BC Cancer Agency
CARE & RESEARCH

BC Provincial
SURGICAL ONCOLOGY NETWORK

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NEWSLETTER

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BrainCare BC

"Patients are looking for that extra edge, that new glimmer of hope", says Dr. Brian Toyota, a neurosurgeon at Vancouver General Hospital and Chair of the Surgical Oncology Network's Brain Cancer Surgical Tumour Group. Dr. Toyota has developed BrainCare BC, a concept that originated "from patient needs". Working among patients with brain tumours, he saw his patients experiencing gaps in their system of care. He decided to create a clinic that would be complementary to the work of the BC Cancer Agency and help support patients prior to, and after, their brain cancer surgery. "It is a multifaceted, multilayered concept and it is a bit ambitious", he admits, "but I am not daunted because it is fundamentally a patient-care project and I don't necessarily need new resources. I just need to help link them."

BrainCare BC's objective is to provide a comprehensive service to all patients in BC with neurologic tumours. It takes the form of a clinic involving medical and radiation oncologists, social workers, experts from the integrative health field, plus Dr. Toyota as surgeon. The clinic works in conjunction with the BC Cancer Agency, but focuses its attention on the pre- and post- BCCA interludes. "Probably most of the emotional turmoil is upon diagnosis and the brain surgery operation. That is when you create bonds of trust and the commitment of giving news. With BrainCare BC, the patients will have the reassurance up-front that they knew everything at the very beginning and afterwards they will be left with no doubts about how their treatment went."

According to Dr. Toyota, "some patients want minimal information and some want to hear it all before we do anything". Because of this, there is also a toll-free number that has been set up as a resource for patients, and a website is in development. Patients are seen quickly following their diagnosis and have access to detailed information throughout their

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Inside...

Next Issue...

- Review of the BCCA Surgical Oncology Hot Topics Session
- Sentinel Lymph Node Biopsy Guideline

Available this winter.

Cross Canada Surgical Oncology Care

Over the past year many changes have taken place to enhance surgical oncology programs across Canada. This article is the first in a series of updates and references for surgical oncology in Canada. Each province is united in its goal to coordinate surgical services and standards to ensure the best possible care for cancer patients.

Alberta Cancer Board

When Alberta's government created a provincial personal health information number for each individual in the province, the Alberta Cancer Board took full advantage by linking data to support care management as well as outcomes evaluation. They have developed a Web Surgical Medical Record (Web SMR), which is a surgical template onto which surgeons can record operating procedures directly into a database. The template serves as the operative report and takes the place of dictation. When the patient's number is added to the record, all demographic information, as well as the surgical information, is captured and this data can be analyzed for outcomes. Funding has been requested from the Ministry of Health and launching the Web SMR depends upon a favourable reply. The template for liver surgery is ready and

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From the Editor

Welcome to the fall edition of the Surgical Oncology Network Newsletter. In this edition you will find a lead article on Braincare BC, a new program headed by Dr. Brian Toyota, Chair of the Brain Surgical Tumour Group. Dr. Toyota has also provided us with an article review, which I think you'll find of value if you deal with these malignancies directly or whether it's a metastatic challenge from another tumour. I think you'll enjoy other topics such as a review of surgical oncology from across Canada.

The work of the network is ongoing, as you will see from this publication. Many opportunities remain for involvement from around the province and please take the chance to review this work and consider whether you can make a significant contribution to one of the surgical tumour groups or committees. If you have an interest in the surgical oncology, you may also be contacted for a contribution to the newsletter in the form of a written submission or opinion. If you can, please seriously consider contributing in this way for the benefit of your fellow practitioners.

I'd like to wish everyone the best during the holiday season. I look forward to your feedback on this publication and I would be happy to entertain your commentary by e-mail. I also hope that many of you will attend the breast cancer update mentioned below.

Sincerely,
B. Rudston-Brown, MD FRCSC
General Surgery, Nanaimo
Chair, Communications Committee
blair@rudston-brown.shawbiz.ca

Mark Your Calendars - Upcoming Conferences

Breast Cancer Update

Victoria, British Columbia at the Hotel Grand Pacific - 23rd and 24th April 2004

We are delighted to announce the preliminary details of our Breast Cancer Update, which is open to all surgeons and other health professionals with an interest in cancer surgery of the breast. Our Council Co-Chair, Dr. Con Rusnak, and Breast Surgical Tumour Group Chair, Dr. Allen Hayashi, are putting together an agenda that will ensure each attendee leaves the conference up-to-date on current and new surgical technology and techniques. Details of speakers and events will be mailed to you shortly and will also be posted on our Website at www.bccancer.bc.ca/son. A few more details are available on the last page of this newsletter.

Readers may be interested in the following upcoming conferences. If you are aware of a conference that your colleagues may wish to attend, please contact the Communications committee via son@bccancer.bc.ca.

American Society of Gynecologic Oncologists – 35th Annual Meeting, San Diego, CA, February 7-11 2004
Keywords: genitourinary cancers; GU malignancies; gynecologic cancers; gynecologic oncology; women's health
www.sgo.org

American Academy of Dermatology 2004 Annual Meeting – Orlando, Fl. March 5-10 2004
Keywords: Cancer control; cancer prevention; dermatology; melanoma; pathology; photobiology; prevention; radiation; ultraviolet radiation; skin cancer
www.aad.org

American Society of Surgical Oncology – 57th Annual Meeting – New York, March 18-21 2004
www.surgonc.org

American Society of Colon and Rectal Surgeons 2004 Annual Meeting – Dallas, May 8-13 2004
Keywords: aerodigestive track cancers; cancer therapeutics; cancer therapy; cancer treatment; clinical treatment; colon cancer; colorectal cancer; gastroenterology; gastrointestinal cancers; rectal cancer; surgical oncology; surgery; therapeutics; treatment
www.fascrs.org

World Congress on Gastrointestinal Cancers – Barcelona, Spain, June 17-19 2004
Keywords: aerodigestive track cancers; colorectal cancer; gastroenterology; gastrointestinal cancers
www.imedex.com/index.htm

A Randomized Trial of Surgery in the Treatment of Single Metastases to the Brain

by Brian Toyota, MD, FRCP(c)

NOTE!: The submitted article for review is dated - but remains a pivotal report that was a landmark in helping patients and non-neurosurgical physicians recognize that the surgical removal of a solitary brain metastases was not only possible with minimal morbidity and mortality, but was actually better than radiation alone.

Patchell RA, Tibbs PA, Walsh JW, Dempsey RJ, Maruyama Y, Kryscio RJ, Markesbery WR, Macdonald JS, Young B. New England Journal of Medicine Volume 322, No. 8, 494-500, February 22, 1990

Background

For the neuro-oncologist, brain metastases is one of the most prevalent diseases encountered. As systemic cancers are rendered into remission with increasing success the number of brain metastases seems to be rising. Of equal relevance to the growing success of subduing systemic malignancies, it becomes of greater importance to battle cerebral metastases with effectiveness, as it may be the most pressing short-term challenge to a patient whose primary disease is otherwise under control. The specter of 'brain surgery' is often viewed with the stigmata of a greatly intimate intrusion with high morbidity and mortality. No doubt, in years long ago, this was appropriate. However despite the great advances, both technical and technological, in modern day micro-neurosurgery, there remains great fears as to the appropriateness of 'subjecting' a patient with a brain metastases to brain surgery.

Article Summary

Patchell et al., at the University of Kentucky, undertook a prospective, randomized study to examine the effectiveness of microsurgical removal of solitary brain metastases plus whole brain radiation (WBRT) versus WBRT alone. The patients were over the age of 19 and harbored only one brain lesion. Pathologies that were particularly radiosensitive were excluded (e.g. small-cell lung cancer, germ-cell tumors, lymphoma). Patients were stratified prior to randomization to account for a number of variables, including type of primary tumor and stage of primary disease. Twenty-five patients were randomized to the surgical group and twenty-three to the radiation group.

The essence of the study was that patients undergoing surgery had a significantly better median survival and quality of life. For those who had their brain metastases surgically removed the median survival was 40 weeks with 38 weeks of independent living. For those who underwent radiation alone, the median survival was 15 weeks with only 8 weeks of independent living.

Commentary

Unlike primary gliomas of the brain, cerebral metastases have discreet borders from normal brain and as such invariably can be surgically removed in their entirety. In this sense one can truly 'cure' a patient of the cerebral component of their malignant state. The study discussed has shown, and is the reference article on the subject, that not only does surgery provide a significant improvement in survival but perhaps more importantly gives the patient a much longer time functioning independently. These patients for the most part do not suffer a neurologic death, which can often be horrific. When they do succumb, it is from their primary disease- and typically with their cognitive faculties intact. A fact well appreciated by those initially suffering neurologic consequences from their brain tumor. Since the publication of this paper there has, and is still, controversy regarding the need for additional whole brain radiation therapy (WBRT). Literature can be found both supporting and denying the need for this adjuvant treatment. It is, however, the policy of the BCCA and this author, that WBRT does decrease the chances of local recurrence and the appearance of new cerebral metastases. A further advance since this paper was published is the technical advent of stereotactic radiosurgery. This technique gives the neurosurgeon and radiation-oncologist the ability to focus a beam of radiation on a well-circumscribed brain lesion, such as a brain metastases, with very little fall-out to the surrounding normal brain and with an accuracy of < 1 mm. There has not been a substantial research study, at least not to the sophistication of this Patchell study, that proves that radiosurgery equals the benefits of microsurgical removal of a solitary brain secondary. But all indications would say that radiosurgery is a 'close second'. With this in mind, the neuro-oncology tumor group advocates the surgical removal of a solitary brain metastases in the patient with a life expectancy of at least 3 months followed by WBRT. In certain cases of multiple brain metastases, surgery may also be an option. The neuro-oncology group and the Radiosurgical group at the BCCA also advocates radiosurgery for those lesions not amenable to surgery, for whatever reason, and for multiple brain metastases up to three in number.

Members' Publications

Gilks C, Alkushi M, Yue J, Lanvin D, Ehlen T, Miller D. **Advanced stage serous borderline tumors of the ovary: A clinicopathologic study of 49 cases.** Int J Gynecol Pathol 2003;22(1):29-36.

Chua B, Olivotto I, Donald J, Hayashi A, Doris P, Turner L, et al. **Outcomes of sentinel node biopsy for breast cancer in British Columbia, 1996 to 2001.** Am J Surg 2003;185(2):118-26.

Hayashi A, Silver S, van der Westhuizen N, Donald J, Parker C, Fraser S, et al. **Treatment of invasive breast carcinoma with ultrasound guided radiofrequency ablation.** Am J Surg 2003;185(5):429-435.

Mackinnon M, Poole B. **Leveraging the CIHI discharge data for surgical oncology outcomes.** Journal of Registry Management 2003;30(2):46-52.

Phang P, MacFarlane J, Taylor R, Cheifetz R, Davis N, Hay J, et al. **Effect of emergent presentation on outcome from rectal cancer management.** Am J Surg 2003;185(5):450-4.

Phang P, MacFarlane J, Taylor R, Cheifetz R, Davis N, Hay J, et al. **Practice patterns and appropriateness of care for rectal cancer management in BC.** BCMJ 2003;45(7):324-329.

Phang P, Law J, Toy E, Speers C, Paltiel C, Coldman A. **Pathology audit of 1996 and 2000 reporting for rectal cancer in BC.** BCMJ 2003;45(7):319-323.

Phang P, Strack M, Poole B. **Proposal to improve rectal outcomes in BC.** BCMJ 2003;45(7):330-335.

Phang P, MacFarlane J, Taylor R, Cheifetz R, Davis N, Hay J, et al. **Effect of emergent presentation on outcome from rectal cancer management.** Am J Surg 2003;185(5):450-4.

Richard C, Phang P, McLeod R, Group CAoGSEBRiS. Canadian Association of General Surgeons Evidence Based Reviews in Surgery. 5. **Need for preoperative radiation in rectal cancer. Preoperative radiotherapy combined with total mesorectal excision for resectable rectal cancer.** Can J Surg 2003;46(1):54-6.

Pickles T, Steinhoff G. **Surgical orchidectomy: Time to revisit.** BCMJ 2003;45(5):216-7.

Schneidereit N, Davis N, Mackinnon M, Speers C, Truong P, Olivotto I. **T1a breast carcinoma and the role of axillary dissection.** Arch Surg 2003;138(8):832-7.

Hentschel S, Toyota B. **Intracranial malignant glioma presenting as subarachnoid hemorrhage.** Can J Neurol Sci 2003;30(1):63-6.

Members' 2003 Presentations

Cheifetz R, Phang T. **Evaluating learning in a total mesorectal excision (TME) course for surgeons.** Canadian Surgery Forum, September 18-21, 2003, Vancouver

Phang T. **Prevention and management of complications of colonoscopy.** Canadian Surgery Forum, September 18-21, 2003, Vancouver

Phang P, Cheifetz R, MacFarlane J, Hay J, McGregor G, Taylor R, et al. **Outcome improvement strategies for rectal cancer surgery in B.C.** Canadian Surgery Forum, September 18-21, 2003, Vancouver. Poster Presentation.

Schneidereit N, Davis N, Troung P, Mackinnon M, Speers C, Olivotto I. **T1A breast cancer and the role of axillary node dissection.** In: Pacific Coast Surgical Association; 2003 Feb; 2003.

Steinhoff G. **The role of mycobacterial cell wall complex in the treatment of bladder cancer.** The American Urologic Association, 2003.

Please Note:

If you have a publication or presentation related to surgical oncology that you would like acknowledged in this section, please send details to son@bccancer.bc.ca and we will include it in our next newsletter. We will also place it on our Website.

CME

- Current Management of Melanoma workshop was held in Surrey in October. The next stop for the workshop will be in Prince George on January 23, 2004. Workshops in Vancouver and Victoria will be scheduled shortly.
- The BC Surgical Oncology Network participated in the BC Cancer Agency's Annual Cancer conference on November 29th. The surgical program, Hot Topics in Surgical Oncology, received excellent reviews. Plans are underway for next year's event and a full review of November's conference will be provided in the winter edition of this newsletter.

Surgical Tumour Site Groups

Breast - Dr. Al Hayashi, Chair

The group has been working on guidelines to implement Sentinel Lymph Node Biopsies (SLNB) in a responsible way.

The goal is to develop standards for the provision of SLNB technique and a means of assessing outcomes to ensure that we are doing high quality work on an ongoing basis. This is a provincial concept thus the guideline is meant to bring those that have not used SLNB up to a provincial standard quickly. For those with experience, it is hoped that the guideline will get physicians engaged in helping to push new frontiers in a concerted and consensus-based manner. Working with the oncologists rather than in isolation from them is the key to forward breast cancer care.

We have recently developed the first guideline looking at the technical issues of SLNB (which will be published in the winter edition of the newsletter). Realizing that this is a consensus, over time we will review and refine the guideline.

The second guideline on SLNB as a stand alone procedure is to give the provincial breast cancer providers some direction and consensus as to which patients are appropriate and what credentials and skills the surgeon and his/her institution should have. We are in the process of developing this guideline, using a consensus-driven, evidence-based approach.

Colorectal - Dr. Terry Phang, Chair

The Colorectal STG continues to work towards its goal of improving rectal cancer outcomes in BC. As of October, we have implemented a data collection project to gather outcomes data. The project, which is entirely voluntary, consists of surgeons completing a two-page form when the patient is initially seen. Currently the form is only available in hard copy (paper copy). For more information, contact Terry Phang at 604-806-8025 (tphang@providencehealth.bc.ca) or Tina Strack at 604-707-5900 ext. 2410 (tstrack@bccancer.bc.ca).

Clinical Practice

- Development of the infrastructure survey is currently underway. We plan to survey facilities in the various health authorities with regards to what resources and infrastructure they have in place.
- The committee is also developing a standard format that will be used for all guidelines published by the Surgical Oncology Network.

Surgical Information System Working Group

The Surgical Oncology Network has established a working group to investigate the possibility of developing a surgical information system. The group is looking at various strategies such as the Alberta online operative reporting system, as well as electronic entry and capture of key outcomes data. Whatever prototypes are developed, the goal is to create a system that meets the needs of surgeons, reduces any duplication of effort, and is as easy to use as possible.

Remember to view our website for regular updates at www.bccancer.bc.ca/son

Dr. Brian Toyota

BrainCare BC
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care. Physicians also find the toll-free number an excellent resource when faced with a patient with a neurologic tumour.

The information that Dr. Toyota provides in BrainCare BC is from the front lines of neurological research and surgery. He has colleagues in San Francisco, New York and Houston to whom he links, providing his patients with the reassurance that if there is something novel going on in the States, his patients can be involved. Also, his team here in Vancouver is taking part in two multicentre research trials involving direct injection into brain tumour cells.

The funding for the BrainCare BC concept came mostly from donations Dr. Toyota received, together with his own resources. He recently applied to the Ministry of Health for additional funds, although the clinic is not dependent upon that. "The most important thing for me would be that the Ministry acknowledge the clinic and its value, which would hopefully protect it somewhat from cutbacks." If money does become available, Dr. Toyota would like to broaden the base of the clinic to reach rural areas of BC. "That would give rural patients the added comfort of knowing that 'things are in control in my own community' as opposed to 'if I want this cared for I have to travel to Vancouver'".

About BrainCare BC, Dr. Toyota adds "the end result would be that people who have brain tumours have the comfort to know that they will get the best care, right here in BC, of anywhere in the world."

To find out more about BrainCare BC please contact Dr. Toyota via email at toyota@unixg.ubc.ca or by using the clinic's toll-free number: 1877-838-8887. We will keep readers informed of the progress of BrainCare BC in upcoming issues.

Interview and article by Janet Alred

Brian Toyota, MD FRCP(c)
Assistant Professor of Neurosurgery,
Department of Medicine, University of British Columbia
Provincial Chair of Surgical Neuro-Oncology
Staff Neurosurgeon at St. Paul's Hospital, Vancouver Hospital & HealthSciences Centre and the British Columbia Cancer Agency

Dr. Toyota graduated from McGill University Medical School in 1984. He pursued General Surgery Residency in Hawaii from 1984 to 1986 and completed postgraduate research with the Department of Neurosciences at University of Western Ontario from 1989 to 1993.

Dr. Brian Toyota became a member of the consulting staff of BC Cancer Agency in 1998. Previously, he was Program Director for Neurosurgery with the University of British Columbia for eight years. He is now Chair of the Brain Surgical Tumour Group, part of the Surgical Oncology Network. We caught up with Dr. Toyota in his office on West 10th Avenue to ask him a few questions.

What led you to a specialization in brain cancer?

I think, like most branches of medicine, you gravitate to your strengths or to your preferences or to where your empathies lie. Patients with neurologic tumours were the population who I both empathized with and had a facility in helping through their tough times, and my technical skills were suited to their illness.

Tell us more about the national neurosurgical research award you won with Heran and Henschel in 2003.

Heran and Henschel were two residents that came under my wing when I was the Program Director for Neurosurgery. It was a clinical project that I provided the initial idea for, which was to measure the oxygen consumption in the brain in response to a haemorrhage using technology that had not been applied to that scenario before. The residents worked hard on it and they were the ones who submitted it and it won the KG McKenzie award.

What appeals to you about teaching residents?

I enjoy the interaction with people who are enthused and want to learn. I feel not only am I able to spread the word and to teach good practice and good technique, but I can improve their education. This is another way to serve the patients out in the communities. A good teacher learns from his students, too, so it helps me keep fresh.

We are delighted to have Dr. Toyota working with us as part of the Surgical Oncology Network and look forward to following the growth of BrainCare BC.

Cross Canada Surgical Oncology Care

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will be followed by colon, breast, rectal, hepatobiliary and ovarian in due course.

Alberta has gone through a leadership change, with Dr. Gavin Stuart leaving the Cancer Board and taking on the position of Dean of Medicine for the University of British Columbia. In his absence, Dr. Wally Temple is interim Chair of the Cancer Surgery Working Group. Evangeline Tamaro remains Provincial Coordinator and can be contacted at 403 944-1616 or evange li@cancerboard.ab.ca.

Cancer Care Ontario

Following a strategic planning retreat in February 2003, the program has been reorganized. Dr. Hartley Stern remains as Provincial Coordinator for the Surgical Oncology Program, which encompasses surgeons from community and teaching hospitals, and cancer centres. The Program takes a leading role in health services research, development of regional communities of practice, enhanced communication and searching for alternative funding strategies.

Cancer Care Ontario is developing a program of performance management targeting all surgeons in the province. There have been few well developed, previously published quality indicators by which to measure the quality of cancer surgery. The first task for Cancer Care Ontario will be to develop five to ten evidence- and consensus-based indicators of quality cancer surgery for breast and colorectal cancer and to monitor the indicators on a regular basis. Based upon these indicators, the performance management program will measure the performance of Ontario providers. This information will be analyzed and hopefully lead to improved patient outcomes, highlight variations in surgical interventions, and assess the level of care currently being provided. A report will then be sent to individual hospitals recommending strategies to any poor results.

The Ontario team has also been busy publishing their experience of using videoconferencing as a form of information dissemination to rural surgeons. Their article can be found in BMC Medical Informatics and Decision Making, volume 3, number 7, with Anna Gagliardi as principal author. Anna is the Program Manager for Surgical Oncology and can be contacted at 416 971-5100 ext. 1317 or anna.gagliardi@utoronto.ca.

Newfoundland

Newfoundland's surgical oncology is served by the H. Bliss Murphy Cancer Centre, where most surgeons are trained, and the Newfoundland Cancer Treatment and Research Foundation. The Cancer Centre provides leadership in all aspects of surgical oncology, with specialty areas in head and neck, urology, neurosurgery and thoracic surgery. The surgical oncology department is joined to the Treatment and Research Foundation, and holds tumour board meetings each week. A symposium for surgical oncologists is planned in the near future and surgical oncology teaching is ongoing at the University. Dr. Alan Kwan is the Director of Surgical Oncology at St. John's General Hospital and can be reached at 709 777-6300.

Sharon Thomson - Advanced Practice Nurse

The Surgical Oncology Network is pleased to welcome Sharon Thomson to its team in the position of Advanced Practice Nurse. Sharon is originally from Surrey, England and has immigrated to Canada to take on this new and challenging position.

Sharon has a nursing-based Masters degree in Health Care Management and a BA in Nursing Education. In England, she was a Clinical Nurse Specialist in Gynaecology and previously served as a ward manager on a urology ward that did extensive reconstructive surgery for oncology patients.

Fifty percent of Sharon's time will be spent with the Surgical Oncology Network; the other half of her time will be spent managing surgical oncology services at the Vancouver Cancer Centre's Ambulatory Care Unit. She will also act as a resource for oncology nurses throughout BC.

"Sharon's background and expertise with the UK's National Health Service (NHS) guidelines will prove invaluable as we continue to develop Clinical Practice Guidelines in Surgical Oncology," states Barbara Poole, Process Leader for Surgical Oncology. "In particular, her experience implementing such guidelines is a tremendous resource for the entire province."

"I am very excited to bring my experience from another health system to surgical oncology in BC," says Sharon. "The differences between Canada and the UK are fascinating and I hope my experience may provide a new perspective."

Sharon and her husband, Dave, are settling into life in Canada. They are busily furnishing their new home and enjoy going to the 'cinema' and theatre.

Contact Sharon Thomson at shthomson@bccancer.bc.ca or 604 707-5900 ext. 2409.

Chairs:
Dr. Noelle Davis
604 707-5900 ext. 2391
noelle.davis@bccancer.bc.ca

Dr. Con Rusnak
250 592-5959
crusnak@caphealth.org

Committee Chairs:
Clinical Practice
Dr. Noelle Davis
604 707-5900 ext. 2391
noelle.davis@bccancer.bc.ca

Continuing Medical Education
Dr. Rona Cheifetz
604 875-5880
cheifetz@interchange.ubc.ca

Communications
Dr. Blair Rudston-Brown
250 753-5319
blair@rudston-brown.shawbiz.ca

Research & Outcomes Evaluation
Dr. Peter Doris
604 583-1668
peterdoris@telus.net

Recent Publications beyond our Network

The following publications are not endorsed by the Council, however, they may be of interest to readers. If you come across an article that your colleagues might wish to read, please contact the Communications committee via son@bccancer.bc.ca. Thank you.

- Fahy BN, Schlieman M, Virudachalam S, Bold RJ. AKT inhibition is associated with chemosensitisation in the pancreatic cancer cell line MIA-PaCa-2. British Journal of Cancer, 21 July 2003;89(2):391-397
- Kato M, Kitayama J, Kazama S, Nagawa H. Expression pattern of CXC chemokine receptor-4 is correlated with lymph node metastasis in human invasive ductal carcinoma. Breast Cancer Research, 17 July 2003;5(5):144-150
- McCarty MF, Bielenberg DR, Nilsson MB, Gershenwald JE, Barnhill RL, Ahearne P, Bucana CD, Fidler IJ. Epidermal hyperplasia overlying human melanoma correlates with tumour depth and angiogenesis. Melanoma Research, 2003;13(4):379-387
- Guller U, Nitzsche E, Moch H, Zuber M. Is positron emission tomography an accurate non-invasive alternative to sentinel lymph node biopsy in breast cancer patients? Commentary. Journal of the National Cancer Institute, 16 July 2003;95(14):1040-1043
- Porter GA, McMulkin H, Lovrics PJ. Sentinel lymph node biopsy in breast cancer: Canadian practice patterns. Journal of Surgical Oncology, 2003;10(3):255-260
- Rutter JL, Wacholder S, Chetrit A, Lubin F, Menczer J, Ebbers S, et al. Gynecologic surgeries and risk of ovarian cancer in women with BRCA1 and BRCA2 Ashkenazi founder mutations: An Israeli population-based case-control study. Journal of the National Cancer Institute, 16 July 2003;95(4): 1072-1078
- Reynolds T. Prostate cancer prevention trial yields positive results, but with a few cautions. News. Journal of the National Cancer Institute, 16 July 2003;95(4):1030-1031
- Skinner KA, Helsper JT, Deapen D, Ye W, Sposto R. Breast cancer: Do specialists make a difference? Annals of Surgical Oncology, 2003;10(6):606-615

Breast Cancer Update

April 23rd and 24th 2004, Victoria, British Columbia

Topics will include:

- Imaging Update
- Case Presentations
- Surgical Margins
- Sentinel Lymph Node Biopsy
- DCS (Ductal Carcinoma In Situ)

Join us for this educational event at the Hotel Grand Pacific in Victoria. The facility has been chosen for its convenient location overlooking Victoria's inner harbour, warm and friendly staff, and comfortable accommodation. Rooms have been blocked for meeting attendees at an overnight fee of $129 plus tax. The hotel can be contacted toll free at 1800 663-7550 or viewed on-line at www.hotelgrandpacific.com. A detailed conference brochure will be sent shortly. If you wish to ensure you are on our mailing list, contact son@bcccancer.bc.ca. We look forward to seeing you in April.

For more information

This newsletter is published quarterly.
To submit story ideas, learn more about the BC Surgical Oncology Council & Network or to become involved please contact:

Tina Strack, Council & Network Manager
at the BC Cancer Agency
T: 604 707-5900 x2410
E: tstrack@bccancer.bc.ca

Visit the Council & Network Web site:
www.bccancer.bc.ca/son
son@bccancer.bc.ca

The Council & Network

The BC Provincial Surgical Oncology Council exists to promote and advance quality cancer surgery throughout the province by establishing an effective Network of all surgical oncology care providers and implementing specific recommendations. The Network will enable quality surgical oncology services to be integrated with the formal cancer care system. Communications to enhance decision-making, evidence-based guidelines, a high quality continuing education program, and regionally based research and outcome analyses are the initial priorities.