Cancer Care Ontario

December 2010

SURGICAL ONCOLOGY NEWS

In this issue of Surgical Oncology News

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

Looking back over 2010 which was the 'Year of Putting it All Together: Developing Regional Networks', we have accomplished many things together. The list includes:

- Release of the Invasive Mediastinal Staging of Non-small Cell Lung Cancer Guideline
- Convening more than 130 expert surgeons and physicians from across the province to discuss the next steps in advancing access and quality for:
    - Thoracic Cancer Surgery
    - Hepato-pancratic-biliary cancer surgery
    - Gynaecology Surgical Oncology
    - Colorectal Cancer Surgery
- Facilitating three training courses for breast cancer sentinel lymph node biopsy with participation from more than 170 surgeons and pathologists to learn or refresh on the procedure
- Achieving agreement from all of the hospitals in the province to implement the Thoracic Standards with all thoracic cancer surgeries being performed in a designated centre beginning in 2011
- Sponsoring numerous quality and access initiatives in all 14 regions for colorectal and prostate surgery and pathology
- Re-engineering the Cancer Surgery Agreement allocation methodology to ensure that the funding is more directed
- Launching a new and improved website for the Program which targets resources for physician champions to use with local colleagues

- Championing the implementation of a MCC OHIP billing code for participation and chairing.

These are great achievements in a single year and are made possible because of strong local and regional leadership. All of our Regional Leads for Surgical Oncology deserve a great deal of credit for ensuring the success of our program. Our Regional Leads are critical to one of our Programs tenets: 'that quality improvement occurs locally'. We also thank each and every surgeon who participated in workshops and regional quality improvement events and participated in our Expert Panels. Without you these achievements would not be possible. We also include a special thank you to those who gave an extraordinary commitment of time and energy to these initiatives: Drs. Andy Smith, David Driman, Erin Kennedy, Gail Darling, Rick Malthaner, John Dickie, Ralph George, May Lynn Quan, David McCready, Peter Lovrics, Bruce Youngson, Frances Wright Craig McFadyen, Neil Fleshner, Joe Chin, Andy Evans, Rajiv Singal, John Srigley, Steve Gallinger, Leyo Ruo, Alice Wei, Jim Biagi, Barry Rosen and Michael Fung Kee Fung. We would like to thank all of these individuals for their time and participation.

With the launch of the 2011-2015 Ontario Cancer Plan, we will continue to bring disease site experts together in the coming year to develop quality improvement initiatives. We will also continue to engage surgical expert opinion for the development of new 'Models of Care' for the cancer system and to look at episode-based funding and to increase our ability to predict and plan for surgical resources and infrastructure for cancer surgery services.

Lastly, I would like to continue to applaud the amazing work and effort that Dr Robin McLeod has invested in the Quality Improvement portfolio. She has worked tirelessly with so many surgeons across the province to further cancer surgery quality in Ontario. It has been an honour and a pleasure to work with such a committed professional.

Our Cancer Care Ontario Surgical Oncology Program team is the foundation upon which all of this success is built. Without them none of this would have happened. Under the leadership of Amber Hunter and with the great team of Project Coordinators, Cindy Nhan, Christine Provvidenza, Leigh McKnight and Kellie Jacks, we would not have been able to achieve the results that are outlined in the rest of this newsletter. As always, Jennifer Mah continues to provide our group with first class administrative support.

So with that we look forward to an even better and more productive 2011!

We wish you and your families a Happy Holiday Season and a healthy and prosperous New Year.

Launch of the 2011-2015 Ontario Cancer Plan

This fall, Cancer Care Ontario released an action plan to improve the patient experience.

This Cancer Plan focuses on cancer control from the perspective of the patient, and is driven by the need to ensure quality across the system. Through this plan, we will:

- stregthen our patient-centred approach to cancer control;
- continue to improve the quality of the system; and
- provide individuals with the knowledge they need to make informed decisions affecting their care.

This Cancer Plan focuses on six strategic objectives and details on what we will accomplish by 2015 and how we

will accomplish it.

To learn more about our plan visit: **http://ocp.cancercare.on.ca/**

Invasive Mediastinal Staging of Non-small Cell Lung Cancer

The guideline addressing "Invasive Mediastinal Staging of Non-Small Cell Lung Cancer" has just been released.

Topics detailed in the guideline include:

1. Defining the indications where it is appropriate to use invasive mediastinal staging to avoid either:

- a patient being denied potentially curative surgery based on the incorrect conclusion that the disease has become metastatic (false positive), or
- patients with false-negative nodes undergoing inappropriate surgery.

2. Specific types of invasive staging and how to perform invasive staging (addressed in the guideline discussion).

The guideline has been developed in partnership with the Program in Evidence Based Care and an Expert panel, led by Drs. Gail Darling, John Dickie and Richard Malthaner and its members of experts in thoracic surgery, radiation and medical oncology, radiology, nuclear medicine and respirology.

- **Download Guideline -- Invasive Mediastinal Staging of Non-Small Cell Lung Cancer**

New and Improved Surgical Oncology Program Website

The Surgical Oncology Program has recently updated its website to provide resource tools related to quality and access issues for physicians.

The quality improvement resources page consists of educational tools that may:

- assist in the development or maintenance of local Communities of Practice (COP)
- facilitate continuous knowledge improvement for breast, prostate and colorectal cancer COPs

To access these resources, **visit the Surgical Oncology Program Tools page in the CCO Toolbox**.

Multidisciplinary Cancer Conference Tools: New Resources

A new and improved resource page for Multidisciplinary Cancer Conferences (MCCs) is now available on the Cancer Care Ontario website. The MCC tools are meant to help hospital staff develop new MCCs, or modify

current ones. Tools can be found for the following topics:

- How to organize a MCC
- Use of technology
- Description of the role of nurses
- Description of the MCC Coordinator role
- Step by step guide of how to accredit an MCC with the Royal College
- Documentation advice

One of the new resources available highlights the work Dr. Robert Sauls and team have done at the Carlo Fidani Peel Regional Cancer Centre to apply the MCC model to optimize care for palliative patients.

For more information **go to MCC Tools on CCO's website**.

Educational Initiatives: Breast Cancer Sentinel Lymph Node Biopsy (SLNB) Courses

The SOP offered courses to surgeons and pathologists during the Fall of 2010 as part of an ongoing strategy to facilitate SLNB implementation:

- 22 surgeons completed the accredited SLNB Introductory Course (in partnership with the Centre for Minimal Access Surgery)
- More than 75 surgeons attended the SLNB Surgery Refresher Course
- More than 75 pathologists attended the SLNB Pathology Refresher Course

Coming Soon: ***Course materials and discussions will be posted on the SOP website!***

Online Resources: Breast Cancer SLNB List Serv Online Discussion

Earlier this year, the SOP completed the Breast Cancer SLNB List Serv, an interactive component of SOP's implementation strategy for the SLNB guideline. Using a series of case studies, the SLNB List Serv provided a forum for colleagues across Ontario to discuss treatment strategies and quality issues surrounding SLNB and the management of breast cancer.

- More than 200 took part, representing all 14 regions (surgeons, pathologists, radiation oncologists, medical oncologists, radiologists)

Feedback from participants included comments saying the Listserv:

- increased knowledge of surgical and pathology issues
- improved awareness of new surgical practices across Ontario
- promoted collaboration between disciplines

Bringing It All Together!
Disciplines Engage in Communities of Practice

In 2010, Cancer Care Ontario's Surgical Oncology Program brought together many provincial Communities of Practice (CoP), showcasing various cancer disease sites - colorectal, thoracic, gynecologic, and hepatic, pancreatic, and biliary (HPB).

A CoP is 'group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis' (Wenger 2001). CoPs provide members with a unique learning community to share experiences and improve knowledge.

Areas for continuous quality improvement were discussed as regions shared current practices and challenges. CoP members connected to one another and provided valuable feedback to the provincial direction which included the importance of ensuring adequate data collection, and guideline development and implementation, including: 'Invasive Mediastinal Staging of Non-Small Cell Lung Cancer' and 'The Role of Liver Resection in Colorectal Cancer Metastases'.

Disease Sites	Participants	Disciplines Represented
Gynaecological Surgical Oncology Workshop	31	- Gynaecology Oncology - Gynaecology - Medical Oncology - Radiation Oncology - Pathology
Thoracic Surgical Oncology Workshop	23	- Thoracic Surgery
Colorectal Cancer Champion Meeting	41	- General Surgery - Pathology - Radiation Oncology - Radiation - Medical Oncology
Hepatic, Pancreatic and Biliary (HPB) Cancer Community of Practice Meeting	36	- HPB Surgery - Radiology - Medical Oncology

References

Wenger E, McDermott RA, Snyder W: *Cultivating Communities of Practice*. Boston, MA: Harvard Business School Press; 2001.

Regional Updates

Erie St Clair - LHIN #1

Report from Lynn Chappell, Director of Regional Cancer Programs

Dr. Anat Ravid has been appointed as the new Erie St Clair Surgical Oncology Lead. Dr Ravid, a general

surgeon practicing at Hotel Dieu Grace Hospital, has been a keen supporter of Erie St. Clair Surgical Oncology Program and has served both as the regional Colorectal Surgical Champion and Chair for the Gastrointestinal Multidisciplinary Case Conference. She is enthusiastic and passionate about the opportunity to serve in this role and is looking forward to working with her colleagues provincially and regionally.

The Erie St. Clair Surgical Oncology Program coordinates the implementation of a regional MCC model that has been highly effective and well received. Our goal this year is to strengthen hospital and cross discipline attendance. To assist in this goal, we have developed monthly participation reports - by hospital, discipline and physician.

With the support of Cancer Care Ontario, active planning is underway at Hotel Dieu Grace Hospital to develop a thoracic oncology surgery plan leading to its designation as a Level I site.

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

Diagnostic Assessment Programs (DAPs) in Waterloo Wellington have made significant advancements.

- Number of patients being seen in the Thoracic DAP have increased tremendously over the past year and the program has responded with additional clinical time and resources.
- The Breast Cancer DAP has seen more than 500 women through the weekly rapid access clinic.
- Most recently the Gastrointestinal DAP opened. It is composed of two areas;

    - Regional Colonoscopy Network (RCN) which aims to improve access to colonoscopy through the Colon Cancer Check Program.
    - Support and advocacy for newly diagnosed colorectal cancer patients through the Nurse Navigator Program.

Multidisciplinary Cancer Conferences (MCCs) Continuing Strong

MCCs in Waterloo Wellington continue to grow and strengthen. MCCs in LHIN 3 are conducted on a regional basis with all regional hospitals presenting cases via videoconference. Our fall 2010 review has highlighted many strengths within the program including a 6% increase in the number of MCCs held and a 7% increase in surgical attendance over all disease sites. Another strength for the program was our newly implemented promotional plan which included MCC Desktop calendars for all of the physicians and their secretaries, indicating all MCC meeting times and dates, and the development of an MCC Newsletter to keep all participants aware of the growth and change within the program. Our dedicated MCC Coordinator has continued to work diligently with all MCC participants to maintain the momentum within the program.

Quality Assurance Pilot Project in Surgical Oncology

In 2011 Waterloo Wellington will begin a quality assurance pilot project in surgery and pathology quality indicators. The pilot will share physician level quality indicator reports for:

1) Radical prostatectomy margin status.
2) Examination of 12 or more lymph nodes after colorectal resection.

The purpose is to determine the appropriate process for disseminating an impact assessment that is most

effective for LHIN 3 and to use the learnings to shape a province-wide initiative. We would like to know;

- What is the impact on sharing physician level quality indicators on surgeon and pathologist practice?
- Will surgeons and pathologists accept the validity of data?

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

The Cancer Centre of Southeastern Ontario will increase in size by more than 37,000 square feet when the construction project is complete. Right now, a new and spacious clinic and office area has been opened.

Breast Cancer Sentinel lymph node biopsy will be more accessible across the region. In the New Year surgeons will be trained in the technique and needed equipment will be purchased.

Dr. Michael Leveridge, a uro-oncology surgeon began practicing in the region. This has reduced surgical wait times.

Dr. Sulaiman Nanji started is a new hepatobilliary surgeon to the region. The region has sponsored two Continuing Medical Events in Colorectal and HPB cancer.

Champlain - LHIN #11
Report from Dr. Michael Fung Kee Fung

The Champlain Cancer Surgery Program under the Ottawa model leverages innovations driven by Communities of Practice (CoP) to improve access to quality cancer surgery in the region. Three regional disease-specific CoPs were developed in 2006 and 2007 encompassing multidisciplinary health care professionals from nine regional hospitals and community partners. The three CoPs, Breast, Colorectal and Prostate CoPs hold regular quarterly regional meetings: journal clubs and workshops bringing together participants from across the region. Disease specific clinical pathways and regional guidelines have been implemented to standardize care for all patients in Champlain. An audit process is underway to evaluate the uptake.

Quality indicators are being measured through ongoing data collection. This data collection is currently being expanded to all hospitals enabling the CoPs to assess and monitor care across the region. The prospective collection of quality indicator data will also aid in the identification of opportunities for improvement in the provision of quality care. Overall the CoPs have led to creating capacity within our regional hospitals based on collaboratively developed quality initiatives, pathways and guidelines. The overarching goal is to enable all cancer surgery patients in Champlain to have access to quality care closer to home.

Members of the Colorectal CoP recently received the Midwest Society of Colon and Rectal Surgeons William C. Bernstein, MD Award for the Basic Science Poster for their poster entitled: 'Successful Implementation of a Communities of Practice Model to Facilitate Quality Improvement', presented at the 2010 ASCRS Annual Meeting in Minnesota.

People News

Please Welcome

Dr. Ved Tandan as Regional Surgical Lead, representing Hamilton Niagara Haldimand Brant LHIN.

Dr. Anat Ravid as Regional Surgical Lead, representing Erie St. Clair LHIN

Both Drs. Tandan and Ravid will provide leadership and advancing the relationships between surgeons engaged in cancer surgery across the LHIN through the promotion of multidisciplinary clinics and case conferences, disease specific workshops, and the development and evaluation of cancer surgery quality indicators.

Kellie Jacks has been recruited to the team as Project Coordinator, Surgical Oncology Program. Kelly holds a PhD in Medical Biophysics/Oncology and has been a Research Scientist at the Ontario Cancer Institute. Her skills will be a tremendous asset to the team.

Departures

Dr. Allan Forse has stepped down from his role as Regional Surgical Lead, Erie St. Clair LHIN in September 2010 and has accepted a position with the Canadian Medical Protective Association (CMPA) in Ottawa. He has worked tirelessly on behalf of Erie St. Clair region to improve the quality of cancer surgery.

Christine Provvidenza, Project Coordinator, Surgical Oncology Program, is on maternity leave and we wish Christine and her family all the best in their new adventures.

Conferences and Events

Update in General Surgery 2011- April 07, 2011 to April 09, 2011.

11th Annual Breast Surgery Symposium - April 14, 2011 to April 14, 2011.