Surgical Oncology News
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SURGICAL ONCOLOGY NEWS

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

As we begin a New Year, it provides me an opportunity to reflect on all of the progress our Surgical Oncology Program has made over the last few years. Our mission, quite simply, has been to imrpove access to care and improve the quality care for cancer surgery in the province.

Over the last 9 years we have invested over 375 million dollars in incremental cancer surgery. In December 2012, 85% of patients had their cancer surgery performed within target which is the best performance we have seen since we started reporting. This year we did an in depth review of the incremental volume funding process with a province-wide stakeholder consultation and extensive data analysis. This review confirmed the benefits of the volume funding process but it has also provided some direction for further improvements.

Our Surgical Oncology Program has made incredible inroads in implementing multidisciplinary cancer conferences (MCCs) across the province. We estimate that over 32,000 patients will be reviewed at MCC discussions this year. There are more MCCs in more disease sites with participation from more disciplines in more hospitals than ever before across Ontario. This process has emphasized the importance of multidisciplinary consultation and care.

Our mission to improve the quality of care in cancer surgery has made a significant impact on the care that our patients receive. The release of the guideline on "The role of liver resection for colorectal metastases" was one significant step forward on our quality improvement agenda. The November 14th live videocast had over 300 participants watching an expert panel discussion of representative cases of colorectal metastases. An interactive question and answer session followed which was then followed by regional HPB Community of Practice events across the province. This was a new and innovative approach to "get our message out there" and has been followed by the launch of a very active listserv discussion with over 250 participants and a multipronged provincial implementation plan.

This year our program was instrumental in supporting the release of the first synoptic radiology MRI report for rectal cancer. The program also hosted a Thoracic Surgery Community of Practice event in late November where we shared preliminary quality indicators with the thoracic surgery and pathology community which will then lead to quality improvement initiatives. We have completed a LHIN wide pilot in Waterloo-Wellington for the reporting of quality indicators at the physician level, these results will

inform a provincial strategy on provider-level reporting in surgery and pathology performance.

In 2013 our team looks forward to many exciting projects including the implementation of the Head and Neck Provincial Organizational Guideline, the launch of the Gynaecological Oncology Organizational Guideline and developing educational initiatives on melanoma guidelines. We will continue our ongoing initiatives in Hepatobiliary, Thoracic, Colorectal and Prostate surgery.

Our ability to improve cancer surgery in our province is only as strong as our local leadership. We are blessed with 14 strong regional surgical oncology leaders who provide local leadership for our program. I want to take this opportunity to thank each and every one of our regional leads for their leadership. Surgeons throughout the province have volunteered their time as "Champions" for various quality improvement initiatives, as Expert Panel advisors, as Working Group participants or have participated in the many local quality improvement events, listservs or workshops. Our surgical community deserves a great deal of credit for the improvement of care for our patients.

Lastly, I would like to thank the CCO Surgical Oncology Program team. Robin McLeod has been a passionate leader for improving the quality of care for the last 5 years. I have been very honoured to work with such a great leader who never ceases to amaze me with the engergy and passion that she brings to her position as the Lead for Quality Improvement and Knowledge Transfer. Frances Wright has been our Clinical Lead for MCC Implementation and has been instrumental in increasing multidisciplinary care and consultation for cancer patients. This will be a legacy for our program. Amber Hunter has been our operational team leader as the manager of our program, her and her team are the foundation of all our successes. Amber is without a doubt an example of a leader that is able to achieve results with a quiet but resolute effectiveness. She and her team of Jennifer Mah, Leigh McKnight, Wei Cao and Yasmin Sallay make us all look good. The Surgical Oncology Program at Cancer Care Ontario is a model of teamwork, perseverance, commitment and dedication. To them I express a well-deserved congratulations for a job well done.

As we look forward to 2013 and beyond we know that there will be ongoing challenges with funding our health care system. We need to ensure that we drive a process that makes our system more economically sustainable and provides high quality care in a timely way to our patients. Our surgical community should be proud of the achievements to date but there is no question that we have lots of work to do and our Team looks forward in continuing to meet these challenges with you.

Exciting Province-wide Educational Event - Liver Resection of Colorectal Metastases

As part of a multifaceted implementation strategy for the recently released clinical practice guideline titled "The Role of Liver Resection in Colorectal Cancer Metastases", a province-wide videocast session was held November 14th. The guideline can be found on the CCO website here:

https://www.cancercare.on.ca/cms/one.aspx?portalId=1377&pageId=10418.

Almost 300 participants from over 30 hospital sites, representing all 14 regions across the province, participated in the event. The multidisciplinary audience included representatives from surgery (general and non-HPB subspecialized), HPB surgery, medical oncology, radiation oncology, radiology and diagnostic imaging, pathology, nursing and regional administration.

The interactive session included case scenario discussions by a panel of local and international experts, including Dr. Michael D'Angelica, a Hepatobiliary surgeon from Memorial Sloan Kettering Cancer Centre, and Dr. Axel Grothey, a medical oncologist from the Mayo Clinic.

A recording of the videocast is available to view, please email **yasmin.sallay@cancercare.on.ca**

Immediately following the event, local community of practice gatherings were held in 13 LHINs across the province in order to further discuss implementation of the guideline recommendations and regional partnership-building, in order to ensure that all patients with CRC metastases to the liver receive appropriate evaluation and treatment.

Join the online CRC Liver Mets Discussion Group

As a follow-up to the successful HPB Videocast, the CRC Liver Mets List Serv was launched. This initiative is an online discussion group where physicians from various specialties can discuss quality issues related to the management of patients with CRC metastases to the liver. The first of 3 clinical case scenarios was posted on November 19th and the discussions have already been quite active. Each case runs in a 3-week cycle and the listserv will end in February 2013.

To participate in the listserv, please contact Yasmin Sallay (**yasmin.sallay@cancercare.on.ca**)

Two New Tools Available: Colon and Rectal Cancer CRC Gross Examination Standard Operating Procedure (SOP)

Based on input form the Colorectal Champions two important tools have been created:

1. **CRC Gross Examination Standard Operating Procedure (SOP) & Guideline:** Standardized tools for the pathological processing of rectal cancer specimens as outlined in the Quirke method, which was vetted by pathologists across the province for input, are now available on the CCO website, along with the 2011 Webinar presentation on Issues in Processing Colon and Rectal Cancers, by Dr. Phil Quirke.
2. **Synoptic MRI Report for Rectal Cancer**
   The synoptic MRI template for rectal cancer and the accompanying User's Guide were published on the CCO website and distributed across the province. It is hoped that implementation of this standardized imaging tool will facilitate consistency of MRI reporting across the province. The materials, along with a copy of the literature review and meta-analysis used to create them as well as the 2011 Radiology Webinar led by Dr. Gina Brown are all available online.

Both of these tools are available here: **https://www.cancercare.on.ca/cms/one.aspx?portalId=1377&pageId=80771**

Thoracic Surgery and Pathology Quality Initiatives

On November 30th, the Surgical Oncology Program brought together 32 representatives from Thoracic Surgery and Pathology with the primary goal of reviewing and analyzing the 7 Ontario lung cancer quality indicators. Invasive mediastinal staging and lymph node assessment were identified as quality initiatives to be addressed.

The event was a great success in creating and fostering communication between the two disciplines, which was deemed key to the standardization of processes from specimen resection to reporting.

Work Underway: Gynecology Oncology Organizational Guideline

In collaboration with the Program in Evidence-Based Care, the Surgical Oncology Program is developing an organizational guideline for gynecologic oncology services in Ontario which investigates the optimal organization of care to ensure quality patient care through expert consensus and a systematic literature review.

The findings from the review were interpreted by a multidisciplinary expert panel and translated into recommendations that are appropriate for Ontario. The panel consists of clinicians from gynecology oncology, medical oncology, radiation oncology, pathology, and regional service management.

The guideline is currently under professional consultation by over 100 practitioners in the province, and it will be launched in 2013.

NEW: 2 Melanoma Surgical Management Guidelines Released

The Melanoma Disease Site Group (DSG) at CCO's Program in Evidence-Based Care has recently released two guidelines surrounding the surgical management of cutaneous melanoma of the trunk or extremities. These guidelines are entitled:

- Primary Excision Margins and Sentinel Lymph Node Biopsy in Clinically Node-Negative Cutaneous Melanoma of the Trunk or Extremities (Evidence-Based series 8-2 that can be found at **https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=73876**) and
- Surgical Management of Patients with Lymph Node Metastases from Cutaneous Melanoma of the Trunk or Extremities (Evidence-Based series 8-6 that can be found at **https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=254880**

Surgical Oncology Program will be developing an implementation strategy for these guidelines in the near future, so stay tuned!

Multidisciplinary Cancer Conferences: Things are happening!

Multidisciplinary Cancer Conferences (MCCs) are spreading across each region of the province, the progress has been tremendous.

- Conservative estimates show that 24,000 patients received an MCC discussion in 2010/11, this has risen to over 32,000 patients in FY12/13
- A new measurement system for ensuring MCC concordance was implemented in 2012- there are more MCCs being held more frequently than ever before, with 53 hospitals hosting or participating in MCCs

We expect this spread of MCCs to continue! A few pilots are nearing completion to further facilitate MCC implementation-for example, the Ontario TeleHealth Network personal videoconferencing software was trialed for MCCs, it allows secured videoconferencing from a personal computer which provides physicians another option to easily join MCCs.

Launch of New Symptom Management Guides-to-Practice

Cancer Care Ontario is pleased to announce the release of four new Symptom Management Guides-to-Practice (SMGs). Building on the successes of the first six, Cancer Care Ontario has released SMGs for ***Loss of Appetite, Bowel Care, and Oral Care*** along with accompanying two-page Algorithms and condensed Pocket Guides for each. We are also endorsing the newly published Fatigue guideline and algorithm developed by Canadian Partnership Against Cancer. Finally, we are happy to announce the launch of our ***Symptom Management Mobile Apps*** which are available for iPhones, Windows Phone 7, Blackberries, Androids and web access on your desktop computer.

These SMGs are a follow up to the Pain, Nausea & Vomiting, Anxiety, Depression, Delirium and Dyspnea Guides originally launched in 2010.

SMGs are clinical tools designed to assist health care practitioners with the assessment and pharmacological and non-pharmacological management of a patient's cancer-related symptoms. All the Guides have been through a rigorous interdisciplinary development and review process. They represent current evidence and best practice and replace previously published guidelines distributed through CCO.

Please feel free to download and print these guides and forward the link to others:
https://www.cancercare.on.ca/toolbox/symptools/

You can download the Symptom Management Mobile App here:
https://www.cancercare.on.ca/applibrary

To view a video highlighting how patient care is improved through Optimal Symptom Management click here: **https://www.cancercare.on.ca/ocs/qpi/ocsmc/**

Regional Updates

Erie St. Clair - LHIN #1
Report from Dr. Anat Ravid, Surgical Lead

The Erie St Clair Surgical Oncology Program has maintained its focus on multidisciplinary cancer conferences (MCC) development and increased discipline participation in MCCs across the region.

- The Surgical and Pathology leads presented on behalf of the regional pathology network and reinforced the importance of pathology at MCCs.
- A Neuro-Oncology MCC will begin in Q4 along with a Head & Neck MCC in partnership with London Regional Cancer Program.
- Monthly reports on participation and cases presented are distributed to each regional hospital Head of Surgery to assist them in their efforts to promote MCCs within their hospital.

A region-wide rectal cancer quality improvement initiative completed a gap analysis with full support and participation from all hospitals in the region. Strategies to address gaps with respect to increased MCC participation, appropriate referral for radiation consultation and increased use of MRI for staging are being planned for Q4.

Due to strong clinical leadership, the Erie St. Clair region boasts fully operational regional virtual prostate, lung and colorectal Diagnostic Assessment Programs (DAPs) in addition to four hospital-based breast DAPs. Patients from across our region now have ready access to organized DAPs for the four major disease sites. A key success for the Erie St. Clair Regional Cancer Program is the consistent meeting of colonoscopy wait time targets for both FOBT+ and Family History patients; a direct result of focused effort in developing and garnering clinical support for Diagnostic Assessment Units.

South West - LHIN #2
Report from Dr. Stephen Pautler, Surgical Lead

There have been many accomplishments across the LHIN this year:

Prostate Cancer Surgery Wait Times Improvement

- The South West Regional Cancer Program Prostate Cancer wait times and quality review identified gaps in surgeon understanding for wait times reporting. Through an educational blitz using a clinically enhanced version of the CCO Wait Times Toolkit recommendations for prostate cancer, data quality reporting for surgical wait times has improved.

Cancer Surgery Closer to Home Campaign

- With London as a tertiary referral centre, the majority of cancer surgery in LHIN 2 happens at the academic hospitals leading to longer wait times. A regional media campaign encourages patients to talk to their doctor about cancer surgery options within their community.

Local Quality Improvement Initiative: Grey Bruce Health Services review of local outcomes with application of the CCO Guideline

- Dr. Todd Webster and colleagues at Grey Bruce Health Services performed a retrospective review of their outcomes for radical prostatectomy using the *CCO Guideline for Optimization of Surgical and Pathological Quality Performance in Prostate Cancer Management: Surgical and Pathological Guidelines* as their framework. Their performance review demonstrated that community surgeons can meet and exceed the CCO Guidelines.
- This work has been accepted for publication in the Canadian Urological Association Journal

Diagnostic Assessment Programs (DAPs)

- Since May 2011 more than 500 patients have been navigated through the South West Regional Cancer Program Thoracic DAP in London and more than 265 in the Owen Sound Thoracic DAP. They are shown to reduce wait times from suspicion to diagnosis
- Patients are pleased with the support and care provided from the Nurse Navigator who strives to improve the patient experience.
- A Prostate DAP program was started at Grey Bruce Health Service on October 1, 2012. Two other DAPs are in development in London and Stratford to service our LHIN.

GU DST Retreat and Urologic Oncology Fall Update

- The 13th Annual Urologic Oncology Fall Update was held in September 2012, Chaired by Dr. Joe Chin. 60 professionals from Urology, Radiation Oncology, Medical Oncology, Pathology and Nursing participated in this event.
- Participants focused on case presentations and the application of guidelines - guests included Dr. Inderbir Gill, Chair of Urology from the University of Southern California who is a world leader in minimally invasive urologic surgery and Dr. Theo Van Der Kwast, Professor of Pathology at University of Toronto who provided expert talks in the context of the Ontario system.
- The GU DST Retreat took place Nov 23-26 at Benmiller, ON with multidisciplinary participation from the regional cancer centre and regional partners. Topics of discussion included updates on regional cancer management issues and strategic planning.

Multidisciplinary Cancer Conferences (MCCs) are the highlight for **Disease Site Teams**

- MCCs continue to be highlighted in Disease Site Team (DST) discussions, as part of a CCO sponsored MCC Improvement Initiative by the gastrointestinal DST. Increasing awareness is evident by the GI MCC with increased regional physician participation and the number of cases presented.
- At the recent GI DST Annual Retreat in October, attendees included a variety of physician disciplines and regional site involvement. The topic of MCCs generated good discussion and ideas for further improvements.
- The genitourinary DST also requested and held an MCC presentation at their annual retreat this month.
- The FY12/13 Q4 overall regional MCC status for MCCs frequency, site and discipline participation is at 59% compliance, which exceeds the current expected CCO target of 55%. Improvement strategies and regional connections towards better MCCs are continuing to progress through the southwest region.

People News

We would like to welcome the new Surgical Oncology Leads that have joined the SOP in 2012:

Dr. Calvin Law was appointed Toronto Central North Lead and Head, Surgical Oncology at the Odette Cancer Centre Program, Sunnybrook Health Sciences Centre. Dr. Law is a hepatobiliary-pancreatic and gastrointestinal surgical oncologist and is the Associate Professor of Surgery at the University of Toronto with a cross-appointment to the Department of Health Policy, Management and Evaluation.

Dr. Susan Hegge has been appointed Lead for the North West LHIN. Dr. Hegge's practice focuses on colorectal oncology surgery with a particular interest in laparoscopic approaches. Her interest in organized approaches to quality improvement using data to drive change based on the provincial standards and guidelines which are well aligned with CCO's approach to system improvement.

Dr. Stephen Pautler has been appointed Lead for the South West LHIN. Dr. Pautler is a physician in the Department of Urology at St. Joseph's Healthcare- London and the London Health Sciences Centre.

He is looking forward to working with partners across the South West LHIN to build, foster and maintain a regional surgical oncology program throughout the region.

Dr. Matt Kilmurry is the interim Regional Surgical Oncology Lead for the Waterloo Wellington Regional Cancer Program. Dr. Kilmurry obtained his doctor of medicine, general surgery residency and clinical fellowship in thoracic surgery from the University of Toronto and completed his ICU fellowship at St. Michael's Hospital in Toronto.

We would like to welcome the new Surgical Oncology Coordinators that have joined the SOP in 2012:

Yasmin Sallay, completed her Master's in the Public Health Program at the University of British Columbia. Yasmin will be working on the Colorectal Cancer (CRC) and Hepatobiliary (HPB) portfolios.

Wei Cao completed her Master's in Public Health Program, Queen's University with a focus on epidemiology. Wei will be working on Gynae-oncology and Melanoma portfolios.

We would like to thank these regional Surgical Oncology leads for their significant contributions:

Dr. Joseph Chin has stepped down from his role as Regional Surgical Lead for South West LHIN. We thank Dr. Chin for his robust leadership over the last six years and his contributions of chairing the expert panel for the Guideline for Optimization of Surgical and Pathological Quality Performance for Radical Prostatectomy and leading the implementation efforts for quality improvement for prostate cancer surgery.

Dr. Craig McFadyen has stepped down from his role as Lead for Waterloo Wellington LHIN. His thoughtful and determined leadership in LHIN 3 resulted in many achievements and was instrumental in leading the Surgical Oncology Wait Times initiative and the establishment of Rapid Diagnostic Units in Waterloo Wellington. Craig was appointed the Regional Vice President, Mississauga Halton and Central West Regional Cancer Program in August 2012.

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