

CPD-KT Report

BC Surgical Oncology Network

Dr. Rona Cheifetz
Annual Council Meeting
February 27, 2009

Fall Update 2009

- Topic: Breast Cancer
- Date : October 24, 2009
- Visiting Speakers:
 - Dr. Geoff Porter (Nova Scotia) and Dr. Patrick Borgen (New York)
- Planning Committee
 - R. Cheifetz, N. Davis, E. McKeivitt, L. Weir (Rad Onc), C. Lohrish (Med Onc)

Topics Planned

- Surgical Issues
 - Axillary management-pre-op staging, intra-op staging, management of positive sentinel nodes, significance of micromets...
 - Synoptic operative reporting
 - Breast Reconstruction
 - Atypia

Topics Planned

- Imaging Issues
 - MRI in patients with confirmed cancer
- Radiotherapy Issues
 - Post mastectomy radiation, boost for margins, regional radiation, management of margins, how the surgeons can help the rad onc...

Topics Planned

- Systemic Issues
 - Duration of hormone therapy, Neoadjuvant therapy, Chemo and positive margins....

BC Cancer Agency Referral Process

- Council meeting 2007- reports of challenges with referring patient to BCCA
- Informal survey of surgeons in Fraser Valley, Interior, Vancouver Island, North, Vancouver
- Most issues centered on challenges at Vancouver Centre

VCC Referral Process: Non Urgent

- Standard referral form faxed to BCCA with all relevant documents (website lists what is required for each tumour type)
- If something is missing it helps to indicate why it isn't there (pending, contra-indicated) or your office will be called for the info and referral held until complete
- Clerks then direct referral based on dx

VCC Referral Process: Non Urgent

■ GI:

- all referrals are triaged by MD to be seen by either med onc or rad onc.
- Usually anal/ rectal go to rad onc first, and others to med onc unless palliative xrt needed (obstructing esoph, or boney mets)
- Usual wait time goal for appointment is 10 working days.

VCC Referral Process: Non Urgent

- Melanoma
 - No in-situ patients seen
 - All non metastatic melanoma are seen by dermatologist first
 - Usual wait time is 2-3 weeks
 - If other treatment needed to refer directly*
 - No mechanism for lateral referral at triage for patients still needing wide excisions or SLNBx*

VCC Referral Process: Non Urgent

■ Sarcoma

- Extremity tumours do not require tissue diagnosis- refer directly to MSK clinic by fax 877-6217
- Non extremity sarcomas are physician triaged to either med onc or rad onc
- Usual wait is <2 weeks
- Non-extremity soft tissue mass (eg retroperitoneal tumour) – no system*

VCC Referral Process: Non Urgent

- Breast
 - In situ is triaged to rad onc
 - Physician triage for all others to either med onc or rad onc
 - Further details?? Chair did not respond

VCC Referral Process: Non Urgent

- Gyne- all triaged by gyne secretary and clinical associate to surg or med onc
- Head and Neck- all to rad onc
- Lung- all small cell to med onc, others physician triage
- Primary unknown- physician triage

VCC Referral Process: Urgent

- Urgent referrals require a phone call to “doctor of the day” or “ oncologist on intake”
- Call switch board to be connected
- If secretary is on machine, press 0 for switchboard and ask that the doctor be paged.
- Then send in referral package indicating who you spoke to.

VCC Referral Process: Urgent

- If you don't know whether you want med onc or rad onc, you'll be re-directed but see the triage guidelines.
- What is urgent?
 - GI-symptomatic, pre-op
 - Sarcoma- symptomatic, rapidly growing (call Knowling or Weir if non extremity)
 - Breast-??-symptomatic
 - Melanoma - symptomatic

VCC Referral Process: Insider View

- With the exception of extremity sarcoma and gynecology which have 'programs' a mechanism for surgical oncology referral is lacking within the agency (at all sites)
- Unfortunately, you need to call people to make things happen or for unusual problems... it doesn't seem to help to write things on the referral form.

VCC Referral Process: Message from Within

- Please refer to the closest centre to the patients home address
- Many patients from Fraser Valley are seen by Vancouver Surgeons then referred to VCC when they should be seen at either FVCC or Abbotsford. This overburdens the VCC system.

CME Issues for Discussion

- What can we do better?
- What is working well?