Surgical Oncology News
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Cancer Care Ontario

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SURGICAL ONCOLOGY NEWS

In this issue of Surgical Oncology News

Dear Colleagues,

As we begin a New Year, it provides me an opportunity to reflect on all of the progress our Surgical Oncology Program (SOP).

Access to Cancer Surgery

- The December wait time report showed that 89% of patients had their cancer surgery performed within target which is the best performance seen since wait times reporting started.
- The incremental volume funding envelope has increased from $10M in 2005 to almost $80M and we continue to show not only improvements in access to care but dramatic quality improvements linked to our incremental funding program.
- We have developed a plan to report the entire patient pathway through our system with a plan to implement wait time reporting and performance management on "Wait 1" which is the time from referral to first patient consultation.
- In addition, we continue to work with our colleagues in diagnostic imaging and pathology to ensure accurate and timely reporting of the diagnostic phase of the patient pathway.

High Quality Cancer Surgery

The SOP continues to make incredible progress in implementing **multidisciplinary cancer conferences (MCCs)** across the province. We estimate that over 36,000 patients will be reviewed at MCC discussions this year which is up from 4,000 from the year before. Thanks to the passionate leadership of Frances Wright and our local leaders in making this happen. We will continue to work with our pathology and diagnostic imaging colleagues as well as our community hospital partners to ensure that we improve on our overall performance (75%) this year and meet our target of 80%.

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 our organizational standards in **Gynaecological Oncology and Head and Neck Oncology** will finalize our regionalization initiatives for cancer surgery. These two service areas along with Thoracic Surgery, HPB Surgery and Sarcoma Organizational Standards will create systems and networks of care for our cancer patients that ultimately will result in better outcomes for our patients.

New Initiatives:

As cancer surgery becomes part of **Quality Based Procedure** (QBP) funding under the Ministry's Health System Funding Reform initiative, it will create new opportunities...and challenges. We have formed a Prostate Cancer Working Group to advise on the QBP process for radical prostatectomy. This will further integrate quality improvement initiatives and performance monitoring in our surgical funding programs translating into improvements in patient care similar to how we have leveraged funding and quality improvement as part of the cancer surgery incremental volume funding program.

It is also clear that system accountability starts at the provider level. We have completed a region 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 and will now expand that program to at least one other region in our province. A similar initiative of a provider-level "report card" has been piloted by our Access To Care group for surgical wait times. My expectation is that over the next 5 years Ontario surgeons will receive a quarterly report card describing their wait time and quality performance. Knowing one's own performance in relation to peers is an effective feedback mechanism.

Cancer Surgery Leadership

Our ability to improve cancer surgery in our province is only as strong as our local leadership. We are fortunate to have 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 6 years. This year we were able to renew Robin's commitment for another 3 years as our Lead for Quality Improvement and Knowledge Transfer. I know that the quality of care portfolio could not have a stronger and more passionate leader than Robin. I have been very honoured to work with such a great leader.

Amber Hunter as our Manager for our Surgical Oncology Program for the last 6 years has not only been a great operational leader but has mentored and developed a strong team around her. Amber has been a patient leader but effectively moved our program forward with dogged determination. Our team of Leigh McKnight, Wei Cao, Yasmin Sallay and Sukaina Sheraly have done excellent work and Jennifer Mah has given our program outstanding organizational support. The Surgical Oncology Program at Cancer Care Ontario is a model of teamwork, perseverance, commitment and dedication. I want to congratulate and thank Amber, Leigh, Wei, Yasmin, Sukaina and Jennifer for the success of our program.

2014 will be a challenging year and 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 but with the support of surgical leaders throughout the province I know that we will be able to more than meet the challenge.

NEW MCC Educational Tools!

Multidisciplinary Cancer Conferences (MCCs) bring health care professionals together to discuss all appropriate diagnostic tests and suitable treatment options for an individual cancer patient in a prospective fashion and are an integral part of the patient journey. Improving the quality of and access to MCCs for all cancer patients in the province is a priority of Cancer Care Ontario and the SOP.
New MCC educational materials are available online that aim to increase awareness and promote MCCs across Ontario. Highlights include:

- **Learn about the Value of MCCs video** -features interviews showing the value added to providers and patients, how much progress has been made in Ontario and sharing of best practices. The video can be accessed here: **The Value of MCCs Video**

- **Introduction to MCCs -**presentation provides background information on the importance of MCCs and how concordance is measured. May be used for local presentations.

- **Informational (marketing) Pamphlet** -highlights the importance of MCCs, while also providing tips and tricks for making MCCs happen and several of the MCC successes over the past several years. May be used to distribute at conferences.

These materials and more are on the MCC Resource page: **MCC Resources Toolkit**.

Do not hesitate to contact any of the MCC Project Team at **mccinfo@cancercare.on.ca** if you have any questions!

NEW Guideline Release:

Optimization of Preoperative Assessment of Rectal Cancer

In collaboration with the Program in Evidence-Based Care, the Surgical Oncology Program completed the clinical practice guideline titled **"Optimization of Preoperative Assessment in Patients Diagnosed with Rectal Cancer"** in January 2014. Based on a systematic literature review and expert consensus, the recommendations outline the most appropriate investigations for staging patients diagnosed with rectal cancer in Ontario.

The guideline is published on the CCO site here: **"Optimization of Preoperative Assessment in Patients Diagnosed with Rectal Cancer"**. A multifaceted implementation strategy is currently being developed. The intended users will be radiologists, surgeons, radiation oncologists, medical oncologists and pathologists.

Key recommendations address:

1. Investigations [chest X-ray or computed tomography (CT) thorax/abdomen/pelvis, colonoscopy, serum carcinoembryonic antigen] to assess for distant metastases and synchronous lesions in patients with rectal cancer.
2. Imaging [magnetic resonance imaging (MRI) pelvis, endoscopic ultrasound (EUS), transrectal ultrasound (TRUS), CT pelvis] for local staging of rectal cancer.
3. The optimal MRI protocol and MRI criteria to locally stage rectal cancer.
4. The optimal MRI criteria to select patients for neoadjuvant therapy.
5. The role of multidisciplinary cancer conferences (MCCs).
6. The role of restaging MRI after neoadjuvant therapy.

Optimal Organization of Head and Neck and Gynecology Oncology Care

The Surgical Oncology Program is leading the implementation of two organizational guidelines, which will result in high-performing multidisciplinary care across all regions for Head and Neck cancer and Gynecology Cancer patients.

- Organizational Guideline for Gynecologic Oncology Services in Ontario **Organizational Guideline for Gynecologic Oncology Services in Ontario**: provide recommendations for the optimal organization of gynecologic oncology services in Ontario in order to improve access to multidisciplinary care and appropriate treatment for women diagnosed with gynecologic malignancies. The implementation will focus on designating Gynecologic Oncology Centres, affiliated centres, and establishing regional partnerships of care for patients.

- The Management of Head and Neck Cancer in Ontario: Organizational and Clinical Practice Guideline Recommendation (**Management of Head and Neck Cancer in Ontario: Organizational and Clinical Practice Guideline**) addresses the full continuum of care from diagnosis to post-treatment and rehabilitation in adult patients who present with symptoms of, or have been diagnosed with, head and neck mucosal malignancies. The implementation will focus on the organizational/system guideline requirements.

Gynecologic Oncology Province-wide Webcast

As part of a multifaceted implementation strategy for the recently released **"Organizational Guideline for Gynecologic Oncology Services in Ontario"**, a province-wide videocast session was held in November 2013.

Almost 200 gynecologists, gynecologic oncologists, medical oncologists, radiation oncologists, radiologists, pathologists, and nurses participated from over 30 hospitals.

The interactive session, moderated by Dr. Barry Rosen, included case scenario discussions by a panel of local and international experts, including Dr. Robin Crawford from Cambridge University Hospitals, UK, and Drs. Terry Colgan, Shia Salem, Jodi Shapiro, Michael Fung Kee Fung, David D'Souza, Jim Biagi, Julie Francis, and Leta Forbes from hospitals across Ontario.

The case discussion highlighted guideline recommendations and issues in different service areas around forming a network of gynecologic oncology care, including pathology, radiology, surgery, and oncology etc.

A recording of the videocast is available for viewing, please email **wei.cao@cancercare.on.ca** for details.

Regional Updates

Waterloo Wellington - LHIN #3
Report from Dr. Matt Kilmurry

Waterloo Wellington GI Diagnostic Assessment Program has expanded:
The Waterloo Wellington Regional Colonoscopy Network, started in 2010, was developed to facilitate cancer screening colonoscopies.

- Our expanded service now accepts highly symptomatic referrals suspicious for colorectal cancer.
- Referrals are triaged by our GI Nurse Navigator for appropriateness; and to secure a timely colonoscopy.

The symptomatic clinic began as a pilot with 2 primary care sites in our region during 2012/13 and proved to decrease wait times from date of referral to colonoscopy.

Access through our expanded symptomatic program in 2013-2014 shows:

- a median wait time of 9 days for symptomatic colonoscopies and,
- a 90th percentile of 17 days (compared to the regional 90th percentile of 36 days)

Continued Growth for the Waterloo Wellington MCCs:
MCC's in Waterloo Wellington continue to increase in participation and volume:

As a region 69% of our MCC's are meeting the minimum standards for clinical team member participation and frequency for Q1 of 2013-2014.

- On average 55% of patients presented at an MCC in Waterloo Wellington had their treatment plan changed post MCC.

Our LHIN wide marketing and improvement strategies continue; including, the development of a new GU MCC - congratulations to our urology partners in Cambridge for the successful development of a GU MCC at Cambridge Memorial Hospital.

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

What is happening in Champlain LHIN?

Champlain Regional Communities of Practice (CoPs) Model

The Ottawa CoP model has evolved dramatically since its inception in 2006. Currently there are 230 members representing 9 hospitals and numerous community practices. The Ottawa CoP model has recently been accepted for back to back publications (references listed below) and represents our most current work on conceptualization and implementation of CoPs as a platform for change and quality improvement.

The success of the CoP model is attributed to:

- engaging together voluntary inter-disciplinary practitioners and managers to identify/address quality issues that are relevant for both the hospital and practitioners
- the role of a strong oversight coordinating structure composed of clinical/administrative leaders
- developing practitioner driven standardized clinical pathways
- access to provincial and practitioner determined data sets
- and regional multidisciplinary case conferences.

Existing CoP initiatives:

- ***Breast Cancer CoP*:** optimal use of MRI, linkages to Family Physicians for better transitions in care; and access to psychosocial support for high needs patients.
- ***Colorectal Cancer CoP*:** integration with Family Physicians; regional access to diagnostic testing; endoscopy access and quality; access to care of patients with benign colorectal and ano-rectal disease; and streamlining referral processes to Medical/Radiation Oncology, HPB surgeons, interventional radiology.
- ***Prostate Cancer CoP*:** pretreatment referrals to Radiation Oncology; pre-op pathology synoptic documentation; pre/post functional outcomes for all RPs in region; implement finalized provincial active surveillance protocol, and standardize MRI protocols for active surveillance

New CoP initiatives:

- ***Head and Neck CoP***, focusing on thyroid cancer care, and the **lung CoP** both had their initial meetings with over 70 participants who provide their feedback through multiple methods, providing ideas and viewpoints for fulsome discussions. Both CoPs devised a list of potential priorities which will be refined in the near future.

"Leveraging innovation at the practitioner level" remains the foundation!

For your interest:

We have endeavoured to define a framework that can be replicated in other jurisdictions and will allow for further investigations and validation of our model concepts;

- *Exploring a community-of-practice methodology as a regional platform for large-scale collaboration in cancer surgery?the Ottawa approach. Current Oncology, January 2014. In press.*
- *Piloting a regional collaborative in cancer surgery using a Community of Practice model. Current Oncology, January 2014. In press.*

People News

Within CCO Surgical Oncology Program

Robin McLeod has been re-appointed the **Quality & Knowledge Transfer Lead** in the Surgical Oncology Program. Since taking on the role in 2006, Robin has provided outstanding leadership in advancing the quality agenda for cancer surgery across the province. During this time Robin has lead the engagement of hundreds of surgeons and other clinicians in quality initiatives in prostate, colorectal, thoracic, HPB, breast and gynaecology cancers to further cancer surgery quality in Ontario.

Leigh McKnight has been promoted to the role of **Project Lead, Quality**. Leigh has made a significant contribution to the improvement to cancer surgery in the province for the last 5 years in her coordinator role. She has been a key contributor in many aspects of the Surgical Oncology Program including the implementation of quality improvement projects in prostate and thoracic and more recently taking on the Multidisciplinary Cancer Conferences project.

Sukaina Sheraly has joined the team as **Project Lead, Cancer Surgery Quality Based Procedures (QBP)** a new joint initiative with the SOP and Funding unit - the mandate is a part of Health System Funding Reform. We welcome Sukaina who joins us from the Cancer Information Program where she worked as Team Lead on the eClaims project and as an Analyst with Access to Care.

We would like to welcome the new Surgical Leads that have joined the Surgical Oncology Program

We are pleased to announce that **Dr. Matt Kilmurry** has been appointed as the **Regional Surgical Oncology Lead for Waterloo Wellington**, a thoracic and general surgeon and leads our thoracic surgery program. Matt is the head of the general surgery division at Grand River Hospital and St. Mary's General Hospital and he leads the thoracic surgery program. Matt has served as the interim regional surgical oncology lead since 2012. Please join us in welcoming Matt to his new role.

Dr. Danny Enepekides has taken on the Interim position as Head, Surgical Oncology, Odette Cancer Program and **Regional Surgical Oncology Lead for Toronto Central LHIN (North)**. Dr. Enepekides completed his otolaryngology residency at McGill University, after which he completed his formal training in Head and Neck Oncology and Microvascular Reconstructive Surgery at Hahnemann University in Philadelphia. He has since held leadership roles at Northern California VA medical centre.

We are pleased to announce that **Dr. Patrick Tawadros** has been appointed as the **Regional Surgical Oncology lead for Central West & Mississauga Halton LHIN**, effective June 2014. Dr. Tawadros received his MD, general surgical training and PhD at the University of Toronto and obtained his fellowship training at the University of Minnesota, a world-leading center of colon and rectal surgery, where he held an academic position as Assistant Professor. His clinical practice was in the context of a tertiary care oncology referral center, and included administrative duties in managing the colorectal service at the affiliated Veterans Affairs Hospital.

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

Dr. Calvin Law has stepped down from his role as Surgical Lead, for Toronto Central LHIN (North). We thank Dr. Law for his leadership and contributions in this role. Calvin has been appointed the Regional Vice President, Toronto Central LHIN (North) in December 2013.

Dr. Donald Jones will be stepping down from his role as Surgical Lead, for Central West & Mississauga Halton LHIN as of June 1, 2014. We would like to thank Dr. Donald Jones for his commitment and dedication to the Surgical Oncology Regional Lead role over the last several years. Among his many achievements during the past 9 years, Dr. Jones led the coordination and implementation of the Regional Breast, Hepato-Pancreatic-Biliary, and Thoracic Diagnostic Assessment Programs; was involved in the establishment of the regional multi-disciplinary cancer conferences across our four partner hospitals; and acted as Physician Lead in the Oncology Program at William Osler Health System. He has played an integral role in the creation of the program.

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