



BC Cancer Agency
CARE & RESEARCH

SURGICAL ONCOLOGY IN BRITISH COLUMBIA: ACCOMPLISHMENTS AND FUTURE DIRECTIONS

REPORT CARD — NOVEMBER 2002

**Prepared by the BC Cancer Agency's
Provincial Program for Surgical Oncology**



November 29, 2002

To those interested in the evolving practice of surgical oncology and its role in enhancing cancer treatment in BC:

Surgical oncology plays a critical role in the continuum of cancer care. It is a role that includes significant developments during the past three years to improve outcomes, particularly in terms of integration with radiation and systemic therapies and efforts to provide equitable, accessible surgical oncology care throughout the province.

This report provides insight into these developments including an overview of the practice in BC, a synopsis of the establishment of the Surgical Oncology Program at the BC Cancer Agency, and details on key initiatives including the creation of the BC Provincial Surgical Oncology Council & Network, clinical advancements, educational opportunities, research accomplishments and administrative infrastructure.

We felt it important to bring these achievements together in one document as they provide a 'big picture' perspective of the positive developments taking place. Often, we are so involved in our individual efforts that we miss the value of our collective contribution.

I hope you will find the following pages informative and interesting. We welcome your feedback and would be pleased to provide further details on any aspect.

Sincerely,

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BC Cancer Agency

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Surgical Oncology and the Continuum of Cancer Care

More than half of patients newly diagnosed with cancer will require some form of surgical procedure during the course of their illness be it diagnostic, therapeutic or palliative. While most surgical oncology services are provided in the community, surgery is frequently the “gateway” into services provided by the BC Cancer Agency.

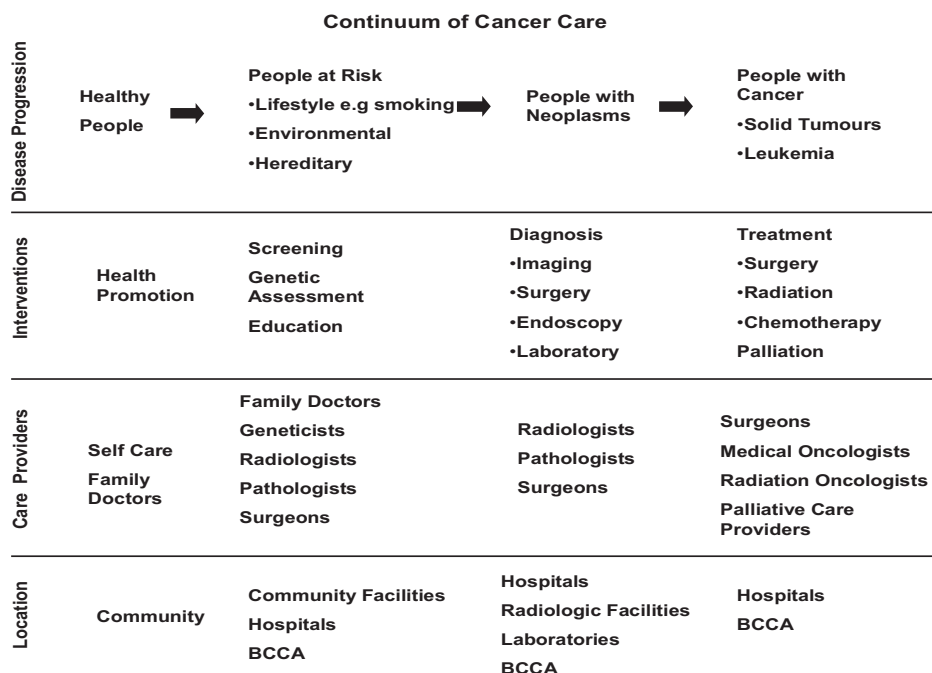
The BC Cancer Agency's mission is:

- To reduce the incidence of cancer
- To reduce cancer mortality
- To improve the quality of life of those living with cancer

In order to carry out this mission, the Agency established four major strategic directions or goals.

These are:

- to plan and fund cancer control programs to meet a growing need for:
 - existing services;
 - infrastructure and equipment; and
 - new programs in cancer control
- to develop a cancer control strategy for the entire population of BC shared by the BC Cancer Agency, the provincial government and community partners
- to improve cancer control by generating new knowledge through research; and
- to plan the human resources necessary to implement its cancer control strategy.



Surgical Oncology in BC

The Provincial Surgical Oncology Program at the BC Cancer Agency promotes the delivery of quality surgical oncology services as part of an integrated provincial system for cancer care delivery.

Surgical oncology is one of three major programs in cancer control accompanying radiation and systemic therapies. The 2001 Accreditation Report highlights the need for more effective integration of surgical oncology with these other therapeutic processes.

Practising surgeons throughout the province perform cancer operations and often consult with the Agency. They are not, however, always formally associated.

Surgical oncologists, who specialize in cancer surgery, have one or more years of formal post-fellowship training, and practice primarily within the academic institutions and the BC Cancer Agency.

There are currently about 36 formally trained surgical oncologists among the 1,045 practising surgeons in BC. The majority of surgical oncologists are based at Vancouver General Hospital (VGH) with other concentrations practicing at various regional centres.

The majority of complex cancer procedures in the province also take place at VGH due to specialized equipment and a critical mass of subspecialty surgeons and programs located there. Such surgeries include major head and neck, esophageal, thoracic, hepato-biliary, intestinal, sarcoma surgery and urologic procedures. The Vancouver Hospital and Health Sciences Centre (VHHSC) is a major provincial focus for research and teaching within the cancer surgery disciplines.

Accurate statistics regarding the number of cancer surgeries per year are now being tracked and analysed by tumour site, geographic area, hospital and surgeon and made available, for the first time, to BC surgeons by the BC Cancer Agency. This initiative, aimed at improving clinical outcomes provincially, falls under the Research & Outcomes Evaluation efforts of the Provincial BC Surgical Oncology Council & Network. The statistics are available on the Agency's Web site.

In 1999/00 – the first full year for which statistics are currently available – 13,450 therapeutic surgical oncology procedures took place in BC. These include operations to remove malignancies such as breast conserving surgery or pancreatectomy for pancreatic cancer. Diagnostic and palliative procedures, as well as operations to remove benign tumours, are not included in this database.

Provincial Program Goals

The objective of the BC Cancer Agency's Provincial Surgical Oncology Program is to build upon BC's expertise in cancer treatment to improve patient outcomes.

The Program's goals directly support those of the Agency.

BC Cancer Agency Goal

Plan and fund cancer control programs to meet a growing need for existing services, infrastructure and equipment and new programs in cancer control

Surgical Oncology Program Goals

- To provide expert and equitable access to surgical consultation and procedures
- To provide surgical oncology consultation within multidisciplinary care teams that are tumour site specific
- To reduce variation in surgical practice
- To assist in planning of surgical services provincially

BC Cancer Agency Goal

Develop a cancer control strategy for the entire population of BC shared by the BC Cancer Agency, the provincial government and community partners

Surgical Oncology Program Goals

- To develop and maintain a surgical oncology registry
- To measure outcomes related to cancer surgical procedures
- To develop a quality assurance program for the province of BC as it relates to cancer surgery
- To develop guidelines and standards related to surgical management of cancer that can be implemented provincially

BC Cancer Agency Goal

Improve cancer control by generating new knowledge through research

Surgical Oncology Program Goals

- To develop site-based standards of practice
- To promote clinical research
- To provide leadership and infrastructure for surgical research provincially

BC Cancer Agency Goal

Plan the human resources necessary to implement the cancer control strategy

Surgical Oncology Goals

- To develop a provincial network of surgeons linked through Extranet/Web site technology
- To develop undergraduate, postgraduate and continuing medical education programs in surgical oncology disciplines

Provincial Program History

In British Columbia surgical oncology is practised at individual hospitals throughout the province and within an expanding cancer control system under the realm of the BC Cancer Agency (BCCA). The latter includes the Provincial Surgical Oncology Program based at the BCCA in Vancouver and led by Dr. Noelle Davis.

The Provincial Surgical Oncology Program was formalized within the BCCA's new organizational structure in 1998 and Dr. Davis appointed Program Head at the BCCA, VHHSC and the University of British Columbia. She joined the Agency as Provincial Program Leader for Surgical Oncology and organized the administrative infrastructure including office space, staff, and access to the Agency's information systems and other resources.

In November/December 1999 Dr. Davis travelled to cancer centres across North America including the Ottawa Cancer Centre and Breast Centre, Princess Margaret Hospital in Toronto and Memorial Sloan Kettering Cancer Centre in New York. She reviewed ambulatory clinic issues and observed new surgical techniques gathering information to apply to the BCCA Surgical Oncology Program. As a result, sentinel node mapping was added to Agency services and plans are underway to develop effective ambulatory clinics in breast oncology.

Numerous significant accomplishments have occurred since the inception of the Program:

One key development, from which many others stem, is the formation of the BC Provincial Surgical Oncology Council & Network, funded through a Health Action Plan Grant submitted by Dr. Davis. Murray Mackinnon joined the Council & Network as bio-statistician in September 2001 and facilitates all Research & Outcomes Evaluation projects. In July 2002, Tina Strack was appointed Manager of the Surgical Oncology Network and Barbara Poole joined the team as Surgical Oncology Process Leader in September 2002. Prior to their arrival, Frances Lasser served as interim Project Manager. The Agency gratefully acknowledges her contribution.

The Provincial Program's first major projects included reviews of two significant surgical oncology areas – gynaecologic and musculoskeletal cancer sites – with the objective being to ensure the most effective patient care and enhance existing resources. A review of the clinical and clerical resources took place for both areas and formal care maps were introduced. Patient flow was significantly improved for gynaecology patients. While over 400 patients with soft tissue masses have been assessed through the revised musculoskeletal program at the BCCA in 2001 and local cancer recurrences following sarcoma surgery have significantly declined.

Progress Report



Goal: Meeting the Need for Cancer Control

The goals of the Provincial Surgical Oncology Program are to:

- Provide timely access to existing surgical services for the diagnosis, treatment and palliation of cancer;
- Integrate surgical services within multi-disciplinary teams; and
- Reduce variation in surgical practice.

Timely Access

A number of initiatives took place to maintain existing services, enhance capacity and introduce new services. These include:

Service Maintenance

- *Operating Room Equipment Upgraded*

In 1998, the Program reviewed all Operating Room equipment at the BCCA and arranged required upgrades to current, safe standards.

- *Anaesthesia Contract Negotiated*

Recognizing a national shortage of anaesthetists and the need to enhance anaesthesia support of the prostate brachytherapy program. Program staff negotiated a contract to provide anaesthesia coverage and an Anaesthesia Department head appointed.

Service Enhancement

- *Improved Resource Utilization*

The Program increased use of the Operating Room at the BCCA, Vancouver site from 65% to 80%. The target is 90% utilization of available Operating Room time.

New Services

- *Mamotome Biopsy Equipment Introduced*

In collaboration with the Radiology Department at BCCA, the Program introduced a Stereotactic Breast Biopsy Unit to the BCCA. This unit is significantly reducing the number of surgical biopsies required. The BCCA is one of the first cancer centres in Canada to adopt this technology and subsequently developed excellence in breast cancer diagnosis.

Integration Within Multi-disciplinary Teams

Preliminary accomplishments include:

- ***Multidisciplinary Consulting Clinics***
The Ambulatory Care Unit at the BCCA, Vancouver site now includes multidisciplinary consulting clinics where patients are assessed by surgeons, medical and radiation oncologists. This multidisciplinary approach is well documented to improve patient outcomes. Ambulatory care clinics are fully operational in musculoskeletal

and gynecological cancer, central nervous system disease and under development for breast, ENT, colorectal and melanoma.

- ***Surgical Participation in Tumour Groups Enhanced***

The Program aims to have surgeons represented on all Tumour Groups. At the Vancouver and Victoria Cancers Centre surgeons now participate on Tumour Groups.

Reducing Variation In Surgical Practice

Work is underway on a potential model for other Surgical Tumour Sites:

- ***Evidence-based Guidelines Projects Initiated***
Recognizing a perceived high rate of recurrent rectal cancer, in 1999, the BCCA Low Rectal Cancer Group was formed and Dr. T. Phang of St. Paul's Hospital agreed to Chair the Group. A

Provincial Patterns of Practice Study of Low Rectal Cancer was completed by the BCCA Surgical Oncology Program and serves as a useful starting point to determine how well existing practice guidelines are being applied and recommends steps to reduce local recurrence of rectal cancer.

Surgical Services Planning

- ***Development of an Integrated Program with Vancouver General Hospital***
In February 2001, Dr. R. Finley (VGH Department Head of Surgery) and Dr. D. Ostrow (VGH Vice President of Clinical Services) approached the BCCA to explore the potential of developing a more integrated and programmatic approach to cancer surgery delivery that would optimize Operating Room resources at both the BCCA and VGH. The Surgical

Oncology Integration Steering Committee, the Surgeons' Committee and the BCCA-Vancouver Cancer Centre (BCCA-VCC) Implementation Committee worked from February to December 2001 on an integration plan now ready for implementation (see Next Steps below). This report was recently received and supported by the Department of Surgery Surgical Advisory Group at Vancouver General Hospital.

Next Steps

Timely Access

- *Renewal of the Anaesthetic Contract*
Negotiations are underway to renew this contract.
- *Enhanced Integration with Vancouver General Hospital*
The objectives of the integration plan are to relieve long wait lists for cancer surgery and to enhance access for cancer surgery patients. Wait list reduction will occur through two approaches:
 - 1) by enhancing and fully utilizing both Operating Room facilities at the BCCA-VCC site, Operating Room access will be increased for cancer surgery without disturbing other significant surgical programs at VGH; and
 - 2) by developing a fully integrated patient care program between the BCCA and VGH, protected access for cancer surgery patients will be developed at VGH and efficiencies maximized between the two institutions.

Short-term objectives focus on alleviating the regional wait list for surgical oncology including a plan to enhance low intensity cancer procedures at the BCCA, thereby increasing access for high intensity operations performed at VGH. Planning committees noted that the main access issue is for high intensity procedures. Medium-term objectives (18 - 36 months) are to develop a fully integrated patient care program between the two institutions including shared patient care maps, computerized patient information management systems and academic surgical oncology program management.

Reducing wait times for low intensity cancer operations can be achieved by enhancing facilities at BCCA-VCC. A comprehensive analysis of the types of operations that could feasibly be transferred from VGH to the BCCA is completed. A transfer of low intensity procedures would allow for enhanced access to VGH for tertiary high intensity cancer operations. Ideally, this increased access would occur within a comprehensive VGH/ BCCA surgical oncology program.

Integration Within Multi-disciplinary Teams

- *Ambulatory Care Unit Redevelopment*

A first step toward integration within multi-disciplinary teams occurred with inclusion of the Surgical Oncology Program into the Ambulatory Care Unit at the Vancouver Cancer Centre. Planning is now underway for a Surgical Oncology Ambulatory Care Unit that will more effectively use the 2,600 square feet of surgical oncology space on the second floor of the VCC. An operational review is being conducted of the Unit's present structure and function, to identify the limitations and determine the best method to enhance patient flow and address provider concerns.

In conjunction, a strategic plan will be prepared to develop a fully operational Surgical Oncology Ambulatory Care Program beginning with an introduction of General Surgery Oncologists followed by development of breast, colo-rectal, melanoma and sarcoma ambulatory clinics. These clinics will provide diagnostic, access to surgery and integration of treatment with the BCCA Systemic and Radiation Therapy programs and will serve as a template to introduce other clinics such as hepato-biliary, thoracic and head and neck.

Reduce Variation In Surgical Practice

- *Clinical Practice*

The appointment of Surgical Tumour Site Chairs to the BC Provincial Surgical Oncology Council will facilitate the dissemination and implementation of surgical oncology clinical practice guidelines. These chairs will be drawn from across the province and be recognized opinion leaders.

Ongoing monitoring of the impact of the guidelines will also be provided to practitioners as part of a Provincial Quality Assurance Program.

Clinical practice guidelines are anticipated to evolve into site-specific standards of practice with the support of surgeons practising in BC.



Goal: Regional Population-based Cancer Control

BC Provincial Surgical Oncology Council & Network

In 2000, the Provincial Program initiated the development of a strategic plan for surgical oncology services in BC. A steering committee, working through the BCCA with a health care consulting firm, The Hay Group, participated in extensive planning sessions. Their analysis, combined with numerous stakeholder interviews, identified key issues and resulted in numerous recommendations. Establishing the BC Provincial Surgical Oncology Council & Network was foremost among the latter. (Hay Report is available from the Surgical Oncology Program upon request.)

Research indicated that an effective 'Network' directed by a Council would help integrate surgical oncology into the formal cancer control system ensuring the best quality service delivery, equitable and timely access, and the most positive patient outcomes.

Recommended Network features included:

- ***Distributed Service Delivery*** – delivery of core services reflecting high volume cases (breast, prostate, lung, gastro-intestinal) in multiple sites and specialized services in one or two sites
- ***Evidence-based Care*** – developing and operating in accordance with standards that reflect 'best practice' care delivery and participating in multi-disciplinary assessment and decision-making processes
- ***Defined Roles and Responsibilities*** – establishment of standards to clarify the appropriate role for individual surgeons and individual hospitals i.e. critical mass standards could be used to identify those facilities who should be performing certain procedures

- ***Formal Linkages*** – strengthened communications between surgeons and hospitals throughout the province and the formal cancer care system to improve treatment decisions
- ***Academic Foundation*** – supporting the development and monitoring of standards and the development of programs and services to meet the training and ongoing professional development needs of surgeons, surgical oncologist and other care providers.

Based on these recommendations, Dr. Noelle Davis developed and submitted a request for funding to the Ministry of Health's Health Action Plan. In January 2001, the Ministry of Health allocated funding for the establishment and maintenance of the BC Provincial Surgical Oncology Council & Network including personnel and resources.

The Network includes all providers of surgical oncology services in BC from surgeons in remote areas to sub-specialists. It is the means through which the Council promotes and advances quality cancer care.

The Council includes representatives from each of the five health authorities, the 13 Surgical Tumour Group Chairs, UBC Department of Surgery, community surgeons and the Ministry of Health. The Council Executive is a sub-group of the above and includes the Chairs of the four standing committees. The Council is led by two co-chairs: Dr. Noelle Davis, Provincial Program Leader, and Dr. Con Rusnak, Chief of Surgery for the Vancouver Island Health Authority. They report to the President and CEO of the BCCA.

COUNCIL & NETWORK VISION:

To provide equitable, accessible and integrated cancer surgery for British Columbians

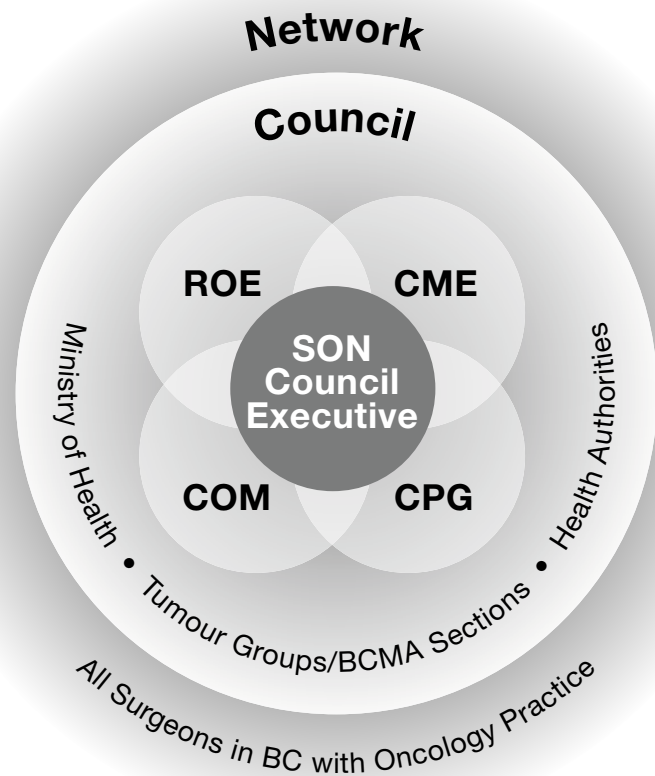
COUNCIL & NETWORK MISSION:

By providing surgeons with continuing medical education, communications, practice guidelines and research and outcomes evaluation, the Council & Network will enable the best possible surgical oncology care for all people in British Columbia.

The Council & Network includes four operating themes with standing committees for each:

- *Communications* – to enhance surgical decision making provincially (See details following);
- *Evidence-based Guidelines* – to develop peer reviewed surgical oncology practice guidelines linked to the BCCA site specific treatment policy and based on best practice principles of outcome measurement, multidisciplinary assessment, critical mass, technology, and infrastructure (See section on clinical practice guidelines, pg 12);
- *Continuing Medical Education* – to develop a high quality continuing education program that meets standards of the Canadian College of Physicians and Surgeons (See section on human resource planning, pg 18); and
- *Research & Outcomes Evaluation* – to define and undertake regionally based research projects that will provide surgeons, academics, healthcare planners and administrators and the Ministry of Health with outcome data and other vital information (See section on knowledge generation, pg 16).

Surgical Oncology Council & Network Membership Structure



Progress to Date

Communications Tools in Place

- Web site – The Council & Network Web site (www.bccancer.bc.ca/son) became operational in December 2001. The site serves to provide information on the Council's activities and services and is quickly evolving to serve as a surgeons' resource.
- Newsletter – The Council & Network publishes a quarterly newsletter to keep members informed on developments and to encourage participation.
- Videoconferencing – Various technologies are being tested and evaluated to better enable Network members to participate in initiatives from their own locations.
- ExtraNet – The BCCA is developing a secure Extranet to enable Agency partners to access and exchange patient and clinical information from their own locations. Council & Network members are participating in specific test projects providing varying levels of access to the the BCCA's electronic patient health records.

Next Steps

- *Surgeon's Only Web site*
The Surgical Oncology Council & Network Web site will be further developed to provide surgeons across BC with access to password protected services such as online surgical experts and other oncology expertise to support interactive case management and provide more detailed research and outcomes information.
- *Integration with Regional Health Authorities*
Working with the five regional health authorities in BC, the Council will develop models for more effective, local integration of surgical oncology within the cancer care system – recognizing population health needs, availability of surgical expertise; facility capacity and related service availability.



Goal: Knowledge Generation Through Research

Progress to Date

The Research & Outcomes Evaluation Committee of the BC Surgical Oncology Council & Network completed its first major project – a broad overview of surgical oncology volumes in British Columbia based on 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 is available online at www.bccancer.bc.ca/son.

Table 1.26a Major ablative procedures associated with cancer of the thyroid (ICD-9 193) in British Columbia 1999/2000

		Gender		Total	Age					Total
		Female	Male		0 - 19	20 - 39	40 - 59	60 - 79	80+	
19.1 Unilateral thyroidectomy	n	48	13	61	0	14	21	25	-	61
	col %	31.8%	23.2%	29.5%	.0%	26.9%	23.3%	41.7%	-	29.5%
	row %	78.7%	21.3%	100.0%	.0%	23.0%	34.4%	41.0%	-	100.0%
19.21 Thyroidectomy unqualified	n	-	-	5	0	0	-	-	0	5
	col %	-	-	2.4%	.0%	.0%	-	-	.0%	2.4%
	row %	-	-	100.0%	.0%	.0%	-	-	.0%	100.0%
19.22 Excision of lesion of thyroid	n	-	0	-	0	-	-	-	0	-
	col %	-	.0%	-	.0%	-	-	-	.0%	-
	row %	-	.0%	-	.0%	-	-	-	.0%	-
19.29 Other partialthyroidectomyNEC*	n	22	6	28	0	5	17	6	0	28
	col %	14.6%	10.7%	13.5%	.0%	9.6%	18.9%	10.0%	.0%	13.5%
	row %	78.6%	21.4%	100.0%	.0%	17.9%	60.7%	21.4%	.0%	100.0%
19.3 Completethyroidectomy	n	70	33	103	-	29	48	23	-	103
	col %	46.4%	58.9%	49.8%	-	55.8%	53.3%	38.3%	-	49.8%
	row %	68.0%	32.0%	100.0%	-	28.2%	46.6%	22.3%	-	100.0%
19.43 Completesubsternal thyroidectomy	n	5	-	6	-	-	0	-	0	6
	col %	3.3%	-	2.9%	-	-	.0%	-	.0%	2.9%
	row %	83.3%	-	100.0%	-	-	.0%	-	.0%	100.0%
Total	n	151	56	207	-	52	90	60	-	207
	col %	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%
	row %	72.9%	27.1%	100.0%	-	25.1%	43.5%	29.0%	-	100.0%

*** A dash (-) represents a procedure count of size 1 to 4, which has been suppressed, in accordance with information privacy guidelines (NAACCR, Statistics Canada, FOIPP Act). See the methodology notes for a more detailed explanation.

A number of articles by surgeons associated with the program have been published or in progress. (See Appendix A for details.)

Next Steps

- *Future Phases of the BC Surgical Atlas*

Phase 2 of the BC Atlas of Surgical Oncology will be completed with data from the Ministry of Health. This Phase will examine in-hospital mortality and morbidity. Phase 3 will expand the study of mortality post discharge. Phase 4 will stratify the data by treatment modality. Enhancing referrals to the Agency and expansion of the registry data to include surgical data will also be explored. The Research & Outcomes Evaluation Committee also plans to pilot various communication tools with surgeons throughout BC in order to develop the best method of monitoring outcomes of critical value in cancer surgery procedures that are not currently monitored systematically (i.e. cancer recurrence rates).

- *Proposal Underway to Include Surgical Oncology on Provincial Wait Lists*

The Research & Outcomes Evaluation Committee of the Surgical Oncology Council is preparing a proposal to the Ministry of Health promoting surgical oncology procedures to be “flagged” on surgical wait lists. The Committee is also planning to review provincial wait lists, as perceived by surgeons, in order to evaluate “bottle necks” in service delivery.

- *Process Established to Receive and Evaluate Network Research Proposals*

The Surgical Oncology Council intends to receive and evaluate research proposals from Network members now that a formal process is established and online application templates are available



Goal: Human Resources Development

Progress to Date

Through the Surgical Oncology Network and the work of Dr. Rona Cheifetz, Council Surgeon Educator, the continuing professional development of practicing surgeons with respect to treatment of cancer is being supported. Accomplishments to date include:

- ***Continuing Medical Education (CME) Needs Defined***

To gain an accurate understanding of surgeons' educational needs and preferences, the Surgical Oncology Council & Network prepared and distributed an Educational Needs Assessment Questionnaire in late 2001 to every practicing surgeon in the province. The response provided insight on the educational format, timing and locations surgeons preferred, along with an indication of their usage of the Internet, the most commonly sought CME topics, and research interests. This information is now being used to develop the Council & Network's continuing education/maintenance of certification program.

Preferred Topics (for those specialties offered a topic list):

General Surgeons: breast, colorectal, thyroid and upper gastrointestinal

Neurosurgery: brain, meninges

Thoracic: lung, mediastinal

Orthopaedic: malignant bone tumours, benign bone tumours

Otorhinolaryngology: squamous cell, salivary

Urology: bladder, prostate

Gynecology: 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 is the preferred modality. Dinner style sessions (43%) on Fridays or Saturdays 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.

Full details on the Educational Needs Assessment are available at www.bccancer.bc.ca/son.

- ***CME Courses Held***

November 2, 2002 – Dr. Rona Cheifetz gave an update on *Sarcomas of the Inguinal Canal* to provincial urologists in Vancouver.

November 29-30, 2002 – seminars on lower rectal cancer were held in conjunction with the BCCA Annual Cancer Care Conference in Vancouver. Along with information on best practices, a technical training session was included.

- ***Surgeons' Internet Course Offered***

The Surgical Oncology Council & Network is developing an Internet course for surgeons that will take them through each of the steps required to conduct an effective Internet search and medline search in response to clinical questions.

In addition, surgeons associated with the program made numerous presentations at conferences and workshops. (See Appendix C for details.) They also support teaching of residents in surgical oncology. (See Appendix D for details.)

Next Steps

- *CME Sessions Planned*

Based on the above results, four annual CME afternoon and evening seminars are being planned and implemented provincially, as well as an annual CME course held jointly with the BCCA Partners in Care Conference.

- *Academic Surgical Oncology Training*

Another focus will be on the need to support teaching, research and administrative functions within the University of British Columbia to promote surgical oncology programs. At the undergraduate level, professors are needed who can introduce students to multidisciplinary concepts related to cancer management. At the postgraduate teaching level, the Royal College of

Physicians and Surgeons mandated that cancer management programs be integrated into surgical traineeships through a formalized cancer system. This requires surgeon educators with subspecialty training in cancer surgery. Experts must also be trained and formal surgical oncology training programs developed and funded such as those in radiation and medical oncology. Subspecialty surgeons might also act as a resource for practising surgeons thereby developing CME programs involving Operating Room mentoring. A strong core of practising surgical oncologists within the academic centres is needed to meet these objectives.

Moving Forward

This report highlights the initial directions and accomplishments the BCCA's Surgical Oncology Program. In the coming months a five-year action plan will be developed detailing the long-term vision for the program and the steps required to achieve that vision. Timeframes, roles and responsibilities

will be defined. The BC Provincial Surgical Oncology Council will guide the plan's development with input from the five health authorities and members from all the other disciplines dedicated to improving patient outcomes for people with or at risk of developing cancer.

Appendix A

Publications

Published Articles by Surgical Oncologists in the past five years associated with the BCCA Surgical Oncology Program

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Weir L, VanBergeyk, Masri BA, Grafton CA, Duncan CP, Goddard KJ: Local Excision Without Radiation for High Grade Soft Tissue Sarcoma of Extremity and Superficial Trunk. *Sarcoma*, 2001 (in press).

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Schneiderei, N, Davis NL, Troung PT, MacKinnon M, Speers, C, Olivotto I. T1A Breast Cancer and the Role of Axillary Node Dissection, Submitted to the *Archives of Surgery* and accepted for presentation at the Pacific Coast Surgical Association Meeting in Feb 2003.

Phang PT, MacFarlane J, Taylor RH, Cheifetz R, Davis NL, Hay J, McGregor GI, Speers C, Sullivan B, Pitts J, Coldman A. The Effects of Emergent Presentation on Cancer Recurrence rates. Accepted for Presentation at the North Pacific Surgical Association, Nov 2002, Submitted to the *American Journal of Surgery*

Schneiderei N, Davis NL, Chua B, Speers C, MacKinnon M, Olivotto I. A comparison of Filtered Sulfer Colloid to Antimony in as radiocolloid labels in Sentinel node mapping. Submitted to the *Canadian Society of Surgical Oncology*, 2003

Work In Progress

Bernstein V, Jones A, Mankoff D, Davis N, Bryce C, Gelmon K: Positron Emission Tomography Can Detect Metastases to Internal Mammary Nodes in Patients Presenting with Early Breast Cancer (Near completion)

Cheifetz R, Davis NL: A Surgical Oncology Educational Needs Assessment of Practicing Surgeons in the Province of British Columbia (Submitted to The North Pacific Surgical Association Meeting Nov 2002).

MacKinnon, MJ: Leveraging the CIHI discharge data for surgical oncology outcomes

Appendix B

Conference Proceedings

Dr. Noelle Davis

Sentinel Lymph Node Biopsy: Early Results. Canadian Society of Surgical Oncology, Montreal, PQ, May 1998.

Sentinel Node Biopsy, Early Results. British Columbia Cancer Agency; Cancer Centre of the Southern Interior, Sep 18, 1998

Breast Cancer in the Elderly. Postgraduate Course: Surgery in the Elderly: Canadian Association of General Surgeons, Sept 24, 1998.

Breast Cancer New Advances. Surgical Update, Advances in Oncology, Vancouver, B.C. Dec 4, 1998.

Will Sentinel Node Biopsy Replace Axillary Node Dissection? Breast Cancer: Myths and Realities Feb 19 & 20, 1999.

Be it Resolved that Well Differentiated Thyroid Cancer Warrants and Aggressive Initial Therapeutic Management. Debates in Endocrine Surgery, Canadian Association of General Surgery, Montreal Que., Sept 24, 1999.

Sentinel Node Mapping in Breast Cancer: Has the time come? BC Surgical Society Meeting, Victoria BC, May 2000.

DCIS: How much is enough? Breast Cancer Update, University of Toronto, Toronto Ontario June 2000.

Sentinel Node Mapping in Breast Cancer. Breast Cancer Update, University of Toronto, June 2000.

Debate: Be it resolved that Axillary Node Dissection Confers Survival Advantage. Canadian Association of General Surgery Edmonton, Alberta September 2000.

Presentation on Pancreatic Cancer at the Canadian Society of Surgical Oncology in Montreal April 2001

Dr. Dianne Miller

Bertrand M, Lim P, Miller D, Ehlen T, Parsons C, Benedet L. Adjunctive Radiotherapy after Radical Hysterectomy and Pelvic Lymphadenectomy in Stage 1b Cervical Carcinoma: Proceedings of the Society of Obstetricians and Gynecologists of Canada 54th Annual Meeting Victoria, British Columbia.

Miller D, Ling C, Ehlen T, Benedet J, Bertrand M. Is Vulvar Intra-epithelial Neoplasia a risk factor for the subsequent development of cervical dysplasia? Proceedings of the Society of Obstetricians and Gynecologists of Canada, June 27, 1999, Ottawa, Ontario.

Ubai J, Ehlen T, Miller D, Bertrand M, Benedet JL. Outcome of Pelvic Exenterative Surgery 1988-1997: Proceedings of the Society of Obstetricians and Gynecologists of Canada, June 27, 1999, Ottawa, Ontario.

Appendix C

Residents Active in Teaching Activity

Resident	Fellowship	Period		Supervisors
Dr. Wendy Hooper		Apr 1998	Jun 1998	Gynae Oncology
Dr. Cigden Arkuran		Apr 1998	Jun 1998	Gynae Oncology
Dr. Wendy Hooper		Apr 1998	Jun 1998	Gynae Oncology
Dr. C. K. Ko	Recon Fellowship	Jun 1998	Jul 1998	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Owen Brady	Recon Fellowship	Jan 1998	Dec. 1998	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Michele Lipp		Jul 1998	Sep 1998	Gynae Oncology
Dr. Winston Tam		Oct 1998	Dec 1998	Gynae Oncology
Dr. Daniel Ng	Recon and Oncology Fellowship	Jul 1998	Dec 1998	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Fares Haddad	Recon Fellowship	Jul 1998	Jun 1999	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Khalid Alquwayee	Recon Fellowship	Jul 1998	Jun 1999	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Marwan Zamzami	Recon Fellowship	Jul 1999	Dec 1999	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Caitlin Huckell		Oct 1999	Dec 1999	Gynae Oncology
Dr. Michal Szczupak		Jan 2000	Mar 2000	Gynae Oncology
Dr. Nancy Mitenko		Apr 2000	Jun 2000	Gynae Oncology
Dr. Ahmad Al-Khaleifi	Recon Fellowship	Jul 1999	Jun 2000	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Graham Robbins	Recon Fellowship	Jul 1999	Jun 2000	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Fawaz Edris		Jul 2000	Sep 2000	Gynae Oncology
Dr. Jeremy Green		Jul 2000	Sep 2000	Gynae Oncology
Dr. A.Buzkowski		Jan 2000		General Surgery
Dr. Beth Taylor		Oct 2000	Dec 2000	Gynae Oncology
Dr. Gavan McAlinden	Recon Fellowship	Jan 2000	Dec 2000	Dr. Bassam A. Masri, Dr. C. P. Duncan and Dr. D. S. Garbuz
Dr. Sarah Young		Jan 2001	Mar 2001	Gynae Oncology
Dr. David Dunlop	Recon Fellowship	Jul 2000	Jun 2001	Dr. Bassam A. Masri, Dr. C. P. Duncan, Dr. D. S. Garbuz, and Dr. N. Greidanus
Dr. Julie Stone		Jul 2001	Sep 2001	Gynae Oncology
Dr Marijo Odulio		Nov 2001	Dec 2001	Gynae Oncology
Dr. Darrin Wilson	Recon Fellowship	Jan 2001	Dec 2001	Dr. Bassam A. Masri, Dr. C. P. Duncan, Dr. D. S. Garbuz, and Dr. N. Greidanus
Dr. N. Caron		Feb 2000		General Surgery
Dr Aude Beauchamp		Jan 2002	Mar 2002	Gynae Oncology
Dr. Philip Mitchell	Recon Fellowship	Jul 2001	Jun 2002	Dr. Bassam A. Masri, Dr. C. P. Duncan, Dr. S. Garbuz, Dr. N. Greidanus
Dr. N. Schneiderei		Jul 2002	Sep 2002	General Surgery
Dr. Robert Dominic Meek	Recon Fellowship	Feb 2002	Dec 2002	Dr. Bassam A. Masri, Dr. C. P. Duncan, Dr. S. Garbuz, Dr. N. Greidanus
Dr. Chantal Mayer		Oct 2002	Dec 2002	Gynae Oncology