



**BC Surgical Oncology Network – Council Executive  
AGENDA**

**May 7<sup>th</sup>, 2004 - 3:30 to 5:30pm**  
**Vancouver:** 4<sup>th</sup> Floor Boardroom

**Teleconference:** Lower Mainland: 604 899 2339  
Long Distance: 1 877 385 4099  
then enter Passcode 86927#

**PURPOSE OF MEETING/DESIRED OUTCOMES:**

- To provide an update on the April 24<sup>th</sup> Breast Cancer Symposium.
- To discuss the BCCA Strategic Plan and how networks play a role in meeting the objectives of this plan (Dr. Simon Sutcliffe will join us).
- To discuss the development of Surgical Oncology training in BC (Dr. Gavin Stuart will join us).

3:30pm	<b>1. APPROVAL OF AGENDA</b>		ALL
3:35pm	<b>2. APPROVAL OF MINUTES</b> from April 2 <sup>nd</sup> , 2004	For approval.	ALL
	<b>3. OLD BUSINESS</b>		
3:40pm	3.a. Breast Cancer Symposium (April 24 <sup>th</sup> )	For discussion.	C. Rusnak
	<b>4. BUSINESS</b>		
3:45pm	4.a. Surgical Oncology Training in Canada	For discussion.	Gavin Stuart
4:30pm	4.b. BCCA Strategic Plan (and the role of networks)	For discussion	Simon Sutcliffe
5:15pm	<b>5. UPDATES (time permitting)</b>		
	5.a. Clinical Practice	For Information	N. Davis
	5.b. Continuing Medical Education (CME)	For information	R. Cheifetz
	5.c. Communications	For information	B. Rudston-Brown
	5.d. Research & Outcomes Evaluation	For information	P. Doris/ M. Mackinnon
	5.e. Surgical Tumour Groups	For discussion	ALL
	5.f. Physician Info. System Working Group	For information	B. Poole/N. Davis
5:25pm	<b>6. OTHER</b>		
5:30pm	<b>7. ADJOURNMENT</b>		



**BC Cancer Agency**  
CARE & RESEARCH

**BC PROVINCIAL SURGICAL ONCOLOGY NETWORK  
COUNCIL EXECUTIVE MEETING**

**Minutes**

**Date: May 7, 2004**

**Attendees:** P Noelle Davis P Con Rusnak R Simon Sutcliffe  
 P Rona Cheifetz R Andy Coldman P Peter Doris  
 P Gil Wankling R Andy Klufftinger R Garth Warnock  
 P Barbara Poole R Murray Mackinnon R Maureen Leia-Stephen  
 P Tina Strack P Blair Rudston-Brown  
 P Sharon Thomson P Janet Alred (Recorder)

**Invited**

**Guests:** P Gavin Stuart P Allen Hayashi P Sam Bugis  
 P Terry Phang P Charles Scudamore

ISSUE/TOPIC	DISCUSSION POINTS	ACTION (Include Person(s) Responsible)
1. <b>APPROVAL OF AGENDA</b>	Two items were added to the agenda: <ul style="list-style-type: none"> <li>• Replacement Executive member for Neil Fatin</li> <li>• Replacement for Murray Mackinnon</li> </ul>	APPROVED.
2. <b>APPROVAL OF MINUTES</b> for April 2 <sup>nd</sup> , 2004	Approved.	APPROVED.
3. <b>OLD BUSINESS</b> 3.a. Breast Cancer Symposium	<p>The Breast Cancer Symposium took place on Saturday, April 24<sup>th</sup>. There were approximately 90 attendees, including 10-15 non-surgeons. Evaluations have been assessed and T Strack briefly reviewed the results. Scored from 1-4, with 1 being poor and 4 being excellent:</p> <ul style="list-style-type: none"> <li>• Conference content 3.34;</li> <li>• Perceived learning 3.31;</li> <li>• Overall conference rating 3.38;</li> <li>• Extent future pattern of practice affected 3.42 (somewhat).</li> </ul> <p>C Rusnak reported that he had received excellent feedback from delegates on the day; he enjoyed the involvement of everybody in the 2<sup>nd</sup> breast guideline; and he perceived the conference to be a major success.</p> <p>A Hayashi noted that there was impressive representation at the conference by surgeons from small rural communities. Representation from Alberta was also good, which may lead to a solid interprovincial relationship.</p>	

ISSUE/TOPIC	DISCUSSION POINTS	ACTION (Include Person(s) Responsible)
	<p>From an educational point of view, R Cheifetz reported that pre- and post-test results were poor, although there was an improvement in learning over the day (from 40 to 67%). She suggested this might be due to too much information leading to a very challenging test. As results will be posted online (with participants having received a unique personal number that will allow them to check their marks) the pre- and post-test will provide an ongoing learning tool as correct answers will also be provided.</p> <p>A major flaw of the conference was from a time management aspect. The speakers must be reminded of their time allowance and the need to focus their talks accordingly.</p> <p>With six sponsors and high numbers of attendees, the conference was profitable from a financial aspect, although exact figures have yet to be calculated.</p>	
<p><b>4. BUSINESS</b></p> <p>4.a. Surgical Oncology Training in Canada</p>	<p>N Davis provided a summary of national surgical oncology training programs. There are three training centres in the country. Candidates enter the program after three years of general surgery training. Their third year can be applied to surgical oncology. The first year of the program is general surgical oncology followed by one year of subspecialty training. Six people are trained per year in surgical oncology. The Royal College asks that a proven need for subspecialty interest be demonstrated and that candidates require a more general knowledge with multidisciplinary skills. Therefore, it is essential that the first year of the program, involving general surgical oncology training, remain.</p> <p>G Stuart believes the BC Surgical Oncology Network to be the most robust in the country. As such, it lends itself well to having a training program in the province. He spoke of his experience with establishing the training program in Alberta. We will need to define the need for surgical oncologists at a provincial level and to decide upon the subspecialties required. Smaller areas may not need a surgical oncology specialist, but may require surgical oncology leadership. Three elements are required for a successful surgical oncology program:</p> <ol style="list-style-type: none"> <li>1. Work within a multidisciplinary team – Radiation oncologists, medical oncologists, pathologists, etc.</li> <li>2. Research and core advancement of knowledge. This may involve committed time within the program (e.g. a 6-month piece during or after official training).</li> <li>3. Understanding of oncology as a discipline in itself.</li> </ol>	

ISSUE/TOPIC	DISCUSSION POINTS	ACTION (Include Person(s) Responsible)
	<p>The group discussed the impact training surgical oncologists may have on already established general surgeons in the community. Animosity has been experienced together with some lack of understanding of the boundaries of each role.</p> <p>A provincial surgical planning process should be undertaken to review the surgical oncology needs of the province. This could be done, like the Alberta one, through retrospective analysis.</p> <p>G Stuart provided a progress report on the medical school expansion by outlining perceived controversial areas.</p> <ul style="list-style-type: none"> <li>• The medical school expansion is happening concurrently with postgraduate expansion so there will be sufficient chief residents available to supervise medical students.</li> <li>• The expanded distribution model may mean sending fewer students to more centres to provide students with a more real life experience.</li> <li>• There is ongoing concern about the clinical teaching aspect, which historically has been underfunded. The need for increased resources is acknowledged, but not a major component of the expansion. This issue continues to be brought up with the Ministry.</li> <li>• Starting this September, the medical school will accommodate 200 students. For the first 4 months all students will be located on the UBC campus. The newly completed Life Sciences Building will provide the learning venue for such a large class. Twenty-four students will then to go Prince George and 24 will go to Victoria to continue their training.</li> </ul> <p>The expansion of the medical school provides a good opportunity for developing a training program in surgical oncology.</p> <p>At this point, G Stuart left the meeting.</p> <p>A position paper is to be put together and circulated for feedback. It should include data about national numbers and provide a sense of community needs within our province. The external review report can be included in the position paper. To capitalize on the medical school expansion, financial support could be directed toward undergraduate education rather than postgraduate as “advance knowledge of oncology” can start at an undergraduate level. Population numbers, catchment areas, and cancer incidence should be assessed to show demand for care.</p>	<p>ACTION: A copy of the recently completed external review of our surgical oncology program to be provided for the June Council Executive meeting.</p> <p>ACTION: Create a draft position paper supporting the establishment of a surgical oncology training program in BC.</p>

ISSUE/TOPIC	DISCUSSION POINTS	ACTION (Include Person(s) Responsible)
4.b. BCCA Strategic Plan (and the Role of Networks)	Unfortunately, S Sutcliffe was unable to join the meeting to discuss this issue. A formal copy of the strategic plan should be requested for our June meeting.	
4.c. Replacement for Neil Fatin	<p>A letter was sent to Patricia Petryshen asking for a Ministry representative on our Council Executive to replace Neil Fatin. There has been little response from the Ministry so far. B Poole has spoken with her contacts there but with the current shuffle of the Ministry, things are uncertain.</p> <p>The group discussed the possibility of adding a PHSA representative to the Executive as well as, or in replacement of, a Ministry representative. A discussion regarding funding for the SON ensued.</p> <p>It was decided that a response would be awaited from Patricia Petryshen before contacting Lynda Cranston or Penny Ballem.</p>	
4.d. Replacement for Murray Mackinnon	<p>Murray Mackinnon has accepted a position with the Population and Preventive Oncology division, effective immediately. Discussion ensued as to whether we require another full-time statistician or a person with more IT background.</p> <p>Money is available for contracting and it was proposed that we contract Murray for statistical analysis as required. The full-time position could be more IT focused.</p> <p>The job description will be reviewed and then the position advertised. P Doris asked that the Research and Outcomes Evaluation group be directly involved in setting out the objectives for the job description.</p>	T Strack and B Poole will continue to discuss the requirements and report back to the Executive in June.
<b>5. UPDATES</b>		
5.a. Clinical Practice	Nothing to report.	
5.b. Continuing Medical Education (CME)	<p>T Strack and R Cheifetz are presenting a poster regarding the Network at a CME conference in Toronto next week.</p> <p>The roadshow courses for the fall will be head and neck updates. A company has shown interest in sponsoring the events and their representative is currently in negotiation with T Strack. The exact details of the content are still being discussed.</p>	
5.c. Communications	B Rudston-Brown is working on a summary of the Breast Cancer Symposium for the next newsletter.	
5.d. Research & Outcomes Evaluation	This has already been covered earlier in the meeting.	
5.e. Surgical Tumour Groups	The chair-ship of the Gynecology STG was discussed. C Rusnak will speak with Elissa McMurtrie to establish her plans for the future.	

ISSUE/TOPIC	DISCUSSION POINTS	ACTION (Include Person(s) Responsible)
	T Phang will be presenting interim results of the rectal cancer monitoring project at the upcoming BC Surgical Society meeting. Surgeons who have participated in the project will be receiving their rectal cancer result forms this month.	
5.f. Surgeon Information System Working Group	The May 10 <sup>th</sup> meeting has been deferred to June 14 <sup>th</sup> 2004.	
6. <b>OTHER</b>	Nothing to add	
7. <b>ADJOURNMENT</b>	The meeting was adjourned at 5.30 pm	
<i>Next meeting is Friday, June 4th, 2004, 4<sup>th</sup> Floor Boardroom, VCC.</i>		