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Surgical Oncology News

A Message from Jonathan Irish, MD, MSc, FRCSC, FACS Provincial Head & Lead, Access to Care & Strategic Funding Surgical Oncology Program, Cancer Care Ontario

I am honoured to accept the position of Provincial Head of the Surgical Oncology Program; Hartley Stern has left a very successful legacy in building the blocks for the provincial program. Robin McLeod and I will continue the "Access to Care" and "Access to Quality Care" philosophy that has made the Surgical Oncology Program successful. We have a great Program under the administrative leadership of Amber Hunter with Heidi Barnett, Cindy Nhan and Jennifer Mah. I believe that there are many more accomplishments to achieve locally, regionally and provincially to improve the surgical care of patients.

Recently I have had the opportunity to engage with numerous stakeholders from across the province which will help form the strategic directions for the program. This newsletter is an important instrument to keep surgeons informed and engaged on program activities and other surgical-related topics. I encourage you to share your feedback and ideas.

Leadership from surgeons across the province has been instrumental in helping to improve and transform the cancer system and, more importantly, improve patient care. I look forward to working together to advance the cancer surgery access and quality agenda across Ontario.

People News

Please join us in welcoming **Dr. Jonathan Irish** as Provincial Head, Surgical Oncology Program, Cancer Care Ontario, as of March 15, 2008. Dr. Irish is a practicing surgical oncologist specializing in head and neck surgery, Head of Surgical Oncology at Princess Margaret Hospital and co-lead of the Toronto-Central LHIN Surgical Oncology Program. Dr. Irish has been the lead for Access and Funding for the Surgical Oncology Program at Cancer Care Ontario for the last four years and is the cancer surgery expert lead for the Wait Time Strategy at the Ministry of Health and Long Term Care.

Dr. Hartley Stern has stepped down from his role as Provincial Head, Surgical Oncology Program to become Chief Executive Officer of Montreal's Jewish General Hospital. Hartley was in this role for 6 years and under his leadership, a strong provincial program was established, and 14 regional surgical oncology programs emerged, each with a firmly rooted culture of continuous quality improvement. These initiatives have directly led to measurable improvements in access and quality for Ontario's cancer patients.

Cindy Nhan has been recruited to the team as Project Coordinator. Cindy's research and analytical experience as well as enthusiasm will be a tremendous asset to the team.

Claire Crossley has departed the program to pursue an exciting opportunity at the Canadian Institute for Health Information (CIHI) as Lead, Health Services Research.

Dr. Ralph George is stepping down from his role as Surgical Lead for the South East LHIN in June 2008. Ralph is moving from Kingston to Toronto to take on a new challenge within the Breast Program at St. Michael's Hospital.

Regional Updates

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

Thoracic Diagnostic Assessment Unit

As one of only four Diagnostic Assessment Unit (DAU) pilot programs in the province being funded by Cancer Care Ontario (CCO), the Thoracic DAU at Grand River Regional Cancer Centre (GRRCC) is providing a unique service to Waterloo-Wellington residents. Since opening on June 27, 2007 the Thoracic DAU has run 16 clinics, seeing a total of 62 patients. In January 2008, the clinics moved from bi-weekly to weekly, in order to better meet the needs of area residents with suspected lung cancer.

In January, the Surgical Oncology Program hosted a meeting that provided an opportunity for representatives from CCO and other hospitals in southern Ontario to share information on the development and process of the Thoracic DAU. The group toured the GRRCC, in order to see the DAU firsthand. The meeting provided a forum for informal discussion, questions and feedback, in order to help with the successful establishment of DAU's at other cancer centres across the province as well as further develop the GRRCC thoracic program.

Update on the Colorectal Cancer Screening Program

An Implementation Group has been established for the Colorectal Cancer (CRC) Screening Program in order to help prepare for and spread awareness about the new CRC screening initiative. The screening program began in April 2008 and is being run jointly by the Ministry of Health and Cancer Care Ontario (CCO). The Waterloo-Wellington Implementation Group for the CRC screening program is made of representatives from the GRRCC, Public Health, area pharmacists, family physicians, surgeons, the Canadian Cancer Society and the Cancer Prevention & Early Detection Network.

The Implementation Group is leading two smaller Working Groups, one focused on colonoscopies and the other on stakeholder engagement and education. These two working groups will endeavour to ensure that FOBT and colonscopy standards are consistent across the LHIN, that data is regularly being reported to CCO and that members of the pubic are receiving complete and accurate information on CRC screening and prevention. The Implementation Group will also work to further engage family physicians to improve the referral process for colonoscopies.

Hamilton Niagara Haldimand – LHIN #4
Report from Wes Stephen, Surgical Lead

On May 1, 2008, the Second Annual Breast Oncology meeting was held. Twenty surgeons who practice breast oncology within the LHIN attended. Topics of focus included: the role of MRI in breast cancer and sentinel node biopsies. A recent survey of the surgeons in the LHIN reveals that 50% of the general surgeons are currently providing sentinel node biopsies in their practices. There are several institutions that are in the process of accreditation and a Mentorship program to provide this

procedure for breast oncology patients.

On April 28, the General Surgeons within the LHIN received audit and feedback of their colorectal practices. A year ago, quality indicators were selected within the LHIN by the surgeons, which included reporting of radial margins for rectal cancer and the usage of cross-sectional imaging perioperatively for colon cancer. This information has been given to the individual practitioners within the institutions for feedback. It is our intent that strategies will be developed within institutions to improve these indicators. The Second Annual Colorectal meeting is tentatively scheduled for fall.

There is ongoing discussion within the LHIN concerning the current Thoracic Surgery guidelines. At present, there are three institutions providing Thoracic Surgery within the LHIN.

South East – LHIN #10
Report from Dr. Ralph George, Surgical Lead

Major expansion/redevelopment to the Cancer Centre of Southeastern Ontario at Kingston General Hospital is expected to begin this summer with phase I completion planned for December of 2009. This project will see the Cancer Centre expand from 54,445 square feet to over 91,000 sq. ft.

The Southeast LHIN continues to work towards meeting target waits for our region. These efforts include:

- The addition of a bi-weekly dedicated oncology operating room day has been successful and continues to be 100% utilized. Efforts are underway to improve processes at the Kingston Breast Assessment program by way of an external review. Goals would be to identify and eliminate unnecessary waits and to streamline into a true assessment centre. Furthermore, Dr. Renee Hanrahan is nearing completion of her first of a two year CBCF Interdisciplinary Breast Surgery fellowship that will focus on oncoplastic surgery for breast cancer.

- Gynaeoncology has been successful in recruiting a third full-time surgeon to its team here. Dr. Julie Francis is completing her fellowship at the University of Western Ontario and is expected to start in Kingston this summer.

- A working group has been put into place to review referral processes and wait times for the existing lung clinic and we will be working carefully to adhere to Thoracic and Hepatobiliary standards.

Champlain – LHIN #11
Report from Dr. Michael Fung Fung, Surgical Lead

Continuing with the implementation of the Cancer Surgery Community of Practice (CoP) model in the Champlain LHIN, we have been bringing together all surgeons of the region around the pertinent issues.

In the Breast Cancer Surgery CoP, a recent workshop led to a draft “Champlain Breast Cancer Surgery Peri-operative Guideline” outlining care standards within the region. Next steps include finalizing quality indicators to support the implementation of the guideline. Access to sentinel lymph node biopsies has become a priority with regional partners developing the capabilities through mentoring from The Ottawa Hospital surgical team. A regional clinical pathway and standardized patient educational tools are nearing final drafts with implementation planned for the fall.

The Prostate Cancer Surgery CoP is holding their second workshop in May with the common goal of

completing a draft regional guideline for peri-operative care. Regional clinical pathway development for radical prostatectomy is underway.

Champlain peri-operative guidelines have been implemented for both colon and rectal cancer surgeries across the region. Measurement of quality indicators will commence after adoption at the Colorectal CoP workshop at the end of the month. Currently 5 of 9 hospitals have adopted the regional clinical pathway with process evaluation to follow. Surgical mentoring is supporting the utilization of Minimally Invasive Surgery (MIS) for colon cancer

The formal administrative structure and fluid networks of the Communities of Practice have supported the implementation of the Champlain Regional Cancer Surgery Model. Core elements of the model include: cancer surgery standards and clinical pathways, regional Multidisciplinary Cancer Conferences, performance data, Communities of Practice and the “hub”, the Cancer Assessment Clinic. The uniqueness of the model is based on the use of the CoPs for knowledge exchange, the explicit linking of administrators and practitioners and the use of group performance data for individual professional development. The central tenets of the model, gap analysis and personal professional development have provided the cornerstone for regional teamwork towards quality cancer surgery, maximizing regional capacity and facilitating “close to home surgery” in the shortest time frame possible.

“Leveraging innovation at the practitioner level” is the foundation!

North Simcoe Muskoka – LHIN #12
Report from Dr. Mike Anderson, Surgical Lead

The Regional Colorectal and Breast Multidisciplinary Cancer Conferences (MCC’s) have been running successfully for over two years. There is enthusiastic participation from multiple sites across the region and great support from our academic partners at the Odette Cancer Centre in Toronto. Last month the Regional Surgical Oncology Team expanded their MCC’s to encompass the specialty of Genitourinary and these rounds are now being held monthly.

One of the goals of the North Simcoe Muskoka Surgical Oncology Program is to create a sustainable disease site specific Community of Practice (CoP) structure to facilitate integrated services planning and reduce variations in surgical care. Our progress towards that vision has been advanced with a visit to the Champlain Regional Surgical Oncology Program who was able to share their progress and wisdom.

The Regional Surgical Oncology Program Steering Committee was implemented to oversee the development, implementation and evaluation of the regional surgical oncology services and to ensure the linkages of providers, patient, organizations, and decision-makers for cancer surgery.

North East - LHIN #13
Report from Dr. Bish Bora, Surgical Lead

CCO quality initiatives are continuing to gain momentum in Northeast Ontario. Multidisciplinary Cancer Conferences are now a routine part of several disease sites including Breast, GI, GU, lung, head and neck, and Gyne. Videoconferencing has facilitated the participation of multiple centres. This year, we expect, at,least three more sites will be added further extending the MCC presence northward.

The Access to Care for Prostate Cancer Patients in Northeastern Ontario project is nearing completion. This project has proved to be an excellent way of engaging not only frontline staff from all relevant healthcare disciplines but also patients and their families and should ultimately prove to

greatly improve the prostate cancer patient's journey through the system. The anticipated report will be released shortly.

The Cancer Surgery Agreement has now been formally extended to Timmins and the Surgical Oncology Program looks forward to further developing quality initiatives with them. Our region made good use of the allocated funding to ramp up colonoscopy activity and look forward to further improving access to colonoscopies for GI patients in the North.

North West – LHIN #14
Report from Dr. Ken Gehman, Surgical Lead

The Thunder Bay Regional Cancer Centre has undertaken a myriad of activity to improve cancer services, highlights include:

- A colonoscopy program is being initiated in Marathon permitting access to colonoscopy in the region east of Thunder Bay
- TBRHSC went live with mTuitive permitting electronic synoptic pathologic reporting (a first in the province)
- TBRHSC submitted our first surgery only cancer cases for staging to CCO this April
- A regional educational session for general surgeons will be held in Sioux Lookout with Dr. Andy Smith on June 13 addressing colorectal guidelines
- The installation of a PET/CT scanner is proceeding at our regional cancer centre permitting regional access to PET scanning
- Pathologist attendance at our Breast MCC will become standard as of June 1

With funds provided by the hard work at the Northern Cancer Research Foundation (NCRF) the hospital has received equipment that facilitates improved patient care and quality standards implementation.

- In April two functional Minimally Invasive Operating Rooms were retrofitted; already we have had a successful mentoring session with Dr. Anvari in Hamilton.
- A second gamma probe was acquired to enhance our ability to perform sentinel node biopsy.
- A substantial investment in colonoscopy equipment has been made across our LHIN to promote colorectal screening.

Cancer Surgery Wait Times Symposium

The Surgical Oncology Program hosted the Cancer Surgery Wait Times Symposium in February 2008. The event hosted nearly 120 people from across the province to come together to learn and share regional initiatives whilst fostering a significant and lasting improvement in not only the access to, but the quality of cancer surgery in Ontario.

Highlights:

- Over a short period of time, there has been significant improvement in cancer surgery waiting times.

- Ontario is quickly becoming a word leader in measuring performance and therefore system management and change. With the recent deployment and use of technology to measure our results

and set performance targets, we are seeing a change in culture.

- Several quality improvement initiatives, such as the thoracic and pancreatic surgery standards have a direct impact on patient welfare in Ontario. The Access to Care improvement initiative has been a catalyst in moving the Quality improvement initiative forward. A stronger link between both initiatives is encouraged.

- The Wait Times Information Office and Access to Care programs provided an excellent overview of the strategy and programs. Namely, the release of clinical priority level wait times reporting which can be viewed at: (http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_priority.html) and the introduction of an industry-standard Business Intelligence tool which will provide information required to allow informed decision making and provide stakeholders with standardized, timely and reliable wait time information to help guide patient-referral decisions

Regional Innovations/Success Stories:

o ***North West LHIN*:** Dr. Ken Gehman explained how WTIS initiative has allowed them to leverage funding from NCRF for surgery suites, equipment for colorectal screening and a sentinel node gamma detection device proving that the WTIS in cancer surgery permits pushing the quality agenda as well as well as wait times.

o ***The Champlain Model:*** The Ottawa Hospital Regional Cancer Centre Assessment Clinic provides leadership in the quality agenda, access to integrated cancer care, and central coordination for cancer services in the region. Dr. Michael Fung Kee Fung explained how this platform allows for sustainable improvement in cancer surgery care within the Champlain LHIN.

o ***Toronto Central Hip and Knee Program:*** Recognizing the dramatic increases in wait times for hip and knee surgery, MOHLTC provided additional funding. In order to maximize the effect of these funds it was important that services be delivered on a LHIN basis with a common care pathway, assessment clinics, single wait list and transparent communication. Dr. James Waddell presented data that showed a decrease in waiting times for Hip and Knee surgery drop from 115 weeks to 18 weeks in the Toronto Central LHIN.

o ***An Academic Centre Perspective*** Dr. Bryce Taylor discussed the impact of the Wait Time Initiative on UHN and the patient care improvements that have resulted. The WTIS data and surgical volume targets have allowed for adjustments in OR time allocation to address patient needs. Data entry time is minimized with UHN's surgical pre-admission e-form. Challenges still remain regarding a culture shift amongst surgeon's referral processes and the constraints of the 2 day decision to operate business rule.

o ***A Community Surgeon's Perspective*** Dr. Craig McFayden explained the approach taken in Waterloo Wellington where the Steering Committee found that many surgeons' offices did not have computers or internet access. After the initial set up issues were resolved, wait times data was regularly provided to each surgeons office and 'red flags' were addressed with a personal phone call. These educational issues included inappropriate prioritization and misunderstanding of the data entry process. One of the primary benefits of the data is that it allows for useful and strategic resource based allocations, however, at the surgeon level there needs to be a greater link of wait times with quality.

We thank all of those who presented and participated. The symposium was an excellent opportunity to commence a candid dialogue on moving forward with the Wait Times Strategy. The full conference proceedings will be available in the coming months.

Quality Guidelines

Release of the Colon & Rectal Cancer Surgery and Pathology Guideline

Targeted to all patients with curable colon and rectal cancer in whom surgical management with radical excision is undertaken, guideline highlights surgical and pathological recommendations on lymph nodes and margins.

Key aspects include:

- Rectal cancer surgical management
- Tumour margins for both colon and rectum
- Serosal penetration (T4b) pathology issues
- General pathological assessment of the TME specimen
- Need for communication between surgeon and pathologist

The *Optimization of Surgical and Pathological Quality Performance in Radical Surgery for Colon and Rectal Cancer: Margins and Lymph Nodes* guideline was developed by an Expert Panel that was chaired by Dr. Andy Smith (surgical oncologist) and Dr. David Driman (pathologist) in partnership with the Program in Evidence-Based Care and the Surgical Oncology program.

The Surgical Oncology Program will be hosting a Workshop in June with regionally nominated surgical and pathological champions to discuss implementation strategies.

The guideline is available on the Program in Evidence-Based Care section of CCO's website at:

http://www.cancercare.on.ca/english/toolbox/qualityguidelines/clin-program/surgery-ebs/

Breast SLNB Guideline

The Surgical Oncology Program, in collaboration with the Program in Evidence-Based care is in the process of developing a guideline entitled, "Sentinel Lymph Node Biopsy in Early -Stage Breast Cancer: A Clinical Practice Guideline" which will address surgical management and organizational issues. The multidisciplinary Expert Panel is led by Dr. Ralph George and includes membership from surgery, pathology, medical oncology, radiation oncology and nuclear medicine. The guideline is planned to by published by 2009.

Cancer Surgery Atlas

Cancer is a leading cause of death in western countries. While surgery is commonly used in the treatment of cancer, we lack important information about the use of surgery in the treatment of cancer in Ontario. This two-year project, funded by a Cancer Care Ontario Patterns of Care Research Network Grant, brought together researchers, clinicians, system managers and decision makers. This Atlas presents a comprehensive description of surgery-related health services provided to patients who were newly diagnosed with one of the following cancers in 2003/04: cancer of the breast, prostate, lung, large bowel (colon and rectum), or female genital tract (uterus, ovary, cervix and vulva). These data were analyzed from the Ontario Cancer Registry (OCR) and Ontario's administrative health databases, to produce information intended to guide regional, population-based planning of cancer surgery services.

The Atlas will be released this summer and will serve as the foundation of a program in health services research related to cancer surgery in Ontario, and will support further policy and planning activities. Further details will be communicated upon the eagerly anticipated release.

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Cancer System Quality Index

The Cancer System Quality Index (http://www.csqi.on.ca/) is a web-based report that updates stakeholders and the public on the performance of the cancer system in Ontario. It is a valuable, system-wide monitor that allows us to track the quality and consistency of all key cancer services delivered across the spectrum of Ontario's cancer system, from prevention through to end-of-life care.

Now in its fourth year, the Index presents a rolling snapshot of activity in 32 key indicators that cover the spectrum of cancer, from prevention to end-of-life care. The Index tracks Ontario's progress against six goals: 1) Increased action on prevention; 2) Improved access to services; 3) Better outcomes; 4) Use of evidence when treating cancer; 5) Greater efficiency; 6) Improved measurement. This year, new highlights include a screening composite measure, sun exposure and alcohol consumption, additional dimensions of equity, and hospital-level reporting. The Index includes several measures related to surgical oncology (e.g. surgical wait times, deaths after surgery, thoracic surgery standards).

A North American first, the Index was launched in 2005 by the Cancer Quality Council of Ontario, in partnership with Cancer Care Ontario. The Cancer System Quality Index-2008 was released on May 8, 2008 and can be accessed at http://www.csqi.on.ca/.

ColonCancerCheck

One of the primary goals of the ColonCancerCheck (http://www.coloncancercheck.ca/) program is to reduce mortality from colorectal cancer through an organized screening program. If colorectal cancer (CRC) is detected early through screening, it is estimated that there is a 90% chance of cure, compared to only 10% if it is detected at an advanced stage. However, only about 20% of Ontarians aged 50 or over have been screened for colorectal cancer in the last two years.

For patients over 50 and of average risk, the program funds the fecal occult blood test (FOBT), which is a kit that is simple to use at home. For those at increased risk (i.e. with a first degree family member with colorectal cancer), as well as those with a positive FOBT, the program funds colonoscopies. The decision to fund these two modes of CRC screening was based on a thorough review of evidence from published and gray literature, other colorectal cancer screening programs, and expert consensus, and may be reviewed as further evidence is developed.

In support of the program, ColonCancerCheck provided substantial investments to increase colonoscopy capacity in Ontario by more than 34,000 procedures in 2007/08 and more than 37,000 procedures in 2008/09. To support quality, the program developed colonoscopy standards for physician endoscopists, hospitals and performance of the procedure itself.

The program is a great opportunity to reduce loss of life from this disease.

Conference and Events

34th Annual Toronto Thoracic Surgery Refresher Course; Sutton Place Hotel, Toronto, Ontario; June 6-7, 2008; http://events.cmetoronto.ca/website/index/SUR0807

International Conference: Community Engaged Medical Education in the North; Northern School of Medicine (Sudbury & Thunder Bay, Ontario); June 8 – 14th; http://www.normed.ca/

Breast Cancer Symposium 2008, Metro Toronto Convention Centre, Toronto, Ontario; June 12-13, 2008; http://www.breastsymposium.ca/

Canadian Surgery Forum 2008, Halifax, Nova Scotia, September 11-14, 2008; http://www.cags-accg.ca/cagsaccg.php?page=7

Urology Update 2008 – Continuing Education and Professional Development; Fairmount Royal York Hotel, Toronto, Ontario; October 25-26, 2008; http://events.cmetoronto.ca/website/index/SUR0824

Update in Surgical Oncology, Continuing Education and Professional Development, Metro Toronto Convention Centre, North Building, Toronto, Ontario; October 31, 2008; http://events.cmetoronto.ca/website/index/SUR0801

Physician Leadership Program 2008, Toronto; October 16 – November 22, 2008. Contact: tina.smith@utoronto.ca

Society of Urologic Surgeons of Ontario (SUSO), December 4-5, 2008; http://www.suso.ca/

World Congress on Thyroid Cancer, Toronto Ontario, August 6-10, 2009; http://www.thyroid2009.ca/

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