



AGENDA

Sept. 6th, 2002 - 3:30 – 5:30 p.m.

VCC – 3rd Floor Meeting Room

Attending:

Attending by Phone/Video Conference:

Guests:

Regrets:

<u>ITEM</u>	<u>SPEAKER</u>	<u>TIME</u>
1. APPROVAL OF AGENDA	T. Strack	5 min
2. APPROVAL OF MINUTES from June 5, 2002	All	5 min
3. INTRODUCTION Surgical Oncology Process Leader, Barbara Poole	B. Poole	5 min
4. OLD BUSINESS		
4.a. Membership/Terms of Reference	T. Strack/All	25 min
4.b. Monthly Meetings	All	5 min
5. UPDATES		
5.a. Council Manager	T. Strack	5 min
5.b. Committees		
5.b.i. CME	R. Cheifetz	10 min
• BCCA Annual Conference		
• CME Plan		
• Internet Course		
5.b.ii. CPG	T. Strack	5 min
5.b.iii. Communications	T. Strack	10 min
• Website		
• Newsletter		
• Remote Access to CAIS		
• Videoconferencing		
5.b.iv. ROE	M. MacKinnon	15 min
• Support of Projects		
6. NEW BUSINESS		
6.a. Fall Planning Meeting	T. Strack/All	20 min
7. OTHER	All	10 min
8. ADJOURNMENT		



Meeting: Friday, September 6, 2002 3:30 – 5:30 p.m.

Attendees: Dr N. Davis (co-chair), Dr C. Rusnak (co-chair), Dr. L. Benedet, Dr. R. Cheifetz, Dr. A. Coldman, M. Mackinnon, B. Poole, T. Strack

Regrets: Dr. P. Doris, Dr. N. Fatin, Dr. R. Finley, Dr. M. Leia-Stephen, Dr. D. Manson, Dr. D. Miller, Dr. S. Sutcliffe, , Dr. B. Rudston-Brown, Dr. G. Warnock,

Recorder: D. Denesyk

COUNCIL EXECUTIVE MINUTES

1. APPROVAL OF AGENDA

Agenda approved.

2. APPROVAL OF MINUTES

N. Davis clarified item 2.2 Support of Projects – Dr. C. Scudamore, and explained that she was using Dr. Scudamore as an example. The action should read “up to \$5,000 *could* be given to another group, such as hepatobiliary”.

MOTION: Minutes from June 5, 2002 meeting APPROVED.

3. INTRODUCTION

T. Strack introduced the newly hired Surgical Oncology Process Leader, B. Poole, to the Council. B. Poole stated that she came to BCCA from the Vancouver Island Health Authority where she worked in a wide variety of roles. She also worked at Princess Margaret Hospital, and for Alberta government and BC government.

4. OLD BUSINESS

4.a. Membership/Terms of Reference

T. Strack stated that she has met with most members of the Council and has discussed what is wanted for the structure for the Network and the Council. A diagram of the Surgical Oncology Council and Network was circulated. The Surgical Oncology Network is a network of all surgeons with oncology practice in BC, while the Surgical Oncology Council is the group of surgical oncology stakeholders that meets on an annual basis. In the past the term Council referred to the group that met approximately every month. This will now be called the Surgical Oncology Council Executive. The Council is comprised of representatives from BC health authorities, BCMA sections, and Tumour Group chairs. These individuals will be involved in the network’s various committees: Research and Outcomes Evaluation (ROE), Continuing Medical Education (CME), Clinical Practice Guidelines (CPG) and Communications (COMM).

A revised Terms of Reference was circulated and changes noted. Authority and Purpose have not changed but responsibilities have been separated into Council, Council Executive, and Tumour Group Chairs. Clarification was requested of an item on page 2, regarding the Surgical Oncology Council surgical specialities and tumour groups representatives. The list is confusing because of crossover between Divisions, such as Neurosurgery, and tumour sites, such as Breast and Esophageal. It was suggested that representatives should be surgical speciality based and perhaps have representatives within those Divisions that have their own groups.

Alternate suggestions included taking out surgical specialities and basing groups on tumour sites. It was agreed to use this format. As such, Dermatology/Melanoma will be Melanoma and Skin, Neurosurgery will be Brain, MSK/Orthopaedics will be Sarcoma and Spinal, Otolaryngology will be Head and Neck.

The proposed membership of the Council was outlined. It was noted that a decision had been made previously not to have a patient representative. Instead, it was felt that it would be better to access patient representatives when there are specific issues on which we want to poll the public. Ideally the goal for the Council Executive is to limit the size to approximately 10-12 members. It was clarified that the Council is the larger group that will meet only once a year. The Executive meets once a month and videoconferencing will be in place shortly. It is important to indicate that the intention is to make it easy for everyone to attend.

With regards to the length of term, if there were not an appropriate replacement available for a position, it was agreed that exceptions could be made at the discretion of the committee. Under Schedule of Meetings, the Surgical Oncology Tumour Groups should be added and noted as meeting quarterly.

People appointed as Surgical Tumour Group chairs would be responsible for creating a network of surgeons within that speciality. It would be the chairs' responsibility to get province-wide representation from the different regions, set standards within the province, and report to Council on an annual basis. It was suggested that it might be advisable to use a different name for these tumour groups to avoid confusing these groups with the BCCA tumour groups. It was agreed to use the term Surgical Tumour Groups.

N. Davis invited the Executive to suggest names of people to serve as Surgical Tumour Group Chairs. A list of the high volume surgeons would be helpful in appointing Surgical Tumour Group Chairs. It is important to not always select people well known by Executive members, and instead to broaden the search for the right individuals.

ACTION: C. Rusnak and N. Davis offered to identify and approach individuals they feel would be appropriate as chairs, phone them and ask them if they will do this on a provincial basis.

T. Strack will follow-up with Executive committee members to request their suggestions for Surgical Tumour Group Chairs.

MOTION: Revised Terms of Reference APPROVED.

4.b. Monthly Meetings.

First Friday of each month. Next meeting, Friday, October 4, 3:30-5:30 p.m. Location TBA.

5. UPDATES

5.a. Council Manager

T. Strack gave a brief update on her activities since joining the BCCA. She reported that she is on the planning committee for the fall BCCA conference and the work is proceeding well. The next goal is to complete the Terms of Reference for all of the Council's committees, and to develop a framework for measuring the Council's activities and impact.

5.b. Committees

5.b.i. CME

BCCA Annual Conference

R. Cheifetz informed the group that the brochure for the fall update is in development. Invitation has gone out to all surgeons in the province to attend the Annual BC Cancer Agency Conference, which including 2 separately running series: the *Optimum Rectal Cancer Management Course*, and the BCCA's *Immune System and Cancer*. Friday is a limited enrolment course which is a technical skills teaching course on how to do a total mesorectal excision (TME). It also includes a pathology component on assessing the specimen appropriately for pathological analysis. The Saturday program is the usual fall surgical update, and will involve a lecture series and small group discussion on comprehensive aspects of Optimum Rectal Cancer Management.

It would be interesting to present different suggestions for improving rectal cancer care to the audience at the conference. If there are any policy statements that need to get endorsed by the group, this would be a good venue to do it if there is a good turn out and a high proportion of the surgeons in the province are in attendance.

Discussion by the group included the goals of the conference, resource allocations, pre-op investigation, level and depth of tumour, therapy and other aspects that maximize the optimal outcome for patients. Discussion of the courses and the cost of the Friday Cancer Agency course and Saturday's course. There is a registration form included with the invitation, which gives the choices and cost for attending.

CME Plan

R. Cheifetz presented the updated CME plan for the Council. She stated all the major Divisions were contacted to find out when they have annual meetings and conferences in order to plan a CME course that would not conflict with these. So far, the BCCA Rectal Conference is scheduled for November 2002.

There are plans for spring for a gyne ovarian update for Kelowna. We hope to take this ovarian session to Victoria next year. There has been interest expressed in the Okanagan to talk about melanoma and sentinel node biopsy, and this will attract general surgery, plastic surgery, and dermatology. This session would then be held in Prince George in the fall of 2003.

N. Davis suggested that since our current budget cycle ends March 31st, perhaps something could be planned for late January, as well as spring break. For example, a Melanoma and a Gyne conference by April 1st next year.

C. Rusnak stated that he would like to do an international symposium on breast cancer. N. Davis agreed with C. Rusnak's idea. It was suggested that the 2003 fall update could be focused on breast cancer. R. Cheifetz stated since Colorectal has been arranged, perhaps do Otolaryngology plus Thyroid this spring, and the major topic in 2003 would be Breast.

R. Cheifetz reiterated that while she agrees with all of the suggestions presented today, she needs names of "point people" to call. Previously the group had discussed writing letters or requests to identify point people who might be representatives on a CME committee.

Internet Course

R. Cheifetz gave an update on the status of the Internet Course that is currently being developed for surgeons. T. Strack is now working on the project. We will apply for approval for accreditation when the course is completed.

R. Cheifetz also stated that we now have a section on Medical Rounds.Com to post recordings of lectures.

5.b.ii. Clinical Practice Guidelines

T. Strack stated that she and B. Poole will be attending a workshop in Ottawa September 13-15.

5.b.iii. Communications

Web Site

T. Strack advised that solutions for creating a surgeons-only portion of the website are currently being investigated.

Newsletter

T. Strack advised that a Newsletter is planned for October.

Remote Access to CAIS

This work is ongoing.

Videoconferencing

T. Strack stated that Dr. Doris will be hooked up next week. Drs. Rudston-Brown and Leia-Stephen still need to be hooked up.

5.b.iv. ROE

BC Atlas progress

Phase I volumes has been revamped. Phase II (within hospital outcomes) is now available. Phase III (links to BCCA data) has approval to merge and is waiting on the new CIHI data from the Ministry of Health. Phase IV (systemic and radiation) will be piloted initially with colorectal and provide a broad-brush stratification (treatment (yes/no) and date received). Phase V (diagnostic and palliative) requires definitions and is temporarily on hold.

Preliminary Phase II results were presented for colocolo anastomosis of colon cancer, which indicated that the unadjusted hospital outcomes (length of stay, post admit comorbidity, within hospital death.) showed little difference between hospitals with different volumes of such procedures. Further analysis will consider more data and adjust for factors such as age.

The College of Physicians and Surgeons of BC have kindly agreed to provide the year of a Royal College Speciality (for research purposes) along with their usual registry information.

Two projects have been completed in conjunction with the Breast Cancer Outcomes group. The first concerns the effect of axillary node dissection on women with T1a tumours and has produced an abstract. The second relates to the difference in outcomes with dyes used in sentinel lymph node mapping.

Two position papers have been prepared on challenges in using the CIHI data - one relating to a recent analytic concern and the other to the efficiency of database strategies.

6. NEW BUSINESS

6.a. Fall Planning Meeting

N. Davis proposed that a full scale Council meeting be planned before the end of this budget year (March 31, 2003).

T. Strack agreed to work on getting all the personnel appointed, and plan for a January/February meeting.

7. Other

No other business.

8. Adjournment

The meeting was adjourned at 5:30 p.m.

Next meeting, Friday, October 4, 2002, 3:30 – 5:30 p.m.