regional hospitals/disciplines to determine the best MCC structure for the region.

2. **Engaging respected colleagues from multiple disciplines**. Beyond surgery, engaging clinical leaders in other disciplines and having them rally their departments to participate has also been a critical factor in this regions success. In this region, MCCs have participation from radiation oncology, medical oncology, pathology, radiology, Nursing, and Surgery. As a result of engaging pathology in the MCC and developing a stronger relationship between surgery and pathology, pathologists have developed concise expectations on what data is necessary for both the surgeon and pathologist. The synergies produced through this format should not be underestimated; having multiple disciplines routinely discuss patients is an opportunity to understand the complexities of one another, which can improve the process of care.

3. **Capitalizing on technology**. By capitalizing on videoconferencing technology through the Ontario Telehealth Network (OTN), the North Simcoe Muskoka region has enabled seven community hospitals and two Academic Health Science Centres to participate virtually. The region lacks a radiation oncologist but through video-conferencing, they were able to enlist a consultant from Princess Margaret Hospital and Sunnybrook Health Sciences Centre. This large audience allows for a critical mass of cases and disciplines to sustain regular meetings.

Local surgeons (and other clinicians) have experienced many benefits from MCC involvement so far. These include:

- A heightened sense of collegiality, especially for solo practicing surgeons
- CME credits for participation
- A better understanding of the roles of other disciplines
- The development of a local surgical mentorship program
- Contribution and ability to offer better quality cancer surgery

Local Successes

- Numerous examples of patients benefiting from improved care
- Interaction between disciplines promotes an understanding of each others' complexities
- Promotes a sense of collegiality between the hospitals
- Clinicians benefit from continuous education
- Meetings are dynamic in a non-threatening environment; all disciplines are encouraged to participate
- With 80%-90% of cancer patients requiring surgery, the

MCC contributes to a solid surgery program in developing a Regional Cancer Program

Inhibitors to MCC Development

- The preparation required for the MCC is significant. Currently there is no MCC Coordinator in place; as a result Dr. Anderson and his assistant Rosalin Pullen have been chairing and coordinating meetings. Sharing the workload will be imperative to the long term sustainability of the MCC. It is necessary to consider how the work will be divided so that burnout is avoided
- Whether it is documenting the cases at the MCC or in the patient record, there hasn't been a method developed that is efficient, private and quick.

With the success of the current MCC in this region, efforts will be made to maintain and streamline the work. MCCs will also be developed for other disease sites as case volumes warrant. Education and quality initiatives will continue to be interwoven in the MCC framework.

For more information on the MCC featured in this story please contact Dr. Mike Anderson (705 721-0040), Garth Matheson (705-728-9090 x4116) and Dr. Duncan Paterson (705-728-9090 x4400).

Sharing common experiences provincially is integral to developing best practices. There are great MCC examples to draw upon across the province and if you have an MCC experience or best practice to share please email: mccinfo@cancercare.on. CCO has recently released the ***MCC Standard*** *document and resource web page that can be accessed at http://www.cancercare.on.ca/index_1744.htm.*

For more information about videoconferencing and telehealth, the Ontario Telehealth Network partners are:
NORTH Network (http://www.northnetwork.ca/), VideoCare - Southwestern Ontario Telehealth Network (http://www.videocare.ca/), and CareConnect (http://www.careconnect.org/)

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WTIS Go-Live in Phase II Hospitals

Cancer Care Ontario was contracted by the MOHLTC to develop the WTIS and Enterprise Master Patient Index (EMPI) for the five wait time priorities. By December 2006, WTIS-EMPI will be implemented in 50 hospitals, representing 80% of volume for the five priority procedures.

This means that 805 surgeons now have access to this important tool. The final group of hospitals will go-live on November 20, 2006, marking the completion of the Phase II implementation. Cancer Surgery is one of the five priority areas for the Wait Time Strategy Project. Recently, the project received both support and funding from the MOHLTC to roll-out to all surgeries in 2007/08.

For further information, email wtisempiprojectcommunications@cancercare.on.ca or call 416-271-1235. To view a video of the WTIS-EMPI project from a surgeon's perspective, visit www.ehealthontario.ca and click on "Better Information for Better Access to Care."

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Sharing the CoP Framework Around the World

On November 8, 2006, our **Knowledge Transfer** team sponsored a teleconference with colleagues in Melbourne, British Columbia, Denmark, and Massachusetts to discuss issues surrounding the Communities of Practice (CoP) framework through the perspective of two CoP models; one from Australia and the other from Canada.

The National Institute of Clinical Studies (NICS) Emergency Care Community of Practice, located in Melbourne, has several aims including closing the evidence practice gaps in areas of key priority; fostering the implementation of leaders within emergency care; and creating a model that is effective and efficient to accommodate uptake of evidence into practice.

At CCO, the Surgical Oncology Program aims to identify evidence, practice, and process gaps in cancer care. Through strategic engagement, CCO is supporting several CoPs that foster collaboration between practitioners and organizations and serve to address gaps in the cancer care continuum; the primary agenda being to increase the quality of and access to cancer care in Ontario.

Participants agreed that this forum is ideal for sharing ideas, innovations, barriers, and successes of CoPs from around the world and have therefore established a **Communities of Practice Forum**, which will allow colleagues to collaborate on a regular basis.

If you are interested in participating in the next Communities of Practice Forum, please contact surgicaloncologynews@cancercare.on.ca

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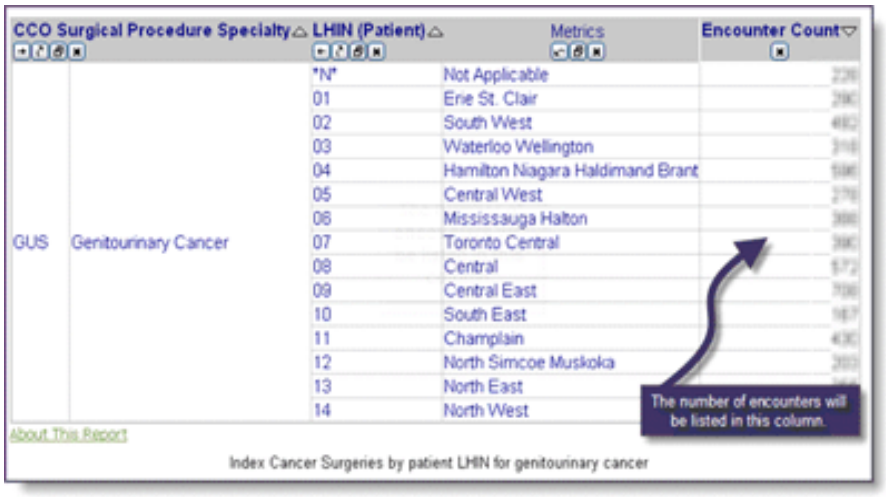
iPort ™ ... Cancer Data into the Hands of Surgeons

iPort™ is Cancer Care Ontario's (CCO) answer to providing cancer data to health professionals across the province. Surgeons will find index cancer surgery[1] information by hospital, by LHIN and provincially, and this information can be manipulated in various ways. For example, iPort can assist in analyzing referral patterns such as the number of patients traveling to a certain LHIN or institution for cancer surgery.



Additionally, iPort can also assist in determining the distribution of index cancer surgeries performed at Cancer Surgery Agreement (CSA) versus non-CSA hospitals across Ontario and the surgical volumes by procedure specialty groups and CCO surgical intensity levels.

More about iPort

iPort is CCO's information portal. It is a secure, web-based analytic and reporting tool that provides cancer and other healthcare planners, managers, clinicians and researchers with access to clear and accurate provincial, LHIN level and facility-based cancer information. Behind the scenes, iPort is supported by CCO's Enterprise Data Warehouse (EDW). This innovation allows the acquisition and delivery of information to CCO and partners throughout the province.

What is available in iPort?

To date, the EDW program has successfully implemented two fully functional information areas in iPort, these include reports on Cancer Surveillance and Cancer Activity. Each of these areas is built upon a common framework that establishes standards for reporting in geography, disease site, diagnosis, time, age and facility, amongst others.

Cancer Surveillance offers insight to the burden of cancer in Ontario through a set of surveillance measures: incidence, prevalence,

mortality and survival. Cancer Activity offers insight into radiation and systemic therapies occurring within Integrated Cancer Programs and their affiliates and index cancer surgeries occurring at hospitals throughout Ontario.

The EDW and iPort team are continuously revising processes to reflect changing business objectives and optimizing the user experience by rapidly responding to new-found opportunities. They are also committed to continuously monitor and improve the technical infrastructure to ensure optimal performance and quality of the underlying system and evolve our maturity level in all data management practices.

How to access iPort
In order to access iPort you must first be approved and have completed the requisite iPort training through the CCO eLearning Centre. To request access to iPort, complete the online Access to iPort Request Form found on the CCO Intranet under "how to request data from CCO." Once your request has been approved, you will be sent eLearning Centre access information along with some elearning pre-reading.

If you have questions about this article, iPort, or iPort e-learning – please contact iPort@cancercare.on.ca

[1] CCO Surgical Index Procedure
• A definitive therapy for cancer that does not include procedures intended for diagnosis, staging or palliation
• Requiring a fully equipped operating room and is performed for: The diagnosis of malignancy where malignancy is a real possibility. This includes procedures that are definitive and diagnostic (e.g., parotidectomy); procedures for malignant and premalignant conditions, carcinoma-in-situ, selected benign neoplasms like endocrine tumours, but not cysts, lipomas, prostate adenomas, or uterine fibroids; and the definitive therapeutic surgical treatment of a biopsy-proven cancer
• Many include some minimally-invasive procedures that meet these criteria, only if they are equivalent to an open procedure that would have been previously required, but would still require an incision to be performed
(Source: Cancer Care Ontario Surgery Wait Times Allocation Process 2006-07)

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2nd Annual Clinical Pathways Conference
January 22-23, 2007, Toronto

The Ontario Association of General Surgeons
www.oags.org

The Royal College of Physicians & Surgeons of Canada
http://rcpsc.medical.org

The Canadian Association of General Surgeons
http://www.cags-accg.ca

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