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Surgical Oncology News

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

Over the last six years, the Surgical Oncology Program's mission and commitment has been to improve the Access to Care and Access to Quality Care programs for cancer patients requiring surgery in Ontario. In 2008 we had the "Year of the Workshop" as we brought communities of practice together from every region of the Province and across many disciplines to talk about ways to improve the quality of surgical care that we deliver to our patients. 2009 has been the "Year of the Champion: Quality improvement occurs locally" as we have worked with our surgical and pathology champions particularly in the areas of colorectal and prostate cancer to drive home improvement in our regions. As we look forward to 2010 we are looking forward to the "Year of Putting it All Together: Developing Regional Networks". We will continue to push forward in the areas of guideline development but one major initiative the year will be to develop a system guideline on the necessary elements of a cancer surgery program for different types of hospitals: an academic cancer centre, a large regional cancer centre and a community oncology hospital. This will be an important initiative as we seek to increase the resource strength of our cancer surgery programs throughout the province.

Finally, I continue to be amazed by our Cancer Care Ontario Surgical Oncology Program Staff. Robin McLeod has been a great partner in leading the quality improvement portfolio. It has been wonderful to watch someone who is so passionate about improving cancer surgery care for our patients. Amber Hunter has blossomed as a great leader and keeps the whole program organized and on track. Our team of Project Coordinators (Cindy Nhan, Christine Provvidenza, and Leigh McKnight) have been incredibly productive and as always, Jennifer Mah continues to provide our group with first class 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.

New: Early Stage Breast Cancer Guideline & List Serv Launch

As mentioned in the Spring edition, the Sentinel Lymph Node Biopsy in Early-Stage Breast Cancer guideline has now been released. It is the first guideline in Ontario to recommend SLNB as the **preferred** method of axillary staging for all patients with a clinical presentation of early-stage breast cancer in the absence of clinically or pathologically positive lymph nodes.

The guideline was developed in partnership with the Program in Evidenced-Based Care (PEBC) and the Expert Panel, led by Dr. Ralph George and its members of experts in breast surgery, pathologists and nuclear medicine.

The guideline can be accessed at: http://www.cancercare.on.ca/cms/one.aspx?objectId=10418&contextId=1377

LAUNCH: The Breast Cancer: SLNB List Serv Online Discussion runs from September 2009 to February 2010 and facilitates physicians in a discussion of quality issues related to the management of breast cancer case scenarios. Currently, there are more than 200 participants from all 14 LHINs representing various disciplines, including: surgeons, pathologists, radiation oncologists, medical oncologists, radiologists, nurses and administrators.

Some of the topics to be discussed include:

• Role of SLNB in early-stage breast cancer
• What constitutes proper surgical and pathological technique
• Institutional requirements for SLNB
• Indications for special circumstances such as the obese, elderly and pregnant patients

If you would like to join please contact Christine.provvidenza@cancercare.on.ca

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The Debate Goes On: Positive Margins for Prostate Cancer

The Management of Patients with Positive Margins Following Radical Prostatectomy: The Debate Goes On

The appropriate management of prostate cancer patients with positive margins after radical prostatectomy has been an area of controversy for the urology and radiation oncology communities. While the use of radiotherapy is accepted as an important treatment modality, the optimal timing is still under question. At a recent Prostate Cancer Champion Workshop in Toronto, Drs. Joseph Chin and Padraig Warde were given the opportunity to face-off and debate this topic.

Argument for Adjuvant Radiotherapy – Dr. Joseph Chin
Dr. Chin provided a number of arguments in support of adjuvant radiotherapy, such as:

- Evidence from RCTs (EORTC, SWOG) have shown improved metastatic-free and overall survival for patients that received adjuvant radiotherapy as opposed to no further treatment
- A number of non-randomized studies support that the optimal timing for radiotherapy is when PSA is undetectable
- Toxicity is mild, since a lower dose is required for adjuvant radiotherapy then salvage radiotherapy
- Other disease sites have shown a benefit to adjuvant radiotherapy

Argument for Delayed Postoperative Radiotherapy – Dr. Padraig Warde
In favour of delaying radiotherapy, Dr. Warde highlighted the following facts:

- Not all men with adverse pathology progress and therefore do not require radiotherapy
- Salvage radiotherapy is a very viable maneuver, which is supported by evidence
- Studies have shown that when salvage radiotherapy is given to patients with a PSA <0.5, the results are much more favorable then if delayed further

Both Drs. Chin and Warde were given the opportunity for a 1-minute rebuttal, and while each defended their position, there was agreement that both adjuvant and salvage radiotherapy are reasonable approaches to the management of patients with positive margins. They emphasized the need for patients to be entered onto clinical trials to gain more information for future decision making.

Clinicians Identify Innovations: MRI for Rectal Cancer

Bringing together Clinicians to identify Innovations: Magnetic Resonance Imaging (MRI) Reporting for Primary Rectal Cancer

In 2008, the Surgical Oncology Program brought together colorectal cancer surgery and pathology Champions for each of the 14 LHINs across Ontario. The purpose was to review guidelines, share best practices, discuss areas of improvement and share these insights with the rest of their regions. During the conference, the Champions identified that there may be inconsistent MRI reporting for primary rectal cancers. It is possible that the development of a synoptic radiology reporting template would improve the accuracy of staging and produce better informed treatment options.

As a result of keen interest from the Champions, a team led by Dr. Erin Kennedy was awarded a grant in February 2009 from the Cancer Services Innovation Partnership (CSIP). The overall goal of this project is to develop a synoptic MRI report for primary

rectal cancer that can be implemented across Ontario by collaborating with physicians across Ontario. Synoptic reports are electronic reports in which each type of information has a specific place and format (or a “discrete data field”). This format standardizes the way the information is collected, transmitted, stored, retrieved and shared between clinical information systems

Each year in Ontario, over 1600 men and women are diagnosed with rectal cancer. To date, magnetic resonance imaging (MRI) is the most widely available and accurate imaging modality for rectal cancer staging and pre-operative planning. Synoptic MRI reports are currently not being used in North America and may improve the quality of MRI reports and communication between physicians.

Evolution of MCCs in Mississauga Halton

Multidisciplinary Cancer Conferences (MCCs or tumour boards) are an integral component of high quality cancer management. The Mississauga Halton region is one example where MCCs have evolved and great efforts have been taken to enhance access, implementation and quality.

In 2005, the region had one general MCC that met weekly; today there are six disease site MCCs that occur on a weekly or bi-weekly basis. Two of the MCCs are offered to their regional partner hospitals to participate via videoconference.

Leadership from oncologists (medical, radiation, surgical) at the Peel Regional Cancer Centre played an instrumental role in the success of MCCs by:
• spreading the word about MCCs;
• enhancing collegiality by engaging disciplines through encouraging the submission, presentation and discussion of patient cases; and
• bolstering multidisciplinary interaction and building strong relationships among pathology, diagnostic imaging and surgery.

Several factors have contributed to the development and sustainability of MCCs:

Partnership building:
o Company Sponsorship has allowed for light lunches or refreshments to be provided for busy clinicians.
o The MCCs are accredited by the Royal College of Physicians and Surgeons of Ontario, allowing physicians to accumulate continuing development credits for their participation.

Garnering feedback from participants:
o Participants evaluate each MCC and record three items that they learned. The MCC Chair reviews this feedback to incorporate into an improvement plan.
o Each year, MCC participants meet to discuss suggested modifications for the following year. This process engages participants and provides them with a sense of ownership in the improvement process.

In addition to the enablers, Mississauga Halton is working towards over coming challenges such as:
• having adequate facilities to accommodate a growing number of MCCs;
• scheduling MCCs at a convenient time for all participants across the region;
• having a full time coordinator responsible for the functioning and organizational management of MCCs.

With the successes and lessons learned by this region, great strides will be taken to maintain the good work being accomplished and to implement further improvement strategies to enhance access to, and the implementation and quality of MCCs.

For more information on the MCC featured in this story please contact Dr. Sheldon Fine (Sfine@cvh.on.ca) or Barbara Jones (bjones@cvh.on.ca).

Regional Updates

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

On Tuesday, June 23rd 2009, the Surgical Oncology Program at the Grand River Regional Cancer Centre hosted a dinner for medical oncologists, radiation oncologists, surgeons and pathologists involved in the care of patients with colon and rectal cancer. Twenty-eight physicians practicing in LHIN 3 attended.

Speakers included local experts in the quality of pathological assessment of colon and rectal specimens, the use of MRI in gastrointestinal malignancies, and the expanding role of the use of neoadjuvant radiotherapy. Dr. Andrew Smith was the highlighted speaker and gave an overview of quality indicators in colorectal oncology surgery.

A questionnaire probing current practice was given to each attendee at the beginning of the meeting. The results were tabulated and shared with the audience serving as a framework for an interesting discussion after the speakers had finished.

Identified priorities included: (i) access to MRI for preoperative evaluation of patients with rectal cancer, (ii) evaluation of the integrity of the mesorectal fascia by the pathologist (iii) individual feedback to surgeons on the quality of the mesorectum, the circumferential resection margin and lymph node retrieval in the specimens removed by them and (iv) access to GI MCC meetings for regional pathologists.

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

Our regional Breast Diagnostic Unit continues to be successful at the Peel Regional Cancer Centre (PRCC) and is rapidly outgrowing its physical space. More clinics are being added, as are more general surgeons.

A Regional Colorectal Diagnostic Unit, will be located at the William Osler Health Centre, as that organization rolls out its Cancer Health System, which is one of 5 major health systems encompassing both the Etobicoke General Hospital and Brampton Civic sites. The health system concept is a coordinated system for patient access, diagnosis, treatment and management across the hospital and community resources.

The PRCC now has all 4 regional hospital organizations equipped for and participating in teleconferences for multidisciplinary cancer conferences for the 5 major tumour sites.

Two successful meetings, organized through the PRCC Surgical Oncology Program, have been held in an effort to obtain consensus in both diagnostic imaging and pathology synoptic reporting for patients with primary and secondary liver tumours.

We are also close to launching a regional HPB program as well.

Dr. Don Jones, Head of Surgical Oncology at the PRCC, has accepted a part-time position as Head of Oncology at Wm. Osler Health Centre, to assist in the design and rollout of that organization's Oncology Health System

South East LHIN - # 10
Report from Dr. Jay Engel, Surgical Lead

There are some new faces at the Cancer Centre of Southeastern Ontario (CCSEO). Brenda Carter began in November as the Regional Vice President (RVP). Brenda has been the RVP in the Erie St. Clair LHIN and will bring considerable experience and energy to the CCSEO. A new HPB Surgeon is joining the Cancer Centre in January 2010. This addition in surgical expertise moves the centre further towards implementing the HPB stand recommendations.

We now have a Multidisciplinary Cancer Conference (MCC) coordinator to assist in the set up and data collection for our rounds. We can now video link pathology slides which means we can review them in real-time during the MCC.

The region is planning a Continuing Medical Education (CME) event to be held in Belleville entitled “An Update on the Management of Colorectal metastases”.

The construction on the new Cancer Centre and hospital expansion is 65% complete and ahead of schedule. This project will see the Cancer Centre expand from 54,445 square feet to over 91,000 sq. ft.

People News

Over the last 2 years, Dr. Wes Stephens has continued to build a strong Surgical Oncology Program for Hamilton Niagara Haldimand Brant LHIN, in July he accepted the position as Chief of Surgery for Hamilton Health Services. We would like to thank him for his significant contribution in his role as Regional Surgical Lead and continuing to move the improvements in access and quality forward. We wish him much success in all of his future endeavours.

Recruitment of a new surgical lead is underway.

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