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Surgical Oncology News

Regional Updates

Waterloo-Wellington – LHIN #3
Report from Dr. Craig McFadyen

The Breast Diagnostic Assessment Unit has now seen 400 patients since its opening on April 23, 2007.
The Thoracic Diagnostic Assessment Unit opened on schedule on June 27, 2007 at the Grand River Regional Cancer Centre. The unit is seeing patients biweekly at the present time but due to the commitment and collaboration of our thoracic surgeons and respirologists, a multidisciplinary clinic will run every week starting in December 2007. All patients are reviewed following the clinic at MCC's. Thoracic surgery has been rationalized to St. Mary's General Hospital; however, despite this change, the thoracic unit has been successful in collaborating care across the region.

Grand River Hospital has been accepted to be a participating site in the PET CAM Study for metastatic hepatic disease.

WTIS continues to occupy a significant portion of time and effort from the surgical oncology department. GRH surgeons are provided with a biweekly report on patients who have exceeded the 84 days on the wait time list. The hope is to engage surgeons to monitor and manage their own wait time list within the limitations that are set.

Toronto Central – LHIN #7
Report from Drs. Jonathan Irish and Sherif Hanna, co-leads of the Toronto Regional Surgical Oncology Program.

The primary focus for the region is the key agendas of Access to Care and Access to Quality Care. Starting in November, surgical leads from within the region will convene quarterly to discuss these two areas on a regular basis. Responding to the Thoracic Surgery Standard to 3 level one hospitals in the Toronto LHIN will provide thoracic oncology surgery – University Health Network, Toronto East General Hospital and St. Joseph's Hospital. Work to recruit surgeons and ensure appropriate infrastructure for these programs is underway.

Human Resource Changes
UHN reports the loss of Dr. Peter Neligan to Seattle and the recruitment of Stefan Hofer to UHN/ MSH for reconstructive surgical oncology. Reconstruction for tertiary surgical oncology remains a challenge for recruitment and retention. Waiting times for secondary reconstruction after cancer treatment remain long and are under-resourced (breast reconstruction, etc).

UHN also reports the recruitment of Dr. Sean Cleary in HPB surgical oncology and Dr. Erin Kennedy in colorectal surgical oncology. Dr. Bob Wood has assumed head of dental oncology following Dr. Walter Maxymiw, who served in this position for over 25 years. The Princess Margaret Hospital has 3 full-time and 3 part-time dentists who serve our oncology patient population.

Sunnybrook Health Sciences Centre (SHSC) reports the departure of Dr. Kal Ansari (July 2007) who was replaced by Dr. Danny Enekepides in Head & Neck Oncology. In addition, we recruited Dr.

Darlene Fenech a colorectal cancer surgeon. Dr. Sharon Sharir (Uro-Oncology) also left in July 2007 to relocate her practice at Humber River Hospital.

Cancer Care Ontario (CCO) activities:
Many of our regional surgeons have been involved in CCO initiatives; such as Dr. Andy Smith (Colorectal guidelines), Dr. Frances Wright (MCC's), Drs. Natalie Coburn & Carol Swallow (Gastric Cancer), Dr. Neil Fleshner (Prostate Cancer), Drs. Steve Gallinger & Alice Wei (HPB Surgical Oncology) and Drs.Claire Holloway, May Lynn Quan & David McCready (Breast cancer).

Central – LHIN #8
Report from Dr. Catherine Mahut

It has been a productive time for Surgical Oncology in LHIN 8. General Surgery Multidisciplinary Case Conferences (MCCs) began at Southlake Regional Health Centre in September 2007 and will be supported by Radiation Oncologists from Princess Margaret Hospital.

The Stage Capture Project presentation occurred on September 11, 2007. This is something very new to Southlake Regional Health Centre as the Cancer Centre has not yet been built. There are dedicated and hard-working teams backing this initiative and we are very optimistic that it will be a success from the start.

In July 2007, The Gale and Graham Wright Prostate Centre opened its doors at North York General, Branson site, to provide timely diagnosis, information, expertise, and resources in a community hospital setting. The multi-service Gale and Graham Wright Prostate Centre, in collaboration with the Odette Cancer Centre at Sunnybrook Health Sciences Centre, has been designed to quickly diagnose and support men suspected of cancer all in one location. Surgery is then performed at the hospital and radiation treatment at the cancer centre.

CHAMPLAIN – LHIN #11
Report from Dr. Michael Fung Kee Fung

Champlain Regional Cancer Surgery Model: Creating Strategic Capacity

The Champlain 'hub and spoke' model design is based on integration of the formal administrative structures and fluid Communities of Practice (CoP) networks.

By streamlining work-up process, the regional Cancer Assessment Centre improves local referral processes and shortens patient wait times from consult to definitive diagnosis. On the other hand, by formalizing agreed upon practice parameters across the continuum of care, disease site specific CoPs engage physicians in a more systematic and consistent regional approach for improving access to quality cancer surgery.

The achievements to date could not have been accomplished without the positive influence of the Cancer Care Facilitators appointed in each of the eight participating hospitals. The Cancer Care Facilitator role is to liaison between the hospital team and the Regional Cancer Program in the implementation of regional pathways and the collection of performance data.

The ongoing monitoring and assessment of implementation process feeds a regional evaluation program that will provide feedback on successes and areas for improvement. The evaluation findings will help to determine future directions for surgical care within the region to assure that Chaplain patients receive the same quality of care, close to home, and within the shortest possible time frame.

If you have any questions please contact Robin Morash, Regional Cancer Surgery Program; phone (613) 737-7700 ext. 79369, or by e-mail: rmorash@ottawahospital.on.ca.

Ontario Colorectal Cancer Program

Ontario's Colorectal Cancer Screening Program Launches New Colonoscopy Standards

This year, an estimated 7,800 Ontarians will be diagnosed with colorectal cancer, and some 3,250 will be killed by the disease. That number is much too high given the fact colorectal cancer, the second deadliest form of cancer, is curable 90 per cent of the time if detected early enough.

In Ontario today, only one out of five people 50 years and older is screened for colorectal cancer using any method. Considering the fact that Ontario has one of the highest rates of this disease in the world, the need for better screening is very clear. Ontario's Colorectal Cancer Screening Program was launched to meet to that need.

The program, announced in January 2007 by the Ontario Ministry of Health and Long-Term Care in collaboration with Cancer Care Ontario, aims to increase screening rates and ultimately reduce mortality due to colorectal cancer. It provides funding to screen all average risk adults 50 years and older for colorectal cancer using the Fecal Occult Blood Test (FOBT) every two years. Ontarians considered to be at higher risk – those with a first degree family member with colorectal cancer – will be screened using colonoscopy, as will patients whose FOBT tests come back positive.
To address the growing need for colonoscopies, the program invested $11 million in the spring to cover the costs of more than 34,000 procedures across 54 hospitals in the province in 2007/08.

The program has also developed new colonoscopy standards, a key milestone for the project. The standards, which are the first of their kind in Canada, comprise guidelines for the doctor performing the procedure, the location where the procedure is carried out, and the outcomes of the procedure such as completion and complication rates.

"A province-wide colorectal cancer screening program is a major step forward in cancer prevention and care," says Dr. Robin McLeod, Professor of Surgery and Health Policy Management, University of Toronto, Head of the Division of General Surgery, Mount Sinai Hospital. "The new colonoscopy standards, in particular, are a critical tool that will ensure consistently high quality right across the province."

The new standards were developed by Cancer Care Ontario's Program in Evidence-Based Care (PEBC). PEBC bridges the gap between high-quality cancer care research and current clinical care options by developing evidence-based care information. The standards were widely circulated for critique and peer review and then approved by the PEBC's Report Approval Program.

The standards for physicians outline required experience and training, and state that to maintain competency, physicians need to perform a minimum of 200 colonoscopies annually going forward. Hospital standards deal with patient assessment, infection control, monitoring during and after administration of sedation, and emergency resuscitation capacity. Performance standards provide detail around acceptable rates of completion and complications and deals with issues such as equipment, perforation rates, sedation, bowel preparation, and pathology.
"The comprehensiveness of these standards makes them absolutely unique in this country," says Dr. Linda Rabeneck, Regional Vice-President, Cancer Care Ontario, Medical Director of the Colorectal Cancer Screening Program, and the chair of the committee that developed the standards. "They were developed with input from practice leaders, expert gastroenterologists, surgeons and physicians who regularly perform colonoscopies and scientists who understand how to ensure that high quality is maintained across the province."

To learn more about Ontario's colorectal cancer screening program, or for specific questions about the new colonoscopy standards, please contact: 1-866-662-9233, or email colorectalcancerscreening@cancercare.on.ca.

Final copies of the colonoscopy standards will be available through the CCO web site next month.

HPB Community of Practice Workshop

In response to concerns about the increasing volumes and wait times for HPB surgery, CCO's Surgical Oncology Program invited 34 surgeons and other experts from medical and radiation oncology, interventional radiology and administration to participate in a half day workshop to discuss quality and access issues. The Surgical Oncology Program asked Dr. Steven Gallinger, Head, HPB Surgical Oncology University Health Network and Mount Sinai Hospital, to be the clinical lead for this workshop. A needs assessment survey was sent out to 34 surgeons and helped inform the objectives of the meeting. The primary objectives of the workshop were:

- Discuss province-wide collection of high quality wait-time data.
- Achieve agreeement that a Guideline on indications for surgery for colorectal cancer liver metastases would be useful.
- Define the scope and purpose of an HPB clinical database.
- Increase the awareness of the importance of Multidisciplinary Cancer Conferences (MCCs) in the HPB community and build upon the existing MCCs to create a broader network for collaboration.

At the end of the meeting the group agreed that meeting to discuss these issues is a priority and to formally establish a Community of Practice (CoP) for HPB surgery. The Surgical Oncology Program will work with this community to develop specific plans and deliverables for each initiative to improve the quality of and access to HPB surgery in Ontario. The HPB Community of Practice will continue to meet on a regular basis.

Gastric Cancer Surgery Workshop

In response to research in gastric cancer surgery concerning the need for improved lymph node and margins assessment in gastric cancer surgery, Cancer Care Ontario's Surgical Oncology Program (SOP) convened a planning group chaired by Dr. Carol Swallow with participation from Dr. Natalie Coburn, Dr. Robin McLeod and Amber Hunter to address quality issues in gastric cancer surgery.

A workshop was held on September 6th and included 48 surgeons performing gastric cancer surgery in Ontario. The objectives of the session included:

- Review the gastric cancer surgery literature and current status of gastric cancer surgery in Ontario
- Discuss issues where a guideline might be useful in the Ontario context
- Have an opportunity to brainstorm about quality issues in gastric cancer surgery

The format of the session included presentations followed by an expert panel and audience discussion.

Suggestions from the workshop included:

- Clearly differentiate G-E junction tumours from gastric cancers since surgery treatment and outcomes differ

- Indications for performance of gastric cancer surgery curative vs palliative are thought to be important when assessing outcomes
- Opportunities to gain further data about gastric cancer surgery throughout the province should be capitalized upon and shared with the community in order to monitor/measure where specific areas for improvement exist. It is important that palliative and curative surgeries are identifiable.
- Educational opportunities in gastric cancer surgery should be more heavily utilized (eg. Conferences)

Surgery procedure and outcome of gastric cancer surgery may differ depending on the indications (palliative vs curative) and ways of capturing these data are necessary before quality of care can be assessed. The Surgical Oncology Program will use this valuable guidance to incorporate in future quality initiatives.

Prostate Cancer Surgery Conference

On October 25th, the Surgical Oncology Program hosted a Prostate Cancer Surgery Conference, bringing together urologists, pathologists, and other professionals to explore issues around prostate cancer surgery. The aim of the conference was to:

- Obtain feedback on radical prostatectomy surgical techniques and patient selection from surgeons and pathologists which could be used to develop recommendations in the Guideline.
- Share anonymized radical prostatectomy data on the prostate margin positive rates to the participants.

Future actions include sharing data and developing a surgical and pathological guideline for radical prostatectomy.

We would like to thank the working group for their help with planning the conference: Drs. Joe Chin (Chair, Prostate Expert Panel), Bish Bora, Neil Fleshner, Andrew Evans, John Srigley, and Sheila McNair from the Program in Evidence Based Care (PEBC).

If you have any questions, please contact Claire Crossley, Project Coordinator: claire.crossley@cancercare.on.ca.

Breast SLNB Expert Panel Meeting

In collaboration with the Program in Evidence-Based Care (PEBC), the Surgical Oncology Program convened an Expert Panel to develop a Guideline for Sentinel Lymph Node Biospy (SLNB).

On November 2nd, the Surgical Oncology Program held a meeting in Toronto, in breast cancer bringing together the Breast Expert Panel (Dr. Ralph George, Chair) to discuss the guideline recommendations.

SLNB is considered an alternative to axillary node dissection when performed appropriately on selected patients a SLNB has significantly less morbidity factors. The guideline will address many key clinical questions.

The guideline is planned to be available in 2008.

As well an Expert Panel led by Dr. Mae Lynn Quan developed a set of indicators to assess the quality of SLNB surgery.

For further information, please contact Claire Crossley, Project Coordinator: claire.crossley@cancercare.on.ca.

Research

The Ontario Surgical Oncology Health Services Research Network has been working on a project funded by a Cancer Care Ontario Patterns of Care Research Network Grant to produce an atlas of cancer surgery in Ontario.

This research network has brought together surgeons and methodologists from a variety of clinical and research disciplines. It is currently completing analyses that will provide important information on cancer surgery in Ontario. The atlas will contain analyses of five cancer sites: breast, colorectal, lung, prostate and gynecologic malignancy. It will answer key questions such as:

- What proportion of patients newly diagnosed with cancer receive surgery?
- What surgical procedures are performed?
- Which surgical specialists provide these services?
- Where is cancer surgery provided?
- What other health services are provided to patients who receive surgery for cancer?

Conference and Events

Canadian Cochrane Symposium - Call for abstracts
The 6th Annual Canadian Cochrane Symposium
Sutton Place Hotel, Edmonton, AB, Canada
March 6-7, 2008
Deadline for submission of abstracts: 30 November 30, 2007

The Canadian Cochrane Child Health Field Centre, in coordination with the University of Alberta Cochrane Network site, is hosting the 2008 Canadian Cochrane Symposium on March 6-7, 2008. We are now accepting abstracts and workshop plans.

Please visit the Symposium website to download submission forms and to submit abstracts and workshops.

Please contact Krystal Harvey: krystal.harvey@ualberta.ca or 780-492-9521, for any questions or concerns regarding this process.

External link to more information: http://www.ccs2008.ca.

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