Surgical Oncology News
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Cancer Care Ontario

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SURGICAL ONCOLOGY NEWS

In this issue of Surgical Oncology News

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

As we start a new year there are some ambitious goals and challenges on the horizon.

We continue to build our regional networks of care surgery (RNOCs). We will begin the development of Gynaecology Oncology Organizational Guidelines for the province. We look forward to the implementation of the guideline that addresses liver resection indications for patients with colorectal metastatic disease. We will develop guidelines on the pre-treatment assessment of rectal cancers and develop guidelines on the active surveillance of prostate cancer. While our successes and projects multiply each year the Cancer Care Ontario Surgical Oncology Program (SOP) not only has distinguished itself by the development of various guidelines and standards but has implemented these quality improvement initiatives across a large and complex health system in the Province of Ontario. Strong regional provincial leadership have been the keys to these achievements, and each year as we tackle new projects we need to realistically balance resources to undertake and accomplish these goals.

Amber Hunter has been instrumental in developing, coordinating and leading our team of Project Coordinators. Her efforts have been instrumental in all of our successes. Our team, made up of Cindy Nhan, Christine Provvidenza, Leigh McKnight and Kellie Jacks, has again been outstanding in their work and continuing to move our quality agenda forward for the betterment of all cancer patients in Ontario. Jennifer Mah continues to provide critical administrative support for our program. As with every successful program that develops successful and talented individuals, some move on to new challenges. Our program has been stable for some time but this year Cindy will move on to another position at CCO, and Christine will leave CCO to spend more time with her new daughter and Kellie Jacks has finished her temporary contract with us. We wish them well in their new endeavours and thank them for their outstanding achievements.

Robin McLeod has continued to work tirelessly with all of our communities of practice and has been an advocate for quality improvement in surgical oncology over the last five years that I have worked with her. She has been a passionate "agent of change" for our entire program and it has been an honour to work with her and to learn so much from her.

At the end of the day, however, all of our success is based on the numerous individuals who have given their time and effort freely and unequivocally in order to make a difference in how we care for our patients.

Our Regional Leads for Surgical Oncology have provided regional coordination and leadership for our program and all of them deserve an enormous thank you. Some of our regional leaders have finished their terms and congratulations to Bish Bora from Sudbury and to Sherif Hanna from Sunnybrook on their leadership, commitment and hard work on our behalf. I have asked Sherif to stay on to provide surgical oncology leadership in the Models of Care Provincial Oncology AFP Project. As always, a special thank you goes to many others who have provided extraordinary commitments to our program:

Surgical Oncology Regional Leads: Drs. Anat Ravid (Erie St. Clair LHIN), Joe Chin (South West LHIN), Craig McFadyen (Waterloo Wellington LHIN), Ved Tandan (Hamilton Niagara Haldimand Brant LHIN), Donald Jones (Central West & Mississauga Halton LHIN), Sherif Hanna (Toronto Central LHIN), Catherine Mahut (Central LHIN), Julia Jones (Central East LHIN), Jay Engel (South East LHIN), Michael Fung Kee Fung (Champlain LHIN), Michael Anderson (North Simcoe Muskoka LHIN), Bish Bora (North East LHIN) and Ken Gehman (North West LHIN).

Provincial Prostate Working Group: Drs. Joe Chin, Neil Fleshner, John Srigley, Andy Evans, Chris Morash and Munir Jamal.

Prostate Biopsy Working Group: Drs. Rajiv Singal, Joe Chin, John Srigley, Andy Evans and Ants Toi.

Provincial Thoracic Working Group: Drs. Gail Darling, John Dickie and Richard Malthaner.

Lung Cancer Surgery Case of the Month Working Group: Drs. Richard Inculet, Farid Shamji, Carmine Simone and David Ewing-Bui.

Gynae-oncology Organizational Guideline Working Group: Drs. Laurie Elit, Barry Rosen, Terry Colgan, Jim Biagi and David Dsouza and chaired by Dr. Michael Fung Kee Fung.

Provincial Colorectal Cancer Working Group: Drs. David Driman, Andy Smith, Laurent Milot, Raimond Wong, Erin Kennedy, Richard Kirsch and Stanley Feinberg.

Provincial HPB Working Group: Drs. Jim Biagi, Steven Gallinger and Leyo Ruo.

Melanoma Working Group: Drs. Teresa Petrellaand Frances Wright.

MCC Implementation: Dr. Frances Wright

Last year the SOP engaged over 800 participants from across the province and across each region in educational webinars, expert panels, workshops and educational listservs for either colorectal, hepatic pancreatic, prostate or thoracic cancer. Bringing clinicians together to strategize on quality improvement has always been and remains the foundation of our success.

The SOP and regional leads play a huge role in the implementation of Multidisciplinary Cancer Conferences (MCC) where more than 21,000 patients are discussed each year in this multidisciplinary setting. 2012 aims to have more MCCs accessible to more patients and across more hospitals than ever before!

The year ahead will be busy and exciting and of course with everyone's leadership we will continue to build a high-quality and accessible cancer surgery system across Ontario. I look forward to working again with all of you and wish all of you a happy and healthy 2012.

Colorectal Cancer Workshop - April 2011

Bringing physicians together to improve the quality of colorectal cancer treatment

CRC WorkshopSm

As part of a series of exciting Colorectal Cancer events, Drs. Gina Brown, Phil Quirke, Bill Heald and Robert Glynne-Jones, world renowned clinicians from the United Kingdom, were invited to Ontario to lead an interactive webinar sessions and a provincial Colorectal Cancer Community of Practice meeting in April 2011.

These international experts led sessions that provided physicians from across the province the opportunity to learn various aspects associated with quality improvement of colorectal cancer. Over 300 clinicians from 45 hospitals, representing all fourteen regions across the province, participated in the webinar sessions and the meeting.

Following the sessions, a small pathology working group was convened to create a Standard Operating Procedure which will provide guidance to pathologists to ensure consistent, quality processing of rectal cancer specimens. The sessions played a pivotal role in launching the rectal MRI synoptic report and the development of a rectal cancer assessment pathway.

Join the online Thoracic Surgery Case Discussion

Based on feedback from the Thoracic Surgery Community of Practice (CoP), who expressed interest in participating in provinical monthly web-based educational rounds, the SOP has launched the Thoracic Surgery Case of the Month initiative. Utilizing list serv technology, the initiative began in October 2011 with a case being posted at the beginning of each month for discussion.

This initiative will provide an opportunity for physicians to have a multidisciplinary discussion on the issues most relevant to them in the care of thoracic cancer patients while building a collaborative thoracic cancer network across the province.

Currently, there are more than 100 participants from all 14 LHINs representing various disciplines, including: surgeons, pathologists, radiologists, radiation oncologists, medical oncologists, and respirologists.

To particpate in this initiative, please contact Leight McKnight (**leigh.mcknight@cancercare.on.ca**).

Prostate Cancer Champion Workshop - November 2011

Movember: Prostate Cancer Champions Set Quality Agenda

On November 4, 2011 the Surgical Oncology Program (SOP) hosted a Prostate Cancer Champion workshop in Toronto. Attended by 27 Prostate Cancer Champions/regional representatives (9 urologists, 10 pathologists, 7 radiation oncologists, 1 radiologist), the purpose of the workshop was to engage a multidisciplinary group of physicians in a shared quality improvement agenda by providing interactive education sessions, sharing best practices across regions and disciplines, and presenting updates on initiatives related to improving the care of prostate cancer patients.

Participants emphasized the following important issues:

- The importance of active surveillance as a treatment option for prostate cancer patients
- Standardization of prostate biopsy practices in Ontario
- The importance of data collection and feedback, at both the hospital and physician-level
- Ensuring appropriate patients are discussed at MCCs and that MCCs are meeting the standards requirements
- Continued development of regional CoPs through regional meetings/education sessions and sharing of best practices

The Surgical Oncology Program will be working with stakeholders to move these issues forward.

Important Updates: OHIP Fee Codes

MCC

The Diagnostic Wait Times Project

Cancer Care Ontario recently completed a research project to identify the key events that occur in the process of cancer diagnosis and to define the intervals that could be used to measure the diagnostic wait. The research was done as part of its work to support Diagnostic Assessment Programs (DAPs) across the province. DAPs are designed to improve the experience of patients with suspected cancer. They are made up of multidisciplinary healthcare teams that manage and coordinate the diagnostic process for improved access and a better experience for the patient.

The research included a targeted literature review of diagnostic wait times, interviews with cancer system leaders in other jurisdictions (UK, Australia, New Zealand, Denmark), a consultation with local clinical experts and a consensus-building exercise around definitions and a measurement framework. An Expert Panel of about 45 clinical and cancer system experts then came together to endorse a common approach to measuring the diagnostic wiat among patients, regardless of their diagnosis and treatment modality. The resulting measurement framework defines 'suspicion', 'referral', 'diagnosis', and 'first treatment' as key anchor points in the patient journey.

Beginning in 2011/12, the provincial Diagnostic Assessment Program will measure two main wait time intervals: 'referral to diagnosis' and 'diagnosis to first treatment' among DAPs across the province. Individual DAPs will be reporting their wait times data through a new tool called the Diagnostic Date Upload Tool (DDUT).

The Diagnostic Wait Times Project provided a solid foundation for the DAP measurement strategy, including a patient-focused yet clinically sound approach to the definition of wait times parameters and a measurement framework that is now being used for DAP wait times reporting across the province.

DAP image

WTIS Expansion 2011/12: Wait 1 Provincial Deployment

In September 2011, Acccess to Care (ATC) at Cancer Care Ontario launched the Wait Time Information System (WTIS) Expansion 2011/12: Wait 1 provincial deployment to 96 facilities across the province.

The project, which will be completed by the end of March 2012 includes:

- **Collection of Wait 1 data for Surgery** - Wait 1 is defined as the time that a patient waits for a consultation with a clinician, and is measured from the time a referral is received to the date the first consultation with a clinician occurs.
- **Expansion of Wait 2 data for both Surgery and Diagnostic Imaging** - Wait 2 is defined as the time that a patient waits for a surgical or diagnostic imaging procedure, and is measured from the Decision To Treat date (for surgery) or the Order Received Date (for diagnostic imaging), to the date the procedure is performed.
- **Reporting Category Changes for Surgery** - additions and modifications to the reporting categories used to classify surgical procedures reported in the WTIS based on requests from facilities, clinicians and the ministry will help to ensure that the data collected reflects current standards in practices and remains clinically relevant.

The addition of Wait 1 data will help to illustrate the amount of time a patient waits for a surgical consultation, and will only be captured for patients who have a Decision To Treat (DTT) for surgery. Wait 1 data will be retrospective and will be entered in the WTIS at the same time a waitlist entry is created for Wait 2 (within two business days of the DTT for surgery). It is hoped that Wait 1 data will provide a more complete and transparent picture of surgical wait times.

Surgeons and radiologists across the province are being engaged - through a series of teleconferences - and are being provided with tools that provide details and requirements of the WTIS Expansion 2011/12: Wait 1 provincial deployment project.

For more information, please contact: **atc@cancercare.on.ca**

Regional Updates

Hamilton Niagara Haldimand Brant - LHIN #4
Report from Dr. Ved Tandan, Surgical Lead

- The Head and Neck Program created a prospective database to collect oncologic outcomes, quality of life outcomes and health economic data to improve patient care. We started recruiting patients in August of 2011.
- St. Joseph's Hospital Hamilton has initiated a **laparoscopic radical prostatectomy** mentorship program with community partners in LHIN 4. Niagara Health System is performing these minimally invasive procedures now. Joseph Brant Memorial Hospital is also being trained. Once fully operational, Joseph Brant Memorial Hospital will take on more laparoscopic radical prostatectomies within the region.
- Quality improvement in **Colorectal Cancer Surgery** in LHIN 4 (QICC-L4) Project is an 'integrated knowledge translation' effort. LHIN 4 surgeons select markers for quality improvement and the interventions to improve the selected markers. Guiding principles include the need for 'system-level excellence' and 'supporting surgeons close to relevant points of care'. An organizing committee led by Dr. Marko Simunovic is comprised of teaching and non-teaching surgeons and other researchers. LHIN 4 is the largest LHIN in Ontario with 1.3 million inhabitants. Colorectal cancer surgery is provided at ten community hospitals and two teaching hospitals. Approximately 52 surgeons provide colorectal cancer services.
- Since 2006, three QICC workshops have been held with LHIN 4 surgeons to discuss quality

improvement; to review audited data, to select quality markers for subsequent audit and to select interventions for subsequent implementation. Interventions include audit and feedback, workshops and tailoring interviews. Recently a new intervention has been successfully piloted- the review of pre-operative imaging with referring surgeons using an internet-based platform. All interventions raise awareness of the importance of negative radial margins. Over five iterations from year 2006 to year 2010 results include the following: for colon cancer peri-operative imaging has increased (69% to 91%); for rectal cancer pre-operative imaging has increaased (70% to 89%), reporting of radial margin distance has increased (55% to 89%) and rates of positive radial margins have deopped (14% to 8%). In the pilot study, use of the 2-Step MDC led to a major change in the initial surgical plan in 30% of rectal cases.

- The 5th Annual LHIN 4 **Breast Surgical Oncology** meeting was held on November 11, 2011. Twenty-six clinicians from LHIN 4 attended representing surgery, medical oncology, radiation oncology and pathology disciplines. The audit and feedback results fro all LHIN 4 hospitals for the breast cancer quality indicators chosen by surgeons at previous meetings were discussed (audit and feedback for 2006, 89, 09, 10, 11). Small group sessions focused on choosing new or modified quality indicators and interventions to implement in the coming year for the LHIN 4 breast surgery quality initiative.
- A multidisciplinary **Sentinel Lymph Node Biopsy (SLNB)** Working Group was developed in LHIN 4 to discuss new evidence and develop recommendations for completing axillary dissection following a positive SLNB.
- **Thoracic surgery** has been consolidated to St. Joseph's Healthcare Hamilton and the Chief of Thoracic Surgery and two thoracic surgeons have been recruited. These surgeons also see pateint in the Niagara Health System and Juravinski Hospital clinics. Overall, the clinical volumes have grown by 50% when compared to previous years. A single Lung Diagnostic Program between St. Joseph's Healthcare and Niagara Health Systems has been established and the Evidence-Based Diagnostic Pathway as set out by Cancer Care Ontario has been adopted.

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

Credit Valley Hospital and Trillium Health Centre continue to move towards a merger to ensure that residents of Mississauga can get better access to the quality care they need, closer to home. The province is helping the hospitals expand services following their recently-completed development projects by providing $25.68M in new operating funding. Credit Valley Hospital will receive $16.91M and Trillium will receive $8.77M.

There are a number of programs underway:

- Thoracic surgery, Diagnostic Imaging and Respirology are near to introducing a low dose CT lung cancer screening program for LHIN 5. This program is modeled similarly to recently published trials.
- A Colorectal Diagnostic Assessment program is about to begin at William Osler Health System.
- The new regional HPB Surgical Oncology Program, sited at Trillium Health Centre (THC), is up and running. Drs. Wen Garzon and Cobourn continue to build the program.
- At William Osler Health System (Brampton site), plans are underway to launch a new, multidisciplinary Breast Assessment Centre. Women at high resk for breast cancer will have access to services at the Ontario Breast Screening Program (OBSP) High Risk Screening Centre at Credit Valley Hospital (CVH). It will provide women 30 to 69 years of age at high risk of breast cancer with annual mammography and breast MRI screening as well as follow up services. Expanding breast screening is based on the advice of clinical experts and best medical evidence. This move is part of the government's Open Ontario Plan to provide more access to health care services while improving quality and accountability for patients.

Central - LHIN #8
Report from Dr. Catherine Mahut, Surgical Lead

First-Time Thoracic Conference a Success
(from the November 2011 Lifeline at Southlake Regional Health Centre)

The **Thoracic Program** was proud to host the first Ontario Thoracic Conference on September 24, 2011. The conference covered interesting topics like surgical treatment of early-stage lung cancer, esophageal radiology oncology, anaesthetic preparation of thoracic patients and post-operative pain management.

Experts in various areas including; Drs. Julius Toth, Alexander Lee, Zahra Kassam, Mojgan Taremi, and Randy Yue, along with Acute Pain Nurse Practitioner Val Sirr were recruited to provide informative and interactive presentations.

The conference was well-attended by 50 nurses and inter-professional team members from hospitals from Sudbury, London, St. Thomas and GTA hospitals such as St. Michael's Hospital. The Hospital for Sick Children, The Scarborough Hospital, Toronto East General Hospital and last but not least, Southlake Regional Health Centre.

Multidisciplinary Uro-Oncology Event

This November event was organized by Dr. Y. Rahim, a Medical Oncologist at Stronach Regional Cancer Centre and Dr. John Preiner, Urologist at Southlake Regional Health Centre and the Prostate Champion for LHIN 8. Forty-five attendees were present, representing all 5-hospitals in the LHIN and included surgeons, pathologists, medical oncologists and radiation oncologists.

The speakers included Dr. Chris Morash, Medical Director of The Ottawa Hospital's Prostate Assessment Centre, Dr. Andrew Evans, staff Pathologist at UHN and Dr. Charles Cho, Radiation Oncologist, SRHC and Dr. Y. Rahim. The focus of the evening was about establishing a Community of Practice, with

discussions centred on resection margins following radical prostatectomies.

The evening was a cussess, judging by the questions and discussions afterwards.

People News

Dr. Bish Bora has stepped down from his role as Surgical Lead for Noth East LHIN in October 2011. Bish will continue his clinical work at teh Sudbury Regional Hospital. 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.

In January 2012 **Dr. Sherif Hanna** will be stepping down from his role as Surgical Oncology Lead for the Toronto Central (North) LHIN. We thank him for his thoughtful leadership over the last 8+ years in growing a vibrant and functional Surgical Oncology Program. Dr. Hanna will continue his clinical work as a HPB surgeon.

After almost 4 years with the SOP, **Cindy Nhan** has accepted an Analyst role with CCO?s Office of Strategy Management. Cindy has been a great contributor and team player to the SOP and throughout CCO. She will be missed by the SOP but we are excited for her new opportunity.

Kellie Jacks has departed the Surgical Oncology Program to pursue an exciting opportunity as Policy Analyst, with the Toronto Academic Health Science Network (TAHSN), a division of the Council of Academic Hospital of Ontario, (CAHO). We would like to thank her and we wish her much success in her future endeavors.

Christine Provvidenza has decided to leave CCO to spend more time with her new daughter and family. We thank her for her contributions to the Surgical Oncology Program over the last 3 years.

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620 University Avenue Toronto Ontario, Canada M5G 2L7

Phone: 416.971.9800 **Fax:** 416.971.6888