

FAMILY PRACTICE ONCOLOGY NETWORK



BC Cancer Agency

CARE & RESEARCH

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Newsletter

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Dr. Victor Ling is Vice President of Discovery for the BC Cancer Agency and shares his views on cancer research and the role of family physicians.

AN OPEN DIALOGUE ON CANCER RESEARCH IN BC

British Columbia has an outstanding cancer control system and the best outcome or survival rate in the country. Yet even these are not good enough – 50% of cancer patients do not do well and cancer is expected to soon surpass cardiovascular disease as the number one killer in this country.

The goal of cancer research is to generate new knowledge that will ultimately improve outcomes and, in BC, such endeavors take place at the BC Cancer Agency's Cancer Research Centre in collaboration with the Vancouver Hospital and Health Sciences Centre and the University of British Columbia. Dr. Victor Ling is Vice President of Discovery at the BC Cancer Agency and leads efforts to discover what causes cancer, ways to improve treatment and how to develop more effective means of preventing, detecting, controlling and curing the disease.

Dr. Ling is world renowned for his discovery of P-glycoprotein and elucidation of mechanisms of chemotherapy drug resistance and has won many major cancer research prizes. He received his PhD in Biochemistry from UBC, and undertook a postdoctoral fellowship at the MRC Laboratory of Molecular Biology in Cambridge, England. Prior to moving to Vancouver in 1995 to become Vice President of Discovery at the BCCA, Dr. Ling was Head of the Division of Molecular and Structural Biology at the Ontario Cancer Institute in Toronto. He is also a professor in the Department of Pathology and Laboratory Medicine at UBC and Co-Director of the Centre for Integrated Genomics in Vancouver. He shares his perspectives on cancer

research here emphasizing the critical role of family practitioners and highlighting opportunities to build relationships and benefit from available resources.

Perspective on cancer research: We strive to achieve the ultimate impact for the investment available considering what can be done that is unique and focusing on what we are best at.

Benefit to family practitioners: A key focus of our initiatives is translational research – determining how to effectively introduce new knowledge into the system enabling the integration of science and medicine. New information is being generated all the time and family practitioners will find it useful to learn the latest with regard to early detection and diagnosis.

Genomics is another main focus – we are learning to take advantage of genomic science to determine how cancer arises, progresses and responds to specific therapies. Eventually treatment will be personalized according to an individual's genetic make-up.

There is also a great deal of research underway to benefit patients after their cancer treatment, again care of whom is mainly provided by family physicians. This research focuses on ways to improve the quality of life for patients addressing the special needs of survivors and those who are palliative.

An open dialogue: The Family Practice Oncology Network creates opportunities for family physicians, scientists and tertiary care providers to build relationships. Family doctors can identify challenges that require research and communicating these instances

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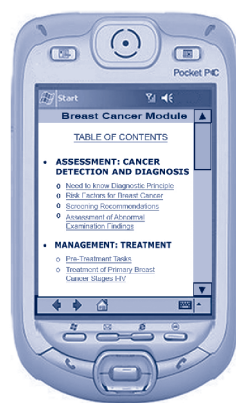
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CI-POC

By: Dr. Andrew Murray, Physician Leader, CIPOC Project



Work on the Cancer Information at Point of Care (CIPOC) project is progressing. The software for both the Web version and the Personal Digital Assistant version is in the final stages of completion. The breast module has been uploaded on this software and the Palliative Care module is in the process of being uploaded. The other tumour modules (colorectal, lung, prostate, testis, bladder, renal, cervix, endometrium, ovary, lymphoma, myeloma, leukemia

and upper GI) are at advanced stages of development. Progress has been slower than expected but we intend to have at least the breast and palliative care modules fully operational and available to family physicians at the November BCCA conference. Feedback from the heads of the tumour groups and from the family physician focus group has been very helpful. The family physicians on the focus group have responded positively. The purpose of this resource is to supply answers to the vast majority of cancer related questions which family physicians might have while seeing patients. The intent is for it to be a dynamic resource with ongoing adjustment of the content and structure according to feedback received from users and experts as well as from patients.

Hereditary Cancer Program News

By: Mary McCullum, RN, MSN, CON(C), Nurse Educator, Hereditary Cancer Program

In September 2006, the Hereditary Cancer Program (HCP) will complete our first mailout to all BC physicians. We would like to thank those family physicians who provided such positive feedback on an earlier draft of the document. You told us that both the content and format would be useful in your practice. We hope that the laminated page, which will arrive in your mailbox soon, will be a useful resource.

A few key points to highlight:

- HCP referral criteria are intended to identify those people with personal and/or family histories of cancer that suggest a specific hereditary cancer syndrome.
- A referral to the HCP is for genetic counselling. Eligibility for genetic testing is discussed within a genetic counselling appointment.
- Genetic testing for hereditary colorectal cancer syndromes is now available through the HCP for BC families.
- Patients on Vancouver Island

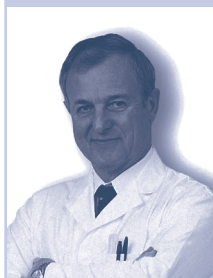
should be referred to the Medical Genetics Clinic at Victoria General Hospital for appointments in Victoria, Nanaimo, Campbell River and Comox.

- Patients in the rest of BC should be referred to the Hereditary Cancer Program at the BCCA's Vancouver Centre, for appointments in Vancouver, Surrey, Kelowna or via videoconference to other BC communities.

For additional information about the HCP:

- contact Mary McCullum, HCP Nurse Educator (mmccullum@bccancer.bc.ca or 604-877-6000 x2325).
- refer to the BCCA website:
 1. Patient/Public Info – Prevention – Hereditary Cancer Program
 2. Health Professionals Info (includes referral forms and criteria) – Cancer Management Guidelines – Hereditary Cancer Program

MESSAGE FROM THE CHAIR OF THE FAMILY PRACTICE ONCOLOGY NETWORK



Dr. Philip White,
Chair of the Family
Practice Oncology
Council and
Family Physician in
Kelowna

Over the past few months I have made several presentations on both Chronic Disease Management and the Family Practice Oncology Network to a variety of physicians and allied health professionals across the country.

There is no doubt that Chronic Disease Management is responsible for generating new interest and enthusiasm in what has commonly become known as “full service family practice”. There is also new realization that cancer care can adopt many of the principles of CDM and that many cancers can be managed in this way.

The Family Practice Oncology Network, having laid excellent groundwork in Continuing Medicine Education and the Preceptorship Program, is now moving into a new phase of practitioner engagement with redevelopment of the strategic plan and production of a “way forward” document.

It was reassuring to see that what was presented across the country met with significant enthusiasm. We feel that in the next year we will see all of the groundwork translating into a more integrated and meaningful knowledge network and cancer management system for all family practitioners in BC.

PRECEPTOR PROFILE



Dr. Stephen Ashwell of Dawson Creek is one of the initial graduates of the Preceptor Program and cites an improvement in patient safety among the benefits gained.

Dr. Stephen Ashwell runs a full-service general practice in Dawson Creek including labour and delivery, and shifts in the Dawson Creek and District Hospital Emergency Department. He completed the eight-week Preceptor Program in November 2004 in tandem with local colleague, Dr. Bob Newman, who serves as a member of Family Practice Oncology Council and chairs the Preceptor Program Working Group.

“The flexibility to complete the program in segments and in a variety of settings was very important to me,” noted Dr. Ashwell, “particularly as I have a young family and because I work in a small town where care is often supported by the services provided in the nearby city of Grande Prairie, Alberta. Having two local doctors with this training definitely enhances our services with cross-coverage and corridor consultations.”

“Following the two-week introductory module at the BC Cancer Agency in Vancouver, I spent a week working with the staff at the Grande Prairie Cancer Centre learning first-hand how the Alberta system works. Many of our patients prefer care there instead of Vancouver or Prince George. I also spent a week with the Burnaby Hospice team – both community and inpatient, a week at the BCCA's Vancouver Island Centre, and a week at BC Children's Hospital. Aside from the introductory module, which was great for establishing the fundamentals, I was often the only learner on-site and was able to work up cases and spend time on self-directed learning and searches.”

Dr. Ashwell considers the ability to enhance patient safety among the key benefits he gained from the program: “Previously, I administered a course of chemotherapy once or twice a year and was never completely up to date

on protocols and symptom management. Now I provide this treatment several times a month against many different cancers and for patients of numerous doctors. My skills are sharper, I am confident in my abilities and knowledge base and I know the system better so patients are receiving better care. Complex cases are still referred out to an oncologist, but otherwise I consult by phone with an oncologist and then proceed with treatment – reducing the need for patient travel.”

Since completing the program Dr. Ashwell has added oncology to his long-time interest in palliative care: “I am a firm believer that this kind of work can be done well in the context of a general practice. The challenge is time management and I guess I will always be working on that!”

Contact Dr. Stephen Ashwell at stephen.ashwell@northernhealth.ca.

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is important. I also see the Network developing into a wonderful means to communicate new developments in cancer prevention.

The BCCA's annual cancer conference in Vancouver (November 23-25) is an excellent opportunity to bring these groups together.

Resources available: I encourage family physicians to use our library located on the first floor of the BC Cancer Research Centre in Vancouver. This library, named the Rix Family Discovery Centre, is open to physicians, scientists and members of the public seeking cancer information. There are also Libraries and Cancer Information Centres at each of our cancer centres in Victoria, Surrey and Kelowna. We aim to ensure these resources are accessible and useful and welcome physicians' feedback and requests for information in person, by email (use the Contact Us form available at the top of every BCCA webpage – www.bccancer.bc.ca) or by phone 1-888-675-8001 x. 8001.

First annual BC Cancer Agency Community Care Award open to nominations

It was Christmas Eve and Joe Bryde's life was already at a low point when he got the devastating news. Living on Vancouver's Downtown Eastside, and with no family beside him, he was diagnosed with cancer.

And then, unexpectedly, care and support arrived from a most unanticipated source. Bryde's community pharmacist, someone he visited every day to receive his cancer medications, became an advocate, caregiver, and friend.

That's why Bryde is nominating his pharmacist for the first annual BC Cancer Agency Community Care Award. The award is being introduced today to recognize those community caregivers who go above and beyond in providing support to cancer patients.

Any community caregiver is eligible for the award, for example, nurses, volunteers, physiotherapists, hospice workers, family doctors, or surgeons, to name a few.

One nominee will be chosen to receive the award by a panel of caregivers, community supporters, and patients. The award recipient will be announced on November 25 at the BC Cancer Agency's annual award banquet in Vancouver. Travel and accommodation will be provided. Nominations can be made online at www.bccancer.bc.ca, or by calling 604.877.6216, or toll free at 1.800.663.3333, x 6216. The deadline for nominations is September 30, 2006.

Postmenopausal Women at Increased Risk for Breast Cancer Can Participate in Clinical Trial:

By: Dr. Karen Gelmon - Medical Oncologist Vancouver Cancer Centre & Chair, Breast Tumour Group

In the last decade the survival from breast cancer has improved by approximately 30%. Much of this has been due to the development of more effective therapies and a better understanding of breast cancer subtypes and how they should be treated. This would not have occurred without clinical research. The immediate reaction from many persons is that they are fearful of research and do not want to be a guinea pig. However, all research is now done with full informed consent and within the strict guidelines of ethics review boards. There are no guinea pigs with breast cancer signing consent forms. Without research we would not move ahead but subjects must be fully informed prior to volunteering for any clinical trial and this includes understanding their options for treatment, discussing the risks and benefits of the study, having time to make an informed decision that has been discussed with their family, friends, family physician etc and being aware that they can withdraw their consent at any time. As well, all research must be done with the best interests of the subjects in mind including providing optimal medical care.

So why do people participate in research? Most of the time, we see incredible altruism. People do understand what we have achieved so far due to the participation of patients in the past and they also want to contribute. As well, people hope that they will get a better treatment or better care by participating or have access to something new that is not yet available. We have to thank all the persons who do participate and we as physicians have to be open to our patients desire to contribute and maybe get something new. While we have to honestly admit our ignorance (if we knew the answer we would not need the research) and the risks, we have

to support research, our patients and the future.

Women are worried about developing breast cancer and many are interested in prevention. The BC Cancer Agency is enrolling postmenopausal women at increased risk of breast cancer in a new clinical trial that is evaluating the role of an aromatase inhibitor, the drug exemestane (Aromasin) in the prevention of the disease. Coordinated by the National Cancer Institute of Canada Clinical Trials Group (NCIC CTG), the Excel research study will follow more than 4,500 women from Canada, the United States and Spain, over a five-year period.

This study is open at the Vancouver Cancer Centre and at the Cancer Centre of the Southern Interior and is open to women who have an increased risk based on their age, family history, and a number of factors including age at first menstrual period and age at time of first child's birth. Exemestane is a member of a class of drugs called aromatase inhibitors currently being used to treat breast cancer recurrence in women around the world. Results from a study published in a March 2004 issue of the *New England Journal of Medicine* demonstrated that exemestane was able to prevent the occurrence of new cancers in the opposite breast of women who have already had breast cancer, suggesting that it may prevent the disease in healthy women. Although we know that diet and exercise may be helpful in preventing breast cancer this study will add to our knowledge by looking at an aromatase inhibitor.

Women looking for more information about the ExCel research study should contact Zahra Lalani at 604-877-6000 x2199 in Vancouver or 250-712-3900 x7047 in Kelowna or visit www.excelstudy.com.

Upcoming Events

November 23 – 25

BC Cancer Agency Annual Cancer Conference

Westin Bayshore Hotel, Vancouver.

The FPON Continuing Medical Education Day will take place Saturday, November 25.

Contact Gail Compton at 604.707.6367 for more details.

Ongoing Training at UBC

Pocket PC/Windows Mobile Workshop for Physicians

This half day small-group workshop is intended to help physicians master the personal digital assistant (Pocket PC or Windows Mobile).

Contact UBC Continuing Professional Development - Knowledge Translation at 604.822.4263 or email digmed@cpdkt.ubc.ca

For More Information

To learn more about the Family Practice Oncology Network or become involved please contact:

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Visit the Network Website:
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