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Surgical Oncology News

COMING SOON!
Breast Sentinel Node Biopsy Guideline

The guideline for “Sentinel Lymph Node Biopsy in Early-Stage Breast Cancer” is in the process of being finalized, with expected release for Summer 2009.

Topics detailed in the guideline include:

- Clinical practice recommendations and evidence
  - The role of SLNB in specific clinical circumstances
  - Factors that affect the success of SLNB
  - Potential harms and benefits
  - Technical aspects SLNB
- Organization of care recommendations

The guideline has been developed in partnership with the Program in Evidence Based Care and an Expert panel, led by Dr. Ralph George and its members of experts in breast surgery, pathologists and nuclear medicine.

Cancer System Quality Index (CSQI) 2009

The Cancer System Quality Index (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 fifth year, the Index presents a rolling snapshot of activity of 29 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's cancer surgery highlights include:

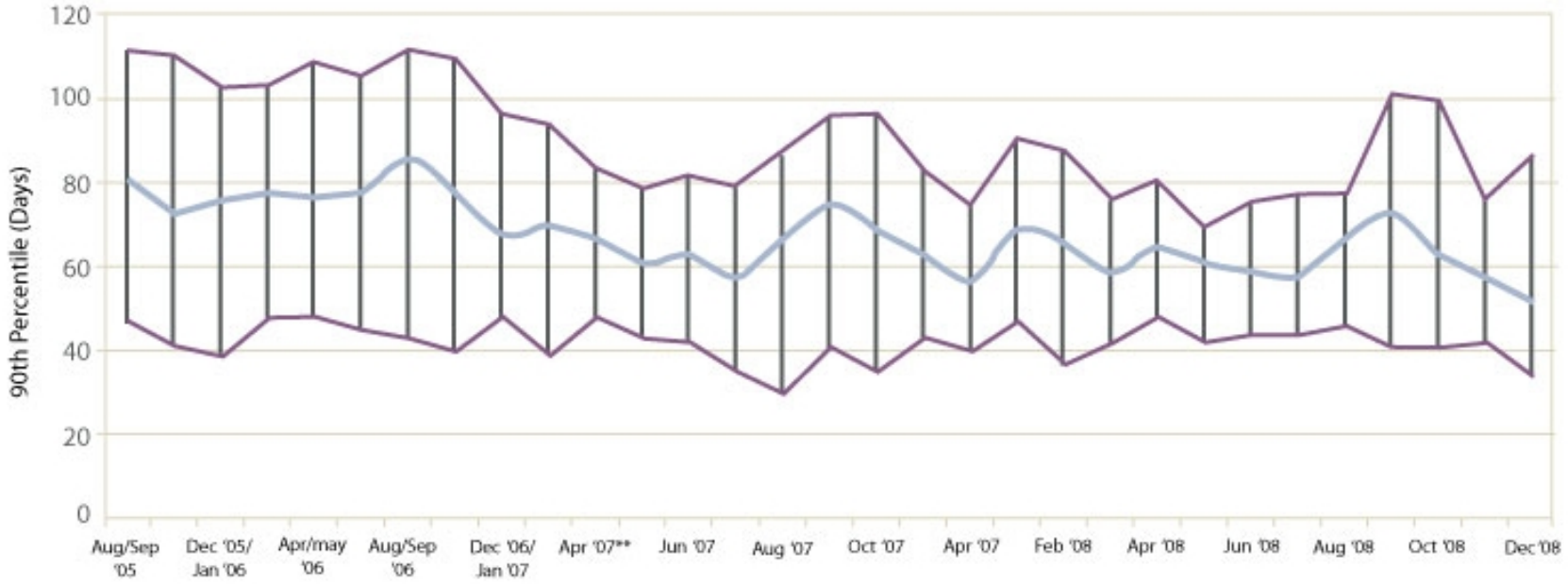
Wait Times for Cancer Surgery

Wait times for cancer surgeries show some modest improvements, but variation exists across regions in their ability to meet targets for the higher priority surgeries (priority two and three cases).

Results from the last three-and-a-half years show improvements of 17% at the median and 30% at the 90th percentile. Variation exists among regions in their ability to meet "priority access targets" for priority 2 and 3 cases. This is the first year in which we are reporting the percentage of cases treated within priority access targets (the target time within which a patient should receive surgery based on the urgency of their need for care).

Cancer Surgery waits

Variation of cancer surgery 90th percentile wait (in days), decision-to-treat to operation, August 2005 to December 2008, Ontario



Source: Wait Times Information System, Cancer Care Ontario
Report date: February 3, 2008
Notes:
1. * The 90th percentile is the time at which 90% of all patients have received surgery and 10% have not.
2. **Monthly reporting began in April 2007. Prior to this, data were reported bimonthly.

CSQI 2009

For more information please go to: http://csqi.cancercare.on.ca/cms/One.aspx?portalId=40955&pageId=41083

Thoracic Cancer Surgery Standards

Thoracic surgery is very complex, with successful outcomes linked to the number of surgeries performed as well as to surgical training and hospital resources. This indicator reports on the percentage of thoracic surgeries in Ontario that are performed in a hospital that is designated as a thoracic centre by the Regional Cancer Program.

More than three quarters of cancer patients in Ontario who have thoracic (lung and esophageal) surgery receive care at a designated centre. The percentage has increased in the past year.
For more information please go to: http://csqi.cancercare.on.ca/cms/One.aspx?portalId=40955&pageId=41173

HPB Cancer Surgery Standards

Just over half of HPB cancer surgery procedures are being performed at a facility that meets the volume requirements stated in the HPB surgery standards. This new indicator reports on the percentage of HPB surgeries in Ontario that are performed in a hospital meeting all of the case volume requirements of the HPB surgery standard.

For more information please go to: http://csqi.cancercare.on.ca/cms/One.aspx?portalId=40955&pageId=41179

To view the results of each of these indicators in more detail please visit: http://csqi.cancercare.on.ca/

New Projects on the Horizon: Thoracic Cancer Surgery

A Thoracic Cancer Surgery Expert Panel chaired by Dr. Gail Darling and co-lead by Drs. Rick Malthaner and John Dickie has been recently assembled and consists of thoracic surgeons, radiologists, radiation oncologists, a medical oncologist, and a respirologist, from across the province of Ontario. The panel will address:

1) The development of a guideline, in partnership with the Program in Evidence-Based Care (PEBC), to address the indications for invasive mediastinal staging in non-small cell lung cancer (NSCLC), including patient selection, proper technique, and appropriate sampling.

2) Selection and prioritization of thoracic cancer surgery quality indicators based on a modified-delphi consensus process. These indicators will be used to assess the quality of lung cancer surgery and guide future quality improvement initiatives.

Collaborative Staging

TNM Expansion successfully implemented in Ontario's Regional Cancer Centres

Cancer Care Ontario's Stage Capture Project aims to improve the capture rate, validity and use of stage data in Ontario. Currently, TNM (Tumor, Node, Metastasis) stage data is submitted to Cancer Care Ontario by the 14 Regional Cancer Centres on patients diagnosed and seen at their hospitals.

The target for stage data capture has been achieved as completeness of stage reporting for regional cancer centres and host hospitals has increased from 80 percent in 2005/2006 to over 90 percent in 2007/2008 and 2008/2009.

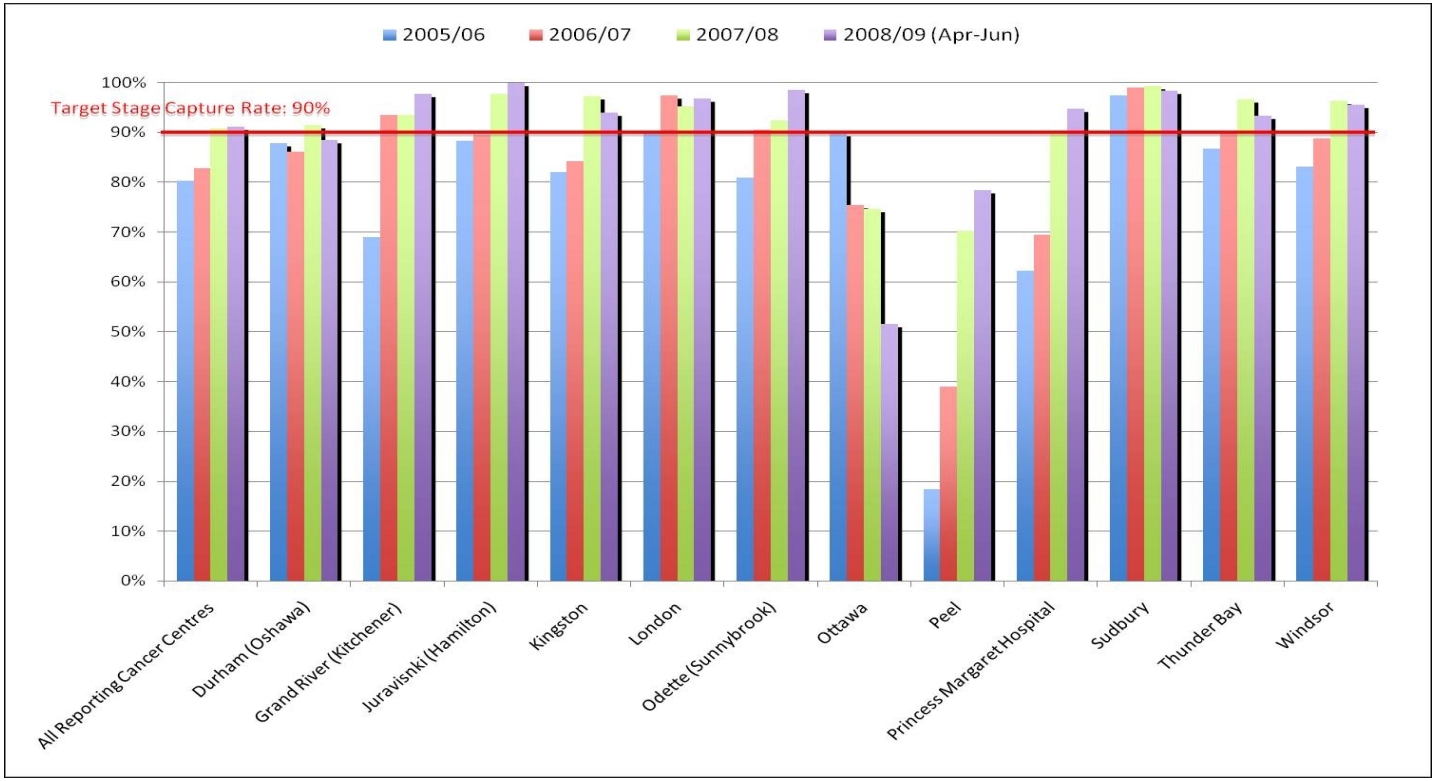
Collaborative Stage data collection conducted by Cancer Care Ontario abstractors, has begun in 35 cancer treating hospitals and in 2009/2010, Collaborative Stage data collection will expand to another 36 hospitals throughout the province.

Through TNM expansion and the implementation of Collaborative Staging in 35 hospitals, Ontario now has population-based stage data on 68 percent of newly diagnosed cancer cases in the province.

Cancer Care Ontario acknowledges the active contribution and support of the Stage Physician Leads, Clinician Mentors, and Stage Health Records Leads at each of the 14 cancer centres and participating hospitals.

For further information please contact Marta Yurcan, the Program Manager at 416-217-1347.

INCREASE IN PROVINCIAL STAGE CAPTURE RATE AT CANCER CENTRES IN ONTARIO



Regional Updates

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

As part of the program goal setting process for 2009/2010, a review of accomplishments for 2008/2009 was completed. Key successes include the following:

Multidisciplinary Cancer Conferences (MCCs)

- Recruitment of a Surgical Oncology Coordinator, Tina Badour, to assist with regional MCC implementation
- Standards based, including tracking and evaluation, regional MCCs for Breast, Colorectal and Lung disease sites in place
- Videoconferencing upgrades to support MCCs completed at the Windsor Regional Cancer Centre

Standards/Guidelines

- Region wide consultative process underway with respect to implementation of thoracic oncology surgery standards
- Dissemination of Surgical & Pathological radical prostatectomy guideline

Data

- Development & distribution of monthly regional Wait Times & priority reports by hospital and surgeon to assist with achievement of Wait Time targets. Currently, the Erie St Clair Region boasts one of the shortest wait times to cancer surgery in the province – 44 days for all cancer surgeries and 80% of surgeries being completed within priority targets.
- Development of a tracking and monitoring system for colorectal lymph node retrieval currently underway

Education

- A regional multidisciplinary CME event took place in April 2009. Concurrent sessions took place for breast, colorectal and prostate cancer management. Drs. Irish and McLeod from the provincial program presented at the event.

Overall the regional surgical oncology program completed sites visits to hospitals within the LHIN and continue to build a strong regional program. Furthermore, the program identified goals within 2008- 2010 Erie St Clair Regional Cancer Program strategic core initiatives.

Central West – LHIN #5 & 6
Report from Dr. Donald Jones, Surgical Lead

In November 2008, we, with the support of William Osler Health Centre, LHIN 5 (Central West) & Cancer Care Ontario (CCO), established a Regional Thoracic Surgical Oncology Program.

As of April 17th, 2009, following 3 years of discussions and meetings with representatives of Trillium Health Centre, Credit Valley Hospital, Peel Regional Cancer Centre & LHIN 6 (Mississauga Halton) and CCO, we are pleased to initiate the second site of this program at Credit Valley Hospital.

Of the many advantages coming from these discussions, is the new dialogue amongst all 4 hospitals in this region (LHIN 5&6), which is already leading to further cooperative efforts in oncology and elsewhere.

We continue to move forward in discussions involving both LHINs and all 4 hospitals, in an attempt to establish a surgical site for the Regional Hepatobiliary Surgical Oncology Program, to be based at Trillium Health Centre.

We are also pleased to report further progress in the CRC area, with the help of our local champion, Dr. Andrew Burns.

Central East - LHIN # 9
Report from Dr. Julia Jones, Surgical Lead

During the past 6 months, the Central East surgical oncology program has been active in expanding our communities of practice in breast cancer, colorectal cancer and prostate cancer. We have hosted education sessions reviewing existing Cancer Care Ontario practice guidelines and engaged in discussions around local priorities and barriers to quality cancer care. The sessions were attended separately by general surgeons and urologists in both the east and west of our LHIN with enthusiasm.

Excellent feedback was received on regional initiatives to develop local diagnostic units for prostate cancer and breast cancer and expand attendance to existing multidisciplinary cancer conferences. The discussion focused on barriers and strategies to improve surgical wait times. There is a need for developing and sharing defined care pathways for these communities of practice. These meeting have provided the bases for our ongoing communication and activities with our regional surgeons.

Following a formal review process working with our LHIN advisors, Lakeridge Health Oshawa has been designated the regional Level I Thoracic Surgery Center. The regional cancer program is currently in the implementation phase of this initiative and making excellent progress.

Continuing Professional Development (CPD) Credits On-the-Go!
Colorectal & Prostate

Provincial guideline dissemination and implementation is an important but very difficult undertaking. With the release of the Optimization of Surgical and Pathological Quality Performance in Radical Surgery for Colon and Rectal Cancer: Margins and Lymph Nodes, the Program decided to try a strategy that proved effective yet simple. A Listserv is a email distribution where specific scenarios are posted and participants share their comments.

Not only did it promote awareness of the guideline it is a forum for multidisciplinary knowledge exchange and collegial interaction across the province. The List serv is accredited under section 1 of the RCPSC. The email/online format allows physicians to participate in Continuing Professional Development (CPD) activities when it is convenient for them.

The **Colorectal Cancer (CRC) Surgery and Pathology List Serv** completed in March 2009, with over 250 participations from various disciplines representing all regions in Ontario involved in the care of CRC patients. This platform allowed physicians to discuss quality issues related to the CRC clinical practice guideline. An average of 34 comments were posted for each scenario, and List Serv discussions generated general agreement on guideline recommendations.

- Improved culture of collaboration between various disciplines (85.1%) and,
- Improved awareness of new/different practices in Ontario (74.5%) were some of the benefits cited by List Serv participants.
- Interestingly, a higher proportion of Pathologists (89%) found the List Serv increased their knowledge of surgery guideline recommendations, as opposed to Surgeons (68%).
- A higher proportion of surgeons (94%) found the List Serv increased their knowledge of pathology guideline recommendations as opposed to 67% of pathologists

The positive feedback from the CRC Listserv led the program to develop a similar List serv for the launch of the Optimization of Surgical and Pathological Quality Performance for Radical Prostatectomy in Prostate Cancer Management.

The **Prostate Cancer List Serv Online Discussion** (March to June 2009) facilitates physicians with an interest in prostate cancer management to discuss related quality issues Some of the topics to be discussed include:

- The management of locally advanced prostate cancer with extraprostatic extension
- The significance of positive surgical margins on local recurrence
- The factors that lead to pathological interobserver variability
- Indicators and initiatives to improve the quality of prostate cancer surgery and pathology

Currently, there are more than 160 participants from all 14 LHINs representing various disciplines, including: urologists, pathologists, radiation oncologists, medical oncologists, and radiation therapists.

Conference and Events

Contact Information

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