

FAMILY PRACTICE ONCOLOGY NETWORK



BC Cancer Agency

CARE & RESEARCH

An agency of the Provincial Health Services Authority

Newsletter

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RESEARCH AT THE BC CANCER AGENCY: GAINING MOLECULAR KNOWLEDGE INTO BREAST CANCER

There are about 100 people working on breast cancer research at the BC Cancer Agency and with collaborating groups at the University of British Columbia and Dr. Samuel Aparicio is at the helm. Head of the Department of Breast and Molecular Oncology at the BC Cancer Research Centre, he is also Department Head and a Professor of Pathology and Laboratory Medicine at UBC, Associate Member of Medical Genetics at UBC, and holds the Nan and Lorraine Robertson Chair in Breast Cancer Research. He joined the BC Cancer Agency in 2005 having previously worked in the Department of Oncology at the University of Cambridge.

Dr. Aparicio shares his insight here into the key areas of his research as well as opportunities where family physicians can play an important role:

Complementary Research Themes

My team at the BC Cancer Research Centre is engaged in a number of complementary research projects that focus on the molecular characterisation of normal and cancerous breast cells. We also work in collaboration with colleagues at BCCA regional centres, at other Canadian institutions and elsewhere.

A primary focus is the molecular taxonomy of breast cancer. We have a collaborative project between Canada and the United Kingdom, now in the pilot phase, that is aiming to classify breast cancer tumours into categories and subcategories beyond which they are presently defined and treated. The goal is to identify novel molecules that can help physicians make better decisions about individuals' cancer treatment.

Toward this end, we are beginning an analysis of 2,000 archived tumour biop-

sies using a range of techniques to characterise each tissue sample. We will be able to determine, for example, whether any chromosome segments are absent or amplified in the tumour cells. The genes that are expressed or activated in each cell will also be compared, and the presence of mutations in genes that are commonly damaged in breast cancer cells will be assessed. Detailed, anonymous clinical information is available for each sample such as what treatment each patient received, how they responded and so on. This enables researchers to correlate the molecular make-up of each sample with patients' medical history.

Another research focus involves screening the human genome for genes involved in breast cancer. A high-throughput technique, using RNA interference technology, enables us to rapidly identify genes and proteins that interact with molecules already known to play a role in breast cancer. Every new interaction partner that we discover has the potential to be targeted by new chemotherapy drugs.

We can detect genes, for example, that are involved in repairing damaged DNA in breast cancer cells. There are multiple repair mechanisms that operate in human cells, and whole-genome screening allows us to sort the relevant genes into their different pathways. Genes that are in the same pathway have similar effects on the cell when repressed, and disabling two genes in the same pathway will have a similar effect to repressing any single gene. In contrast, disabling two genes that belong to different pathways will cause a more severe effect than repressing either gene alone. It is therefore possible to determine whether two genes are in the same or different pathways.



Dr. Sam Aparicio and his team at the BC Cancer Research Centre are working on a number of complementary projects that focus on the molecular characterisation of normal and cancerous breast cells. A strong supporter of The Weekend to End Breast Cancer (Sept. 5 – 7), he is shown here with his walking team: wife Dr. Catriona Aparicio, a member of the BCCA's palliative care program, and their four daughters.

We can also screen for genes that interact with chemotherapy drugs and other chemicals. We are searching for gene variants, for example, that make breast cancer cells more or less sensitive to a drug that inhibits the PARP1 protein, in the presence and absence of a functional BRCA2 gene. As with our other projects that aim to classify breast cancers based on their molecular signatures, this kind of study will eventually allow physicians to tailor an individual's chemotherapy dose for maximum effectiveness with minimal side effects.

The third common research theme in my laboratory is the study of mammary stem cells. In early 2006, stem cells were identified in the mouse mammary gland. This was an important discovery that also implicated mammary epithelial stem cells in the development of breast cancer. The idea that stem cells are involved in cancer has significant implications for cancer therapy, particularly with regards

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Using Networks to Enhance Health Services Delivery



Dr. Timothy Huerta conducts research into the effectiveness of networks in health services delivery.

The **Family Practice Oncology Network** is one of four networks of oncology professionals that the BC Cancer Agency established over the past several years to encourage collaboration and ensure consistent standards of care and treatment are provided to patients as close to home as possible. Its purpose is to assist the BC Cancer Agency in its mandate to improve cancer control in the province, by providing support and connections to family physicians. The others include:

- **The Communities Oncology Network** – a collaborative partnership with 19 community-based cancer centres, six community-based cancer services, and 10 consultative clinics across the province. This Network works in conjunction with the BC Cancer Agency's four regional cancer centres to support appropriate delivery of patient care and support in 27 community hospitals.
- **The Surgical Oncology Network** – brings together surgeons from across BC along with other healthcare professionals to improve the quality of surgical oncology care. Their goal is to establish a structure and a system to enable the integration of quality surgical oncology services into the formal cancer care system.
- **The Pediatric Oncology Network** – enhances the community care of children and families by bringing multidisciplinary teams together to diagnose, manage, and follow-up pediatric patients with malignancies and blood disorders.

Dr. Timothy Huerta is a Clinical Assistant Professor of Health Care and Epidemiology at the University of British Columbia, a Research Scientist with the Provincial Health Services Authority and a Research Assistant Professor at Texas Tech University whose research focus is networks as an organizational paradigm including how they create synergy and influence outcomes.

“A networks approach is based on the premise of collective action – more can be accomplished working together than can be working separately,” stated Huerta. “Essentially, by bringing together individuals/organizations with different perspectives, backgrounds, resources and expertise, networks are presumed to foster advancement in innovation and practice. At present, however, much of the network scholarship offers only anecdotal evidence to support claims that interorganizational collaborations have an impact on outcomes. We do not yet have adequate tools for evaluation at the network level, arguably resulting from the absence of an evidence base grounded in comparative research.”

A recent paper, entitled *Using Networks to Enhance Health Services Delivery: Perspectives, Paradoxes and Propositions* co-authored by Timothy Huerta, Ann Casebeer and Madine Vander-Plaat published in *Healthcare Papers* (Volume 7, No. 2, 2006), further examines the concept of such healthcare networks in general including the challenges, the resources required and an evaluation of their effectiveness. The abstract follows for those interested in learning more about the subject:

Abstract

There is a growing need to better understand and address the consequences of an increasing reliance on networks used to enhance health services delivery. Networks seem to have emerged as the definitive solution for tackling complex healthcare problems together that we have not been able

to adequately address separately. Emphasizing the collective and the collaborative, networks are assumed to address healthcare issues in ways that are superior to previous service delivery models. While this assumption would appear to be theoretically sound we have little empirical information available to actually understand what networks are, what they do and whether they achieve their stated goals – truly making a difference in the delivery of care and the maintenance of health.

With a diversity of networks within Canada focused on health service delivery, this paper offers a multi-dimensional framework for conceptualizing how these complex inter-organizational relationships generate both challenges and opportunities. We identify six paradoxes that the networks create when used to enhance the delivery of health services, and posit several propositions concerning the evaluative work that needs to be done to enhance our understanding of and confidence in this inter-organizational form. Unless these paradoxes are adequately recognized and addressed, the value and the costs associated with developing and using networks in healthcare contexts will remain unclear at best. Given the broad interest in and use of networks proliferating in health-related arenas, it is time to amass the evidence and then align the perspectives. Are networks here to stay in healthcare because they make a difference or, because we got tired of talking about the need for greater collaboration and so gave it a new name and frame? At the very least, it will be important to build on what we have already learned through research into collaboration in healthcare and related fields, and even more critical to be mindful of the pitfalls and possibilities of using networks as the solution of choice as we move forward.

For more information or a copy of the full paper please contact Dr. Tim Huerta at tim.huerta@ttu.edu.

Preceptor Profile: Dr. Gordon Hutchinson



Dr. Gordon Hutchinson is always on the move. An Emergency Room physician in both Williams Lake and 100 Mile House, he also administers chemotherapy and

handles symptom management for cancer patients throughout the region.

Dr. Gordon Hutchinson is always up for new opportunities despite the challenges and so, when the call came for community physicians to pursue oncology training with the BC Cancer Agency, he answered. A 2006 graduate of the BC-CA's eight week Preceptor Program, Dr. Hutchinson's role as Emergency Room physician at both Williams Lake and 100 Mile House hospitals has expanded to include the provision of chemotherapy and symptom management for cancer patients in the region.

"I was attracted to the program because of the need in our area and the fact that my schedule, as a hospital-based Emergency Room physician, is more flexible. Most family physicians cannot take weeks away from their practice for such training particularly as rural communities suffer from physician shortages nearly twice as a severe as major centres. Advances in chemotherapy protocols also amplified the need. Previously, family physicians could administer this treatment, but the protocols are now so complex that specific training is required. If no one in our region had this expertise, all patients requiring chemotherapy would have to travel to the Kelowna Cancer Centre or the already overburdened hospital in Kamloops."

"Overall, I found the program interesting including the two week academic session at the Cancer Agency in Vancouver followed by five weeks of hands-on training at the Kelowna Cancer Centre and one week at Royal Inland Hospital in Kamloops. Each segment provided different

experiences from the networking at the regional centres and understanding of the operations there, to time spent with medical oncologists, clinic oncologists, in the chemo room and with the symptom management and radiation teams. Prior to this program, I would not have known half of the drugs used in chemotherapy let alone been able to pronounce them!"

"Now that I have the training, I am the only one who sees chemotherapy patients in Williams Lake and 100 Mile House. The patient load has since tripled with a great repatriation of patients who otherwise would have had their chemotherapy in larger centres. In 2007, we treated 79 new patients and had 579 patient visits for chemotherapy – this including a leave for the month of October! Of course, such a huge increase in the volume of treatment was not matched by a concomitant increase in infrastructure. We have nurses trained in this area and are now working to improve the administrative, equipment and space allocations. I believe a holistic approach is required where the financial support and resources follow the patient to the community in which he or she receives care."

"Providing this type of care is much different psychologically from regular family practice or from emergency room care. Most GPs, for example, lose two or three patients a year to cancer. Almost half of my patients are palliative and while hopefully I can help them for awhile, a cure is not expected. The relationship developed with these patients is also more in-depth. Normally, oncologists send patients back to their family physicians once their treatment options are exhausted. I tend to be involved much longer from a symptom management perspective."

"Such care can actually be quite gratifying. Most of us, including physicians, have a rather jaundiced view of chemotherapy – as a nasty, terrible thing to go through and, in fact, sometimes we do make patients sick in trying to make them better. If you witnessed the amount of laughter that takes place in

the chemo room though, you would be surprised. These patients are amazing. Even at the different stages there is a great deal of levity and humour that is very positive and uplifting."

"Another valuable communications tool that I gained through the Preceptor Program is access to the Cancer Agency Information System. This not only enables effective email contact with the oncologists there, but provides electronic access to the file of any cancer patient in the province including reports and imaging studies. I also receive email broadcasts between oncologists seeking advice from each other and can ask for input into my own cases. I do not see how physicians in my role can do without this resource."

"I would like to encourage other physicians to consider taking this program. Ideally, there should be two physicians with oncology expertise in every community in the province. This would reduce the load and provide much needed relief for patient care that is rewarding and challenging at the same time."

Dr. Gordon Hutchinson is originally from British Columbia and grew up on numerous air force bases. He completed his undergraduate degree in physiology at the University of British Columbia, medical school at McGill University, a rotating internship at St. Paul's Hospital and a PhD in genetics at UBC. Both he and his wife are physicians and completed residencies in GP-anaesthesia at Vancouver General Hospital prior to moving to 108 Mile Ranch.

Aside from his chemotherapy and Emergency Room duties, Dr. Hutchinson also runs a methadone maintenance program in 100 Mile House and in Williams Lake, conducts civil aviation medical exams and flies a four-seater, retractable gear plane. He is anticipating a seven week tour of duty as a medical officer in Afghanistan this spring – if he can arrange coverage at home.

Contact Dr. Gordon Hutchinson at hutch54@shaw.ca. To learn more about the Preceptor Program, contact Gail Compton at gcompton@bccancer.bc.ca. The next session begins September 29.

THE SUNSHINE VITAMIN AND BREAST CANCER PREVENTION

By Cheri Van Patten, RD, MSc,

Research and Clinical Practitioner, Oncology Nutrition, BC Cancer Agency

(full version published in *A Breast in the West*, Summer 2007, Volume 8, No. 3, www.abreastinthewest.ca)

Vitamin D is sometimes called the 'sunshine' vitamin because it can be produced in the skin with exposure to ultraviolet B (UVB) light. Most are familiar with the role of vitamin D in bone health, but over the years it has shown promise in reducing the risk of breast, colon, prostate and ovarian cancer. Other research suggests that vitamin D is associated with reduced mortality from breast cancer.

Earlier this year, a Canadian study added support to a large body of evidence on the protective effects of vitamin D and cancer. In this study there was a decrease in breast cancer risk with increased sun exposure during adolescence (as a measure of vitamin D status), and with rich sources of vitamin D in the diet¹. In a second and more recent study, postmenopausal women who took a vitamin D (1100 IU) and calcium (1400-1500 mg) supplement for four years lowered their risk of cancer (including breast, colon, lung, uterus and others)². This was a significant study because up until then most of the data on vitamin D was considered observational and not from an intervention trial. The new evidence prompted the Canadian Cancer Society to recommend that adults consider a vitamin D supplement containing 1000 IU during the fall and winter and those at higher risk continue the supplement year round³. Prior to this, the Canadian Dermatology Association had issued a statement in support of a daily vitamin D supplement containing 1000 IU⁴.

The above recommendations for vitamin D supplementation take into consideration the latest evidence and suggest a dose higher than the current Dietary Reference Intake (DRI) developed by Health Canada in 1997. The DRI for vitamin D is 200 IU (for ages 19-50 years) and 400 IU (for those over 50 years), with a recommended upper limit of 2000 IU per day from

combined diet and supplements⁵. As part of the revised *Canada's Food Guide* earlier in 2007, Health Canada also included a recommendation for a daily vitamin D supplement, but at a lower dose of 400 IU and only for those over 50 years of age⁶. This was in recognition of the difficulty in obtaining adequate vitamin D from the diet alone without consuming unrealistic daily amounts of some foods.

While most people need only brief sun exposure of 15-20 minutes daily to produce sufficient vitamin D to meet the DRI⁷, sunshine is limited in Canada for months at a time. As a result, Canadians generally rely on vitamin D fortified foods. Vitamin D is added to commonly consumed foods including cow's milk (100 IU per cup) and margarine (20-25 IU per tsp) as well as other foods such as soy and rice beverages, goat's milk, orange juice and some cereals. There are also a limited number of foods naturally high in vitamin D. Some fish such as salmon and mackerel are rich sources (>200 IU per 100 g serving). Vitamin D is also found in egg yolks (20-25 IU each).

Overall, vitamin D is one of several modifiable factors that may help to lower the risk of developing breast and other cancers. Along with vitamin D, other factors such as a low fat diet, regular physical activity and

maintaining a healthy body weight may contribute to lowering the risk of developing breast cancer and its recurrence and are recommended as part of a healthy lifestyle.

1. Knight, JA et al. Vitamin D and reduced risk of breast cancer: a population-based case-control study. *Cancer Epidemiology Biomarkers and Prevention* 2007; 16(3): 422-429.

2. Lappe JM, Travers-Gustafson D, Davies KM, Recker RR and Heaney RP. Vitamin D and calcium supplementation reduces reduces cancer risk: results of a randomized trial. *American Journal of Nutrition* 2007; 85: 1586-91.

3. Canadian Cancer Society (Announcement of Vitamin D recommendation, June 8, 2007) www.bc.cancer.ca

4. Canadian Dermatology Association (statement on vitamin D supplementation) www.dermatology.ca

5. National Academy of Sciences. Dietary Reference Intakes (DRIs) for calcium, phosphorus, magnesium, vitamin D and fluoride. 1997.

6. Health Canada. *Eating Well with Canada's Food Guide*, 2007 www.hc-sc.gc.ca

7. Garland CF et al. The role of vitamin D in cancer prevention. *American Journal of Public Health* 2006; 96: 252-261.

Vitamin D* Recommendations (per day):

Age Groups(Men and Women)	Daily Recommended Intake (DRI) for Vitamin D	Recommended Vitamin D supplement			Upper Limit for Vitamin D
		Health Canada	Canadian Cancer Society	Canadian Dermatology Association	
19-50 years	200 IU	None			2000 IU
51-70 years	400 IU	400 IU	1000 IU	1000 IU	
>70 years	600 IU	400 IU			

Oncology a Key Topic at St. Paul's Hospital CME Conference



The Family Practice Oncology Network was well represented at St. Paul's Hospital's well attended CME conference last November.

The Family Practice Oncology Network was a sponsor and participant in St. Paul's Hospital 53rd annual Continuing Medical Education Conference for Primary Physicians held last November in Vancouver. Attended by over 800 physicians, the conference provided an evidence-based review of practical information, new trends and controversial topics useful for primary physicians practising in urban or rural locations.

Oncology was among the key topics featured in the main lecture series along with cardiology, infectious disease, therapeutics, geriatrics, laboratory medicine, women's health and dermatology. Oncology presentations included: *Hormonal Therapies in Prostate Cancer* by Dr. Tom Pickles; *An Update on Breast Cancer Chemotherapies* by Dr. Stephen Chia; *An Approach to Febrile Neutropenia for the GP* also by Dr. Chia; *Surveillance and Treatment of Barrett's Esophagus* by Dr. Alan A. Weiss; *What You Should Know About Adjuvant Therapies for Colon Cancer* by Sharlene Gill; *What Tumour Assays should be Monitored in Primary Care* also by Dr. Gill; *Treatment of Chemotherapy Related Anemia* by Dr. Nevin Murray; *Screening of CT Scans for Lung Cancer* also by Dr. Murray; and *How to Counsel Patients with a Family History of Cancer and When to Refer* by Ms. Jenna Scott.

FAMILY PRACTICE ONCOLOGY NETWORK CONTRIBUTING TO PROVINCIAL GUIDELINES

The Guidelines and Protocols Advisory Committee, jointly sponsored by the BC Medical Association and the Ministry of Health, agreed this month to cooperate with the Family Practice Oncology Network in the development of guidelines to support best practices in cancer care for primary care physicians. As per other guidelines produced by this Committee, these guidelines will provide practical and easy-to-follow advice to practitioners for effective patient care. They will also be evidence-based and take a proactive approach to the management of cancer, now regarded as a chronic disease.

The guidelines will be prepared in the usual GPAC format through working groups approved by GPAC and using the standard GPAC layout. The guidelines will then go through the usual GPAC approval process.

To begin, a group of Network members came together with palliative care consultants to prepare the first guideline featuring palliative care. The expected outcome of this guideline will be that cancer patients requiring palliative care will receive appropriate pain and symptom management and that care crises can be anticipated and avoided. Guidelines for colorectal, breast and prostate cancer are next on the agenda.

Once complete, these guidelines will be made available to general practitioners through the BCMA's website, www.bcma.org.

ABBOTSFORD REGIONAL CANCER CENTRE TO OPEN THIS SUMMER



The BCCA's fifth regional cancer centre will open this summer providing a full range of cancer control services for patients in the Fraser Valley.

The BC Cancer Agency is proud to announce the imminent opening of the Abbotsford Regional Cancer Centre, the fifth regional cancer centre in the province. Beginning this summer, this centre will serve as an integral link in the BCCA's provincial services and a

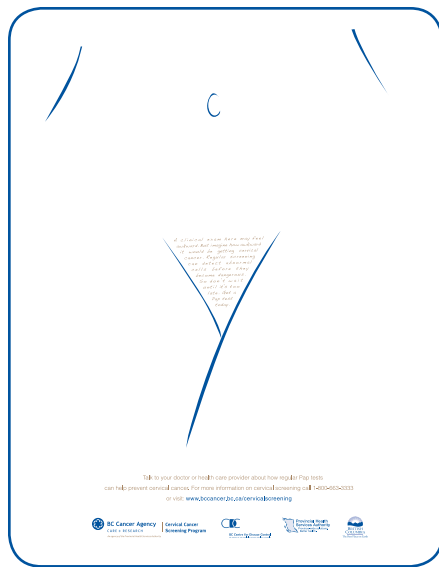
state-of-the-art provider of cancer care and research. For residents of the Fraser Valley, the opening of the centre will be of enormous value offering patients the opportunity to receive a spectrum of world-class cancer care services closer to home. It also expands the BCCA's ability to pursue innovation, research and improve patient outcomes.

This new cancer centre is integrated within the new Abbotsford Regional Hospital and Cancer Centre site – a partnership of the Fraser Health Authority and the BCCA – and will offer a full range of cancer control services including:

- New patient multi-disciplinary consultation and care planning
- Chemotherapy and systemic care
- Radiation therapy and enhanced Brachytherapy services
- Supportive care and pain/symptom management
- Nutritional consultation and rehabilitation support
- Patient and community education in cancer prevention
- Access to national and international clinical trials
- Professional education/liaison for community based cancer control programs

For more information about the planning of the new hospital and cancer centre, please visit www.abbotsford-hospitalandcancercentre.ca.

BC CANCER AGENCY LAUNCHES PROVOCATIVE AD CAMPAIGN TO ENCOURAGE YOUNG WOMEN TO GET LIFE-SAVING TEST



The campaign's message is: A clinical exam here may feel awkward. But imagine how awkward it would be getting cervical cancer. Talk to your doctor or health care provider about how regular Pap tests can help prevent cervical cancer.

The BC Cancer Agency, with support from the BC Centre for Disease Control, recently launched a new, provocative ad campaign to encourage young women in their 20's to get regular Pap tests.

The ads feature a line-drawn graphic of a woman's body with a message strategically placed in the area where cervical cancer occurs. The straightforward message is, "A clinical exam here may feel awkward. But imagine how awkward it would be getting cervical cancer."

The new campaign builds on the success of an ad campaign that ran last year targeting young women aged 20-29 – a group whose participation in cervical cancer screening has declined over the past several years. In the three months following the 2007 ad campaign, twice as many women in their 20s had their first Pap test compared to the same timeframe in 2006.

"We're pleased with the success of

last year's campaign, but we still have a long way to go," says Dr. Dirk van Niekerk, Medical Leader for the BC Cancer Agency's Cervical Cancer Screening Program (CCSP). "Many women in this age group are still not having this life-saving test. The participation rate for this age group is 10 percent lower than the overall provincial rate of 73 percent."

"With new eye-catching and thought-provoking ads, we want to remind young women that a Pap test is the best way to detect changes in the cervix early, before they become cancerous and when they are easily treated," adds Dr. van Niekerk.

Seven out of 10 cervical cancers can be prevented with regular Pap tests. Through early detection with regular cervical screening, if cancer is found, it is usually at a stage when treatment can be successful. In 2006, 2,128 women under age 30 were found to have moderate or more severe cell changes on their Pap tests. An estimated 144 women in BC were diagnosed with cervical cancer in 2007.

Established in 1949, the BC Cancer Agency's Cervical Cancer Screening Program was the first organized population-based program in the world to screen for cervical cancer. Over time, the CCSP has succeeded in reducing incidence rates from cervical cancer by over 70 percent.

"Many women in this age group (20 - 29) are still not having this life-saving test."



MESSAGE FROM THE CHAIR

*Dr. Philip White,
Chair of FPON and
Family Physician
in Kelowna*

The past few months, following our successful CME day at the annual cancer conference, have been busy for the FPON executive and staff. We are very pleased to have Dr. Mark Elwood with us as the Vice President, Family and Community Oncology, and our Executive Director with a direct link to the Senior Executive Team at the BC Cancer Agency. Dr. Elwood will be able to promote our endeavours at this level as well as provide guidance as we evolve to engage more family practitioners in the province.

The Executive and Council, with Dr. Elwood's help, reviewed and debated the core components of FPON retaining those which are clearly successful and looking at ways in which we can best serve the cancer care needs of our patients and family practitioners at the primary care level. Our much lauded and admired Preceptorship Program will continue as before offering interested family practitioners a two - eight week introduction to a higher level of cancer care that will enable them to serve as resources not only in their own communities, but also to colleagues in those communities. Thanks again to Drs. Bob Newman and Judith Pike for their work on this program. The successful CME Program under the stewardship of Dr. Shirley Howdle will also continue.

Our biggest change, and the one which we feel will offer the most value to family doctors, is in moving from a larger primary care cancer management guideline at the point of care to a simplified cancer management guideline that is easier to use and quicker to access at the point of care via PDAs and so on. These guidelines will follow the Guidelines and Protocols Advisory Committee format (see page 5 of this newsletter). The advantage of this change is that we will be able to get nearly all of the essential information for cancer care at the primary care level into the hands of family practitioners much more quickly and be able to update the material more quickly, too.

Finally, we are reviewing the communications and evaluation components of FPON and various possibilities in this area with Dr. Tim Huerta, who has great expertise in the use of networks in health services delivery (see page 2). All of us on Council, Administration and the Committees are looking forward to a great year for the Network in 2008/09.

JOIN US AT THE BC CANCER AGENCY ANNUAL CONFERENCE NOV. 20-22

The BC Cancer Agency's annual cancer conference is scheduled for November 20-22 at the Westin Bayshore in Vancouver. This year's theme is Survivorship: Creating it, Managing it. As part of the conference, the Family Practice Oncology Network will host its annual CME Day on November 22 (9:00 a.m. to 1:30 p.m.) focussing this year on office-based cancer care. Our agenda follows below.

Time	Topics
7:00 - 8:00	REGISTRATION
8:00 - 9:00	BCCA Plenary Session
9:00 - 9:15	Welcome Preceptorship Certificate Presentation
9:15 - 10:00	Cancer, as a Chronic Disease
10:20 - 10:40	Prevention Update - HPV, Obesity, Exercise, Sun, Diet
10:40 - 11:00	Screening Update - Lung, Colon, Prostate
11:00 - 11:20	Survivorship: Late Effects of Childhood Cancer
11:20 - 11:40	Survivorship - Second Cancers
11:40 - 12:00	Palliative Care - Non-curable Cancer: Anticipating and Preventing Care Crises
12:00 - 13:30	EOL Care: Improving the Transition
13:30	Closing Remarks Evaluation Completion

Registration and full details to be available shortly through the BC Cancer Agency website, www.bccancer.bc.ca.

RESEARCH AT THE BC CANCER AGENCY: GAINING MOLECULAR KNOWLEDGE INTO BREAST CANCER

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to drug resistance. Stem cells often express drug-resistance proteins and high levels of proteins that block apoptosis (cell death). If cancer stem cells can be forced to differentiate, they would lose this drug resistance and become more sensitive to chemotherapy. Thoroughly characterizing normal mammary stem cells will allow us to determine what processes encourage differentiation, with the hope of triggering this pathway in cancer stem cells. Additionally, basic information regarding the factors that govern the growth and differentiation of normal stem cells will allow us to determine what drives malignant transformation and provide clues into how to prevent cancer initiation.

My laboratory is using the whole-genome screening techniques described above to identify genes that are involved in the proliferation of epithelial stem cells, and in their differentiation into other cell types. We are also investigating how proteins interact during these processes, focusing initially on several proteins that are known to play a role in breast cancer. Other lab members are also working on methods that will improve the efficiency of mouse mammary stem cell isolation.

A Role for Family Physicians

We are striving to increase patients' participation in research – to ensure everyone who has the opportunity to participate knows that we depend on them in order to make progress. The genomics research revolution from five years ago is now bearing fruit, for example, resulting in many new drug therapies and an increased understanding of risk factors that can heed in the early detection of breast cancer. Our aim is for family physicians and their patients to see research as a valuable part of medical practice, not just something that takes place in a tower far away. There are many ways for people to participate from taking part in clinical trials or studies, to providing samples and a host of other valuable information.

Encouraging female patients to participate in the BCCA's Screening Mammography Program is another area where family practitioners can be instrumental. Current guidelines in BC recommend that women over age 40 have an annual mammogram yet only 60% of the eligible population follows through. This program provides a very effective measure against the early detection of can-

cer not only in detecting malignancies, but in identifying key risk factors such as breast density.

For those interested in keeping up to date on our research initiatives, I would encourage you to view the BCCA's Cancer Management Guidelines at www.bccancer.bc.ca or visit the BC Cancer Research Centre's website at www.bccrc.ca. We are also always happy to interact with people directly and welcome questions via email.

The Weekend to End Breast Cancer

Finally, I would like to encourage readers to take part in this year's Weekend to End Breast Cancer, September 5 – 7 in Vancouver benefiting the BC Cancer Foundation (www.endcancer.ca). A great deal of our work is supported by this fabulous event and in fact, their support was the single biggest factor in my decision to come to Vancouver. My family and I will be walking our 60km for the fourth year now and I invite others to join us.

For more information please email breastcancerinfo@bccrc.ca.

Upcoming Events

SEPT. 29 – OCT. 10

GAIN ONCOLOGY EXPERTISE THROUGH THE PRECEPTOR PROGRAM

The BC Cancer Agency's Preceptor Program offers family physicians a unique, flexible opportunity to gain oncology skills and expertise for use in their practices and communities. Offered with the support of the University of British Columbia's Enhanced Skills Program, the Preceptor Program is eight weeks in duration beginning with a two-week introductory module at the BC Cancer Agency in Vancouver. The next set begins September 29 – October 10. The remaining six weeks of hands-on modules can be completed within six months at any of the Agency's five cancer centres including Kelowna, Surrey, Vancouver, Victoria or Abbotsford and participants can select from a wide variety of topics to best address the needs of their community. Accommodation and travel expenses are covered and a stipend provided by the UBC Enhanced Skills Program. Physicians who complete the program are eligible to receive Royal College of Canada credits. For more information please call Gail Compton at 604 707-6367.



Oct 24 – 26 2008

Annual Conference Canadian Association of GPO's Kelowna BC

Topics Include:

- Approach to unknown primary
- Cervical Cancer
- Dealing with Chemo side effects
- Non small cell lung cancer
- Radiation 101
- Endocrine emergencies

- Locally advanced breast cancer
- TPN debate
- Ask the expert session
- Multiple Symposia

More details and registration info at www.agora-event.com/cagpo

JOIN US ON THE ROAD TO VICTORY



Why not join your BC Cancer Agency colleagues at this year's The Weekend to End Breast Cancer® benefiting the BC Cancer Foundation and taking place September 5-7? The support – raised through The Weekend's 60km walk through the streets of Vancouver – is what enables much of the research and treatments into breast cancer to take place, and ultimately leads to more survivors all over BC. Before The Weekend, the BC Cancer Foundation invested \$200,000 a year in breast cancer research and programs. Now, after just four years, the Foundation has invested over \$13 million.

The Weekend is also a great opportunity to get to know many of the researchers along the way as well as the patients, families and friends affected by this disease. Volunteering as a medical professional is another option to participate.

For full details on The Weekend and the support provided to help you successfully fundraise and train, please call (604 684 WALK (9255) or visit www.endcancer.ca.

DR. VICTOR LING AMONG WINNERS OF THE NATIONAL CANCER INSTITUTE OF CANADA DIAMOND JUBILEE AWARDS

The BC Cancer Agency's very own Dr. Victor Ling was among the ten recipients last November of the National Cancer Institute of Canada's one-time Diamond Jubilee Awards created to recognize researchers who have made truly outstanding contributions to cancer research in Canada over their careers and to celebrate the 60th anniversary of the Institute's establishment. Dr. Ling shares his award with Dr. Roger Deely of Queen's Cancer Research Institute and Dr. Susan Cole of Queen's University Division of Cancer Biology and Genetics in recognition for their paradigm shifting discoveries related to better understanding of resistance to cancer treatment. Congratulations Dr. Ling and colleagues!

The NCIC is Canada's largest charitably funded cancer research granting organization.

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

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
Visit the Network Website:
www.bccancer.bc.ca/hpi/fpon

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