BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

BC Surgical Oncology Network

Newsletter

www.bccancer.bc.ca/son

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In This Issue...

FOCUS ON SURGICAL TUMOUR GROUPS

The newsletter will be running a series of articles profiling the Surgical Tumour Groups. The role of the Surgical Tumour Groups is to advise the Surgical Oncology Council and Network on the issues and challenges in the surgical management of patients within each tumour grouping.

Thirteen Surgical Tumour Groups were created to focus on specific areas of cancer treatment, with the goal to review and implement practice guidelines and to promote the appropriate and efficient practice of cancer surgery provincially.

SurgicalTumour Groups

1. *Brain*
2. *Breast*
3. *Colorectal*
4. *Endocrine*
5. *Esophageal/Lung*
6. *Proximal GI*
7. *Gynaecology*
8. *Head & Neck*
9. *Hepatobiliary*
10. *Skin*
11. *Paediatric*
12. *Sarcoma/Spinal*
13. *Urology*

The Colorectal Cancer Surgical Tumour Group is the first in the series to highlight the topics, achievements and plans that pertain to each of these groups.

COLORECTAL CANCER SURGICAL TUMOUR GROUP

Colorectal cancer is a major cause of death in BC with approximately 2,400 new cases each year (close to 1,600 new cases of colon cancer and 600-700 new cases of rectal cancer) and about 960 deaths. The Colorectal Surgical Tumour Group's mission is to improve colorectal cancer outcomes in this province through a strategy of identifying problems by examination of outcomes, recommendation for change in guidelines aimed to improve outcomes, education for all disciplines providing cancer care, data collection, and provision of feedback to complete the quality improvement loop.

In 2001, the Surgical Tumour Group identified that local recurrence rates for rectal cancer management in BC were higher than recurrence rates in other world centres. They recommended a change in guidelines aimed to improve outcomes based on protocols used by the Netherlands, Sweden and Norway that resulted in local recurrence rates falling from 30-40% to less than 10%. Similar to protocols used in these countries, the Colorectal Surgical Tumour Group recommends:

- preoperative chest X-ray, CT and MRI or endorectal ultrasound for staging;
- preoperative short-course or long-course radiation for T3-T4 tumours;
- surgery using the technique of TME;
- pathology reporting to include

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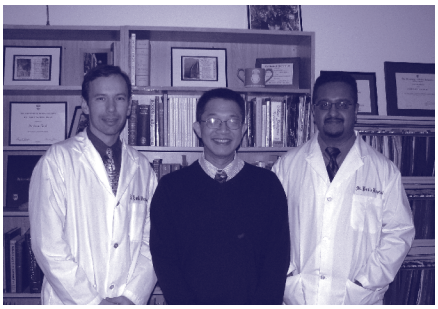
COLORECTAL CANCER TREATMENT AT ST. PAUL'S HOSPITAL



Drs. Carl Brown, Terry Phang and Manoj Raval

The colorectal surgery group at St. Paul's Hospital recently recruited two new colorectal surgeons: Drs. Carl Brown and Manoj Raval.

Dr. Brown completed his medical training at McMaster University and Dr. Raval completed his medical training at UBC. They both received their general surgery training at the University of Calgary and did their colorectal fellowship at the University of Toronto with Drs. Cohen, McLeod, MacRae, Burnstein, Ross and Reznick. Both are interested in outcomes research and have completed Master's degrees in Clinical Epidemiology at the University of Toronto.

The colorectal surgery group at St. Paul's Hospital aims to provide expertise in laparoscopic colorectal cancer surgery and Transanal Endoscopic Microsurgery (TEM). Advanced techniques of "virtually incisionless" rectal cancer surgery with sphincter-preservation and TEM are unique in BC and performed in limited other Canadian centres. (See inset below)

Ongoing research projects initiated by this group include: the investigation of new protocols in CT for staging of rectal cancer; sentinel node biopsy for colon cancer; functional assessment after TME and radiation therapy for rectal cancer; and pathology reporting for colon cancer. Furthermore, the group has been working with the Colorectal Cancer Outcomes Unit (CRCOU - Dr. Hagen Kennecke, Chair) to compile and analyze population-based data on all patients with colorectal cancer referred to the BC Cancer Agency. The group plans to collaborate with other centres in multi-institutional colorectal cancer trials.

Colorectal Surgery At St. Paul's Hospital – Cutting Edge Surgery

By: Dr. Carl Brown, Colorectal Surgeon at St. Paul's Hospital

Transanal Endoscopic Microsurgery (TEM)

Developed in Germany in the early 1980's by Professor Gerhard Buess, TEM is a surgical strategy that utilizes laparoscopic surgical equipment to perform transanal excision of both benign and early malignant lesions. The operating anoscope is designed to insufflate the rectum and accommodate two operating instruments. Full thickness excisions are possible and the resulting defect can be sutured closed using specialized laparoscopic suturing tools. While recent results for local excision of early rectal cancers have been disappointing, this technique may overcome some of the technical problems that have contributed to high local recurrence rates and may be an option for patients with early tumours in the mid and upper rectum.

"Virtually Incisionless" Rectal Cancer Surgery

Advances in laparoscopic surgery have led to smaller incisions, less pain and shorter hospital stays in patients with colorectal cancer. However, the challenge of transecting the rectum safely with currently available laparoscopic staplers has been a limitation of this technique in rectal cancer surgery. The use of a combination of laparoscopic total mesorectal excision (TME) and transanal intersphincteric dissection and coloanal pull-through, with handsewn anastomosis, as an alternative to transabdominal stapling techniques has resulted in a rectal resection and coloanal anastomosis with 5 laparoscopic port site incisions and no incision bigger than 12mm, while still achieving pathologically clear margins.

Multidisciplinary Conferences at BC Cancer Agency - Vancouver

These conferences are a venue for discussion of complex patients and all surgeons are welcome to put a patient *'on for conference'*. This involves attending to present the case to the group. In some cases the patient is also expected to attend. Conference booking forms are available for this purpose.

All conferences are held in the 2nd floor Conference room at the BC Cancer Agency Vancouver Centre. Most conferences are video-linked to other cancer centres across the province

Sarcoma
Date: Every Monday
Time: 8:00 am - 9:30 am

GI
Date: Every Tuesday
Time: 8:00 am - 9:00 am

Thyroid
Date: First Thursday of the month
Time: 8:00 am - 9:30 am

Melanoma
Date: Every Friday
Time: 12:15 pm - 1:00 pm

Breast
Date: Every Friday
Time: 1:30 pm - 3:00 pm

SURVEY RESULTS GUIDE FUTURE NETWORK DIRECTION

The results from a Network survey of all surgical specialists in BC are forming the basis for the Council's areas of focus in the coming months. The survey was conducted in July 2005 to gain an understanding of which opportunities surgeons consider priorities for the Network, to gauge awareness of the Network, and to gather surgeons' feedback on Network initiatives.

"The most important result is the evidence that the efforts and initiatives of the Network are being taken up by surgeons across the province," stated Dr. Noelle Davis, Co-Chair of the Surgical Oncology Council and Provincial Program Leader for Surgical Oncology at the BC Cancer Agency. "The information gained helps ensure that what we are doing is relevant. We are always keen to learn more about how we can best assist surgeons."

"It was helpful to learn that the CME component of the Network is important to community surgeons," added Dr. Rona Cheifetz, Chair of the Network's CME Committee. "The results show that our efforts are well received. Hopefully, our outcomes research will show a corresponding impact on patient care."

Survey Sample

The survey was sent to just over 600 surgeons across the province, of which 125 surgeons participated, for a response rate of 20%. Over 90% of respondents reported devoting part of their practice to oncology, with an overall average of 27% of practice time spent on surgical oncology. Forty-two percent of respondents were general surgeons.

Awareness

Seventy percent of respondents noted that they had heard of the Surgical Oncology Network. Recognition amongst general surgeons rated highest at 85% while awareness among surgical subspecialties such as urology and otolaryngology rated lowest at 50% each.

Recognition by Health Authority included 100% awareness amongst surgeons in the Northern Health Authority followed by 76% in the Fraser Health Authority, 68% in both the Interior and Vancouver Island Health Authorities, and 66% in the Vancouver Coastal Health Authority.

Network Priorities

When asked to rank the following Network priorities, with "1" ranking the most important and "8" ranking the least, the top priorities included guideline development, continuing education, standards around referral, and opportunities for enhanced training.

Priority	All	General Surgeons
1. Guideline Development	2.9	3.0
2. Continuing Medical Education – Conferences	3.5	2.8
3. Standards around Referral	3.9	4.6
4. Opportunities for Enhanced Training	3.9	3.9
5. Continuing Medical Education – Road Shows	4.0	3.6
6. Sponsoring Oncology Speaker at Established Conferences	4.6	4.4

Priotities were ranked on a scale from 1-8 with 1 being of most importance and 8 being of least importance

Impact

Fifty-one percent of general surgeon respondents and 32% of all respondents stated that Network activities have had an impact on their practice, particularly efforts to increase awareness, development and implementation of clinical practice guidelines, the Rectal Cancer Monitoring Project to gather data and improve surgery outcomes, and Continuing Medical Education (CME) opportunities. Two thirds of all general surgeon respondents noted they had attended at least one CME event sponsored by the Network.

With regard to the Network's communications efforts - its newsletter and website (part of the BC Cancer Agency website) the former includes a higher uptake with 77% of general surgeon respondents and 64% of subspecialty respondents noting that they had read the newsletter. Sixty-eight percent of general surgeons found it clinically relevant and 79% of them found it interesting, compared to 51% overall. Less than 30% of respondents said they had visited the Network website, highlighting the need to improve its draw.

Participation in Data Collection

The survey also provided opportunity to determine surgeons' interest in participating in data collection for the Network's outcome evaluation initiatives. Seventy-five percent of general surgeon respondents and 67% overall confirmed their willingness to take part and indicated improving patient care as the motivation to participate in prospective data collection. Having records reviewed and submitted by a BCCA nurse or by their secretary were identified as the most preferred methods, with fax and web-based reporting coming in third.

Appreciation

The Council and Network extends its thanks to all participants in the survey.

Contact

The Surgical Oncology Network welcomes surgeons' input and feedback at anytime through direct contact with the Network Manager, Yasmin Miller, ymiller@bccancer.bc.ca or (604) 877-6000 (2410).

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COLORECTAL CANCER SURGICAL TUMOUR GROUP

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assessment of mesorectal fascia intactness, radial margin clearance and assessment of 12 or more lymph nodes;
- and assessment for postoperative chemotherapy;

Education workshops to provide rationale for the new protocols and to demonstrate techniques for surgeons, oncologists, and pathologists were held in 2002 and 2003. A data collection scheme to assess rectal cancer outcomes began in 2003. Preliminary feedback data has been provided annually at the BC Surgical Society Spring Meeting from 2004 to 2006. From the database, only 31% of surgeons noted TME as the procedure used for the surgical excision of rectal cancer. However, preliminary data shows negative radial margin rates similar to the Dutch trial, so it its likely that TME is being performed in a larger percentage of rectal cancer cases in BC.

To improve the accuracy of the data, all surgeons are encouraged to submit cases to the database through forms available at http://www.bccancer.bc.ca/HPI/SON/Council/Colorectal.htm. Guidelines for rectal cancer management and two TME videos are also available at this link.

A proctor in TME, Dr. John MacFarlane, is available to assist surgeons at rectal cancer operations in their communities. Arrangements can be made by contacting Yasmin Miller at the Surgical Oncology Network at ymiller@bccancer.bc.ca or (604) 877-6000 (2410).

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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 decisionmaking, evidence-based guidelines, a high quality continuing education program, and regionally based research and outcome analyses are the initial priorities.

New Features for the SON Newsletter

We are introducing some new features in the Surgical Oncology Network Newsletter.

Two new recurring sections are being added.

The first will be a ***Letter to the Editor*** section where you the readers will be able to provide feedback and ask questions.

The second section will be on ***interesting journal articles*** which would include a review or synopsis of and/or reference to the article.

If you would like to submit a letter to the editor or have read an interesting article which you would like to submit a review please send it to Denise DesLauriers, 600 W. 10th Ave, Vancouver, BC, V5Z or by e-mail to ddeslauriers@bccancer.bc.ca

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