

# THE BC CANCER AGENCY'S ORAL CANCER PREVENTION PROGRAM

By: Dr. Sandra Shostak, private practice dentist in New Westminster and a resident in Oral Oncology at the BC Cancer Agency

The BC Cancer Agency's Oral Cancer Prevention Program is a world recognized leader in oral cancer research, prevention, detection, treatment and follow-up. Through development of new techniques for the detection and treatment of pre-malignant oral disease, the Program is assisting dentists to identify and diagnose oral cancer earlier.

But there is more to the BCCA's Department of Oral Oncology/Dentistry than the Oral Cancer Prevention Program. Approximately 40% of patients receiving chemotherapy will experience oral complications. The majority of patients with leukemia and those receiving bone marrow transplants develop oral complications. Radiation therapy to the head and neck results in both short term and permanent side effects. Cancer patients treated with bisphosphonates are at lifelong risk of osteonecrosis of the jaw. Surgical treatment for cancer can result in dental, oral and/or facial defects requiring reconstruction and rehabilitation.

The Department of Oral Oncology/Dentistry is staffed by dedicated dental specialists, who collaborate with other BCCA disciplines and with community dental practitioners to provide optimal oral care before, during and after cancer treatment. In addition to the groundbreaking work Oral Oncology/Dentistry is doing in oral cancer, patients who are treated at the BC Cancer Agency are referred to Oral Oncology/Dentistry before radiation to the head and neck, and before bisphosphonate therapy begins. Patients can also be referred if they are experiencing oral side effects of cancer treatment.

Short and long term morbidity can be reduced with early dental intervention, by:

- Eliminating oral infections, to prevent potentially fatal systemic infections of dental origin.

- Prevention, elimination or control of oral pain.
- Preventing destruction of the dentition.
- Improving oral hygiene, to reduce the risk and severity of oral complications of cancer treatment.
- Providing healing stents to protect oral surgical wounds, thereby allowing continuation of oral intake.
- Managing side effects of radiation treatment, including xerostomia, infection, trismus, pain, and soft tissue breakdown.
- Reducing risk of osteoradionecrosis and bisphosphonate osteonecrosis, by recommending treatment that will bring the oral status to a level which can be maintained through the patient's lifetime.
- Assisting patients in maintaining adequate nutrition.

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*Any individual experiencing dental complications from cancer therapy can be referred to the Department of Oral Oncology/Dentistry for assessment*

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For patients who have undergone cancer surgery, the provision of orofacial prosthetics is undertaken in the Department of Oral Oncology/Dentistry, as well as in private dental practices in the province. Obturators cover permanent surgical defects and replace lost teeth, to allow patients to return to normal food intake. Implant frameworks, designed and affixed into remaining bone by dentists, allow attachment of facial prostheses. Department specialists also provide reconstruction and rehabilitation services to adolescents and young adults with maxillofacial growth and dental development problems stemming from cancer treatment they underwent in childhood.

Cancer patients who require restorative dental services or replacement of a limited number of teeth due to a malignancy are referred to their community dentists. BCCA dentists are available to work closely with community dentists, to ensure that cancer patients are successfully managed in their own communities. Alternatively, patients who require routine dental procedures but who have severe medical complications are referred to the Dental Clinic at Vancouver General Hospital.

We recommend that all patients who are diagnosed with cancer be referred to their community dentists for preventive care as early in the diagnosis as possible. Physicians and dentists are welcome to contact us by phone at (604-877-6136) to discuss any concerns they may have regarding dental treatment for these patients.

Any individual experiencing dental complications from cancer therapy can be referred to the Department of Oral Oncology/Dentistry for assessment. Following the assessment, our specialists will consult with the community dentists regarding treatment needs as required.

Patients with benign oral lesions, where the biopsy has confirmed a diagnosis of dysplasia, should be referred to Oral Oncology/Dentistry for close monitoring and surveillance under the Oral Cancer Prevention Program at the Vancouver Cancer Centre.

To refer, please call the Department of Oral Oncology Dentistry at any of our three sites:

Vancouver:  
(604) 877-6136  
Fraser Valley:  
(604) 930-4055 ext. 4549  
Kelowna:  
(250) 712-3919

# CARE AND RESEARCH FOR ADULT SURVIVORS OF CANCER IN YOUNG PEOPLE

Con't from Pg. 1

The long-term health issues for survivors are not primarily related to the risk of recurrence of cancer, but more commonly, to sequelae of their treatment (late effects). The impact of intensive therapy and the long term sequelae of that therapy is exacerbated in children as they are still growing and developing. Thus critical developing organs are more likely to develop long term complications. Recent research shows that the majority (62%) of five-year survivors diagnosed up to age 21 years have at least one chronic late effect, and almost 30% have a severe condition requiring ongoing medical care. The risk of a chronic condition among survivors is three times that for their sibs, and for a severe condition is over eight times that for their sibs. Thirty years after diagnosis, over 70% of survivors have at least one chronic condition, and over 40% have a severe, disabling, or life-threatening condition. Some late effects occur early, and some occur only several years after treatment. The most common late effects are neurocognitive and psychological, cardiopulmonary, endocrine, musculoskeletal, and second malignancies, but every body system can be affected. Moreover, due to the difficulties in pursuing survivor research, our knowledge of long-term health risks is still incomplete, and guidelines for survivor care are still in development.

## What is the impact on family physicians?

As these survivors reach adulthood, care that addresses their unique requirements needs to move into the adult community care setting. Family physicians are the first point of care for most survivors; however, many family and community care physicians are unaware of the health risks of this group. Long-term follow-up programs for survivors of cancer among young people have been proposed and implemented in other jurisdictions, but to date, there are no such programs in BC.

There is a need for more research to

further identify late effects and inform evidence-based follow-up care guidelines. Furthermore, there is a need for greater awareness of risks, and risk-based care, by family physicians and community-based specialists, that includes (1) surveillance for late effects; (2) appropriate transition from pediatric oncology care to adult community care; (3) monitoring of comorbidity; (4) monitoring of healthy behaviours; (5) appropriate screening tests; and, where available (6) appropriate interventions.

## What is happening at BCCA?

### Research:

The BC Cancer Agency, in partnership with researchers at BC's Children's Hospital and University of British Columbia, has recently initiated a cancer survivorship research program that aims to (1) develop a research resource for the ongoing investigation of survivorship issues among survivors of cancer in childhood, adolescence, and young adulthood, (2) conduct a series of studies of late effects and health care issues for this group, and (3) transfer this knowledge to health professionals and other caregivers, program managers, and policymakers, for development of care guidelines and more effective strategies and interventions. The Childhood, Adolescent, and Young Adult Cancer Survivorship Research Program (CAYACS) is funded by the Canadian Cancer Society through the National Cancer Institute of Canada, and is based in the Cancer Control Research unit of the BC Cancer Research Centre.

### Long-term follow-up and care:

The BC Cancer Agency & BC Children's Hospital have a follow-up clinic for the most severely affected survivors. In addition, the Patient and Family Counselling Department at the BC Cancer Agency provides counseling, including vocational counseling, and connects survivors to support groups. The Pediatric Oncology/ Hematology Department at BC's Children's Hospital is

providing survivors reaching adult age a "report card" with relevant treatment and risk information, to inform family and community care physicians of long term risks and care needs.

### Networks:

The Provincial Pediatric Oncology and Hematology Network (PPOHN), co-led by the BC Cancer Agency and BC's Children's Hospital, has developed a long-term follow-up program for adult survivors of childhood cancer, which has yet to be funded.

### Dialogue:

The CAYACS Research Program, and the PPOHN Network, have or are developing websites to communicate the latest information on risks and guidelines for surveillance and care for this group. There is an opportunity for partnership with the Family Practice Oncology Network to raise awareness of adult chronic care for these survivors. A series of presentations and workshops for health professionals, and public forums are planned by the Agency to raise awareness and inform family physicians and others of the needs of survivors. As well, the Agency sponsors a biennial Cancer Rehabilitation Conference and sessions at the Annual Conference on this topic.

### Conclusions:

There are clear benefits of integrated, risk-based long term community care, focused on family physicians, for survivors of cancer in young people, including (1) reduction of morbidity; (2) early identification of late effects, at a more treatable stage; and (3) better long term health outcomes. Now that survival for many of these patients is expected, the focus is now on long-term health and quality of life.

*Mary McBride is an epidemiologist and Senior Research Scientist at the BC Cancer Agency, with an ongoing research interest in childhood cancers, cancer survivorship, and cancer control and surveillance. She is Principal Investigator for the Childhood, Adolescent, and Young Adult Cancer Survivorship Research Program, and is located in the Cancer Control Research Unit of the BC Cancer Research Centre.*

## PRECEPTOR PROFILE:

### DR. LINDA WILSON, GENERAL PRACTITIONER IN ONCOLOGY



*Dr. Linda Wilson (seated) completed the BC-CA's Preceptor Program in June 2006 and is part of Prince George Regional Hospital's growing team of oncology expertise. Also featured (left to right) are: LaDonna Fehr, Pat Stachiw, Cindy Mueller, and Dr. Winston Bishop*

The Cancer Clinic in Prince George Regional Hospital significantly increased the number of physicians with oncology expertise over the past several years and decreased waiting times for patients to begin treatment. Where previously regional oncologist, Dr. Winston Bishop, was the only physician seeing patients for chemotherapy and new consults, there is now a team of physicians, three of whom have completed the BC Cancer Agency's Preceptor Program and two whom are considering it in the near future.

Dr. Linda Wilson, General Practitioner in Oncology, is a part of this team. She completed the program in June 2006 and works in the Clinic two half-days per week while maintaining a regular family and busy obstetrical practice. Dr. Wilson completed all modules of the eight-week program at the BC Cancer Agency in Vancouver focusing in particular on breast and gynecological cancers for which she often provides follow-up treatment.

"One of the most useful aspects of the program is developing a context for how the BCCA works in Vancouver and gaining a network of people to consult with particularly regarding complications from chemotherapy which always seem to arise when our regional oncologist is away. I can also provide advice to GPs in surrounding areas regarding side-effects from chemotherapy and offer assistance when the regional oncologist is unavailable.

"With regard to the impact of the pro-

gram on my practice, patients are reassured that when they receive a cancer diagnosis, we are very knowledgeable about the steps in their treatment path. Patients in the Clinic are also more satisfied in that they are able to see the regional oncologist quicker and are seen by a physician with oncology expertise every time they receive chemotherapy. The nurses are also grateful to have ready access to us with any questions they might have. We have developed quite a good team and have mini-conferences as needed to determine what is best for a patient. We have medical students working with us in the Clinic as well who are gaining an understanding of the role of family practitioners in oncology."

Director of the Prince George Regional Cancer Care Unit, Dr. Winston Bishop, notes: "The institution of the GPO program in our Prince George Regional Cancer Care Unit has led to a considerable improvement in patient care, patient safety and a more relaxed working environment. The program runs very smoothly and is now indispensable."

Head Unit Nurse at the Hospital's Cancer Care Unit, LaDonna Fehr, adds: "At a time when the number of patients we are treating and the complexity of the treatments is increasing steadily, the GPOs have become an essential part of our care for each patient. We are grateful for the five family physicians who staff our Clinic and feel that without them, we would not be able to provide the "best of care close to home."

"The top attributes of the Preceptor Program are the training flexibility and the approachability of the people at the BCCA," comments Dr. Wilson. "They were very receptive to having us there and to showing us the ropes. The Program is worthwhile for anyone with an interest in oncology and in helping patients by providing chemotherapy closer to home. I am looking forward to the day when Prince George has its own full service cancer centre with radiation available."

The Preceptor Program begins with a two-week introductory module at the BCCA in Vancouver offered twice per year starting the last week of February and September. The remaining six weeks of modules can be completed at any of the Agency's four cancer centres located in Kelowna, Surrey, Vancouver and Victoria over a six-month period and can be tailored to acquire skills specific to community needs.

Contact Dr. Linda Wilson at [doclin-da98@hotmail.com](mailto:doclin-da98@hotmail.com). To learn more about the program contact Gail Compton at [gcompton@bccancer.bc.ca](mailto:gcompton@bccancer.bc.ca).

#### CIPOC - Cancer Information at Point of Care

The development of the Cancer Information at Point of Care (CIPOC) electronic information resource continues to move forward. The content for the various cancer modules is being developed by FPON in association with the various tumour groups. The first modules to be published will be breast cancer, palliative care and complications of cancer and cancer treatment. The next set will include prostate cancer, colorectal cancer, lung cancer, lymphoma/myeloma, and leukemia. The aim is for CIPOC to be a highly useful and usable point of care information resource for family physicians regarding all aspects of the spectrum of cancer care. The intention is to solicit much family physician user feedback and to incorporate it into the site; a resource developed and maintained by family physicians for family physicians. We believe that together we can build a resource which will improve the care we give to cancer patients. We have had some delays but are making good progress. We will keep you posted.

## COMMUNITIES ONCOLOGY NETWORK - AN INSIGHT

The Communities Oncology Network strengthens collaboration among oncology professionals throughout BC and helps ensure consistent standards of cancer care and treatment are provided to patients as close to home as possible. Established by the BC Cancer Agency, this Network supports appropriate, consistent and evidence-based delivery of cancer care across the province.

One key feature of the Communities Oncology Network is an on-line directory of chemotherapy services by location throughout the province. The directory is available under the Community Services section of the BCCA website and includes current contact information for designated nurses, physicians and pharmacists with systemic therapy expertise in given communities throughout BC. Listings are grouped according to the respective Health Authority of their location and feature a description of the level of chemotherapy service provided. Future plans include adding other oncology services such as psychosocial oncology.

Another service delivered through the Communities Oncology Network is the provision of continuing education and professional development in oncology for pharmacists, pharmacist technicians and nurses. A Pharmacy Educator is on staff at each of the four Regional Cancer Centres to support



You can determine the level of systemic therapy expertise in communities throughout BC by visiting the Communities Oncology Network website (included at [bccancer.bc.ca](http://bccancer.bc.ca)) and selecting desired locations on the province's health authority map.

oncology educational pharmacy needs throughout the province and four Education Resource Nurses provide educational support and consultation to nurses providing cancer care throughout BC. The latter also staff the Education Resource Nurse Telephone Support Line at 1-800-663-3333 local 2638 and provide support via email at [nursinged@bccancer.bc.ca](mailto:nursinged@bccancer.bc.ca).

The Communities Oncology Network also helps increase awareness of the Emergency Aid Drug Program provided jointly by the BCCA and the Canadian Cancer Society. The purpose of the program is to assist patients who are receiving care prescribed by an oncology physician in BC and who require assistance to purchase supportive care medications related to that care.

In addition, the Network provides on-line access to frequently used documents, forms and workload statistics through the BCCA website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) and publishes a monthly newsletter, *Systemic Therapy Update*, that distributes information regarding cancer treatment protocols, systemic therapy policies, professional standards, selected patient information related to their disease and treatment and other areas of patient care.

For more information on the Communities Oncology Network please contact Jaya Venkatesh at (604) 877-6000 ext 2732 or [jvenkate@bccancer.bc.ca](mailto:jvenkate@bccancer.bc.ca).

### 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

The past year has been one of consolidation of the various aspects of FPON, in particular the Preceptorship Program and CME, as well as the committee and governance structure and the continuing development of CIPOC (Cancer Information at Point Of Care) modules.

FPON is now ready to move into its next phase of evolution with completion of the CIPOC modules by June/July. These 10 modules have been specifically designed to be a resource for Family Practitioners in the care of cancer patients by placing an up to date and 'bedside' useable tool in our hands. This tool will provide rapid access to the information we need to deliver optimal cancer care to our patients in a CDM format on a PDA as well as web based, similar to Epocrates or 5MCC.

In addition to the modules, there will be flow sheets to make charting information readily visible and as simple as possible. I realize some of us do not like the concept of flow sheets, but in the complex world of today's clinical medicine, once the initial data is in this format, the patient should be able to be managed off that flow sheet with just a few ticks and checks instead of through time consuming charting.

We will be taking our CDM concept to various funding agencies this year to see if there is extra support available. Depending on the response there may be a pilot or a full roll-out with appropriate education.

This will be an exciting year for FPON as it becomes a true network for Family Practice with tools, databases, feedback and continuous development.

# KEY LEARNING TOPICS IDENTIFIED FOR PSYCHOSOCIAL SUPPORT

*What are cancer care providers interested in learning more about to better meet the psychosocial needs of patients?*

This was one of the guiding questions behind the BCCA's Psychosocial Oncology Learning Needs Assessment offered on-line to community and agency cancer care providers throughout British Columbia in the summer of 2006.

Among those surveyed were radiation therapists, dietitians, physicians, pharmacists, psychosocial oncology professionals (e.g., social workers, psychiatrists, psychologists), nurses, administrative and research staff. Two-hundred-sixty-seven cancer care providers completed the survey.

Overall, survey participants wanted more learning opportunities covering:

1. Cultural aspects of cancer care
2. Symptom management

3. Treating the anxious patient
4. Self-care of the professional
5. Care of elderly patients
6. Basic medical issues in cancer care
7. Ethical issues surrounding cancer care

Generally, cancer care professionals involved in direct patient care indicated more interest in psychosocial topics. Pharmacists were less likely to mention assessing psychosocial needs, while physicians were less likely to mention symptom management and cultural aspects of care as key learning needs. Physicians were most interested in screening for emotional distress (including assessing for suicide risk), communicating sensitive information, care of elderly patients, and ethical issues.

This survey also included questions about preferred learning format, barriers to learning and access to technol-

ogy. In general, local in-service was the most endorsed learning format and time constraints were the biggest barrier to learning. Access to technology was fairly good across both settings and regions of British Columbia.

The Psychosocial Oncology Learning Needs Assessment is a first step in setting continuing education priorities for a wide range of cancer care providers, both in agency and in the community. Next steps include disseminating the results of this survey, following up with focus groups and conducting individual interviews to clarify learning needs, relevancy to practice, and how best to meet them.

To find out more about upcoming learning opportunities or for more information, please contact Heather Rennie, BCCA Community Education Counsellor at (604) 930-4055 local 4530 or at [hrennie@bccancer.bc.ca](mailto:hrennie@bccancer.bc.ca). The results of this survey will soon be available on the BCCA web site.

## PSYCHOSOCIAL STUDY - VANCOUVER PATIENTS

MINDSET is an ongoing study of two psychosocial interventions for women who have completed their breast cancer treatment. This study will compare two professionally facilitated support group programs: Mindfulness Based Stress Reduction (MBSR) and Supportive Expressive Therapy (SET). Both physiological and psychological measures will be taken to measure stress related states before and after group sessions and at six, and 12 months from start date.

The study is open in Vancouver and Calgary. Women who choose to participate will be assigned to MBSR, SET or a delayed treatment group (DTG). The DTG will have the option of reassignment into either MBSR or SET after a 3 week delay. In BC, all groups will meet at the Vancouver Cancer Centre. Women interested in participating should be 3-18 months post treatment (hormone therapy is permitted), at least 18 years old, and still experiencing some distress. Sessions will be ongoing April 2007 through August 2009. Contact Heather Bowden at 604-707-5926 or 1-888-663-3333 ext. 4612.

### For More Information

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

Gail Compton,  
Administrative Coordinator

Tel: 604.707.6367  
e-mail: [gcompton@bccancer.bc.ca](mailto:gcompton@bccancer.bc.ca)

Visit the Network Website:  
[www.bccancer.bc.ca/hpi/fpon](http://www.bccancer.bc.ca/hpi/fpon)

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# FAMILY PRACTICE ONCOLOGY NETWORK

# Newsletter



**BC Cancer Agency**

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Mary McBride,  
Cancer Control  
Research, BC  
Cancer Agency

## CARE AND RESEARCH FOR ADULT SURVIVORS OF CANCER IN YOUNG PEOPLE

By: Mary McBride

What issues do young cancer survivors face?

As highlighted in a recent (September 26, 2006) editorial of the Canadian Medical Association Journal, better treatments for many serious childhood diseases have radically improved survival and cure, and family physicians now need to address the ongoing care needs of adult survivors of these diseases, including cancer.

Due to treatment advances in the last three decades, there have been dramatic improvements in survival among children, adolescents, and young adults diagnosed with cancer. Currently in British Columbia, over 80% of children diagnosed under age 15 with cancer, and over 75% of

young people diagnosed from age 15 to 24 years, survive at least five years. There are now over 5,000 individuals alive in British Columbia who have had a diagnosis of cancer under age 25 years, 60% of whom are between the ages of 20 and 60 years, and this number is expected to increase by over 3% per year.

But there is a price for this success. Effective cancer treatment for this age group is intensive and multi-modal: approximately 70% have had radiation (alone or in combination with other therapy); 80% have had chemotherapy (alone or in combination); 40% have had surgery (alone and in combination), and 44% have had all three treatment modalities.

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### FAMILY PRACTICE ONCOLOGY NETWORK CHAIRS

#### NETWORK COUNCIL

Dr. Philip White  
Kelowna  
250.765.3139  
drwhitemd@shaw.ca

#### CONTINUING MEDICAL EDUCATION

Dr. Shirley Howdle  
Vancouver  
604.877.6000  
showdle@bccancer.bc.ca

#### PRECEPTORSHIP PROGRAM

Dr. Bob Newman  
Dawson Creek  
250.782.5271  
rnewman@pris.ca

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### HIGH INTEREST IN CME DAY

Attendance at the November 25, 2006 Family Practice Oncology Network's Continuing Medical Education Day reached an all-time high as 120 delegates turned out to participate in demonstrations of the Network's CI-POC – Cancer Information at Point of Care – and specific cancer case presentations and updates. This is the 4th CME day that the Network has organized as part of the BC Cancer Agency's Annual Cancer Conference.

“The conference is BC's premier professional development and networking opportunity for cancer care professionals,” noted Dr. Shirley Howdle, Chair of Continuing Medical Education for the Network, “and an excellent time to bring members of our Network together to gain further understanding of some of the critical issues faced by cancer patients.” This year's CME day will be held Saturday December 1st as part of the BC Cancer Agency's Annual Conference, November 29th – December 1st at the Westin Bayshore Resort & Marina in Vancouver.