
SURGICAL ONCOLOGY NETWORK **BC Cancer Agency**

ANNUAL COUNCIL MEETING

February 27, 2009
Review & Update

SON Mandate

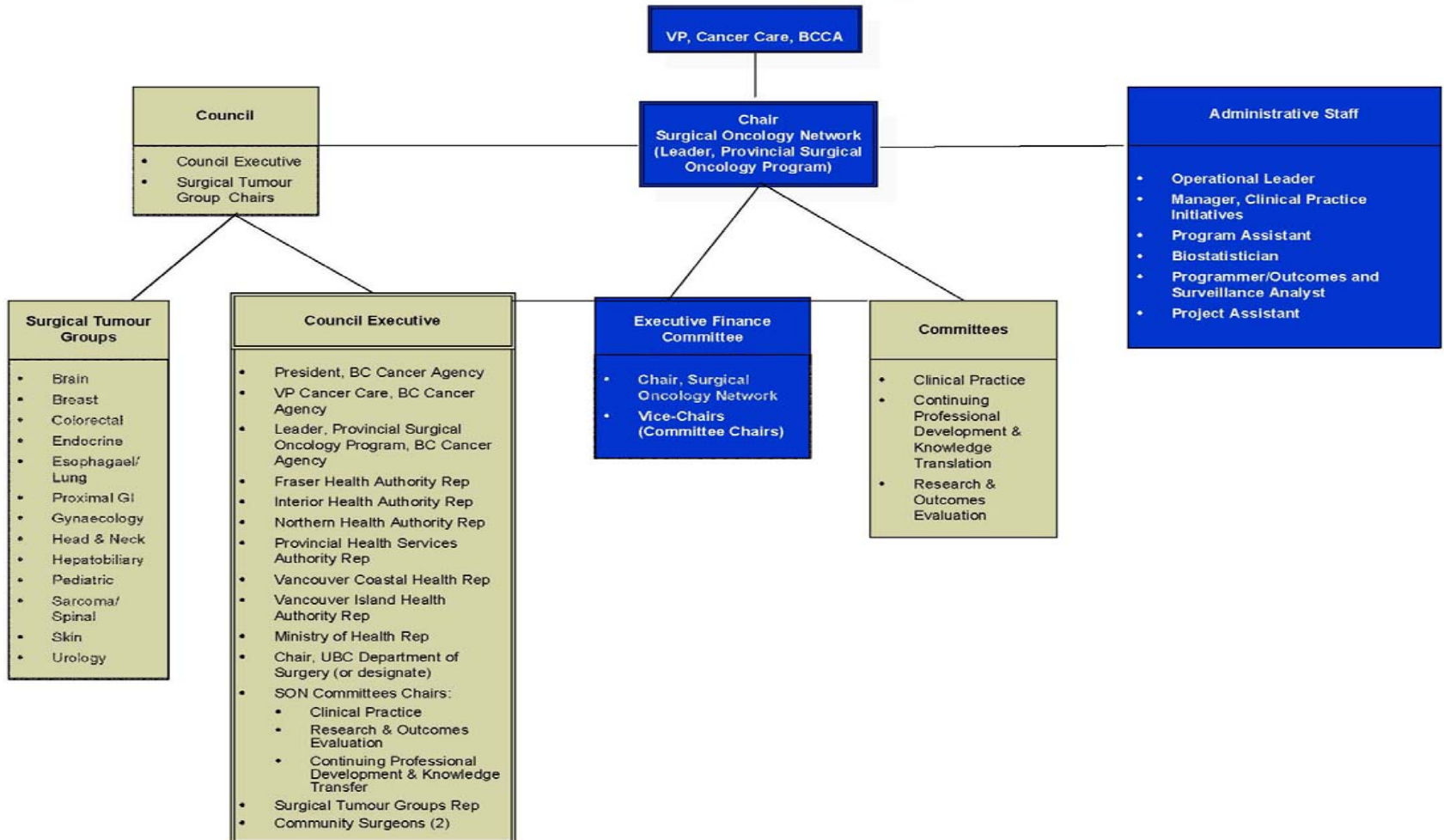
- SON established in 2001.
- Establish a structure and system to integrate surgical oncology services into the formal cancer care system.
- Link surgeons and hospitals across the province with BCCA cancer centres and clinics.

Main Functions of SON

- Develop communications tools.
- Identify/develop peer- reviewed, evidence-based guidelines based on 'best practice' principles.
- Develop CME programs that meet standards of Royal College of Physicians & Surgeons.
- Conduct regionally based research and outcome analyses.

Overview of SON Structure

Provincial Surgical Oncology Network BC Cancer Agency



Council Structure Roles/Functions

- **Council** - Assists with planning, implementation and promotion of activities for the Network.
- **Council Executive** - Sets priorities for the Network.
- **Surgical Tumour Groups** - Advise on issues and challenges in the surgical management of patients within each tumour grouping.

Council Executive - Positions

- President, BCCA
- Vice President, Cancer Care, BCCA
- Leader, Provincial Surgical Oncology Program, BCCA
- Representative from each Health Region
- Chair, UBC Department of Surgery (or designate)
- Ministry of Health Representative (or designate)
- Chairs of SON Committees
- Two Surgeons from the Community
- Representative from Surgical Tumour Groups

Council Executive Members

- Dr. Dianne Miller, Acting Chair, Surgical Oncology Network; Acting Provincial Program Leader for Surgical Oncology, BCCA
- Dr. Abdul Aleem, Community Surgeon, Cranbrook
- Dr. Chris Baliski, Interior Health Authority; Chair, Skin STG
- Dr. Carl Brown, Chair, ROE Committee
- Dr. Nadine Caron, Northern Health Authority
- Dr. Rona Cheifetz, Chair, CPD-KT Committee
- Dr. Noelle Davis, Chair, Clinical Practice Committee
- Dr. Susan O'Reilly, VP, Cancer Care, BCCA

Council Executive Members - cont'd

- Dr. Blair Rudston-Brown, Vancouver Island Health Authority
- Ms. Stephanie Sainas, Corporate Director, Strategic Program Development, PHSA
- Mr. Brian Schmidt, Senior Vice President, Provincial Services, Public & Population Health, PHSA – Interim President, BCCA
- Dr. Michelle Sutter, Northern Health Authority
- Dr. Garth Warnock, Chair, UBC Department of Surgery
- Dr. Sam Wiseman, Vancouver Coastal Health Authority
- Dr. John Yee, Designate, UBC Department of Surgery
- TBD, Fraser Health Authority

Surgical Tumour Groups & Current Chairs

1. Brain
Dr. Brian Toyota
2. Breast - TBD
3. Colorectal
Dr. Manoj Raval *new*
4. Endocrine
Dr. Sam Bugis
5. Esophageal/Lung
Dr. John Yee
6. Proximal GI
Dr. Greg McGregor
7. Gynaecology
Dr. Mark Heywood
8. Head & Neck
Dr. Donald Anderson *new*
9. Hepatobiliary
Dr. Charles Scudamore
10. Skin
Dr. Chris Baliski
11. Paediatric
Dr. Sonia Butterworth
new
12. Dr. Bas Misri
Sarcoma
13. Urology
Dr. Alan So

Committees

- Executive Finance
- Clinical Practice
- Continuing Professional Development & Knowledge Translation
- Research & Outcomes Evaluation

Executive Finance Committee

- Oversees financial plan for the Network's annual activity plan in accordance with the annual budget - 2008 Budget - \$316k
 - Staff
 - Fall update and other CME activities
 - Newsletters – printing, postage
 - Annual Meeting
 - Sessionals for Surgeons
 - Project Costs (eg. rectal cancer study)
 - Computer Equipment
 - Office Supplies
 - Consultants

Clinical Practice Committee

- Develop and promote surgical quality improvement, practice guidelines and standards in surgical oncology.
- Members:
 - Dr. Noelle Davis, Chair
 - Dr. Chris Baliski
 - Dr. Nadine Caron
 - Dr. John Carr
 - Dr. Jon Just
 - Dr. Vu Truong
 - STG Chairs – members at large

CPD-KT Committee

- Provide practical educational opportunities in surgical oncology.
- Communications - SON newsletter and website.
- Members:
 - Dr. Rona Cheifetz, Chair
 - Dr. Jason Francoeur
 - Dr. Elaine McKevitt
 - Dr. Blair Rudston-Brown
 - Dr. Nathan Schneidereit

ROE Committee

- Research and evaluation projects, feasibility studies and measurement of practice improvement.
- Data collection and database development initiatives.
- Members:
 - Dr. Carl Brown, Chair
 - Dr. Nadine Caron
 - Dr. Noelle Davis
 - David Gavin
 - Dr. Andrew Gemino
 - Paul Mak
 - Colleen McGahan
 - Dr. Sam Wiseman
 - Erdem Yazganoglu

SON Staff

- Yasmin Miller, Operational Leader (1.0 FTE)
- Fatima Cengic, Program Assistant (1.0 FTE) *Oct/08*
- Catalin Taraboanta, Manager, Clinical Practice Initiatives (0.80 FTE)
Dec/08
- Paul Mak, Programmer/Surveillance & Outcomes Analyst (0.40 FTE)
- Colleen McGahan, Biostatistician (0.50 FTE)
- Chrystal Palaty, Project Coordinator (0.25 FTE)

Review of 2008 Activity Update

- Fall Update – Rectal Cancer – Accredited Course
- Rectal Cancer Monitoring Study
- Newsletters
- Surgical Resident/Fellow Travel Awards
- BC Cancer Surgeon Directory
- ROEC Projects

Review of 2008 Activity Update

- CPAC Synoptic Reporting Project
- Revitalizing Clinical Practice Committee
- Developing Cancer Surgery Wait Times Reports
- Northern Cancer Control Strategy
- Development of Cancer Surgery Registry

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2008 Fall Update

- *Rectal Cancer: The Last 5cm - Distal TME and Beyond*
- Accredited Course as defined by the Maintenance of Certification Program of RCPSC
- Planning Committee:
 - Dr. Carl Brown
 - Dr. Rona Cheifetz
 - Dr. Greg McGregor
 - Dr. Terry Phang
 - Dr. Manoj Raval

2008 Fall Update - cont'd

International Speakers:

- Dr. Takayuki Akasu
(Tokyo, Japan)
- Dr. Julio Garcia-Aguilar (LA, USA)
- Prof. Bill Heald
(Basingstoke, UK)
- Dr. Andy Smith
(Toronto, ON)

Local Speakers:

- Drs. Carl Brown
- Dr. Jacquie Brown
- Dr. Rona Cheifetz (moderator)
- Dr. John Hay
- Dr. Hagen Kennecke
- Dr. John MacFarlane (moderator)
- Dr. Manoj Raval
- Dr. Terry Phang

2008 Fall Update cont'd

- 46 registered conference attendees.
- Evaluation:
 - Overall rating of 4.67 on a scale of 1-5 (5 excellent).
 - Speakers rated highly - all above average or excellent.
 - 90% reported that it would change their practice performance.

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Rectal Cancer Monitoring Study

- Initiated in October 2003.
- A 1996 review of BC rectal cancer patients revealed high rate of positive surgical resection margins for distal rectal location.
- To improve outcomes, educational workshops held 2002/03
 - recommended management protocol - increase use of pre-operative imaging, pre-operative radiation and total mesorectal excision (TME).

Rectal Cancer Monitoring Study cont'd

- Followed patients who had rectal cancer surgery between October 1, 2003 and September 30, 2004 for 2 years for recurrence and survival.
- Result - Stage 3 cancers pelvic recurrence at 2 years decreased from 18% to 9% ($p=0.0198$), compared to 1996.

Rectal Cancer Monitoring Study cont'd

- Abstract submitted to American Society of Colorectal Surgeons 2008 Meeting - *Outcomes Improved after Total Mesorectal Excision (TME) Workshops in British Columbia*
- Received Pennsylvania Society of Colon & Rectal Surgeons Award for best clinical poster.
- Manuscript submitted to Canadian Journal of Surgery – awaiting response

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Newsletters

- Profiles of Surgical Tumour Groups
- Includes articles written by STG Chairs
 - Winter 2008 - Skin STG (Dr. Chris Baliski)
 - Summer 2008 - Sarcoma STG (Dr. Bas Masri)
 - Winter 2009 – Urology STG (Dr. Alan So)
- Clinical Conundrums (Dr. Rona Cheifetz)
- Reviews of Articles of Interest

Review of 2008 Activity Update

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- **Surgical Resident/Fellow Travel Awards**
- BC Cancer Surgeon Directory
- ROEC Projects

SON Resident Travel Award

- For BC Surgery Residents & Fellows.
- To motivate physicians early in training to pursue an interest in surgical oncology.
- Provides up to \$1000 for travel funds to present at conferences.

Resident Travel Award 2008 Recipient

- Dr. Connie Chiu, Resident, General Surgery
- Supervisor: Dr. Sam Wiseman (second award)
- *HER-3 Expression Shows Prognostic Utility in Breast Cancer Survival*
- 4th Annual Academic Surgical Congress, Society of University Surgeons, Academic Association of Academic Surgeons – Florida, 2/09

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BC Cancer Surgeon Directory

- Support strategic approach to SON activities.
- Create pool of speakers and mentors for educational initiatives.
- Identify surgeons interested in joining STGs and Committees.
- Determine surgeon interests and specialties.
- Identify hospitals and rounds in regions.
- Effectively target surgeons for mailings and events.

Cancer Surgeon Directory

- Forms have been sent to 1400 surgeons across BC.
- Response rate 60%.
- 64% surgeons reported they perform surgical oncology procedures – 92% of these interested in SON information.
- Fatima will report more this afternoon.

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ROEC Projects

- Assist with developing cancer surgery quality improvement projects and grant applications.
- Help obtain data for pilot or feasibility studies, communication and education initiatives.
- Provide in-kind support:
 - research design
 - statistical analysis
 - administrative/organizational support

ROEC Projects- cont'd

- CRCOU Comparison Study - Dr. Carl Brown
- Compared three population-based cancer registries:
 - CAIS
 - Colorectal Research Cancer Outcomes Unit (CRCOU)
 - SON Rectal Cancer Monitoring Study
- Abstract submitted to American Society of Colon and Rectal Surgeons (ASCRS).

ROEC Projects – cont'd

- Is BC appropriately treating thyroid cancer under current guidelines?
 - Drs. Sam Wiseman and Amanda Johner
- Does delay in referral of patients with sarcoma affect their amputation and survival rates?
 - Dr. Paul Clarkson

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CPAC Synoptic Reporting Project

- National initiative by CPAC
 - coordinated effort to implement synoptic reporting tools
 - create a national minimal dataset for cancer surgeries
- Fall 2007 SON invited to submit a proposal to the CPAC for pilot project to implement a web-based surgical medical record - WebSMR.
- SON goal to develop an integrated data collection and outcomes reporting system.

CPAC Synoptic Reporting Project

- CPAC approved funding in principle to SON to pilot WebSMR:
 - breast, colorectal, ovarian cancers
 - VGH, St. Paul's Hospital and Vancouver Cancer Centre
 - Dr. Noelle Davis - provincial lead for breast
 - Dr. Carl Brown - national and provincial lead for colorectal
 - Dr. Tom Ehlen – provincial lead for ovarian
 - project would determine processes, feasibility and utility of implementing WebSMR across BC.

CPAC Synoptic Reporting Project

- Planning meeting held July 30, 2008 included:
 - 30 participants
 - Dr. Walley Temple and Evangeline Tamano
 - VCH, PHSA, BCCA, VGH, St. Paul's Hospital representatives:
 - surgery
 - IM/IT
 - health records
 - privacy and security
 - risk management staff

CPAC Synoptic Reporting Project

- Key stumbling blocks to implementing WebSMR:
 - integration with hospital ADT systems
 - sustainable funding
 - implementation costs
- Consensus that implementation before the end of March 2009 not feasible.
- Overlap with projects/proposals for cancer staging, pathology and operative reporting – need a coordinated approach.

CPAC Synoptic Reporting Project

- Principles for synoptic reporting system in BC:
 - Integrated web-based system for staging, pathology, imaging and surgery
 - Ease of integration with the Health Authorities' IT platforms
 - must interact with hospital ADT systems
 - Scalable
 - Easy to maintain and upgrade over time
 - Sustainable

CPAC Synoptic Reporting Project

- Advised CPAC in September that further evaluation of WebSMR and other synoptic reporting options required in BC before proceeding with implementation.
- CPAC responded that its strategy was to have WebSMR implemented immediately to meet deliverables and timelines.
- So SON not participating in CPAC's pilot project.
- SON involved with developing national surgical templates.
- Dr. Brown will discuss this further this afternoon.

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Clinical Practice Committee

- CPD-KT initiatives well developed.
- Focused on ROE Committee and initiatives past year.
- Now developing CP Initiatives:
 - Hired a new manager.
 - Established CP Committee; updated terms of reference.
 - Working on cancer surgery wait times reports.
 - Exploring developing cancer assessment tool.
 - Develop general outcomes template for cancer surgery.

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Cancer Surgery Wait Times Reports

- Canadian Association of Provincial Cancer Agencies (CAPCA) established working group to assemble wait time data from provincial agencies and develop a reporting framework.
- Currently wait time data is available and reported for radiation and chemotherapy – not cancer surgery.
- SON has established a Cancer Surgery Wait Time Committee to develop reports from Surgical Patient Registry (SPR).
- Catalin will present on wait times reports this afternoon.

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Northern Cancer Control Strategy

- Last year BCCA, with PHSA and NHA, submitted business case to MOH for development of cancer control strategy in the north.
- MOH approved funding over four years to implement the Northern Cancer Control Strategy.
- Part of the strategy is to support northern surgeons working with the Surgical Oncology Network.

Northern Cancer Control Strategy

Cancer surgery areas of interest:

- Breast, colon and prostate cancer - most common cancer surgeries performed in the north
- Wait times
- Patient outcomes
- Regional disparities

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- **Development of Cancer Surgery Registry**

Cancer Surgery Registry

- To establish a population-based Provincial Cancer Surgery Registry, application submitted to MOH for Canadian Institute for Health Information (CIHI) hospital discharge and admissions data.
- Complement the BC Cancer Registry and the BC Cancer Agency Information System (CAIS).
- Combine CIHI data with CAIS and Registry data to enable a comprehensive assessment of cancer surgery related measures and outcomes.

Cancer Surgery Registry- cont'd

- Cancer Registry collects basic information on all patients diagnosed with cancer
 - name, address, date of birth, PHN, tumour site, date of death.
- Approx. 60% of people in Cancer Registry are referred to the Agency. Additional disease and treatment information for these held in CAIS, but limited cancer surgery data.
- Lack of data for 40% of cancer patients not referred to the Agency for treatment.

Cancer Surgery Registry – cont'd

- Hospital discharge data would provide:
 - comprehensive surgery data
 - include re-hospitalizations and comorbidities - not currently captured within Cancer Registry or CAIS
- Provide reports to MOH, HAs, hospitals and surgeons.

Cancer Surgery Registry – cont'd

Data Requested:

- CIHI DAD for all cancer patients who received cancer-related surgical procedure from January 1, 2001 to the present - ongoing data transfers.
- List of index procedures has been compiled - reviewed by SON STG Chairs.
- Data collection strategy designed (in collaboration with Cancer Care Ontario) to maximize capture rate of patients with cancer and minimize inclusion of benign disease.

Cancer Surgery Registry – cont'd

- Following documentation required in application:
 - Purpose and intended use of the data
 - Specific data elements from Hospital Separation Files
 - Privacy Impact Assessment
 - Details on data transmission, data access, security and privacy protection
 - Plans for publication and distribution of data
 - Research Ethics Board Review

Cancer Surgery Registry – cont'd

- Application submitted to MOH Jan.7, 2009.
- Working Group:
 - Chrystal Palaty, Coordinator
 - Dr. Carl Brown
 - Dr. Nadine Caron
 - Dr. Noelle Davis
 - David Gavin
 - Paul Mak
 - Colleen McGahan
 - Yasmin Miller
 - Dr. Sam Wiseman
 - Cindy Brice, Director,
Information Access & Privacy,
PHSA
 - Gerald Regier, Privacy
Consultant, PHSA

Key Activities for 2009

- 2009 Fall Update – Breast Cancer
- Complete Data Collection for Cancer Surgeon Directory
- Develop Cancer Surgery Registry - receive data from MOH
- Develop Outcomes Template
- Outcomes Analyses
- Synoptic Operative Reporting – minimal dataset for breast, colorectal, ovarian

Key Activities for 2009 – cont'd

- Cancer Surgery Wait Times Reports
- Develop Cancer Assessment Tool
- Newsletter
- Publication - Report on the SON
- Work with BCCA on Collaborative Staging
 - goal is to stage all patients diagnosed with breast, colon, rectal and prostate cancers
 - Work with BCCA to enhance Surgical Oncology provincially.