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Surgical Oncology News

A message from Dr. Jonathan Irish, Provincial Head, Surgical Oncology Program, Cancer Care Ontario

Looking Back…

2008 has been an interesting year! The Surgical Oncology Program has come a long way in a short time. Over the last five years the commitment to improving the Access to Care and Access to Quality Care programs for cancer patients requiring surgery in Ontario has been our mission. Hartley Stern and Bernie Langer provided leadership to reinvigorate the program and Robin McLeod and I are proud of our Program's team. Amber Hunter has provided strong leadership as our program manager and she leads a young and enthusiastic group of Project Coordinators: Cindy Nhan, Christine Provvidenza, and Leigh McKnight. As always, Jennifer Mah continues to provide our group with incredible administrative support. Without this fantastic team we would not have been able to achieve the results that are outlined in the rest of this newsletter.

As 2008 ends with economic uncertainty which is sure to affect the health care sector, the challenges to continue this work will continue to rely on the valuable leadership of our Regional Leads and the commitment to excellence of the surgeons in our province.

New Prostate Guidelines to Improve Surgical and Pathological Quality Performance for Radical Prostectomy

"Guideline for Optimization of Surgical and Pathological Quality Performance for Radical Prostectomy"

New guidelines have hope to improve the quality of readical prostectomy (RP). Radical prostectomy is the preferred treatment option for those adult males with potentially curable prostate cancer for whom radical prostatectomy (RP) is the preferred treatment option, the guideline recommends surgical and pathological practices aimed at improving the quality of radical prostatectomy.

Clinical questions address:

- recommended surgical procedures and outcomes for radical prostatectomy;
- acceptable positive surgical margin rate;
- nerve sparing technique;
- pelvic lymph node dissection, and
- recommended procedures for handling and processing the radical prostatectomy specimen

The Guideline for Optimization of Surgical and Pathological Quality Performance for Radical Prostatectomy in Prostate Cancer Management was developed in partnership with the Program in Evidenced-Based Care (PEBC) and the Expert Panel of Urologists and Pathologists from across

Ontario. Dr. Joseph Chin and Dr. John Srigley chaired the panel with significant input from Dr. Neil Fleshner, Dr. Andy Evans and Dr. Bish Bora.

To implement the guideline, the Surgical Oncology Program hosted a Prostate Champion Workshop on December 1, 2008, which brought together urology and pathology champions from each LHIN, as well as radiation oncologists.

The key issues indentified were;
- standardization of pathology in prostate cancer
- optimization of surgery for radical prostatectomy
- selection of patients

Future key initiatives may include;
- studies aimed at standardization of pathologists across the province
- opportunities to share best practices across regions and disciplines
- educational tools (eg. slide decks) which can be used locally to increase Communities of Practice

We congratulate all of the participants and are excited about the next steps.

The guideline is currently available on the Cancer Care Ontario website at:
http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/clin-program/surgery-ebs/

Atlas provides a snapshot of surgical practice in Ontario

We are pleased to announce that "Cancer Surgery in Ontario", an atlas published by the Institute for Clinical Evaluative Sciences (ICES) with the support of Cancer Care Ontario was released in December 2008.

It has been more than ten years since ICES published its first practice atlas of cancer surgery. This current research gives Ontario health service providers, policy makers, and the public new information on patterns of surgical care, including the regional distribution of services, types of providers and their scope of practice. It focuses on Ontarians who were newly-diagnosed in 2003–2004 with cancer of the breast, prostate, lung, large bowel (colon and rectum) or female genital tract (uterus, ovary, cervix and vulva).

Among the findings observed:

- Surgeons provide a substantial amount of care to people newly-diagnosed with cancer, regardless of whether they receive surgery.
- Many Ontarians who were newly diagnosed with cancer underwent some kind of surgery in the 12 months prior to and following their diagnoses. For some disease sites, the proportion of patients who received surgery was low, but the reasons could not be determined due to the lack of key clinical data including cancer staging information.
- Most patients have cancer-related surgery in hospitals located in their LHIN.
- A large proportion of cancer surgery is provided by surgeons who do not specialize solely in cancer surgery.
- Most cancer surgery is delivered in the community hospital setting.

This information represents an important baseline for understanding the delivery of cancer surgery services in the province and for measuring the impact of many initiatives undertaken over the last four years to improve care. Further work that is required includes the need to:

- Continue quality improvement of cancer care in Ontario's health system;
- Establish a program for cancer-related health services research;
- Improve the comprehensiveness of information about cancer;
- Accelerate the development and introduction of procedure codes into administrative databases to allow for the study of new technologies; and
- Improve the evaluation of structures and processes of cancer care and associated clinical outcomes.

The Atlas is available at the ICES website: http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67&morg_id=0&gsec_id=0&item_id=5281&type=atlas

People News

The Surgical Oncology Program welcomes **Leigh McKnight** and **Christine Provvidenza** who have joined the program as project coordinators. Leigh joins us after completing a Bachelor of Medical Sciences at Western University. Christine received her Masters in Exercise Science from the University of Toronto and has worked with the development and research of educational programs directed at prevention of sports injuries. Their unique skills and enthusiasm will be an excellent compliment to the team.

In July 2008, **Dr. Craig McFadyen** accepted the position of Regional Vice President with Waterloo-Wellington. We are also pleased that Craig will continue as the Surgical Oncology Lead for this region.

In October 2008, **Dr. Jay Engel** joined the Cancer Centre of Southeastern Ontario and has taken the role of Surgical Oncology Lead for the South East LHIN. Dr. Engel comes from the London Heatlh Sciences Centre where he was the Site Chief of General Surgery. During his time in London he participated in many CCO objectives. We welcome him as the regional surgical lead.

Regional Updates

Erie St. Clair – LHIN #1
Report from Dr. Alan Forse, Surgical Lead

The Erie St Clair Regional Cancer Program has been making progress on a number of fronts that continue to build the foundation of the regional program. Two key positions have been recruited. The first is a dynamic role to support the Wait Times Strategy by not only analyzing waiting reports but developing relations with stakeholders to understand issues and provide education. The second role will be pivotal in regional implementation of the MCC Standards.
In the Spring of 2009 a regional multidisciplinary CME Event will be held to bring people together to further engage and develop the Erie St. Clair LHIN.

South West – LHIN #2
Report from Dr. Joe Chin, Surgical Lead

The administration and surgical and medical leadership teams at several regional hospitals met to seek input on how to engage clinical and educational support from the regional cancer centre. The regional hospitals overwhelmingly responded that participation in MCCs and Grand Rounds via the telemedicine network should be a focus. Responding to this feedback, virtual access to general

surgery and grand rounds throughout the region will be the first step hosted by the London Health Sciences Centre.

Further activity within the region include a visit to Ottawa to learn about the Communities of Practice model and how it might lend itself to the South West Region. As well as the coordination of screening colonoscopies will occur from a centralized location.

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

Waterloo Wellington Thoracic DAU was enthusiastically received at National Oncology Nursing Conference

The Thoracic Diagnostic Assessment Unit (DAU) gathers together the thoracic team in one central location so that the patient is able to access the thoracic surgeon, the respirologist and the specialized oncology nurse on their first visit. Since inception in June 2007, the team has seen over 200 patients with a suspected thoracic malignancy. The Thoracic DAU continues to decrease wait times and provide patient's high quality care.

At the annual conference for the Canadian Association for Nurses in Oncology, Surgical Oncology Coordinator Robinne Hauck and Oncology Nurse Jennifer Parkins presented their work in improving the experience for patients with lung cancer during the diagnostic process by decreasing wait times and focusing on the navigational support given to the patient.

Waterloo Wellington Breast Centre highlighted at international conference in The Hague, Netherlands

Dr. Craig McFadyen and Jane Stacey, Waterloo Wellington OBSP Regional Coordinator and Waterloo Wellington Breast Centre coordinator presented their work in reducing breast cancer diagnosis times at the 14th Congress of the European Society of Surgical Oncology. Before the inception of the Breast DAU at the Waterloo Wellington Breast Centre, patients in the Waterloo Wellington region waited over three and a half months from the first indication of an abnormality to the decision to proceed with breast cancer surgery. Through the work done locally, that wait is now just over a month.

From February 2007 to August 2008, the Breast DAU has seen over 800 patients, performed 300 biopsies and diagnosed nearly 200 breast cancers. The patients accessing the clinic consistently mention the high quality of care at the centre, the more convenient access to care, along with the kindness and compassion that the healthcare professionals provide them.

The Surgical Oncology Program at the Grand River Regional Cancer Centre is growing
Grand River Hospital's commitment to becoming a centre of excellence for hepatic pancreatic and biliary (HBP) tract cancer surgery in the region has been recognized by Cancer Care Ontario.

The Waterloo Wellington Regional Cancer Program would like to welcome Colleen Graham as the new Regional Coordinator for the Surgical Oncology Program. Colleen has been a member of the oncology community for the past 10 years and has held various nursing positions at Princess Margaret Hospital in Toronto and most recently has been the Resource Nurse in the Ambulatory Oncology Clinics here at the Grand River Regional Cancer Centre. Welcome Colleen.
Thank you to Robinne Hauck for her hard work and dedication to the role as Regional Coordinator for Surgical Oncology. We wish her well in her new endeavours.

CHAMPLAIN – LHIN 11
A report from Dr. Michael Fung Kee Fung, Surgical Lead

"Leveraging innovation at the practitioner level" is the foundation!

The Regional Cancer Surgery Model continues to evolve through the growth of the Champlain Cancer Surgery Communities of Practice (CoP). The strength of the CoPs in breast, colorectal and prostate cancer surgery comes from;
1) strong multidisciplinary membership
2) the linking of administrators and clinicians and
3) increasing regional representation. It is through the CoPs that regional standardization of quality cancer surgery care is occurring in each of the three disease site groups.

Breast Communities of Practice
In the Breast Cancer CoP the draft of the "Champlain Breast Cancer Surgery Peri-operative Guideline" has been distributed for final review and revision. Next steps will include adoption at regional partner hospitals and determination of evaluation methodology within each hospital. The topic of the most recent multidisciplinary journal club "Increasing use of Mastectomy for Insitu Breast Cancer" focused on the use of MRI in the surgical decision making process. The upcoming journal club will focus on the Sentinel Lymph Node process including a review and discussion of the soon to be released CCO guideline on Sentinel Lymph Node management.

Prostate Community of Practice
Regional priority setting exercise for the Prostate Cancer CoP resulted in the current development of a regional guideline for peri-operative prostate cancer care. Work is well underway on the second CoP priority, the development of a multidisciplinary regional clinical pathway for patients undergoing radical prostatectomy. The development of these 2 regional initiatives will help ensure patients access to the same quality multidisciplinary care across the region. This will thereby reduce the perceived need to come to the tertiary centre for the best quality care and lead to the maximizing of regional surgical capacity.

Colorectal Community of Practice
The Colorectal CoP is currently reviewing the components of rectal cancer peri-operative care across the region. Quality indicator development and monitoring will lead to the support of best practice across the region. Utilization of Multidisciplinary Cancer Conferences for patient discussion from across the region continues to grow. The relationships developed through the face-to-face CoP functions have lead to the growth of regional partnerships.

Evaluation of the Regional Cancer Surgery Model is underway along with the development of regional operational quality indicators to be collected on an ongoing basis. Relationships developed through the CoP structure and the Regional Cancer Program have lead to the sharing of regional data, the opportunity for regional quality improvement, and cancer surgery care closer to home.

Cancer Surgery Wait Times Symposium: Timely Access to Quality Care

In February 2008 the Surgical Oncology Program hosted the Cancer Surgery Wait Times Symposium. This event welcomed nearly 120 participants from across the province who came together to share regional initiatives and worked towards fostering significant and lasting improvements to the quality and access of cancer surgery in Ontario.

Proceedings from the event can be viewed at; http://www.cancercare.on.ca/documents/SurgWT_Symposium_Proceedings.pdf

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Cancer System Quality Index

CSQI 2008

The Cancer System Quality Index provides new *Snapshots of Cancer Treatments*

Cancer patients often receive a combination of treatments, including surgery, radiation treatment, and systemic treatment such as chemotherapy. Cancer Care Ontario and the Cancer Quality Council of Ontario are making it easier to learn how Ontario's cancer delivery system is doing by providing at-a-glance views of Ontario's performance on the Cancer System Quality Index (CSQI).

For more information on Ontario's performance in delivering these treatments, view: http://www.cancercare.on.ca/english/csqi2008/treatment-focus/.

Also new to the Index are reports on radiation utilization. This indicator tracks the percentage of cancer patients receiving radiation treatment. County-level maps indicate that there is regional variation and room for improvement.

For more information, please visit http://www.csqi.on.ca/.

A message from Robin McLeod, Surgical Lead, Quality Improvement & Knowledge Transfer, Surgical Oncology Program

It has been a very productive year for the program and I'd like to mention some of our accomplishments. The Surgical Oncology Program is composed of two portfolios the "Access to Care" and the "Access to Quality Care". We take great efforts to intertwine these programs such that patients receive timely access to quality care. This year we completed two guidelines entitled the Optimization of Surgical and Pathological Quality Performance for:

- Radical Surgery for Colon and Rectal Cancer
- Radical Prostatectomy in Prostate Cancer Management

Upon the release of each guideline we convened surgeons and pathology champions from each region to come together to discuss the next steps in implementation.

Furthermore in partnership with CCO Regional Programs, regional administration and surgical representation we have been very involved in implementing the Thoracic Cancer Surgery and Hepatic, Pancreatic and Biliary Tract (HPB) Surgical Oncology Standards such that hospitals performing these types of cases are meeting volume, training and organizational requirements.

Next year promises to be as productive and we look forward to working with you to continuously improve Ontarians timely access to quality care.

We have a guideline on Sentinel Lymph Node Biopsy (SLNB) which will be released in early 2009. We are about to begin two others; Guideline on Invasive Mediastinal Assessment (Mediastinoscopy in Lung Cancer) and Liver Resection for CRC Metastases.

Quality Improvement Highlights

Colorectal Cancer Surgery

Upon release of the “Optimization of Surgical and Pathological Quality Performance in Radical Surgery for Colon and Rectal Cancer: Margin and Lymph Nodes” guideline, the Surgical Oncology Program hosted a half-day workshop to discuss quality and access issues. A surgeon and pathologist from each region in Ontario were nominated to attend this unique opportunity.

CRC Champions will be working towards the next steps:

1. Develop a current state of CRC surery and pathology for each of the 14 regions.

2. Explore ways to facilitate data gathering and distribution - Develop understanding of priority data to collect and how regions have collected it in the past (eg. grants).

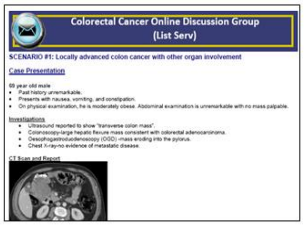
3. Knowledge transfer and exchange activities - To support the implementation of quality improvement initiatives within each LHIN, including:
- Opinion leader visits
- Educational surgery and pathology slide decks
- Online List Serv Discussion Group
- Best Practice Case Summaries

4. Further investigation and study of standardized MRI reports and increased radiology involvement

CRC Online List Serv

From September 2008 to February 2009, the Surgical Oncology Program’s Online Discussion Group on Colorectal Cancer Surgery and Pathology (List Serv) provides participants with the opportunity to discuss various quality issues related to surgery and pathology of colorectal cancer over email. There are 260+ participants from all 14 LHINs including: surgeons, pathologists, medical oncologists, radiation oncologists, and radiologists. Participants can receive Main Cert Credits.

For more information on how to join please contact cindy.nhan@cancercare.on.ca for more information.



An Update on Multidisciplinary Cancer Case Conferences

The Ontario Cancer Plan (2008-2011) includes implementation of Multidisciplinary Cancer Conferences (MCCs) as a priority to ensure timely access to effective diagnosis and high quality cancer care. MCCs are a regular forum for clinicians to discuss appropriate planning and treatment for patients.

Many activities have occurred this year.

- A current state report that describes the MCCs occurring in each LHIN was complied. It is now possible to understand what cancer disease sites are discussed and which disciplines attend. It shows weaknesses in MCC coverage in hospitals that are not cancer centres but provide cancer services.
- The findings from global scan of MCC technology can be view at http://www.cancercare.on.ca/documents/MCC_EnviroScan.pdf. It examines the types of tools available, barriers and enablers of the technology.
- Finally a forum including 40 participants was convened in November to gain input and consensus on the next steps of the MCC implementation plan including the provincial goals and evaluation strategies. Participants included all disciplines and administration from across the province. Findings and next steps will be shared in the future.

Conference and Events

Share an Innovation

Share a cancer surgery innovation or best practice with us and we may use it in an upcoming issue. We would like to share your successes and knowledge across Ontario.

Contact us @ surgicaloncologynews@cancercare.on.ca to share your story.

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