



Continuing medical educational needs defined

A key priority of the BC Provincial Surgical Oncology Council & Network is to offer continuing education opportunities that meet the needs of BC surgeons providing oncologic care. To

Key Results on Educational Needs

(For full details and discussion visit the Council & Network Web site: www.bccancer.bc.ca/son)

- Orthopaedic: malignant bone tumours, benign bone tumours
- Otorhinolaryngology: squamous cell, salivary
- Urology: bladder, prostate
- Gynaecology: ovarian, uterine adenocarcinoma and cervical squamous cell

Educational Format

- Seminar sessions (43%) still outrank the popularity of distance education options (27%) for those having a preference. Of the distance education choices the Internet was the preferred modality.
- Dinner style sessions (43%) on Friday or Saturday are preferred and surgeons are interested in having sessions held in their own regions or at resorts.

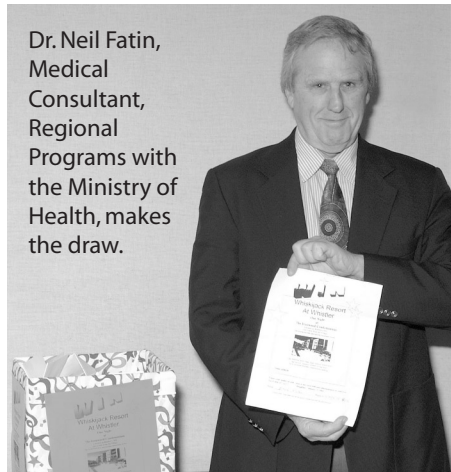
Research Interests

- 54% of respondents are interested in research particularly controlled clinical trials and longitudinal studies.
- Data analysis and collection of clinical data ranked highest as areas requiring more expertise, followed by preparation of grant proposals and details on funding agencies.

“We really appreciate the time surgeons took to help define this initiative,” noted Dr. Cheifetz. This information will help promote an effective continuing education program.”

Preferred Topics

- General Surgeons: breast, colorectal, thyroid and upper gastrointestinal
- Neurosurgery: brain, meninges
- Thoracic: lung, mediastinal



obtain a perspective on these needs the Council & Network distributed an Educational Needs Assessment Questionnaire to all practicing surgeons in the province. Also included were sections on research interests and use of the Internet.

“Our aim was to determine the subjects and formats that surgeons would find most useful,” stated Dr. Rona Cheifetz, leader of Council & Network’s educational initiative, Assistant Professor of Surgery at UBC and Surgical Consultant at Vancouver Hospital and the BC Cancer Agency. “We also wanted to get a better understanding of surgeons’ research interests and areas in which they would like to gain expertise. Thanks to all who responded. The results are now guiding development of our continuing education/maintenance of certification program.”



Names of all questionnaire respondents were entered into a draw for a night’s stay at Whistler’s Whiskijack Resort. Dr. Ernie Fuller, (right) a Surrey-based General Surgeon, won the prize. Happy skiing Ernie and thanks for participating!

Manager Hired: Tina Strack joins Council and Network

Drs. Con Rusnak and Noelle Davis are pleased to announce the recruitment of Ms Tina Strack as Council and Network Manager. As well as her strong administrative background, she brings enthusiasm, innovation and energy to the position.



"I am very enthusiastic about this opportunity to develop the Council and Network into a fully functioning organization that will deliver much needed services to surgeons in British Columbia," says Ms Strack.

She joins the Council from GF Strong Rehab Centre where she worked as the Administrative

Manager of Medical & Academic Affairs for the past several years. Prior to that, she completed administrative contracts with the V/RHB, C&W Health Centre and UBC. Ms. Strack has a master's degree in health administration from UBC and a bachelor of science degree in biochemistry from the University of Alberta. Tina has also served as the co-chair of the Pacific Health Forum for the past 3 years.

www.bccancer.bc.ca/son

MESSAGES FROM THE CO-CHAIRS



DR. NOELLE DAVIS,
Co-chair and
Provincial Program
Leader for Surgical
Oncology,
BC Cancer Agency,
Vancouver

I am pleased to report that the Surgical Oncology Council & Network is fast evolving from the planning stage to an action agenda. We are making significant progress in Research and Outcomes Evaluation, for example. The group dedicated to this area achieved its first goal in completing the BC Atlas of Surgical Oncology, available online through the Council & Network Web site (www.bccancer.bc.ca/son). Surgeons will be able to quickly gain an accurate perspective of the volume of cancer surgery in their region.

We are also conducting a number of studies to determine how well clinical practice guidelines are being implemented and to improve wherever possible. Our goal is to increase awareness of the benefits, particularly the effectiveness of care. One of the first studies focuses on patterns of practice in rectal cancer and is being lead by Dr. Terry Phang of St. Paul's Hospital. The results of these studies will be published online as they become available.

Also available on our Web site is a proposal template for potential research initiatives. We have clearly defined the application and evaluation processes, and surgeons are encouraged to review these online and bring research ideas forward. Our bio-statistician, Murray Mackinnon, (mmackinn@bccancer.bc.ca) can provide valuable assistance in this area.

Finally, as I review the achievements of the past four months, I know we can look forward to a productive spring and summer. I encourage you to take an active part.

ndavis@bccancer.bc.ca



DR. CON RUSNAK,
Co-chair and
Chief of Surgery,
Capital Health Region,
Victoria

Effective communications throughout the Council & Network will be one of the most important factors in our ability to strengthen cancer care throughout BC. We need to ensure that every surgeon has the opportunity to participate in our initiatives and to

enhance our overall contribution - including surgeons in remote areas, sub-specialists and staff at the four BC Cancer Agency Centres and 17 clinics across the province.

We are currently exploring a number of communications tools to foster interaction throughout the Network and enhance provincial decision-making. Videoconferencing technology is one tool we are reviewing now through a pilot project involving five surgeons in varying locations including yours truly. Now that I have a comfort level with the system, I am finding it a useful means to meet with colleagues when face-to-face is not an option.

Another key priority of the Council & Network that I am involved with is finalizing membership both of the Council and of its four standing committees: Communications, Clinical Practice Guidelines, Continuing Medical Education, and Research & Outcomes Evaluation. We want to ensure that membership represents surgeons throughout the province, that it includes solid community and regional representation, and that each of the tumour groups has a voice. Finally, we are developing a formal process to review membership in the future. Please get in touch if you would like to become involved.

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Patterns of Practice: Rectal Cancer

By DR. TERRY PHANG

We have reviewed outcomes for rectal cancer patients in BC. In our first study we reported results of curative surgery and postoperative chemoradiation for rectal adenocarcinoma in British Columbia, 1985 to 1994 (Can J Surg 2001; 44: 377-382). After undergoing rectal cancer resection with curative intent, 191 consecutive patients had received postoperative adjuvant chemoradiation at the BC Cancer Agency during this 10 year period. Overall 5-year disease-specific survival was 60% and pelvic recurrence was 25%. In a regression model, survival was affected by tumour stage ($p < 0.02$), nodal status ($p < 0.001$), type of surgical procedure ($p < 0.04$), presence of residual disease ($p < 0.02$), and pelvic

recurrence ($p < 0.0001$). Pelvic recurrence was affected by presence of residual disease ($p < 0.001$) but not by tumour stage ($p < 0.14$), nodal status ($p < 0.37$) or type of surgical procedure ($p < 0.20$).

In a second study presented at the North Pacific Surgical Association meeting November 2001 (in press, Am J Surg), we examined effects of positive resection margin and tumour distance from the anus in stage 2 and 3 rectal cancers on 4-year disease specific survival and recurrence. In this study we reviewed all 495 rectal cancer patients registered in BC in 1996. Stage 2 and 3 cancers had survival rates of 78% and 72%, respectively ($n = 107, 100$). Pelvic recurrence rates for stage 2 and 3 cancers 16% and 27%, respectively. We found that survival was significantly affected by presence of positive resection margin in stage 2

and 3 cancers, $p = 0.0001$. Lower tumour distance from the anus for stage 2 and 3 cancers worsened survival, $p = 0.0007$, and overall recurrence, $p = 0.016$, but not local recurrence, $p = 0.11$.

From these reviews, we note that in BC, local recurrence rates for rectal cancers are worse than currently reported standards of less than 10% in studies using preoperative radiation and total mesorectal excision for management of rectal cancer. As such, we recommend strategies of using preoperative radiation and careful mesorectal excision to maximize achievement of negative radial resection margins and negative residual disease.

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www.bccancer.bc.ca/son

CME – Web Based 'Using the Internet for Research' Course Nearing Completion

Equipping surgeons to readily access the wealth of information available on the Internet will enhance CME. In cooperation with Jim Henderson from the College of Physicians & Surgeons of BC Library, we are nearing completion of a tutorial to assist surgeons to use Internet resources. Without having some initial guidance, using online resources can be time consuming and unproductive. Through the online tutorial surgeons will learn how to do the following:

- Formulate a search strategy
- Conduct a basic MEDLINE search in Ovid
- Print or save the citations retrieved

The tutorial will be accessed via the Council Web site and will be available beginning in June.

Progress Report: Research & Outcomes Evaluation

The Research & Outcomes Evaluation Committee recently completed its first project - a broad overview of surgical oncology volumes in British Columbia from hospital discharge records supplied by the Ministry of Health. Phase 1 of the BC Atlas of Surgical Oncology 1999/2000, provides breakdowns of procedure volumes by patient age, patient gender, new health authority areas, BCCA regions and hospital size categories and will be available online soon at www.bccancer.bc.ca/son.

The next phase of the Atlas will deal with outcomes. Of related interest to this is an article from the Surgical Outcomes Research Centre (SOURCE), McMaster University in the April 2002 issue of Canadian Journal of Surgery, entitled 'User's Guide to Surgical Literature: How to use an article reporting population based volume-outcome relationships in surgery'. This is one in a series of excellent papers on evidence-based surgery that continues to be inspired by the pioneering work of Pro-

fessor David Sackett and now others at McMaster University. Previous articles in the CJS series covered the topics of diagnostic tools, evaluating interventions and economic analyses.

Providing assistance with research is a role of the Council & Network, which approved an evaluation process for research project proposals at its January meeting. The associated templates for proposals and their evaluation are available via the Council & Network Web site. Interested surgeons and researchers are cordially invited to submit their proposals to Murray Mackinnon, the Council & Network's statistician (mmackinn@bccancer.bc.ca).

Mr. Mackinnon is currently visiting members of the Research & Outcomes Evaluation Committee to discuss dissemination of Phase 1 of the Atlas and work on later phases. As well, he is co-ordinating with them, a proposal for extending the Ministry of Health's surgical waiting time (www.hlth.gov.bc.ca/waitlist/index.html) to include oncology.

BCCA Extranet Update

The BCCA Extranet Project will soon provide authenticated access to clinical and other information for authorized users. Following specified security measures, BCCA clinicians, community partners and other authorized users will be able to use the Extranet to access and exchange information wherever secure Internet access is available - at home, at the office or from a remote location. The following is a brief update on some of the components of the BCCA Extranet Project.

- SON Web site:
This site is updated on an ongoing basis and a "surgeon only" access site will be developed to facilitate the secure

THE BC CANCER AGENCY EXTRANET PROJECT

Enhancing Care and Research Through Better Information Management

- exchange of clinical information.
- Electronic Distribution of Reports:
A pilot project is underway to allow for the Electronic Distribution of diagnostic, progress and consult reports to com-

munity physicians. It is anticipated that the first physicians will begin to receive reports electronically within a couple of months.

- Remote Access to Cancer Agency Information System (See story below)

If you would like to be added to "Extranet Project Update Newsletter" mailing list or

learn more about the Extranet Project, please contact:
Theresa Volk, Extranet Project Manager
604 877-6000, ext. 4933 or
tvolk@bccancer.bc.ca

Enhancing Access to Patient & Clinical Information

The BC Cancer Agency's Extranet Project team is initiating a pilot project to provide remote access to the Cancer Agency Information System (CAIS) - an electronic health record for BCCA patients.

Sixteen BCCA physicians can now access the system via a computer from their home. A group of community surgeons is also being identified to take part through the Surgical Oncology Council & Network. They will access a modified version of CAIS enabling them to view clinical information on patients with whom they have a relationship.

The technology is based on the Virtual Private Network (VPN) software used

by BCCA staff, physicians, Community Cancer Centres, and Screening Mammography Clinics to access BCCA applications. A key part of this trial is the use of two-factor authentication. This requires users to provide two forms of authentication before they can gain access to a system - often in the form of a password or PIN as a first factor and an 'authenticator', such as a smart card or key fob, as a second factor.

An important objective is to obtain feedback from all participants to identify enhancements to CAIS and to further expand CAIS' use to other non-agency physicians and specialist groups.

For more information

To learn more about the BC Provincial Surgical Oncology Council & Network, or to become involved, please contact Frances Lasser, Acting Council Manager
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or Darlene Denesyk, Surgical Oncology Secretary.
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E: ddenesyk@bccancer.bc.ca
Visit the Council & Network
Web site: www.bccancer.bc.ca/son

The Council & Network

The BC Provincial Surgical Oncology Council & Network exists to promote and advance quality cancer surgery throughout the province by establishing an effective Network of all surgical oncology care providers and implementing specific recommendations. The Network will enable quality surgical oncology services to be integrated with the formal cancer care system. Communications to enhance decision-making, clinical practice guidelines, a high quality continuing education program, and regionally based research and outcome analyses are the initial priorities.

Videoconferencing – A Test Drive

Connecting instantly with colleagues 'face to face' - without leaving the office - could soon become a reality for members of the Surgical Oncology Council & Network. Five surgeons are now participating in a Videoconferencing Pilot Project to determine the effectiveness of this technology in enhancing communications for this group.

Each participant has a small camera and microphone hooked onto their computer that enables participation in Coun-

cil and subcommittee meetings. They can also connect for one-to-one meetings or with small groups linked to one of the BC Cancer Agency's videoconference rooms.

Dr. Rona Cheifetz notes "that if the technology is deemed practical, it could also be used for continuing medical education purposes and patient conferences. The key objective is to encourage communications throughout the Council & Network, enabling people to participate in a timely, cost-efficient manner."