



Dr. Gavin Stuart Receives the GOC Presidential Medal

By Dr. Marie Plante



It was at the joint GOC/WAGO meeting held in Vancouver last June that Dr. Gavin Stuart, joined by his family, was presented with the GOC Presidential Medal Award for his exceptional academic career

and contributions to the promotion of gynecologic oncology in Canada and abroad. For those who did not

attend the meeting, we felt that it would be of interest to summarize some of the highlights of his career.

Briefly, Gavin completed his medical degree and residency in Obstetrics and Gynecology at the University of Western Ontario in 1980. He pursued with a fellowship in Gynecologic Oncology at Wayne State University of Medicine in Detroit Michigan in 1982 where he stayed as faculty for a year.

In 1983, he moved to the Tom Baker Cancer Centre where he had a remarkably successful career, rapidly moving up the echelons. He was first Director of the

Ob-Gyn residency program, then Head of the Ob-Gyn Department where he was actively involved in developing a fellowship program in gynecologic oncology. He then became Head of Surgical Oncology and Director of the Tom Baker Cancer Centre and finally Vice-President of the Alberta Cancer Board! (Of note, the discipline of Gynecologic Oncology has produced more Directors of Ob-Gyn Programs and Head of Surgical Oncology than any other discipline, emphasizing the fact that gynecologists tend to be very driven, involved and successful individuals!).

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GOC Honours Dr. John Mazurka

It was at our CPD social event that Dr. Mazurka was recognized for his exceptional commitment to the fellows and fellowship training program for organizing the fellows' oral examinations, every year, for almost a decade. On behalf of the GOC Executive, Council and the Fellowship Program Directors, thank you Dr. Mazurka for your devotion to the fellows and to their success. As a token of appreciation, Dr. Mazurka was presented with two limited-edition prints by one of his favorite artists, Paul Calle.



It's Official GOC Is Reborn!

GOC now stands for THE SOCIETY OF GYNECOLOGIC ONCOLOGY, LA SOCIÉTÉ DE GYNÉCO-ONCOLOGIE DU CANADA. Our corporate name now reflects the multidisciplinary nature of our membership.

HIGHLIGHTS

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Dr. Gavin Stuart Receives the GOC Presidential Medal

By Dr. Marie Plante



Dr. Gavin Stuart and family

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In 2003, he was recruited by the University of British Columbia in Vancouver to become the Dean of the Faculty of Medicine. Gavin did so well after his first term that he was re-appointed for a second term!

In addition to his heavy workload as Dean, Gavin continues to maintain clinical activities with the Gynecology Division at the Vancouver General Hospital and BCCA. He also remains actively involved in clinical research namely with the NCIC, where he is co-Chair of the Clinical Trials Group (CTG) for the gynecologic site committee. He is also Chair of the Gynecologic Cancer Intergroup Trials (GCI), leading international trials with several national cooperative groups. He was President of GOC from 1999-2000.

As if it was not enough, Gavin is actively involved with cervical cancer prevention programs and is currently Chair of the Cervical Cancer Prevention Control Network, part of PHAC, and Chair of the Cancer and Infectious Committee for the CPAC where he is the PI of an international phase III trial of HPV vaccine. Lastly, he sits on a countless number of committees which would be too long to list!

How he does it all is a mystery, but despite all of his duties, he manages to stay in good physical shape

jogging regularly and skiing. While following one of his sons, who was a member of the national ski team, he got involved as race official, then became Team Doctor, Chief of Medical for Lake Louise races, and now he is part of the VANCOUVER 2010 Medical Team... not bad for a gynecologist !!!

So clearly Gavin has an exceptional work capacity and has demonstrated unique academic and administrative skills. Those who work with him say he is a very hard worker, very organized and focused, capable of handling several complex issues all at once. He is also a very kind, discrete and gentle person with a great sense of humor!

His career shows that a gynecologic oncologist with the right personality and skills can go all the way up to the top to occupy the most prestigious and powerful leadership positions, where important decisions are taken, decisions that impact the practice of gynecologic oncology and the care of women with gynecologic cancer in this country. For all of his accomplishments, Gavin Stuart fully deserves the GOC Presidential Medal Award. Through this award, members of the Society wish to acknowledge his incredible driving force and value.

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GAVIN, GOC IS PROUD OF YOU!
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News from the Centres

Calgary

- Dr. Alon Altman joined the fellowship program in July. He completed his residency training in Halifax.
- Dr. Nisrin Anfinan is spending a further year in Calgary and her main focus is a rotation in colorectal surgery, palliative care and research.
- Dr. Carlos Aspe Lucero has completed training and will return to Mexico.
- Dr. Pamela Chu was married on September 6th. Congratulations Pam!

Ottawa

- As of September 1st, Dr. Tien Le became Head of the Division of Gynecologic Oncology at The Ottawa Hospital/Ottawa University

Vancouver



- Drs. Janice Kwon and Mark Carey had a beautiful baby girl on Friday April 24th, named Serena Beverly Carey.

Toronto

- Terry Colgan has been invited to join the Post-Graduate Course Faculty of the American Society of Colposcopy and Cervical Pathology for 2009-10.

A Review of GOC's Successful 9th Annual Continuing Professional Development Meeting

Toronto, ON, May 1, 2009

By Dr. Helen Steed



This year's CPD meeting was another great success, with a variety of topics covered, excellent speakers, and attended by many of our members from all specialties of practice.

The disease sites covered included ovarian cancer, cervical cancer and endometrial cancer. We were very fortunate to hear from two very reputable guest speakers, Dr. Bradley Monk and Professor Stan Kaye, in the initial session on ovarian cancer. Dr. Monk addressed the potential role of non-platinum doublets in recurrent platinum sensitive ovarian cancer and summarized a large number of trials emphasizing the continuing need for more studies. This was followed by Professor Kaye's scientific review of the role of PARP as a target in ovarian cancer treatment. We then had the pleasure of hearing the "medical oncologist's perspective" of debulking or not debulking ovarian cancer and Dr. Paul Hoskins reviewed the interesting results of OV13 in which many Canadian centers participated.

Dr. Monk also presented a summary of the use of cisplatin doublets in recurrent cervical cancer and an introduction to the numerous anti-vascular compounds emerging as new potential agents for advanced and recurrent cervical cancer. Dr. Erich Kliewer, an epidemiologist, presented the evaluation and HPV Vaccine surveillance system in the primary prevention of cervical cancer.

Drs. Anna Tinker and Helen Steed presented the session on endometrial cancer. The treatment of endometrial cancer seems to be becoming even more controversial as to which patients are candidates for adjuvant therapies and which adjuvant therapies are best. The two recent RCTs addressing the role of lymphadenectomy and effect on survival were presented. There was a good

deal of debate about surgical staging and its impact on decision making as well as the selection criteria for who needs chemo and what chemotherapy to use.

A separate session dedicated to robotics was intriguing and nice to see that across the country more sites utilizing this new resource and GOC working together to produce a research trial looking at robotics in Canada as a comprehensive group. We were also fortunate to hear from Dr. Geerts, a Professor of Medicine at University of Toronto and an expert in the field of thromboembolic disease and he addressed the optimal thromboprophylaxis for gynecologic oncology patients.

Overall it was an excellent meeting that allowed for participation and questions from the audience and all topics were well received.

It was time for a little fun and relaxation and we moved on to our social event at The Academy of Spherical Arts. After cocktails and a few games of billiards and snooker, GOC's 8th Canadian Leadership Lecture Speaker Mr. Bernard Voyer very passionately took us all on his expeditions to the poles and to the world's highest peaks. It was an extremely well delivered lecture – M. Voyer's passion and his love for the sub-zero was felt by everyone.

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■ We wish to acknowledge the following, for providing unrestricted educational grants in support of our CPD Meeting: Abraxis, Genzyme Biosurgery, GlaxoSmithKline, Merck-Frosst, Minogue Medical, OrthoBiotech, Pfizer and Schering-Plough for their support of this year's AGM by providing unrestricted educational grants.
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GOC'S 10TH ANNUAL CONTINUING PROFESSIONAL DEVELOPMENT MEETING April 29th to May 1st, 2010 (main CPD day Friday April 30th)* Montréal, Québec
*In conjunction with the NCIC spring meeting

GOC's 30th AGM In Review

2009 GOC/WAGO JOINT MEETING

By Jason Dodge, MD, MEd, FRCSC,
Program Co-Chair

For the first time in recent years, our AGM was shared with another co-operative group; in this case, our colleagues from the Western Association of Gynecologic Oncologists (WAGO). The combined meeting was envisioned as a means to benefit both groups through the sharing of clinical and scientific knowledge, mutual educational opportunities, and social networking. Indeed, combining our AGM with WAGO had a unique impact on both the content and format of the program, and compromises by each group ensured the overall program encompassed the ideologies of both groups. For example, the meeting format was spread out over 2.5 [week] days, as is the tradition of WAGO, and held in Vancouver during a previously contracted time period, in contrast to our traditional 1.5 day weekend meeting concurrent with the SOGC meeting. GOC's traditional poster presentation session was added to WAGO's original program outline based on our previous commitment to valuing the poster presentations at our AGM, as were several other important GOC traditions (Royal College speaker, Run for Her Life). These changes to our usual format definitely made the joint meeting a unique experience for many of the attendees from both societies.

HIGHLIGHTS

Ultimately, we were delighted to have record attendance at our joint meeting, with a total of approximately 160 registrants. Encouragingly, we also had a record number [105] of scientific abstracts submitted for consideration of presentation at the meeting. A total of 36 abstracts were accepted for oral presentation and 69 abstracts were accepted for poster presentations. The scientific program was well received and included excellent presentations from a large variety of centres. The oral presentation sessions were well conducted by moderators from both groups, who did a good job engaging audience participation in these sessions and yet remaining completely on schedule throughout. The poster session provided a novel opportunity for our colleagues from WAGO to engage its membership, which I understand they intend to continue in future as



a result. Our impromptu tumour board was also a huge success, based on anecdotal feedback, providing members from both societies the opportunity to discuss controversial issues surrounding the management of women with various gynaecologic malignancies.

The Run for Her Life was also a hit with our WAGO colleagues, and together we had 61 participants and successfully raised awareness for the cause of endometrial cancer research (as well as \$1,525 to be donated to the BC Cancer Foundation for endometrial cancer research). We also had the opportunity to reflect on our 30 years as a national specialty society in Canada, as thoughtfully reviewed by Dr. Plante, and enjoyed the personal reflections of several GOC members regarding the impact of GOC during our annual business meeting.

There were several GOC awards handed out at the meeting. With a touching tribute by many members of the GOC, Dr. Plante awarded the Presidential Medal to Dr. Gavin Stuart for his enduring commitment to gynecologic oncology and to the GOC. Thanks to the help of many volunteer GOC abstract judges, our traditional GOC awards were handed out at the 2009 joint WAGO/GOC AGM for best oral presentation. First place is Dr. Janice Kwon, runner-up oral is Dr. Barbara Norquist and best poster presentation went to Dr. Lua Eiricksson.

Socially, attendees appreciated the opportunity to network both formally and informally with colleagues from either group. Whether over drinks at the welcome reception, at the exhibits during breaks in the scientific program, over lunch during the poster session, during after-hours conversations in the local waterfront cafes, or during the formal dinner program, there were many opportunities for participants from each society to meet, greet, and share ideas, making this aspect a highlight of the meeting for many attendees.



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■ Special thanks to Genzyme Biosurgery,
GlaxoSmithKline, Merck-Frosst, Minogue
Medical, OrthoBiotech and Schering-Plough
for their support of this year's AGM by
providing unrestricted educational grants.
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GOC'S 31ST ANNUAL GENERAL MEETING
June 2010 (dates TBD) Montréal, Québec
*In conjunction with the Society of
Obstetricians and Gynaecologists
of Canada (SOGC)



SPECIAL THANKS

As program Chair, I would be greatly amiss if I did not formally thank a number of GOC members for their significant contributions to the 2009 joint WAGO/GOC AGM. Dr. Sarah Finlayson took on responsibilities as part of the official program committee despite being away from work during the year on maternity leave. As well as contributing to the program committee's planning discussions, Dr. Walter Gotlieb managed all the financial issues surrounding GOC's commitments to funding of the joint meeting, allowing me to focus on planning and implementation. Dr. Marie Plante also contributed to the program committee's planning discussions, as well as provided me with crucial advice and support. A big thank you to our oral and poster presentation judges this year including Drs. Katharina Kieser, Val Capstick, Ian Harley, Allan Covens, Jan Hauspy, Dianne Miller, Helen Steed, Sarah Ferguson, Sarah Finlayson, Jessica McAlpine, and François Moens. Finally, the 2009 joint WAGO/GOC AGM would not have been the success it was if not for the extraordinary efforts and commitment of H el ene Soubli ere. The experience of planning this meeting with H el ene has afforded me insight into just how truly amazing her contributions are to the success of GOC.

As I reflect back on the experience of organizing the 2009 AGM, I have to admit this was one of the most challenging endeavours I've personally overseen. In the end, I believe that GOC had a successful meeting in Vancouver, and I remain indebted to the many GOC and WAGO members who contributed this success. I look forward to the privilege of heading up the team effort to have another successful meeting in Montreal in 2010.



1st place oral:

Janice Kwon

ARE UTERINE RISK FACTORS MORE IMPORTANT THAN NODAL STATUS IN PREDICTING SURVIVAL IN ENDOMETRIAL CANCER? IMPLICATIONS FOR THE USE OF SYSTEMIC THERAPY

J. Kwon, F Qiu, R Saskin, M Carey

2nd place oral:

Barbara Norquist

SECONDARY BRCA1/2 MUTATIONS ARE ASSOCIATED WITH PLATINUM RESISTANCE IN BRCA1/2-MUTATED OVARIAN CARCINOMAS
B. Norquist, T Taniguchi, K Wurz, B Karlan, E Villegas, W Sakai, E Swisher

Best poster:

Lua Eiriksson

COMBINED METHOTREXATE AND ACTINOMYCIN D IN THE TREATMENT OF LOW RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA

L Eiriksson, T Wells, H Steed, P Hoskins, A Tinker, V Capstick, A Schepansky, K Swenerton

Oral Presentations from GOC Colleagues

HER2 OVEREXPRESSION AND AMPLIFICATION IS PRESENT IN A SUBSET OF OVARIAN MUCINOUS CARCINOMAS AND CAN BE

TARGETED WITH TRASTUZUMAB THERAPY
J. McAlpine, K Wiegand, M Miller, A Adamiak, M Koebel, R Vang, B Ronnett, K Swenerton, D Huntsman, C Gilks, D Miller

PREVENTING FUTURE CANCERS BY TESTING WOMEN WITH OVARIAN CANCER FOR BRCA MUTATIONS

J. Kwon, M Daniels, C Sun, K Lu

RISK FACTORS FOR FALLOPIAN TUBE PRECURSOR LESIONS IN BRCA MUTATION CARRIERS.

D. Vicus, P Shaw, A Finch, B Rosen, S Armel, P Sun, S Narod

ARE UTERINE RISK FACTORS MORE IMPORTANT THAN NODAL STATUS IN PREDICTING SURVIVAL IN ENDOMETRIAL CANCER? IMPLICATIONS FOR THE USE OF SYSTEMIC THERAPY

J. Kwon, F Qiu, R Saskin, M Carey

SECONDARY CANCER PREVENTION AFTER ENDOMETRIAL CANCER

J. Kwon, L Elit, R Saskin, D Hodgson, E Grunfeld

ACCEPTABILITY OF HPV VACCINATION AMONG WOMEN ATTENDING THE UNIVERSITY OF SASKATCHEWAN STUDENT HEALTH SERVICES

C. Giede, L McFadden, P Komonoski, A Agrawal, A Stauffer, R Pierson

SENTINEL LYMPH NODE BIOPSY IMPROVES DETECTION OF METASTATIC LYMPH NODES IN EARLY CERVICAL CANCER

L. Gortzak-Uzan, W. Jimenez, S Nofech-Mosez, N Ismiil, M Khalifa, V Dube, J Murphy, B Rosen, S Laframboise, R Kupets, A Covens

FEASIBILITY OF EXENTERATION UTILIZING THE DAVINCI ROBOTIC PLATFORM; A CASE SERIES

S. LoCoco

PREDICTORS FOR OPTIMAL CYTOREDUCTION FOLLOWING NEOADJUVANT CHEMOTHERAPY IN ADVANCED EPITHELIAL OVARIAN CARCINOMA

D. de Jong, J Dodge, O Freedman, E Lo, B Rosen, H Mackay

FUNCTIONAL PROTEOMIC ANALYSIS IN ADVANCED HIGH-GRADE SEROUS OVARIAN CANCER USING REVERSE PHASE PROTEIN ARRAY: EGFR, JNK, AND SMAD3 ARE ASSOCIATED WITH 3-MONTH CA-125 NORMALIZATION

M. Carey, R Agarwal, B Gilks, K Swenerton, S Kalloger, J Santos, Z Ju, Y Lu, K Coombes, D Miller, D Huntsman, G Mills, B Hennessy

Poster Presentations from GOC Colleagues

SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND BEHAVIOURS AMONG YOUNG ADULTS
L Elit, K Trim, R Mohan, S Nastos, D Harnish

THE SIGNIFICANCE BEHIND THE SEXUAL EXPERIENCE OF MIDDLE AGE QUEBEC WOMEN AFFECTED WITH CERVIX CANCER, TREATED BY RADIOTHERAPY AND CHEMOTHERAPY
E Sagr

IMPLEMENTATION MATTERS: THE HPV VACCINE TRUST
J McGee, J Keelan

WHAT IS THE ROLE OF SECONDARY PELVIC LYMPHADENECTOMY AFTER HYSTERECTOMY FOR EARLY APPARENT ENDOMETRIAL CANCER?
M Mazgani, J Kwon

LAPAROSCOPY VERSUS LAPAROTOMY IN THE SURGICAL MANAGEMENT OF ENDOMETRIAL CANCER: EXPERIENCE IN THE GYNECOLOGIC ONCOLOGY DIVISION IN HALIFAX, NS
A Ball, J Bentley, K Kieser

THE ACCURACY OF PRE-OPERATIVE MAGNETIC RESONANCE IMAGING IN DETECTING THE PRESENCE OF DEEP MYOMETRIAL INVASION IN PATIENTS WITH ENDOMETRIAL CANCER
J Fernandez de Lara Nieto, C Giede, A Agrawal, S Kriegler

OUTCOMES IN ROBOTIC-ASSISTED SURGERY FOR GYNAECOLOGIC ONCOLOGY
L Gien, B Rosen, M Bernardini

COMBINED METHOTREXATE AND ACTINOMYCIN D IN THE TREATMENT OF LOW RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA
L Eiriksson, T Wells, H Steed, P Hoskins, A Tinker, V Capstick, A Schepansky, K Swenerton

FRAGMEN IN OVARIAN CANCER - UTILITY ON SURVIVAL (FOCUS): A PHASE II RANDOMIZED STUDY
L Elit, A Lee, J Julian, P Hoskins, D Julian, S Parpia

HISTONE DEACETYLASE INHIBITION TARGETS BRCA1 EXPRESSION: A NOVEL MECHANISM TO ENHANCE PLATINUM SENSITIVITY IN BREAST AND OVARIAN CANCER
J. Weberpals, A O'Brien, K Garbuio, K Clark-Knowles, J Dimitroulakos

AN EXTERNALLY VALIDATED PREDICTION MODEL FOR THE PROBABILITY OF SURVIVAL IN ADVANCED OVARIAN CANCER
D de Jong, K Gerestein, A Ansink, J Dodge, R Eijkemans, E Lo, J Murphy, B Rosen

DYSGERMINOMA OF THE OVARY 35 YEARS ON: A SINGLE INSTITUTIONAL EXPERIENCE
D Vicus, M Beiner, S Klachook, L Le, H Mackay, S Laframboise

THE USE OF COLORECTAL STENTS IN GYNECOLOGICAL MALIGNANCIES: THE BRITISH COLUMBIA EXPERIENCE
R Correa, S Finlayson, G Legiehn, S Ho, T Wells, D Miller

USE OF COMPLEMENTARY MEDICINE (CAM) AMONG WOMEN RECEIVING CHEMOTHERAPY FOR OVARIAN CANCER: A COMPARISON OF ATTITUDES BETWEEN 2 PATIENT POPULATIONS
L Helpman

LACK OF HYPOXIA-INDUCED CARBONIC ANHYDRASE (CA) IX EXPRESSION PREDICTS BETTER SURVIVAL IN WOMEN WITH SEROUS EPITHELIAL OVARIAN CANCER TREATED WITH RADIOTHERAPY
J Saldivar, K Swenerton, S Kalloger, B Gilks, M Koebel, D Miller, J Santos, D Huntsman

AGM 2009 from a Business Perspective

Welcome New Members!

The GOC welcomes to the Society its newest members, voted-in by the membership at the June 26, 2009 Annual Business Meeting in Vancouver.

Najla Al Marri	Fellow - Gyn Oncology	Calgary	Gregory S. Nelson	Fellow - Gyn Oncology	Calgary
Christina Aquino-Parsons	Radiation Oncologist	Vancouver	Xiaoyu Niu	Fellow - Gyn Oncology	Montreal
Omar M. Bacha	Fellow - Gyn Oncology	Québec	Heidi Penstone	Registered Nurse	Toronto
Lua Eiriksson	Resident - Ob/Gyn	Edmonton	Catriona Roberts	Advanced Practice Nurse	Toronto
Suzanne Fortin	Fellow - Gyn Oncology	Montreal	Alexandra Sebastianelli	Fellow - Gyn Oncology	Montréal
Anthony Fyles	Radiation Oncologist	Toronto	Randi Shaul	Clinical Associate	Toronto
Limor Helpman Bek	Fellow - Gyn Oncology	Toronto	Jeremy A. Squire	Scientist	Kingston
Hassan M. Latifah	Fellow - Gyn Oncology	Ottawa	Carrie Thornton	Registered Nurse	London
Marette Lee	Resident - Ob/Gyn	Kingston	Zvi Vaknin	Fellow - Gyn Oncology	Montréal
Jacob McGee	Fellow - Gyn Oncology	Toronto	Stéphanie Van Rensselaer	Registered Nurse	Montréal
Anwar Moria	Fellow - Gyn Oncology	Montréal	Danielle Vicus	Fellow - Gyn Oncology	Toronto
			Thomas Warkus	Fellow - Gyn Oncology	Montréal

Introducing GOC Executive & Council and Committee Members on July 1, 2009

GOC Officers

Dr. Marie Plante	President	July 2008 - June 2010
Dr. Barry Rosen	Past-President	July 2008 - June 2010
Dr. Michael Fung-Kee-Fung	President-Elect	July 2008 - June 2010
Dr. Walter Gotlieb	Secretary-Treasurer	July 2008 - June 2011

Executive Council

Dr. Marie Plante, President	Chair	July 2008 - June 2010
Dr. Barry Rosen, Past-President	Councillor	July 2008 - June 2010
Dr. Michael Fung-Kee-Fung, President-Elect	Councillor	July 2008 - June 2010
Dr. Walter Gotlieb, Secretary-Treasurer	Councillor	July 2008 - June 2011
Dr. Tony Fyles	Councillor	July 2009 - June 2011
Dr. Dianne Miller	Councillor	July 2009 - June 2011
Dr. Paul Hoskins	Councillor	July 2009 - June 2011
Mrs. Nancy Drummond	Councillor	July 2009 - June 2011
Dr. Jason Dodge, AGM Programme Chair	Ex-Officio	July 2008 - June 2012
Dr. Diane Provencher, CPD Programme Chair	Ex-Officio	July 2006 - June 2010
Dr. Joan Murphy, Bylaws & Task Force Chair	Ex-Officio	Indeterminate
Ms. Lynne Jolicoeur, Co-Chair, GONPPC	Ex-Officio	July 2008 - June 2010
Dr. Tien Le, SOGC/GOC/SCC Policy & Practice Guidelines Committee	Ex-Officio	July 2008 - June 2010
Dr. Laurie Elit, CoP in Ovarian Cancer/Int'l Chair	Ex-Officio	Indeterminate
Dr. François Moens, Task Force in HR Chair	Ex-Officio	Indeterminate

AGM Programme Committee

Dr. Jason Dodge	Chair	July 2008 - June 2012
Dr. Marie Plante, President	Ex-Officio	July 2008 - June 2010
Dr. Michael Fung-Kee-Fung, President-Elect	Ex-Officio	July 2008 - June 2010
Dr. Walter Gotlieb, Secretary-Treasurer	Ex-Officio	July 2008 - June 2011
Dr. Katharina Kieser	Active Member	July 2009 - June 2012
Dr. Sarah Finlayson	Active Member	July 2009 - June 2012
Dr. Erin Dean	Active Member	July 2008 - June 2011
Dr. Lilian Gien	Active Member	July 2008 - June 2010
Dr. Johanne Weberpals	Representing Translational Research	

CPD Programme Committee

Dr. Diane Provencher	Chair	July 2006 - June 2010
Dr. Janice Kwon	Chair-Elect	July 2009 - June 2010
Dr. Marie Plante, President	Ex-Officio	July 2008 - June 2010
Dr. Michael Fung-Kee-Fung, President-Elect	Ex-Officio	July 2008 - June 2010
Dr. Walter Gotlieb, Secretary-Treasurer	Ex-Officio	July 2008 - June 2011
Dr. Helen MacKay	Active Member	July 2009 - June 2012
Dr. Susie Lau	Active Member	July 2009 - June 2012
Dr. Jim Bentley	Active Member	July 2009 - June 2012
Mrs. Janet Giroux	Associate Member	July 2009 - June 2012

GOC/SCC/SOGC Policy & Practice Guidelines Committee

Dr. Tien Le	Chair	July 2008 - June 2010
Dr. Marie Plante	President	July 2008 - June 2010
Dr. Alex Schepansky	SCC President	July 2009 - June 2011
Dr. Michel P. Fortier	SOGC President	July 2009 - June 2010
Dr. Rachel Kupets	Ontario	July 2007 - June 2010
Dr. Marie-Claude Renaud	Québec	July 2007 - June 2010
Dr. Christopher Giede	Western	July 2009 - June 2011
Dr. Patti Power	Atlantic	July 2008 - June 2011
Mrs. Hélène Soublière	Committee Coordinator	

Membership Committee

Dr. Barry Rosen, Past-President	Chair	July 2008 - June 2010
Dr. Michael-Fung-Kee-Fung, President-Elect	Ex-Officio	July 2008 - June 2010
Dr. Walter Gotlieb, Secretary-Treasurer	Ex-Officio	July 2008 - June 2011
Dr. Paul Hoskins	Active Member	July 2009 - June 2011
Dr. Isabelle Germain	Active Member	July 2009 - June 2011
Dr. Michel Préfontaine	Active Member	July 2009 - June 2011
Mrs. Heidi Thomas	Associate Member	July 2009 - June 2011

Nominating Committee

Dr. Marie Plante, President	Chair	July 2008 - June 2010
Dr. Barry Rosen, Past-President	Ex-Officio	July 2008 - June 2010
Dr. Michael Fung-Kee-Fung, President-Elect	Ex-Officio	July 2008 - June 2010
Dr. Walter Gotlieb, Secretary-Treasurer	Observer	July 2008 - June 2011
Dr. Robert J. Lotocki	Active Member	July 2008 - June 2010
Dr. Gavin Stuart	Active Member	July 2008 - June 2010

The GOC Executive Council would like to acknowledge outgoing Council and Committee members as of June 30, 2009, and thank each for their participation and contributions to the GOC:

Executive Council

Dr. Peter Craighead	Councillor	June 2007 - 2009
Dr. Réjean Savoie	Councillor	June 2007 - 2009
Mrs. Dianne Dalbello	Councillor	June 2007 - 2009

AGM Programme Committee

Dr. Jean Grégoire	Active Member	June 2006 - 2009
Dr. Paula Rittenberg	Active Member	June 2006 - 2009

CPD Programme Committee

Dr. Paul Hoskins	Active Member	June 2006 - 2009
Dr. Paul Bessette	Active Member	June 2006 - 2009
Dr. Thu-Van Nguyen-Huynh	Active Member	June 2006 - 2009
Dr. Stéphane Laframboise	Active Member	June 2006 - 2009
Mrs. Véronique Lebel	Associate Member	June 2006 - 2009

GOC/SCC/SOGC Policy & Practice Guidelines Committee

Dr. James Bentley	SCC President	June 2007 - 2009
Dr. Scott Farrell	SOGC President	June 2008 - 2009

Membership Committee

Dr. Wylam Faught	Active Member	June 2007 - 2009
Mrs. Joanne Brodeur	Associate Member	June 2007 - 2009

Profiling our Members



**Janet Giroux, RN,
MScN, CCN(C), CON(C)**
*Advanced Practice
Nurse, Gynecologic
Oncology – Kingston,
Ontario*

Jan started her career in 1982 and over the years has dedicated the majority of her professional life to cardiovascular and oncology nursing. She has earned dual Canadian Nursing Association Certifications, while spending many years working full-time, balancing part-time studies and family commitments. She returned to gyne-onc nursing practice in March 2006 with Drs. Peter Bryson & John Jeffrey, as a Clinical Nurse Specialist, working at Kingston General Hospital (KGH) and the Cancer Centre of Southeastern Ontario (CCSEO). In her role, Jan incorporates the five inter-related domains (advanced clinical practice, education, research, leadership and consultation) of practice while wearing many hats that affect patient care and staff development and finds it most gratifying. She provides comprehensive professional nursing care for women diagnosed with gynecological cancer requiring chemotherapy and complex care needs throughout the trajectory of their cancer journey. In partnership with the gyne-onc team, which now includes Dr. Julie-Ann Francis, she provides patient navigation, education, assessment, telephone triage, supportive care and symptom management. Jan was instrumental in the successful implementation of an out-patient IP chemotherapy program and supports three nurse champions in maintaining their competency. Holding positions on various KGH committees ranging from wound care, oncology nursing practice, systemic therapy and the obstetrics & gynecology program

council, she strives to integrate evidence based findings to advance patient care outcomes and patient safety. She also functions as a clinical research associate for closed NCIC gyne-onc clinical trials and assists with identifying patients for new trials. Jan is a member of the Ontario Oncology Advanced Practice Nursing Community of Practice, a network of specialized nurses who provide support, expertise and leadership.

As an associate member in the GOC, Jan has recently accepted the co-chair position for the GONPPC and is also the nursing representative for the CG2 and the CPD planning committee. She has presented for OCC's Telephone Education Series, Voices of Hope Conference, the Listen to The Whispers program and is the co-chair for the Kingston Winners Mini-Walk of Hope. This summer, Jan was invited by the de Souza Institute in Ontario to participate as the APN representative for the implementation of a pilot program to establish a provincial standardized chemotherapy nursing education and competency program. Jan received a special honor this year when she was nominated for the 2009 Toronto Star Nightingale Award identifying her dedication to patient care.

On a personal note, Jan and her husband, Brian have been married for 26 years and they have two daughters. Kaitlyn is 19 years old and is starting her BScN degree in Kingston. Courtney is 15 years old, enjoying secondary school, which includes her love for sports. In the little spare time she has, Jan likes to read, connect with friends and have the occasional glass of red wine. ■



**James Bentley, MD,
FRCSC – Gynecologic
Oncologist – Halifax,
Nova Scotia**

Dr. Jim Bentley started his medical training at Leeds University in the UK; it was during an elective in Newfoundland that he met his wife Bettina. After finishing med school and "house jobs", he moved to Canada, first working as a surgery resident in St. Anthony, NL and then as a GP in Botwood, NL. After residency at Dalhousie, he joined the esteemed group of gyn oncs of Drs. Krepart, Lotocki and Heywood in Winnipeg for fellowship training.

Following this, he returned to Halifax to practice as a gynecologic oncologist. Dr. Bentley has worked through the ranks and currently is a Professor and Division Chief. Clinical and teaching interests during this time have focused on development of advanced laparoscopic surgery and colposcopy. He has received several teaching awards including the APOG Carl Nimrod award in 2007 and the Dalhousie award for community CME in 2009.

Dr. Bentley is the immediate Past-President of the Society of Canadian Colposcopists and currently is Treasurer of the International Federation of Cervical Pathology and Colposcopy. Current research interests include triage in the colposcopy clinic.

During the short Halifax summer, Jim can often be found on the water either wakeboarding or press ganging his teenage daughters to be unwilling crew in his latest hobby, sailing on his boat appropriately called "Fuzzy Logic". ■

After "GOC-1" Comes "GOC-2"

By Dr. Walter Gotlieb

Following the recent launching of "GOC-1", the first National Clinical Study ran by the GOC, that will evaluate the use of intra-peritoneal chemotherapy following interval debulking, GOC is preparing GOC-2. (A summary of GOC-1 will be available soon.)

This Nationwide study will prospectively evaluate the surgical and quality of life outcomes after laparotomy, laparoscopy, and robotics for the management of endometrial and cervical cancers in Canada, and the

changing patterns of care following the introduction of robotic surgery.

A significant number of our members have been well established leaders in minimally invasive surgery. Following instigation of the concept of this study by the GOC-led Communities of Practice (CoP) in Robotics and in Minimally Invasive Surgery, a comprehensive protocol was prepared and endorsed by the GOC Executive.

The purpose of the study is to gather information that will be helpful to further convince all stakeholders including administrators and government officials to support and implement widespread utilization of minimally invasive surgery for the treatment of endometrial and cervix cancer across the country.

Ultimately, the results will be presented by our Society, and serve as an example of a national Canadian group effort, during the IGCS meeting planned in Vancouver in the fall of 2012.

You will soon obtain a package explaining the study in detail and soliciting your collaboration. As a group, we strongly encourage all health care professionals treating gynecologic cancers to endorse this study that will lead to important benefits for the patients and the image of Canadian Gynecologic Oncology.

Academic Corner

Awards

Jan Hauspy received the JR Morgan award June 3rd for surgical teaching to residents at McMaster University. Congratulations Jan!

Grants

Knowledge Translation to Improve Quality of cancer control in Canada – What we know and what is next? PI Brouwer M, Research Personnel: Browman G, Bryant Lukosius D, Dobbins M, Elit L, Esmail R, Gagliardi A, Graham J, Grimshaw J, Hagen N, Schunemam H, Levine M, Levitt C, Pasut G, Petrella J, Rand C, Sawka C, Seow H, Simunovik M, Straus S, Sussman J. OCIR 2009-2010

The Impact of PET in Women with locally advanced cervical cancer (PET LACE): An economic evaluation. Fyles A, Elit L, Coyle D, Pond G, Levine M. OCIR 2009-2013

Health Professionals learning to be comfortable and confident with sexual health screening: Instructor Resource DVD. PI-Trim K Research Personnel: Elit L, Harnish D, Rangachari PK. McMaster Gender and health Jun2009-2010

Drs. I. Jurisicova and A. Oza (Principal Investigators), with Drs. T. Colgan, A Jurisicova, and T Kislinger (Co-Investigators) Diagnostic and prognostic biomarkers for epithelial ovarian cancer. Canadian Institutes of Health Research, 2008 - 2009

Canadian Breast Cancer Research Award (CBCRA) Exploring the potential of administrative database to evaluate the quality and cost of medical monitoring of people with tested for BRCA1/2 Dorval M, Simard J, Chiquette J, Desbiens C, Plante M. 2009

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POWER Study Available for Download

The POWER Study (Project for an Ontario Women's Health Evidence-based Report) is a comprehensive Women's Health Report to serve as an evidence-based tool for policy makers, providers, and consumers in their efforts to improve health and reduce health inequities among Ontario women.

By painting a picture of health inequities in the province, opportunities for improvement are identified and objective evidence is presented to inform priority setting and to provide a baseline from which to measure progress. The POWER Study is a multi-year

project funded by Echo: Improving Women's Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care (MOHLTC).

In August, the Cancer chapter of the POWER report was released. <http://powerstudy.ca/the-power-report/the-power-report-volume-1/cancer>. One of the key findings is that only 30% of women with an inadequate Pap smear and 50% of women who had a Pap test that showed a low-grade abnormality had the appropriate follow-up care within the recommended time frame, including either a repeat test or colposcopy. Follow-up

was worse in those women from lower socioeconomic neighborhoods. To improve surveillance and treatment, we need a system that ensures all abnormal Pap tests are followed-up so that Ontario women can receive the best care possible," added Dr. Bierman, the Lead Investigator.

Congratulations to Drs. Elit and Kwon who were two of the cancer chapter authors and to those other member of the GOC who participated in the various aspects of this work.

On the International Front

My Experience in Western Kenya – An Example of How Health Care Teams Make a Difference

By Dr. Barry Rosen

I recently traveled to Eldoret, Kenya to participate in a program in Reproductive Health that was established through The University of Toronto Department of Obstetrics and Gynecology in affiliation with Indiana University (IU) and a consortium of American institutions. The U of T branch of this organization provided me the opportunity to travel to Kenya, live in a safe environment, and work in an already established system to offer my expertise to the practicing doctors, interns, medical students, and nurses which I hope translates into improvements in care and outcome for women with cancer in Western Kenya. Ultimately my hope is that this initiative will expand to other regions in Kenya and possibly even have greater diffusion to other parts of Africa and further.

In this article, I would like to (1) explain why there is a need for improvement to be made in the diagnosis and treatment of gynecologic cancers in Western Kenya; (2) I would like to share with you what role I took, who influenced me while I was there, and what I feel I contributed. It has been over two months since I returned and it has taken me this time to reflect and understand what I accomplished.

In this article, I would like to (1) explain why there is a need for improvement to be made in the diagnosis and treatment of gynecologic cancers in Western Kenya; (2) I would like to share with you what role I took, who influenced me while I was there, and what I feel I contributed. It has been over two months since I returned and it has taken me this time to reflect and understand what I accomplished.

Section 1 - What is going on in Western Kenya and what data is available to help us understand it?

Kenya has a similar sized population to Canada, 31 million. There are roughly three million people living in Western Kenya where I worked. The program I went to is part of Moi University and is affiliated with a large hospital called Moi Teaching and Referral Hospital (MTRH). Together Moi University and MTRH house one of the two medical schools in Kenya, the other being in Nairobi. In comparison, Canada has 17 medical schools and we consider ourselves underserved in many regions. Imagine the need for more doctors in the Kenyan setting. In establishing the medical school at Moi University Kenyan physicians came to Canada to learn from medical schools here and subsequently took many principles and teaching techniques back with them when starting their new program in 1989. There

are only a few residency specialty training programs at MTRH and in the next few years they are hoping to start one in Ob Gyn (among other specialties).

Western Kenya is mostly rural and it is very poor. Estimates are that 70% of the population earns less than two dollars per day; many live in villages without electricity or running water; many grow their own food for sustenance. HIV/AIDS, malaria, and tuberculosis are three major diseases affecting hundreds of thousands in Western Kenya alone and millions more throughout all of Africa. Cancer rates are also on the rise. This extent of health problems affects so many other aspects of life including the economy, opportunities for education, business development, the number of people available to work, and in particular, it has a devastating effect on families which subsequently influences society in general. Many of those affected with these diseases die at a young age and leave behind children who then become orphaned and in some situations homeless. Some experts use the term that Sub-Saharan Africa is caught in a poverty trap and until they can move forward from the high degree of poverty, health issues will continue to devastate the continent.

Cervical cancer is designated an AIDS-defining disease. The incidence is higher in this population and women are particularly vulnerable to it because it is caused by the HPV virus. Those who are HIV+ have decreased immunity to fight HPV infections. The incidence of cervix cancer in Kenya is much higher than in Canada and is the leading cause of cancer death for women in Africa; higher than breast, lung, and colon cancer.

Those diagnosed with cervix cancer in Kenya are far more likely to be diagnosed once their cancer is in an advanced stage when advanced surgery is not an option. In general, women diagnosed with cervix cancer at MTRH cannot afford to travel to Nairobi (6 hours away) nor afford the treatment. As a result, cervix cancer kills over 90% of those who are affected in countries like Kenya.

Cervical cancer is an example of a disease that illustrates

the overwhelming complexity of health care problems in Kenya. There is no screening, there is no treatment, the disease has increased in incidence because of the HIV/AIDS epidemic and this cancer affects women of reproductive age who then die and leave behind children who in turn are often left to fend for themselves. Cervix cancer is not the biggest health problem facing Kenyan women and with an already overburdened and underfunded health care system, it is difficult to direct priority dollars towards it. Yet cervix cancer is a woman's health problem and one that has far reaching impact on others and on society in general. Finding effective ways to improve the health of women in Kenya needs to be a priority because children, families and communities are benefited when its women are healthy.

It is definitely a sad situation, but there is much room for optimism, hope and opportunity for change. Dr. Joan Murphy from UHN is a leading Canadian expert in implementation and use of the HPV vaccine. She believes that the vaccine is the only option for countries like Kenya. They do not have the ability to mount screening programs or the capacity to treat cervical cancer. The challenge therefore is to figure out a way to vaccinate women in these countries against cervical cancer and currently, cost is a huge barrier. Other barriers include understanding of the HPV subtypes in Africa which may be different than those in Canada. Other unanswered questions include whether or not the vaccine will be effective in those affected with HIV/AIDS and what policies and infrastructure are needed to introduce the vaccine to maximize benefit?

There are opportunities for us in Canada to make a real difference in places like Kenya.

Section 2 - What was my role and what was I able to accomplish during my time there?

In late April 2009, I went with my wife and three children aged 22, 19 and 15 to Eldoret in Western Kenya to work at Moi Teaching and Referral Hospital (MTRH). As a gynecologic oncologist, I focused primarily in oncology, specifically seeing patients with cervical and



ovarian cancers. On my first day, I went on ward rounds with the attending staff gynecologist, 4 interns, and about 25 medical students. We crowded into 10 bed wards where there were not infrequently two patients to a bed. There were a total of 40 beds and patients were admitted with a variety of gynecologic problems. From the oncology perspective, that day there were four patients with cervical cancer, three with ovarian cancer and three being treated with chemotherapy for gestational trophoblastic disease.

I was immediately impressed with my Kenyan colleagues' level of knowledge and their clinical expertise. They routinely manage very complex situations with limited resources in a setting that is less than ideal.

A year prior to my trip, a Kenyan gynecologist, Dr. Elkanah Omenge visited Toronto and was an observer at UHN for one month. He was sponsored by The Society of Gynecologic Oncology of Canada and getting to know him in Canada helped in my transition to his setting. When I arrived, he was participating in a study coordinated by Dr. Susan Cu-Uvin from Brown University which was comparing Pap smear and colposcopy to a technique called Visualization and Inspection with Acetic acid of the cervix (VIA) in 150 HIV/AIDS patients. They found VIA worked well in this setting, it is low cost and has now become a test that is administered by nurses. VIA provides an alternative to Pap smear screening, a test which Kenyans cannot afford. I brought my teaching expertise and donated supplies in order to set up a program to treat women with abnormal Pap smear and VIA. I taught two doctors how to do a LEEP procedure, and they successfully completed 14 procedures with my help. Dr. Omenge, Dr. Hillary Mabeya (Head of gynecology) and I met with hospital administration who subsequently agreed to continue to support staffing of the clinic after completion of the study; however they refused to fund the equipment or the pathology costs. This modest support has allowed them to screen an additional 90 patients since my return to Canada, and to treat another 20 women with LEEP. This is the first treatment facility and option for

women with precancerous cervical abnormalities in Western Kenya. This program is also the first one aimed at preventing cervical cancer, not at all developed in Kenya. It is a step forward, and one that required a commitment from many individuals all committed to making things better in a place where on the surface it looked impossible. My role to bring supplies and teach a new procedure was definitely helpful but I believe the role I took to provide support for the doctors and nurses in Kenya who would continue to develop and work in the clinic after I left was my most valuable contribution.

In addition, I have been working with a group of doctors in Kenya to develop a treatment protocol for women diagnosed with advanced stage cervix cancer. Since radiation oncology facilities are inaccessible, the strategy is to develop a chemotherapy protocol backed-up by surgery when appropriate. For a program like this to succeed in Kenya it will, in my view, require a strong collaboration between several disciplines that approach treatment with different expertise. This collaborative approach to care between different disciplines is relatively new in places like Kenya mostly because centralized organized approaches to health care are also new. Multidisciplinary approach to patient care is something many centres in Canada have been doing. I spent time with both the medical oncologists and gynecologists promoting a joint collaboration to treat cervical cancer. This approach was highly supported by both the head of a medical oncology and head of gynecology at MTRH. It is also an approach used by Dr. Matthew Strother, a medical oncologist from Indiana University who is visiting and working at MTRH for the next 12 months. Together with the Kenyan doctors, we have written a cervical cancer database which is currently operational. Further, a new treatment protocol has been submitted to ethics for approval and will be introduced to patient care in the near future. My role in this setting is less related to my cervical cancer expertise than to my understanding of the benefits of multidisciplinary cancer care which I learned from working at PMH. Without this

collaboration, each discipline would see women with cervix cancer in isolation. Collaboration provides the opportunity for patients to access ongoing expertise from both gynecologists and medical oncologists and this in turn will foster discussion and development of new treatment protocols which will improve patient care on an ongoing basis. I believe my presence in Kenya was a significant factor that helped facilitate this dialogue and in particular, I was able to encourage these discussions between the two disciplines.

In gynecologic oncology, there are also opportunities to work with surgeons in Kenya to help them develop more advanced surgical skills which in turn will provide oncology patients with better outcomes. This is certainly an area where we in Canada are world leaders and have tremendous experience and success in understanding how to train surgeons. We have an incredible track record in this field and this knowledge and skill is already being advanced by surgeons in our own institution in other low resource countries. Gynecologic oncology has the opportunity to work with them and others to advance surgical skills of Kenyan surgeons in oncology.

While I was working on the medical side, my family volunteered in a children's program attached to the hospital called The Sally Test Centre. This program was established to provide hospitalized children with day care, opportunities to learn and to socialize with other children, what we in Canada would call a Child Life Program. It is well organized, clean and well equipped. Volunteering involved holding and feeding babies (abandoned or orphaned), playing with children and teaching English and some basic arithmetic. My wife and children were shocked to see so many orphaned and abandoned children whose parents had died of HIV, and victims of violence. It was a very difficult adjustment to see these circumstances face to face.

While life for these children is difficult and leaves one with a feeling of hopelessness, my family got deeply involved at the Sally Test Centre and found working with these children to be an extremely rewarding experience. By the time we left, my family began to understand what life was like in Western Kenya. The resilience and strength of the people we met living in these difficult circumstances were truly inspirational. It was our first experience in Africa and one that will have a lasting impact on all of us. It was fantastic for me personally to have my family there to support me and the mutual support we provided each other was strengthening and made the experience much richer.



Gynecologic Oncology Royal College Exam Update

By Dr. Allan Covens

The first RCPSC exam in gynecologic oncology is scheduled for September 23rd in Halifax, Montreal, Ottawa, Toronto, Calgary, and Vancouver. The exam was developed by the examination committee over a three-day period in October 2008 in Ottawa. The members of the committee are Drs. Dianne Miller (Chair), Allan Covens, Robert Lotocki, Tien Le, Jason Dodge, Jim Bentley, and Diane Provencher.

This first exam is optional, but an absolute requirement in 2010. The examination consists of a written examination only. The written component consists of two three-hour papers of short-answer questions. The exam is based on the Objectives of Training in Gynecologic Oncology. Questions will cover the depth and breadth of Gynecologic Oncology related to management, diagnosis and investigation, and treatment decision. This also includes basic science/oncogenesis, epidemiology and biostatistics, hereditary cancer and genetics, screening and prevention, critical care, medical ethics and medico-legal issues.

ROYAL COLLEGE NUCLEUS COMMITTEE UPDATE

Welcome Drs. Katharine Kieser (Atlantic rep.) and Christopher Giede (Saskatchewan/Manitoba rep) to the Royal College Nucleus Committee.

Gynecologic Oncology Fellowship Program

A common deadline for Gynecologic Oncology Fellowship Program applications was established as April 30, 2010 for fellowships commencing in 2011. Final Acceptances would go out no sooner than June 30th. Dr. Covens is working with program developers to start a web-based matching service for prospective applicants to RCPSC gynecologic oncology programs in Canada. This will likely be housed on the GOC website, but the details have yet to be finalized. It is hoped that it will be up and running in time for the spring application process.

GOC Participates in Symposium and Consensus Conference on Management of Cervical Abnormalities in Adolescents and Young Women at the NIH

By Drs. Susie Lau and Robert Lotocki

The Symposium on Cervical Cancer Screening and Management of Cervical , Abnormalities in Adolescents and Young Women was primarily attended by several American organizations including the Agency for Healthcare Research and Quality, American Academy of Family Physicians, American Academy of Pediatrics, American Cancer Society, American College Health Association, American College of Obstetricians and Gynecologists, American Social Health Association, American Society for Clinical Pathology, American Society for Colposcopy and Cervical Pathology, American Society of Cytopathology, and there was Canadian representation from the Society of Canadian Colposcopists, Society of Gynecologic Oncologists of Canada, and Society of Obstetricians and Gynecologists of Canada.

The primary goal of the symposium was to bring together experts in the fields of adolescent medicine, cervical cancer prevention and the treatment of HPV-associated conditions of the cervix and vulva to review the data supporting support of current screening and management recommendations for adolescent and young women, develop a communication strategy and better adoption/implementation of current recommendations.

THE KEY MESSAGES THAT WERE AGREED UPON INCLUDED THE FOLLOWING:

- To support universal HPV vaccination of young adolescents to reach all populations including underserved
- To support uniform guideline recommendations that change age to initiate screening at 21
- Cervical cancer screening adolescents can lead to over-management which may be harmful
- In the case that cervical cancer screening of an adolescent is done, then adherence to the guidelines that reduce over-screening and over-management is critical
- No HPV testing in adolescent women
- Cervical cancer is rare before age 25 and virtually non-existent before age 19
- All adolescents should have access to other STI prevention and treatment and family planning

The plan is to publish the findings from the symposium in peer-reviewed journals. This will include publication on behalf Society of Canadian Colposcopists, Society of Gynecologic Oncologists, Society of Gynecologic Oncology of Canada, Society of Obstetricians and Gynecologists of Canada in the Journal of the Society of Obstetricians and Gynecologists of Canada. The publication will be reviewed by the respective Executive Boards of Society of Canadian Colposcopists, Society of Gynecologic Oncologists, Society of Gynecologic Oncology of Canada, Society of Obstetricians and Gynecologists of Canada. The process of communicating/implementing new guidelines/recommendations was strongly emphasized during this meeting. As follow-up, there will also be an evaluative component in order to assess and understand the uptake of the key messages to our target audience.

Is Dr. Elit going through mid-life crisis?



Ovarian Cancer Canada Funds Early Detection Research

Early detection of ovarian cancer is one of the highest priorities for Ovarian Cancer Canada as it has the most significant impact on outcomes for women with the disease. This summer, grants were awarded to five pilot projects on the prevention and/or early detection of ovarian cancer, totaling \$150,000. This is the second year of the program, which was designed to foster growth in prevention and early detection research among Canada's leading research institutions. Applications were evaluated by a grants review panel. The following are the funded projects, listed in random order with the name of the principal researcher and their research institution:

Dimcho Bachvarov, Laval University: MicroRNA expression profiling in serums of serous ovarian cancer patients: in search for novel blood-based markers for early ovarian cancer detection

Epithelial ovarian cancer is the leading cause of death from gynecological cancers due to the asymptomatic nature of the disease, a lack of early detection markers and the development of resistance to current chemotherapy treatment. This pilot project will test the hypothesis that MicroRNAs (miRNAs) could be novel, clinically useful and non-invasive biomarkers for blood-based early detection of epithelial ovarian cancer.

Patricia Tonin, The Research Institute of the McGill University Health Centre & McGill University: *The application of high-resolution single nucleotide polymorphism array analysis to assess genomic anomalies in low malignancy potential and benign epithelial ovarian tumors of the serous histopathological subtype*

The origins of ovarian cancer are unknown. It has been proposed that the serous subtype of ovarian cancer (the most common subtype) could arise from more benign counterparts of the disease such as benign or borderline ovarian tumours. However, evidence for this type of tumour progression is circumstantial. Using a new technology called Illumina BeadArray, this study will survey genomic anomalies in serous borderline and benign ovarian tumours. The largest survey of its kind for these tumours, the study will address research questions related to tumour progression and may identify markers of early disease detection.

Eva Turley, London Regional Cancer Program, The University of Western Ontario: *Investigating the HA-CD44-RHAMM axis as a putative marker for early detection of ovarian cancer*

This study proposes that early during ovarian tumour growth, a wound healing-like response is triggered, and that this feature can be exploited in developing a biomarker screening strategy for the early detection of ovarian cancer. The objective will be to test this hypothesis directly using ovarian cancer tissue samples and generating a rapid and accurate screening platform which may have the potential for future clinical use.

Barbara Vanderhyden, University of Ottawa/Ottawa Health Research Institute: *Characterization of stem/progenitor cells in the ovarian surface epithelium*

Identification of normal ovarian stem cells before they become cancer stem cells may provide opportunities to prevent or detect their transition to cancer stem cells. Experiments conducted in this pilot project will define the roles of ovarian stem cells and BRCA1 in the initiation of tumour growth. Understanding this process will hopefully reveal unique characteristics of ovarian stem cells and thereby identify potential strategies to target or inhibit them.

Yuzhuo Wang, BC Cancer Research Agency: *MicroRNAs as Serum Biomarkers for Early Detection of High Grade Serous Carcinoma of the Ovary*

The most common ovarian malignancy is high grade serous carcinoma, accounting for 65 to 70% of new diagnoses. Most of these patients present at late clinical stages when long-term survival rates are less than 30%. This study will help determine if two very promising MicroRNAs (miRNAs) display the sensitivity and specificity required for effective detection of high grade serous carcinoma in a clinical setting.

Gyn-Oncologist Opportunity in Montreal

The Gyn-Oncology group at McGill's Segal Cancer Center located at the Jewish General Hospital in Montreal is seeking to recruit a trained gyn-oncologist to join Drs. Susie Lau and Walter Gotlieb. The candidate for this full time position is expected to pursue an academic career and have an interest in robotic surgery. Candidates should contact:

Walter H. Gotlieb, MD, PhD
Director of Gynecologic Oncology, Segal Cancer Center
Director of Surgical Oncology, McGill University
Walter.gotlieb@mcgill.ca
Tel: (514) 340-8222 ext. 3114
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FIGO Staging Changes

The UICC and AJCC are due to publish the 7th edition of TNM in conjunction with FIGO. As stage is such an important component both of patient care and research, all physicians in who care for patients with cancer need to be aware of the upcoming changes.

The publication is expected in November 2009.

CALL FOR ABSTRACTS – AGM 2010

Submit your abstract by February 8, 2010. The on-line system will open on November 16th at www.g-o-c.org. Further details will be communicated in November.

GOC Collaborates with Organizing Committee of the Fifth Canadian Conference on Ovarian Cancer Research

By Dr. Joan Murphy, Co-Chair



5TH CANADIAN CONFERENCE ON
OVARIAN CANCER RESEARCH
May 15th to 18th, 2010
Toronto, Ontario

The Society of Gynecologic Oncology of Canada

La Société de gynéco-oncologie du Canada

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The GOC acknowledges the Society of

Obstetricians and Gynaecologists of Canada

for their continued support of our Society.

In May of 2010, the Fifth Canadian Conference on Ovarian Cancer Research (CCOCR 2010) will take place in Toronto. This unique conference was initiated in Ottawa in 2002 by Barbara Vanderhyden, the inaugural Corinne Boyer Chair in Ovarian Cancer Research, to bring together the broad community of professionals including basic and translational scientists, academic clinicians, social scientists, post-doctoral fellows and graduate students, whose central professional interest is in ovarian cancer research. The second meeting was also held in Ottawa after which Vancouver and Montreal hosted the third and fourth meetings; each has been bigger and more diverse than the one before, reflecting the success of this initiative. Previous meetings were co-sponsored by Ovarian Cancer Canada (OCC formerly NOCA) and GOC. For the 2010 CCOCR meeting, GOC and OCC are active members of the organizing committee to achieve their mutual objectives of promoting research into all aspects of ovarian cancer, fostering collaboration and building capacity in the Canadian ovarian cancer research community.

These objectives are consistent with GOC as an organization and with those of its individual members who constitute the “front lines” of expertise, clinical care, public and professional education and advocacy for improving the care of women with ovarian cancer through generation of new knowledge that will inform practice. The GOC believes that the synergy between the individuals and groups involved in CCOCR, represent a natural and mutually beneficial partnership. All GOC members are strongly encouraged to participate, attend and to encourage their ovarian cancer colleagues to do likewise in the Canadian Conference on Ovarian Cancer Research in May 2010 in Toronto. Please see the accompanying information and visit the CCOCR website (www.ccochr2010.org) for more details of the format, themes, guest speakers and to register and submit abstracts. The conference will be preceded by a workshop for trainees in ovarian cancer research, suited to needs of fellows whose training includes basic science research.



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