



BC Cancer Agency
CARE & RESEARCH

BC Provincial Surgical Oncology Council and Network

AGENDA

May 1, 2002 - 3:30 – 5:30 p.m. VCC 4th Floor Boardroom

Attending: Dr. N. Fatin, Dr. C. Rusnak, Dr. B. Rudston-Brown, Dr. P. Doris, Dr. N. Davis, Dr. R. Cheifetz, Dr. M. Leia-Stephen, Dr. D. Manson, Dr. A. Coldman, T. Murphy, M. Mackinnon, F. Lasser.

Attending by Phone/Videoconference: Dr. P. Doris, Dr. B. Rudston-Brown, F. Lasser.

- 1. Membership – Decision**
- 2. Communication**
 - 2.1 Website**
 - 2.1.1 Professional Section, Surgeons Only – mock-up.
 - 2.2 CAIS Pilot Project – Decision**
 - 2.2.1 Overview of Project
 - 2.2.2 Surgeons to Participate – Decision
- 3. Research & Outcomes Evaluation Committee.**

Update.
- 4. Clinical Practice Guidelines.**
- 5. CME – Program & Budget Presentation.**
- 6. Other**
 - Council Manager – Update.
 - Thoracic Surgery Proposal.
- 7. Monthly Meetings.**

All dates are the first Wednesday of each month, 3:30 – 5:30 p.m.

June 5

July 3

August 7

September 4

October 2

November 6

December 4



Meeting: Wednesday, May 01, 2002 3:30 – 5:30 p.m.

Attendees: Dr. N. Fatin, Dr C. Rusnak, Dr. Cheifetz, Dr. M. Leia-Stephen, Dr. D. Miller, Dr. B. Rudston-Brown ,
Dr. P. Doris, Dr N. Davis, and M. Mackinnon, F. Lasser, P. Ruttan.

Regrets: Dr. G. Warnock, D. Manson, Dr. A. Coldman and T. Murphy.

MINUTES

1.0 Membership – Decision

C. Rusnak outlined some people who should be added or be ex-official: The Provincial Program Leader for Surgical Oncology, Surgical Oncology Representative from all the BCCA Health Regions and Cancer Centres, UBC Chair, Department of Surgery Representative, Educator, two clinical surgeons from the community, two community representatives, statistician, epidemiologist, and a council manager. R. Cheifetz suggests one of the conditions of the renewal of representatives is that it can be extended for up to one year. F. Lasser suggests another group we might want to consider is the paediatric group.

C. Rusnak recommends an organisation chart where everyone is represented, to see where they are in the province and how they relate. It would be a terms of reference in relationship to who is represented and then the Council can look at everybody's short and long term needs. N. Davis commented about finding community representatives by going to specific hospitals and looking at their auxiliary groups. N. Fatin suggested that the Cancer Agency already has a community outreach program that could assist. Council may not necessarily need to have community representatives, instead hold a public forum to get community input.

Action: C. Rusnak and N. Davis to meet to finalise membership of the Council and subcommittees ASAP. F. Lasser to prepare an organisational chart.

2.0 Communication

2.1 Website

M. Mackinnon stated that he would like to get approval from the Council for additions to the Surgical Oncology Web site. He also suggested that the requirements might be more than other users so he could bring this up at the meeting of the Extranet meeting to get as much value as the Council can from the Web site as an effective communication tool.

Action: M. Mackinnon to determine specific components of the Surgeon's Website and present to the Extranet Committee for support.

2.3 CAIS Pilot Project – Decision

F. Lasser stated that the Extranet project has approached the Council about participation in a pilot project with surgeons in the province using Cancer Agency Information System (CAIS). One of the students has put together a proposal for Council involvement. At this time the CAIS project is still working out some of the details in terms of secure access and enabling physicians in the community to access the electronic patient record. Everyone is very enthusiastic about participating in the CAIS pilot project.

Action: F. Lasser to meet with the Extranet group to discuss the Councils enthusiasm to participate in the CAIS project and report back to the Council with an up-date at the next meeting.

3. Research & Outcomes Evaluation Committee

Phase I of the Atlas

Please refer to the ROE minutes from May 1, 2002. (See attached).

4. Clinical Practice Guidelines

It was agreed at the last meeting that the first step was to link with the Ministry of Health and Clinical Practice Guidelines Group to discuss the guidelines. The meeting was postponed due to BCMA and government discussions. C. Rusnak offered to attend. F. Lasser stated she will contact the Ministry and see if the Council can identify some key people in the Ministry and arrange for C. Rusnak to meet with them on an individual basis.

Action: F. Lasser will contact the Ministry of Health and arrange for C. Rusnak to meet.

5. CME – Program & Budget Presentation.

R. Cheifetz reviewed the proposal for the CME program along with the budget and the job descriptions. She discussed setting-up seminar workshops in four Cancer Agency regions plus the north. The plan over the course of the year is to offer something in each on those places. There was discussion regarding the hiring of an administrative assistant to assist with administration of the CME program. F. Lasser stated that CME budget for the administrative assistant was never meant to be one person but actually a number of different people who would contribute to the position.

R. Cheifetz recommended that a group of surgeons would represent each of the sub-specialities. She will contact these people and ask them for their assistance in designing the program. N. Davis suggested that together with C. Rusnak they will write a letter to the sub-speciality groups of the B.C. Surgical Society and ask for people who may be interested in serving on committees. N. Davis also suggested going back through the survey results to see who volunteered. D. Miller recommends contacting people with masters of education for representation.

R. Cheifetz stated that one project she is developing is the Surgical Oncology Internet course on how to use the Internet. This course should be completed in June.

Action: R. Cheifetz to begin implementing the CME plan as presented.

6. Other

• Council Manager – Update

One potential candidate is under consideration.

• Thoracic Surgery Proposal

A discussion ensued around this proposal. **Motion:** B. Rudston-Brown moved that the Council support high quality oncologic care and there are many models to achieve that. The Council has no specific

recommendations for how thoracic surgery should achieve its goals and the Council can grant assistance in data gathering for clearly stated research proposals that will help to improve the outcome of care for surgical oncology. The Council is prepared to support those initiatives that improve and support high quality surgical care. P. Doris seconded the motion.

Action: M. Mackinnon to write a letter to B. Schmidt indicating the decision of Council.

- **Videoconference**

F. Lasser suggested to B. Rudston-Brown and P. Doris to do a test videoconference prior to the next meeting to work out any technical issues.

Action: F. Lasser to work with D. Lambier (student) to set-up a practice video conference prior to the next meeting with B. Rudston-Brown and P. Doris.

7. Monthly Meetings.

It was suggested that dates and times of meetings should be reviewed at the next meeting.

All dates are the first Wednesday of each month, 3:30 – 5:30 p.m.

June 5
July 3
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October 2
November 6
December 4

8. Next Meeting: Wednesday, June 5, 2002, at 3:30 – 5:30 p.m City Square Conference Rm.