

Surgical Oncology Network Newsletter

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Surgical Oncology Network

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MARK YOUR CALENDARS

SON FALL UPDATE

From Top to Bottom:

GI TRACT CANCERS

*Saturday, November 7, 2015
Four Seasons Hotel, Vancouver*

CANCER SURGERY CHECKLISTS

Over the last several years the Surgical Oncology Network has made a focused effort to improve the quality of cancer surgery operative reporting as part of its strategic plan to ensure best practices for patient care. Traditional dictated narrative operative reports are highly variable in content and clarity, and do not always provide the information needed to make the best treatment decisions by the multi-disciplinary team.



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Introduction

The Surgical Oncology Network (SON) was established in 2001 by the BC Cancer Agency and is now the leading advisory and resource body for surgical oncology in the province. By engaging cancer surgery care providers, and developing partnerships and collaborations provincially and nationally, the SON promotes and advances continuous quality improvement to ensure the best possible outcomes for all cancer surgery patients in BC.

Why Synoptic Reporting?

Cancer treatment is becoming increasingly complex, requiring multidisciplinary care that depends upon accurate communication of clinical information between health professionals. Narrative reports are the traditional means of communicating the conduct and findings of an operative procedure. Studies have demonstrated that narrative reporting does not consistently provide the information required to make optimal treatment decisions. One response to the need to provide consistent information in reports is synoptic reporting which uses a template designed to capture the predetermined relevant details of a procedure or investigation in a structured, standardized manner.

Quality in Cancer Care

There is an increasing interest in quality of care in all areas of medical practice. Local, national and international surgical associations and health systems are studying and measuring quality of care. Data from surgical procedures is also being used in a research capacity to learn more about the elements of surgical procedures that influence cancer outcomes. All of these quality assurance and research activities rely on accurate extraction of information.

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Importantly, the information communicated regarding a surgical procedure is being used in areas beyond traditional communication between physicians.

Synoptic reporting in cancer care was first established in Alberta with Web-SMR. There are also groups working nationally to develop synoptic standards through the Canadian Partnership Against Cancer (CPAC).

In response to the requests of our non-surgical colleagues for standardized presentation of information, as well as the increasing focus and understanding of quality of cancer care, the SON has endorsed synoptic reporting as a practical solution for improved communication of details of surgical procedures. The SON has made cancer surgery checklists (also known as synoptic operative reports) a priority as part of its strategic plan and has developed a standardized process to establish tumour site specific datasets critical for the optimal management of cancer patients.

The Breast and Rectal Cancer Surgery Checklists have been in use

since 2012, and the Endocrine Surgical Tumour group has recently developed the checklists for the treatment of thyroid and parathyroid disease, as well as for neck dissections. The SON has received positive feedback from our medical and radiation oncology colleagues about the usefulness of the information presented in this format.

We hope that the use of Cancer Surgery Checklists will help to improve communication between surgeons and our non-surgical colleagues, aid surgeons in knowing the latest information to provide in a report, and help to inform the development of optimal cancer procedures, management, and systems.

References:

1. Urquart R, Grunfeld E, Porter G. Synoptic Reporting and the Quality of Cancer Care. *OE*, 2009 8 (1):28-31

We have included paper copies of the Breast Cancer, Rectal Cancer and Thyroid Cancer Surgical Checklists with this issue of our newsletter. If you would like laminated copies of any of the checklists, please contact our project manager Shahin Mahmoodi at shahin.mahmoodi@phsa.ca and we will be happy to mail them out to you.

Additionally, digital versions of the checklists can be downloaded from the Surgical Oncology Network website:

<http://www.bccancer.bc.ca/health-professionals/networks/surgical-oncology-network/surgeon-resources>

RECTAL CANCER SYNOPTIC MRI REPORTING

Dr. Manoj J. Raval
Chair, SON Colorectal Surgical Tumour Group



As surgeons treating rectal cancer, we strive to give the best, tailored therapy to our patients. Appropriate choice of neoadjuvant chemoradiation is obvious, but knowing the anatomic details of the tumour and rectum in each patient preoperatively is critical to performing an R0 resection.

Cancer Care Ontario and the Canadian Cancer Society have jointly developed an excellent evidence-based MRI synoptic reporting protocol. With surgeons on the development committee, the protocol provides the degree of detail necessary to guide resection to ensure best oncologic outcomes. It is a key element in the evidence-based guideline, "Optimization of Preoperative Assessment in Patients Diagnosed with Rectal Cancer," also developed by CCO.

A number of centres in British Columbia have already adopted

this tool into their care pathways. Personally, I find it extremely useful in the operating room, knowing exactly how much of a safety margin I have in certain areas for circumferential margins, where I might need to go a bit wider than usual, and so on. In the future, this information may be used to more selectively prescribe neoadjuvant radiation. Currently, a nationwide study (QuickSilver) is underway to address this question.

The Surgical Oncology Network's Colorectal Surgical Tumour Group strongly endorses this MRI reporting protocol. We encourage you, as caregivers who have the maximal impact on rectal cancer outcomes, to discuss and share this with your local radiology colleagues. The protocol, as well as a very helpful User's Guide, is available on the Cancer Care Ontario website at www.cancercare.on.ca/colorectal. I'm sure you'll find it of great benefit.

NEW THYROID AND PARATHYROID SURGERY AND LATERAL NECK DISSECTION OPERATIVE REPORT CHECKLISTS

Dr. Sam Wiseman

Chair, SON Endocrine Tumour Group



Over the last several years the Surgical Oncology Network has made cancer surgery operative report quality improvement a priority as part of its strategic plan. Traditional dictated narrative operative reports are highly variable in content and clarity. These traditional dictated operative reports may even lack all the information that is needed by the multidisciplinary care team to make decisions regarding adjuvant therapy need, including radiation therapy and chemotherapy.

The SON has developed a standardized process to establish cancer site-specific operative report checklists that can replace traditional narrative operative reports. Adding these critical data elements to the operative report will enhance communication of important information between health care providers, improve patient care, facilitate research, and increase efficiency. To date, the SON has completed a breast cancer operative report checklist, as well as a colorectal cancer operative report checklist, both of which are currently freely available on the BC SON website and are used by surgeons throughout British Columbia and elsewhere.

The Thyroid Surgery, Lateral Neck Dissection, and the Parathyroid surgery operative report checklists represent our latest surgical checklist initiative. The objective of the project was to create a complete yet concise checklist to capture the key elements of thyroid and parathyroid operations. This project was being championed by Dr. Sam Wiseman, chair SON Endocrine Site Tumour Group (STG), as well as other group members who include: Dr. Don Anderson, Dr. Chris Baliski, Dr. Geoffrey Blair, Dr. Nadine Caron, Dr. George Chang, Dr. Al Hyashi, Dr. Adrienne Melck, Dr. Eithan Prisman, and Dr. Vince Tsai.

To kick off the project, the Endocrine STG identified a preliminary list of data elements for inclusion in the checklists. The inclusion criteria for data points included in the checklist is as follows: (1) The surgeon should not require a patient chart to input the data

at the time of surgery; (2) The information should be generally accepted as an important part of documentation of a surgical procedure; (3) The information should have some relevance to the present or future care of the patient by other medical professionals (especially medical oncologists, radiation oncologists, surgeons, general practitioners, pathologists, and radiologists).

This initial list of elements was critically reviewed and/or piloted by all Endocrine STG members, who made suggestions for improvement. Then the list of data elements was further refined, and a province-wide survey was conducted in order to solicit feedback about the most important elements for inclusion in a synoptic operative checklist, including the critical data points required by other medical professionals (for example, radiation oncologists) to facilitate the best care decisions for the patient.

The survey was then sent to SON members who performed endocrine surgery, or who had expressed an interest in endocrine cancer, as well as selected radiologists, endocrinologists, medical oncologists, and members of the Provincial Endocrine Tumour Group. Greater than 200 surveys were sent out.

Perhaps the greatest challenge of this project is that the checklists each contain a large number of data points, and this may pose a barrier to adoption into surgical practice. The Thyroid Surgery and the Parathyroid Surgery Checklists each have 23 data points and the Lateral Neck Dissection Checklist has 7 points.

While they are being distributed with this SON newsletter to surgeons across British Columbia, and are freely available by download (www.bccancer.bc.ca/health-professionals/networks/surgical-oncology-network/surgeon-resources) current efforts are underway to incorporate these checklists into a cellular phone application for free download. The Endocrine STG is planning to evaluate uptake and impact of these three new checklists on patient care in British Columbia.

SURGICAL ONCOLOGY NETWORK NEWSLETTER

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The BC Surgical Oncology Network exists to promote and advance quality cancer surgery throughout the province, enable the integration of quality surgical oncology services into the formal cancer care system, and ensure that patients have the best possible outcomes through consistent access to high quality multidisciplinary care. To enhance appropriate, equitable and timely access to surgical services for cancer patients as close to home as possible, the Network supports communication and sharing of knowledge between subspecialty and community surgeons, their respective hospitals and the BC Cancer Agency.

Saturday November 7 - Vancouver, BC

2015 SON Fall Update

GI Tract Cancers: From Top to Bottom



The BC Cancer Agency's Surgical Oncology Network invites you to take part in its 2015 Annual Fall Update at the Vancouver Four Seasons Hotel. This year's event will focus on GI Tract Cancers: From Top to Bottom. This event has been approved as an Accredited Group Learning Activity eligible for up to 7.25 Section 1 credits as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.

This one day conference features topics on surgical techniques, screening, pathology, quality indicators, adjuvant therapy, imaging, radiation and other information regarding upper and lower GI tract cancers. The event will be co-chaired by Dr. Manoj Raval (Chair, SON Colorectal Surgical Tumour Group) and Dr. Andy McFadden (Chair, SON Upper GI Surgical Tumour Group) and is a must-attend for surgical oncologists, general surgeons, medical oncologists, radiation oncologists, residents and other related specialists.

Time	Topic	Speaker
7:30 - 8:00 am	<i>Registration and Continental Breakfast</i>	
8:00 - 8:05 am	Welcome and Introduction	Dr. Elaine McKeivitt
SESSION 1	Upper GI Gastric Cancer Management	Moderator: Dr. Andy McFadden
8:05 - 8:20 am	Diagnosis and Staging	Dr. Fergal Donnellan
8:20 - 8:35 am	Diagnosis and Staging- Imaging and Laparoscopy	Dr. Natalie Coburn
8:35 - 9:05 am	Best Chance for Cure	Dr. Natalie Coburn
9:05 - 9:35 am	Presentation of Current BC Data on Gastric Cancer	Dr. Trevor Hamilton
9:35 - 10:05 am	Case Discussion	Drs. Natalie Coburn, Fergal Donnellan, Trevor Hamilton and Yarrow McConnell
10:05 - 10:20 am	<i>Coffee Break</i>	
SESSION 2	Resectability and Palliation	Moderator: Dr. Andy McFadden
10:20 - 10:50 am	Palliation of Upper GI Tumours: Bleeding, Obstruction, Pain	Dr. Fergal Donnellan and Dr. Natalie Coburn
10:50 - 11:20 am	Carcinomatosis - When can we treat it?	Dr. Yarrow McConnell
11:20 - 11:50 pm	Management of Recurrent and Advanced Tumours, When Tumours are Resectable, and Multidisciplinary Management	Dr. Andy McFadden
11:50 - 12:35 pm	Cases and Panel Discussion	Drs. Natalie Coburn, Fergal Donnellan, Yarrow McConnell, Carl Brown, & Manoj Raval
12:35 - 1:30 pm	<i>Networking Lunch</i>	
SESSION 3	Lower GI	Moderator: Dr. Manoj Raval
1:30 - 2:00 pm	CPAC National Rectal Cancer Quality Improvement Initiative	Dr. Erin Kennedy
2:00 - 2:45 pm	Transanal Excision Rectal Cancer and Cases	Drs. Carl Brown and Manoj Raval
2:45 - 3:00 pm	<i>Coffee Break</i>	
3:00 - 3:45 pm	Treatment Decisions - Multimodality Treatment of Colorectal Cancer	Dr. Erin Kennedy
3:45 - 4:30 pm	Synchronous Lesions and Cases	Dr. Carl Brown
4:30 - 4:45 pm	Course Evaluation / Wrap Up	Dr. Elaine McKeivitt

Early-bird registration is \$300 for those who register before October 23, and \$325 for those who register by the October 30, 2015 deadline. There is a special \$75 registration rate for residents. Special accommodation rates are available at the Four Seasons Hotel, 791 W Georgia, Vancouver, tel. 604-689-9333, please use confirmation code **CI11550** or mention Surgical Oncology Network when you register.

For more information or to register contact Shahin Mahmoodi at Shahin.Mahmoodi@bccancer.bc.ca, tel. 604-877-6000 ext. 673269 or visit our website, <http://www.bccancer.bc.ca/health-professionals/networks/surgical-oncology-network>