



The GOC News

Volume 4 Issue 1
Winter 2004

GOC PARTICIPATES IN INTERNATIONAL PROJECTS

KOSOVO AND CHINA, FIRST OF MANY.....

The GOC, mindful of its mission to improve the care of women at risk or having gynecological cancer both nationally as well as internationally, has recently availed itself of two international opportunities. Specifically working with the Canadian Public Health Association and the SOGC, GOC has participated in a project in Kosovo. Dr. Diane

Provencher, President Elect, was our leader on this project and Dr. Paul Bessette working as a co-leader. Additionally, Dr. Provencher was invited by the "Fonds de la recherche en Santé du Québec"/Quebec Health Research Funds, to join the Quebec delegation of researchers for the Sino-Canadian Symposium on Cancer Research in Shanghai,

China. You will find her reports from those endeavors in this issue.

The GOC continues to look forward to other opportunities to improve international health and to show our regional and international perspective on improving women's cancer care.

Inside this issue:

Diane Provencher in Kosovo	2
Pan-Canadian Forum updates ..	3
GOC lectures at the SOGC CMEs.....	4
Web-based colposcopy system in Vancouver	4
Welcome new members	4
Clinical Nurse Specialist at UHN	4
Sino-Canadian Symposium on Cancer Research in Shanghai ...	5
Inaugural GOC Presidential Medal Award.....	6
GOC's 25 th anniversary.....	6
Mark your calendar!	6
Gyn-Onc Nursing Professional Practice Committee.....	6
News from the Centres	6

4TH ANNUAL CPD MEETING APRIL 15-16

The GOC's 4th Annual Continuing Professional Development meeting is taking place April 15-16, 2004 in Toronto in conjunction with the NCIC meeting. The program will begin Thursday April 15th with meetings of the GOC Council, GOC Partners, and the 1st inaugural meeting of the Nursing Professional Practice Com-

mittee. Thursday evening, a dinner will be held to honor our fellows. The educational program will begin Friday morning, followed by our Social Event at the Casa Loma. A preliminary program, registration information and complete details will be available and sent to you soon. We look forward to seeing you there!

3RD ANNUAL CPD MEETING ANOTHER SUCCESS!

By Hélène Soublière, GOC National Coordinator

Postponed from April 2003 due to SARS, the GOC's 3rd Annual Continuing Professional meeting was held in Toronto in mid-October. Attendance has once again surpassed that of the prior meeting. We're hoping for increased attendance at this year's CPD in April!

Thursday evening, the first inaugural dinner in honor of our fellows-in-training was held at Pangaea Restaurant. The fellows, fellowship program directors and representatives from Eli Lilly had the opportunity to mingle with peers and a great evening was had by all.

The Society of Gynecologic Oncologists of Canada/La société des gynécologues oncologues du Canada

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The GOC acknowledges the Society of Obstetricians and Gynaecologists of Canada for their continued support.

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LATE WINTER 2004!**

(Continued on page 3)

DIANE PROVENCHER GOES TO KOSOVË

By Dr. Diane M. Provencher,
CHUM - Notre-Dame Hospital,
GOC President-Elect

The purpose of my visit from the KOGA standpoint was to operate on selected patients afflicted with gynaecologic cancer and to organize lectures for specialists and residents as well as to look into the potential for future involvement of gynaecologic oncology activities with KOGA. I was contracted by the Canadian Public Health Association (CPHA) and represented the Society of Obstetricians and Gynecologists of Canada (SOGC) and the Society of Gynecologic Oncology of Canada (GOC). My role was to assess whether there would be a need for a Canadian strategic plan in Gyn-oncology in Kosovë for the next 2-3 years. This could then lead to the development and implementation of a continuing medical education (CME) program, which would aim at upgrading the skills of the members of KOGA.

Gynecologic Oncology in Kosovë:

The Chief of the Ob/Gyn Department of the Medical University Center is Dr. Sejdullah Hoxha. All of the Ob/Gyn activities are concentrated in the same building, which was partly renovated by Canadian efforts. Dr. Hoxha directs this Department and his approval is mandatory for any activity. He arranged for me to assess and operate on two patients (one case of endometrial cancer and one of ovarian cancer) and to present one topic during the morning rounds (CA-125, Tumour Markers). At the Government level, he also holds the position of Deputy in the Parliament.

Extremely cooperative personnel attend the operating rooms. The six operating theatres appear large partly because they are devoid of equipment. Cupboards are literally empty but the personnel make extremely good use of what is available. The loose ends of sutures were reused three times

for ligature. Patients arrive in their own pyjamas, which will be pushed toward the neck while being operated on. Pre-operative orders have been given to the nurse (I never saw a chart); instruments are occasionally rusted, inconsistent from one case to the other, and limited to a strict minimum. Hysterectomy on an obese patient without a retractor can be challenging but is the norm. Sponge count is not existent and these sponges measure only 4x3 inches and are not marked with radio-opaque thread. On the other hand, Fraxiparin is used for deep vein thrombosis prophylaxis, Vicryl sutures and CT Scan are routine. This was in contrast with the necessity for re-sterilization of surgical gloves. Procedures are postponed due to the shortage of material.

At the moment, neither chemotherapy nor radiation therapy are available to oncology patients in Prishtina unless they leave Kosovë, except perhaps for some minor activities in the private sector. It was not surprising to listen to Dr. Sejdullah Hoxha stating that women with ovarian cancer are known to arrive in the hospital only once they are in a palliative state. For the evaluation of the volume of Gyn-Oncology activities, one can therefore only extrapolate figures, as more than 13,000 deliveries/year are collated in the Hospital and an average of 270-300 patients/day are occupying the gynaecologic and obstetric hospital beds.

Prevention in Ob/Gyn is not an intricate part of physicians' concerns and would warrant not only budget but further education (ex: one of the Faculty members of the Ob/Gyn Department mentioned to me: "some believe in doing cervical cytology but I don't" just as we've completed the examination of a young 35 year old woman with stage IV cervical cancer). There is a cytologist that comes to Prishtina every Saturday to do Fine Needle Aspiration (FNA). There is no cytotechnician at the moment.

Few professors and residents are fluent in English. Reading medical journals or textbooks can be problematic as very few are written in Albanian.

Medical school lasts 6 years spent mostly in traditional lectures and no hospital exposure. The Ob/Gyn Residency program is 5 years. The curriculum or format of exams is still ill defined. Certain members of the Faculty recognize that a reform of the curriculum is long overdue. One resident said: "A few more instruments and we would be the same as the USA, right?" I do not agree, but for sure, with help, the implementation of principles could be achieved.

Nurse and Midwife training comprises of eight years of primary school followed by 4-5 years of training. They carry very few responsibilities and with the energy and discipline they have demonstrated, I am convinced of their great capability. Some members of the Department have already recognized that a little additional training could result into an active professional midwifery practice.

MY IMPRESSION:

- The skeleton is in place: hospital facilities, space, teaching rooms, physicians and paramedical personnel, volume of patients, discipline and eagerness to learn. An educational reform is urgently needed in Gyn-oncology as well as in Gynaecology. However, the reform of the curriculum could almost be a guaranteed success if basic needs were concurrently covered (ex: implementation of infection control measures, equipment, etc.).
- The full endorsement and the approval from the Kosovar authority (KOGA and/or the Kosovar Oncologic Society) are mandatory to ensure realization of any Canadian-Kosovar projects.
- If these conditions are met, then a similar CME program such as the ALARM International Course which would aim at "training the trainers", given with respect, would be highly rewarding.



D. Provencher (GOC), R. Cooke (ALARM Int'l), J. Gagné (Interpreter), S. Plourde (SOGC), F. Pauls (SOGC) & S. Hoxha (KOGA)

- Particular to Kosovë, one has to get two generations of physicians to work hand-in-hand in a non-confrontational atmosphere.

MY THOUGHTS:

From this experience, I feel so spoiled with our Health system and our commodities (as the sound of the generators can be hard to take). Interestingly, our trip coincided with the beatification of Mother Teresa, a prominent figure in Kosovë as she was born in Skopje, Macedonia.

ACKNOWLEDGMENTS:

My warmest thanks to Dr. Ferdinand Pauls, our super conscientious and diplomatic leader; to Dr. Ralph Cook, for his legendary dynamic encouragements and for the nice memories of the time he was my teacher; to Mrs. Suzanne Plourde, our international coordinator, for her constant dynamism and enthusiasm as well as her great professionalism and humane concerns; to Mrs. Jacinthe Gagné-Salih for her meticulous care and availability as health-educated interpreter but also because she would always go out of her way to accommodate the team; and to Dr. Sevdaj Bajrami, the great magician who would always have a solution to our numerous requests.

PAN-CANADIAN FORUM ON CERVICAL CANCER SCREENING

PAN CANADIAN CONFERENCE HELD NOVEMBER 21-22

By Dr. Robert Lotocki,
University of Manitoba, GOC
President

The Pan-Canadian Forum on Cervical Cancer Screening was held November 21 and 22, 2003 in Ottawa. It was chaired by both Health Canada and the Cervical Cancer Prevention Network. The conference was attended by members of several Canadian societies including the Canadian Society of Cytologists, the Society of Gynecologic Oncologists of Canada, the Society of Obstetricians and Gynaecologists of Canada, the Society of Canadian Colposcopists, the College of Family Physicians of Canada, several provincial screening programs and several groups. The workshop focused on new technologies in cervical cancer screening - Liquid-based Cytology and HPV DNA Testing. As you are aware, the five position papers discussed at the workshop (HPV as Primary Screening, HPV Testing as a Triage Tool for the Management of the Abnormal smear, Liquid-Based Cytology versus Conventional Pap tests for Screening, HPV Education and Cervical Cancer Screening Delivery Mechanisms) are posted on the GOC website (www.g-o-c.org) for your information. These position papers will be made public in February and will serve as a template for cervical screening programs across Canada.

PAN-CANADIAN E-FORUM UPDATE

By Mrs. Chantal Lacasse,
Ottawa Hospital, General Site

Last fall, the GOC website hosted the "Building on Success: A Pan-Canadian e-Forum on Cervical Screening", where members accessed 5 position papers on human papillomavirus (HPV) primary screening, HPV triage of abnormal pap smear, cytopathology (liquid-based, conventional), HPV prevention, and cervical screening delivery mechanisms to comment using new web-based technology for document consensus building.

The position papers were posted for approximately 8 weeks and more than 280 people registered on a secure site to provide feedback. As an adjunct to the position papers, a web-based questionnaire developed by the McGill University on cervical screening practices was also presented and members were prompt to complete this survey online prior to commenting on the position papers. The virtual dialogue ended at the workshop last November for final discussion and consensus on these papers and preliminary data from the survey was also presented. Closing recommendations were posted on the site for members to retrieve with the original position papers.

Health Canada is now conducting an evaluation on the process of web-based assisted technology for document consensus building and will publish its findings in the near future. If published, it would be a first for the GOC society.

(Continued from page 1)

Friday morning, the CPD began with a lecture on Cancer Vaccine from Dr. Craig Laferrière; followed by Dr. Ivan T. Shaw who spoke on Cervical Cancer Vaccine; Dr. Allison McGeer provided a Public Health perspective on Population Vaccination; then Dr. Masoom A. Haider lectured on Functional Imaging of Gynecologic Malignancy and Dr. Michael Milosevic spoke on the topic of IMRT. In the afternoon, we were treated to a stimulating series of debates. Dr. Janice Kwon came up against the formal Dr. Dianne Miller for a debate on the pros and cons of aggressive use of imaging in the preoperative assessment of patients with ovarian malignancies. The crowd was treated to very divergent points of views and stimulated a lot of discussion. The second debate with Dr. Paul Bessette and Dr. Paul Hoskins debated the pros and cons of the use of imaging in an intensive fashion in the post-surgical follow-up of patients with ovarian cancer. There was plenty of debate on this topic and all debators had to be congratulated for putting a great deal of energy and thought into their discussions which definitely was much appreciated by the audience.

Mid-afternoon Friday, the host of The Weakest Link, Dr. Mark Carey, burst into the room fully (and appropriately) clad in a black dress and sporting a red wig. He (she) was ready to get the GynOncology game off to a start. Reluctant contestants were Drs. Helen Steed (the Winner by popular applause), Dr. John Jeffrey (JJ), Dr. Dianne Miller, and Dr. Michael Fung Kee Fung (Dr. Funky).

Our social event kicked-off with cocktails and hors-d'oeuvres on the 33rd floor of the Royal Sutton Place Hotel overlooking the city of Toronto at sunset. It was Toronto's Skyline at its best. Afterward, guests were treated to the inaugural GOC Canadian leadership lecture by our guest speaker Lt-Gen.(Ret.) Roméo Dallaire, who delivered his accounts of challenges he experienced in his leadership positions along the theme of "Taking the Lead in Complex Environments". Lt-Gen. Dallaire captivated the audience stressing the humanistic side of leadership and the importance leaders make by having face-to-face communication and

developing relationships with those for whom they are responsible. We were all extraordinarily impressed by this Canadian hero and the appreciation in the room was palpable. After dinner, Lt-Gen. Dallaire took the stage to answer more questions and the social event closed into the late evening. It was an exhausting but



J. Kwon, J. Dodge and L. Hopkins



Drs. Mark Carey and John Jeffrey



M. Fung Kee Fung, Lt-Gen.(Ret.) Roméo Dallaire, R. Lotocki

fulfilling professional development day for our Society. We look forward to having another success at our 4th meeting in Toronto.

Thank you to the organizing committee (M. Fung Kee Fung, R. Lotocki, J. Murphy, D. Provencher, G. Stuart, & H. Soublière), and to M. Carey for organizing The Weakest Link).

Our thanks go out to our sponsors, GlaxoSmithKline, Schering, Eli Lilly, OrthoBiotech and Bristol Myers Squibb for their support of this meeting.

VANCOUVER LAUNCHES A WEB BASED COLPOSCOPY SYSTEM

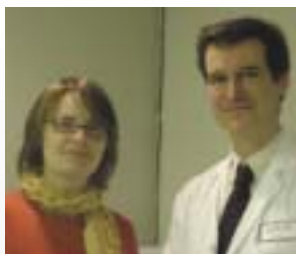
By Dr. Dianne Miller, Vancouver General Hospital

In July, the Women's clinic at the Vancouver General Hospital went on line! The VGH colposcopists, largely under the direction of Dr. Tom Ehlen, working with local software developers and Vancouver Coastal IT support have created a web based colposcopy system to service the provincial colposcopy program. The system has been up and running through the VGH system for six months now and aside from a few minor bugs which have been worked out is functioning very well.

Examples of the function screens of this user friendly program are seen here.



The new system allows for image capture, data capture, scheduling, generation of reports, creation of teaching files and ultimately linkage to the provincial cytology program. The plan is to eventually link all of the colposcopy programs throughout the province. The Vancouver Coastal Health Authority plans to introduce the system in the other four colposcopy clinics in the region.



Dr. L. Sadownik and Dr. T. Ehlen

In September, Dr. Ehlen was named the new provincial head of colposcopy. He is working closely with Dr. Leslie Sadownik who has agreed to provide educational and CME expertise for the provincial program. Drs. Ehlen and Sadownik have developed an ambitious agenda which will take the already strong provincial program to the next level.

Their ambitious agenda includes:

- Review and dissemination of practice guidelines
- Improve data collection on a province wide basis
- Improve communication amongst colposcopists
- Web based software support for all provincial clinics
- Formalize appointment process for colposcopy
- Develop a provincial research agenda
- Facilitate Team building

The web based software is one of the tools which will allow this agenda to succeed.

WELCOME NEW MEMBERS

The GOC extends a warm welcome to the following new members who were voted into the Society at a special business meeting at the October 2003 CPD.

Dr. Waleed Al-Jassar, Winnipeg, Manitoba • Dr. James J. Biagi, Kingston, Ontario • Dr. Pamela Chu, Winnipeg, Manitoba • Dr. Lucy Gilbert, Montréal, Québec • Dr. Jean Grégoire, Calgary, Alberta • Dr. Kristin Hoffmann, Calgary, Alberta • Dr. Patti Power, Calgary, Alberta • Dr. Helen Steed, Toronto, Ontario • Dr. Johanne Weberpals, Toronto, Ontario

GOC TO LECTURE AT THE SOGC CMES

We are pleased to announce that the GOC will develop and implement a GOC CME lecture for the general SOGC membership. These GOC CME lectures will take place at each Regional and International SOGC CME. The GOC is extremely grateful for the ongoing support and relationship that continue to develop with the SOGC and looks forward to continuing to advocate for the care of gynecological cancers in women in Canada.

APPOINTMENT OF CLINICAL NURSE SPECIALIST AT UHN

By Dr. Joan Murphy, Princess Margaret Hospital, GOC Past-President

It is with great pleasure that the Division of Gyn Oncology at University Health Network (Princess Margaret Hospital and Toronto General Hospital) announces the appointment of Sherida Chambers, RN, BScN, to the new role of Clinical Nurse Specialist in Gyn Oncology. We have long awaited establishment of this role within our

division and very enthusiastically await her taking up her new duties in patient care, education, research, quality and professional leadership. Our division enjoys a strong core of nurses who are expert in ambulatory, inpatient and OR care and the addition of a clinical nurse specialist will unite this group under one resource person devoted to advancing gyn oncology knowledge and implementation of that knowledge to enhance patient care outcomes.

In her spare time she will be completing her master's degree including a thesis on post surgical pain management in gyn oncology patients and caring for her husband and three young children. It is hoped that Sherida will become a member of GOC through which she will begin to network with her counterparts across the country for mutual education and mentorship.



Our CPD meeting in conjunction with NCIC will provide an opportunity for such relationships to develop and we encourage all nursing members and potential members of the GOC to participate.

Welcome Sherida.

DR. PROVENCHER PARTICIPATES AT THE SINO-CANADIAN SYMPOSIUM ON CANCER RESEARCH IN SHANGHAI, CHINA

By Dr. Diane M. Provencher, CHUM
- Notre-Dame Hospital, GOC
President-Elect

My role was to present our oncology network as an effective banking infrastructure that facilitates the acquisition of specimen and ensures state-of-the-art technology, therefore allowing researchers to develop knowledge with adequate means. Additionally, this symposium was set to explore possibilities of exchange programs, effective and sustained co-operation in cancer research, including traditional Chinese medicine.

MY POTENTIAL COLLABORATION WITH CHINA:

- 1) Following the presentation from Professor Pingping Li M.D., Chief of the Department of Traditional Chinese Medicine from Peking University School of Oncology and Beijing Institute for Cancer Research on Shu_Gan_Liang_Xue Decoction, I can see three potential applications:
 - "Clinique des cancers familiaux du CHUM": we have a >200 women carriers of a BRCA mutation that confers an 85% lifetime risk of breast cancer as well as a 20-45% risk of ovarian cancer. Preventive measures include prophylactic removal of the ovaries that will automatically render these women menopausal, in a context where hormonal replacement therapy is not indicated because of their breast cancer susceptibility. Could this decoction allow reduction in their climacteric symptoms as well as reduce their heavy cancer risk?
 - Ovarian cancer patients along with their adjuvant/palliative treatment. Anti-hormones such as Tamoxiphen have been used in this population as a form of palliative treatment with some activity. I would favour giving this decoction throughout the multiple treatments that these women receive. The goal would

be to study the anti-climacteric effect and well-being during chemotherapy and perhaps impact on time to progression/survival.

- Expose ovarian and breast cancer cell lines that are either sensitive/independent to estrogenic compounds to this decoction and run several analyses. I can see this as a potential research project that could be done by one of our Fellows.

In order to facilitate such collaboration, there are three very important aspects. First, the recognition that alternative medicines have taken a large place among our patients in an uncontrolled fashion. The year 2004 should bring in effect governmental groups to allow controlled studies of these substances. The second important scenario is the already established contact of Dr. Jean-Paul Collet with Dr. Pingping Li and his expertise in piloting products through different institutions (ex: Immigration) as well as his expertise in epidemiology/GEREQ platform. Additionally, standardization of the preparation of this product has already occurred. Further testing for metals/contamination etc. could be done shortly in Hong Kong. The third point is the assurance of my entire respect of the Chinese intellectual/economic property of this product to China.

Dr. Pingping Li is expected to come to Montreal in February 2004 for a First Natural Product meeting. I foresee inviting her for a conference with physicians and possibly with a dedicated public to the Ovarian Cancer cause.

- 2) Minor contribution: put in contact Dr. Jingde Zhu from the Cancer Genetics and Gene Therapy, with either Dr. Marc Poliquin or Dr.

Michel Gagnon from Hôpital St-Luc du CHUM to provide DNA from specimens bearing liver cirrhosis devoid of cancer.

PLAN: contact these Canadian physicians to find who can collaborate in the form of extracted DNA from such specimens.

- 3) Dr. Qimin Zhan works in the interaction BRCA1/Gadd45 and has expressed that in the future, he might need cells that have different expression of the BRCA genes. I will follow on his needs.
- 4) Cui Wang is a young Chinese physician working in Tianjin Tumour Hospital. He was accepted for July 2004 in our two-year Gynecologic Oncology sub-specialty Fellowship Program at CHUM/University of Montreal (one of the only three Programs accredited by the Royal College of Physicians of Canada), with the assured perspective of returning to China in an academic career profile. Following a telephone conversation, it seems that the original Chinese financing of his Canadian training may have been jeopardized.

PLAN: following a better understanding of his situation, we will explore the possibility of an FRSQ exchange Fellowship Program.

NEW COLLABORATION WITHIN QUEBEC:

- 1) Collaboration with Dr. Rima Slim on molar pregnancy in its entire spectrum. I was just appointed Co-president of the Ob/Gyn Research Committee at the University of Montreal. There is no disease that can better reunite the three sub-specialties of the discipline: Gynaecologists, Fertility/Reproduction and Gynecologic Oncologists. This collaboration could well go beyond simple biological sample procurement as it could lead into a Quebec Registry of the disease, presently not existing (and Canadian why not!) as well as a better standardization of treatment within the Province.

- 2) Development of a Pan-Canadian Data Bank on Sentinel Nodes Biopsies in gynaecologic tumours with the collaboration of GEREQ. Sentinel Nodes and Familial cancer predisposition have been two of my "clinical pets". As President-Elect of the Society of Gynecologic Oncology of Canada, starting my mandate in June 2004, I would really like to make Canadians benefit from the GEREQ infrastructure to start a Pan-Canadian Database on these two subjects. This would allow us to gather a larger number of cases, and permit pertinent studies.

MY THOUGHTS:

Meetings often generate a lot of excitement and then the routine takes over. The entire Canadian delegation have a unique opportunity to realize concrete co-operation with our distinguished Chinese colleagues and perhaps even with our Quebec ones! I sincerely wish that in a year from now, one would be able to gather a follow-up of these initiatives.

ACKNOWLEDGMENTS:

My warmest appreciation for the Fonds de la recherche en Santé du Québec (FRSQ), the National Natural Science Foundation of China (NSFC) and to the organizers from the Second Military Medical University (SMMU) for this superb Sino-Canadian Symposium.



Pierre Boyle (Director FRSQ), Diane Provencher (GOC President-Elect)

NEWS FROM THE CENTRES

Montreal

- Dr. Diane Provencher will organize an event to collect instruments which will be shipped to Kosovo.
- Dr. Pierre Drouin will be speaking on the subject of Detection and Management of Female Genital Malignancies at the annual conference of the Association of Maharashtra Obstetric & Gynaecological Societies (AMOGS). This conference is taking place in Jalgaon from February 6-8, 2004.
- Dr. Philippe Gauthier is holding the fort and is managing the department remarkably well!!

Québec - Publications

- Plante M, Renaud M-C, Tetu B, Harel F, Roy M. Laparoscopic sentinel node mapping in early-stage cervical cancer. *Gynecol Oncol.* 91:494-503, 2003.
- Stehman FB, Rose PG, Greer BE, Roy M, Plante M et al. Innovations in the treatment of Invasive Cervical Cancer. *Cancer (suppl)* 2052-2063, 2003.
- Renaud M-C, Plante M, Roy M. Metastatic gastrointestinal cancer presenting as ovarian carcinoma. *J Soc Obstet Gynaecol Can.* 25:819-24, 2003.
- Plante M. Fertility preservation in the management of cervical cancer. In : *CME J Gynecol Oncol.* Bosze P Ed and Roy M Guest Ed, vol 8:128-38, 2003.
- Renaud MC, Plante M, Roy M. Fertility preservation in endometrial cancer. In: *CME J Gynecol Oncol.* Bosze P Ed and Roy M Guest Ed, vol 8:121-27, 2003.

Toronto

- Dr. Marcus Bernardini completed the second year of his surgical scientist training and successfully defended his thesis titled "Identification of Genetic Changes in Ovarian Serous Epithelial Carcinoma Associated with Resistance to Chemotherapy". His abstract was accepted at SGO for a poster presentation.
- Drs. Barry Rosen and Joan Murphy have a paper accepted for an oral presentation at SGO comparing the gyn oncology human resource in each region across Canada and USA. This presentation was generated following completion of the questionnaires that all gyn oncologists completed in Canada.
- Our fellows have begun to use KOALA as an educational tool to keep track of the questions that arise from their clinical and research activities. We will meet every 6 weeks for KOALA rounds to discuss the cases of interest to the group. The value we believe is that these rounds will specifically address educational needs of the fellows. Dr. Jason Dodge is currently enrolled in a Masters of education program at OISE and has been very helpful in getting this program off the ground.
- Dr. Allan Covens will become director of The University of Toronto fellowship program as of July 2004 taking over from Dr. Denny DePetrillo. Dr. Stéphane Laframboise will assist AI in running the fellowship program. Denny has been the fellowship director for many years and continues to be a leader in fellowship education. From a chronological point of view, Denny is required to retire from the University July 04. From a practical point of view, he is too young to retire. He is needed in Toronto, and will continue to work in our group as professor emeritus and will continue to be active in clinical medicine, fellowship training, and academic activities.
- At the end of November the Toronto Fashion Show committee held its 50th annual fashion show in Toronto to support women's health issues. For the past 5 years, their support has been directed to Ovarian Cancer research at Princess Margaret Hospital. This year, close to \$500,000 was raised, an absolutely outstanding effort from the three co-chairs, Julia Paisley, Cynthia Small, and Ellen Goldstein. Dr. Joan Murphy has worked with them and through her leadership and vision, they have agreed to continue to support our research programs at PMH. These research directed dollars have allowed us to establish the infrastructure to develop our research program in ovarian cancer.

Western

- Congratulations to Dr. Janice Kwon who has successfully completed her Master's degree in Public Health at Harvard. We look forward to her future work in health outcomes research in collaboration with other interested Gynecologic Oncologists in Canada.

GYNECOLOGIC ONCOLOGY NURSING PROFESSIONAL PRACTICE COMMITTEE

1ST INAUGURAL MEETING AT THE GOC'S 4TH ANNUAL CPD

By Lynne Jolicoeur RN, BScN, CON(C)
Gynecologic Oncology Liaison nurse
Ottawa Hospital - General Campus

The GOC is moving another step forward to further integrate its diverse membership into the Society. The Gynecologic Oncology Nursing Practice ad-hoc Committee will have its first meeting at the GOC's 4th Annual CPD. This first meeting will be a brainstorming session of the nursing membership. The outcome that we hope to get is to increase the networking opportunities of gynecologic

oncology nurses in the country.

I have been an active member of the SOGC Policy & Practice Guidelines Committee representing nursing, at which a need to develop patient education materials was identified. I see this opportunity within the GOC as an avenue for the nursing professionals to continue to develop and continue the care of gynecologic oncology patients.

A brief survey will be distributed to the membership in the near future.

INAUGURAL GOC PRESIDENTIAL MEDAL AWARD

The first inaugural GOC Presidential Medal Award Ceremony will take place at the GOC's Annual Business Meeting on June 27, 2004 in Edmonton, Alberta. The GOC Medal will be presented to any individual(s), group or organization that have made espe-

cially meritorious contributions to gynecologic oncology. The individual(s), group or organization will be recognized for their public service, leadership, academia, and research. The Recipient(s) of the GOC Medal will be nominated and selected by the Nominating Committee of the GOC.

GOC TO CELEBRATE ITS 25TH ANNIVERSARY IN 2005!

Yes, our Society will be 25 years old in 2005. Special events are being planned to celebrate this milestone anniversary at our 2005 Meetings. To memorialize our first 25 years, we will be creating a book which will become the definitive proud early history of the Society of Gynecologic Oncologists of Canada.

The GOC has recruited an archivist and published author, Mr. Luc Soucy, to work on this project. We will be seeking information from you, as well as pictures you may have taken at GOC events. As we move forward, Luc will be contacting many of you to set-up interviews.

MARK YOUR CALENDAR!

- SGO Annual Meeting – February 7-11, 2004 – San Diego, California
- 17th International SOGC CME – March 1-5, 2004 – Melia Caribe Tropical, Punta Cana
- 14th West/Central SOGC CME – April 1-3, 2004 – Banff, Alberta
- GOC 4th Annual Continuing Professional Development Meeting - April 15-16, 2004 – Toronto, Ontario
- SOGC Annual Clinical Meeting – June 25-29, 2004 – Edmonton, Alberta
- GOC Annual General Meeting – June 27-28, 2004 – Edmonton, Alberta
- 10th Biennial IGCS Meeting – October 3-8, 2004 – Edinburgh, Scotland
- SGO Annual Meeting – March 19-23, 2005, Miami Beach, Florida