



Dr. Joan Murphy Receives the GOC Presidential Medal Award

Accompanied by her sons and close friend, on Saturday, June 25, 2011, Dr. Joan Murphy was awarded the GOC Presidential Medal Award by Dr. Michael Fung-Kee-Fung, President of the GOC.



“The Society now enters its 32nd year and for those of you who may not be aware, we are among one of the oldest societies in gynecologic oncology in the world, second to only the SGO. We have grown enormously in the last 31 years and have matured both as a society and as individuals, in that our reach and sense of what gynecologic oncology is has expanded significantly. It has been an amazing journey from the original idea of a society as a collection of surgeons with an interest in gyn oncology to where we are today, a multidisciplinary inter-professional group, with a broad mandate to positively impact the care of women with gynecological cancers, from screening to palliation.

Such a journey would not have been possible without a strong core group, and in particular a few core people who would have had the tenacity and passion to see the Society through its various stages of evolution. In the early days and especially in the growth years, there were but a few who made sure the passion for gyn oncology, a relatively new specialty, was disseminated and established on a broad number of levels. Their goals were to be role models, spread the gospel about gynecology oncology, build and develop the multidisciplinary areas of focus in gyn oncology including for example research, prevention, clinical and bench integration, and raise the political profile of the specialty and of the Society. In other words, create beachheads on a number of fronts as they waited for the second wave (the next generation) to arrive and carry it forward to the next level. The key success factors for
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GOC's Own the Podium Campaign Update

By Dr. Michael Fung-Kee-Fung

The GOC Executive supports the campaign to have the best turnout we have ever had for a meeting at the 2012 IGCS. As you all know, this is a meeting which is the first to be sponsored by a national society in the IGCS history. Given this, we are specifically working on a number of initiatives which will need the input of everyone in the membership.

1. We would like all divisions within the cancer centres to work towards having at least 80% of their membership attend this meeting.
2. We have approached the academic Division Heads to maximize their academic submissions for this meeting. Abstracts presented to the GOC meeting in June at the AGM can be submitted to the IGCS meeting in October 2012. Our hope is to have at least 30 or more abstracts submitted from collectively across the country.
3. The branding of GOC in terms of presentations: the GOC has submitted a proposal to host a GOC-sponsored symposium where we would highlight some of the major successes of the GOC in advancing gynaecologic oncology, and these would include our international health CoP, the CoP platform and methodology itself, robotics and MIS surgery. This initiative is presently under review and we will wait for the decision of the scientific committee on how these symposiums could be placed within the IGCS meeting.
4. Branding of presentations: there has been a suggestion that abstracts submitted and posters presented at the IGCS meeting should also include the GOC logo. We will be distributing the logo electronically so that it can be included as well with the host university and sponsor organization's logo for slides and posters.

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HIGHLIGHTS

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September Gynecologic Oncology Elective, Toronto

By Dan Kiely, R5, University of Calgary



I spent September 2010 in Toronto doing an elective in gynecologic oncology at University of Toronto - two weeks at Sunnybrook, two weeks at Princess Margaret/Toronto General. The weather was starting to change, fall beginning.

I spent the bus rides reading DiSaia and Creasman's Clinical Gynecologic Oncology, got home late and ran on the docks near the basement apartment in Roncesvalles where I was subletting. There was a lot to reflect upon on those runs: the brilliant surgeries, the patients, the family meetings. The patients stick with you.... especially the young patients... a few minutes into the run maybe you're thinking about some surgical technique you saw, how you might be able to master it, what you've got to do to be better, next maybe you're remembering that patient on rounds... what you said, maybe what you should have said, could have said, half the time wondering how any of this is fair. Swing out a few meters to avoid a raccoon

crossing in front of you. Next breath you're remembering another patient who was so kind to you, maybe you remind her of someone she knows, she's from Scotland like your mom. The attendings and fellows are good to you... Give you a shot in the OR... You're trying to learn all of this as fast as you can. Sun's past setting - some birds still circling - up early tomorrow. There are the welcome moments of laughter on the ward - more frequent than you'd think - as if to balance the intensity. The hours are long - sometimes you'd stay in house on call so as to not be too far away from the action if something comes up. Lots of great surgeries: sentinel node in cervical cancer, trachelectomies, robotics, big debulking cases. Patients with all kinds of crises: medical, spiritual, surgical, family. In the new patient clinic, you at times pause and think - everybody needs surgery. The fellows and residents are great to work with, regularly joking around and helping you out. The attendings are extremely talented, the pathologies complex, the challenge unabating -- you are always trying to win but know sometimes everything modern medicine and surgery have to offer might not be enough. At those times, all you have left is your presence.

My Gyn Oncology Electives in Toronto and Vancouver

By Jeanelle Sabourin PGY-5,
University of Alberta



In my second year of medical school, I scheduled an obstetrics elective, ready to deliver babies. As it turned out, I was assigned to gynecologic oncology. My first

clinical exposure to obstetrics and gynecology was therefore an ovarian debulking surgery on the first day of a remarkable rotation. The surgeries were impressively difficult and the variety between clinics, consults, chemo, colpo and operating was stimulating. I appreciated the delicate interactions with patients at this challenging time in their lives.

I started my residency in obstetrics and gynecology four years ago and since found myself often contemplating a career in Gynecologic Oncology. Early this year, my oncology rotation solidified this ongoing interest, both surgically and academically.

Thanks to the Society of Gynecologic Oncology of Canada Elective Grant, I received funding to complete visiting electives in both Toronto and Vancouver. I also had the opportunity to visit Calgary. These important experiences allowed me to visit three fellowship programs, get a taste for gynecologic oncology across the country and meet inspiring patients, researchers and oncologists. More than ever, I have no doubt that the complexity of the problems and the evolution of knowledge and discoveries in this field will allow for a professionally and personally satisfying, diverse and challenging career.

I am currently in my 5th year of residency at the University of Alberta and look forward to subspecialty training in Gynecologic Oncology as well as getting involved in the Society of Gynecologic Oncology of Canada in the next few years.

Thank you again for this valuable opportunity.

GOC's Own the Podium

(continued from page 1)

On an additional initiative, we are facilitating the travel of our international visitors to Canada to participate in a week-long process at individual centres prior to then bringing them all to the IGCS meeting in October. Here again there will be the opportunity to share the commitment of GOC and its members' expertise with members of the international community.

We hope to also be able to sponsor a CME event or symposium on the role of salpingectomy as a prevention of ovarian cancer. This, together with our other symposiums will make the Canadian contribution to the meeting quite significant. We look forward to the program committee supporting our suggestions.

At the IGCS Council meeting, GOC will also be presenting the planned GOC Communities of Practice web portal as an opportunity for the IGCS to consider in its future deliberations for web access.

In addition, we will be approaching local governments and industries to make them aware of this unique event including the Federal Government to seek their support and recognition for the role of the Society in bringing

this international meeting to Canada, and to highlight Canada's contribution in gynaecological cancer care.

We have formed a small committee which will be looking at ideas and look forward to input from the membership as to how we can increase the profile of GOC at this meeting for its members.

Socially, we will also be hosting a Canadian/Australian night, this being a historical event at the IGCS meeting, initially started with Dr. Depetrillo and Dr. Quinn. This will take some help from various members to make it a reality but that is where we are right now.

In the next few weeks and upcoming months, we will be approaching individual Division Heads and individual members to seek their support. Any ideas or improvements we can make to raise the profile of the Society at this meeting would be key as well. Every member will be an ambassador for Canada and gynaecologic oncology and we look forward to everybody making an effort to be there. We are eleven months away and there is no reason why we cannot organize our lives for us all to be there. So no excuses!!!

I look forward to seeing everyone in Vancouver in October 2012.

GOC Partnership with APOG for Advocacy Curriculum Project

GOC has partnered with APOG to develop a residency curriculum in advocacy centered on cervical cancer. This curriculum is of a didactic lecture followed by a specific project. The project is designed to allow the residents to put into action the elements of health advocacy in a real-world setting. These projects can be individual or group and can include projects such as Pap smear clinics, school lectures, etc. This Advocacy Curriculum Project is led by Dr. Glenn Posner from APOG and Dr. Sarah Finlayson with the help of Dr. Dianne Miller and Dr. Michael Fung-Kee-Fung.

The pilot project was launched this year and included initiatives from 3 universities. One of these initiatives



Dr. Sarah Finlayson



Dr. Glenn Posner

was done in the Ottawa program during the Cervical Cancer Awareness Week. Thirty-three residents participated in a group endeavour to host to launch an Ottawa Hospital staff Pap smear clinic. The residents took charge, assigning tasks and creating a number of

leadership roles within the project including a project manager, a utilities manager, and an educational liaison. The clinic was open to all staff at the Ottawa Hospital and involved evening clinics and was a resounding success.

Residents at the University of Laval also developed and ran a program in conjunction with Cervical Cancer Awareness week. The initiative, led Marie-Claude Renaud in collaboration with 2 general gynecologists Drs. Marleen Daris and Marie-Christine Roy, was very successful and we are excited to present a report of this activity submitted to the GOC on behalf of the resident physicians of the Obstetrics and Gynecology Program at Laval University.

Inaugural Pap Test Super-Clinic at CHUQ a Winner!

by Jessica Lefebvre, PGY-4
Coordinator of the event

The proposed "super clinic" screening for cervical cancer project was proposed to us by Dr. Marie-Claude Renaud a few weeks before the Cervical Cancer Awareness Week. During these weeks, we shared the administrative, organizational and advertising activities. Several different levels of medical residents were personally involved and contributed to the success of the event through their leadership, imagination and resourcefulness.

We first targeted the main goals of the "CanMEDS" residency program in obstetrics and gynecology in connection with this activity and submitted these to our program director. Health promotion was at the forefront as well as the objectives of manager, communicator and collaborator. These objectives were achieved, and this, in a different framework than that which we are accustomed to during residency. For example, we presented information to the public through various media (newspapers, radio interviews, internet, posters) and we familiarized ourselves

with some aspects of material and medical resource management within the hospital setting.

Special clinics were conducted in three sites of the CHUQ: CHUL, Hôpital Saint-François d'Assise and Hôtel-Dieu de Québec. The special clinics were supervised respectively by Dr. Marleen Daris, Dr. Marie-Christine Roy and Dr. Marie-Claude Renaud. All residents were released from call duty in order to participate in clinics from 16:00 to 20:30. Liquid cytology were also provided and analyzed quickly through the contribution of Dr. Robert Nicholson, a pathologist. Follow-up of results will be done by the residents themselves in order not to lose results in this special event.

173 patients presented themselves during the event and were delighted by the activity and the cause:

- 75 HSFA
- 62 CHUL
- 36 HDQ

Twenty-three resident physicians participated in the activity as well as two doctors performing a "fellowship" in oncology at the HDQ. It is also noted that the Health Minister, Dr. Bolduc, came to visit at the clinic of CHUL.

For a first edition, we consider that the activity was a success. It allowed us to develop various skills while working as a team and mutual support. Residents have enjoyed the experience and would like to see the event return annually during the Cervical Cancer Awareness Week. For next edition, we will certainly be a few small adjustments to be made, and several ideas have already been submitted. A more extensive advertising campaign would also be desirable to reach as many women as possible, regardless of their age group. The support of members of the department and of the CHUQ will also be essential for the activity to be repeated.

We hope to have met your expectations and addressed the various goals of this new activity.

AGM 2011 in Review

By Dr. Jason Dodge, Chair, AGM Program Committee

Wow – another AGM has come and gone – hard to believe. This newsletter certainly provides an opportunity for critical reflection on our 32nd AGM held recently in Vancouver.



Run for Her Life participants

Highlights

Our meeting was once again well attended by members from many centres across the country. We were pleased to have both multidisciplinary and multiprofessional representation, illustrating our Society's commitment to an overall inclusive and holistic approach to the study and care of women with gynaecologic malignancies.

This year's meeting adopted the central theme "Radical Debulking Surgery for Ovarian Cancer: The Way Forward". Each of our 3 guest speakers focused on different aspects of this theme with the overall goal of helping us to optimally incorporate techniques and processes for radical debulking into our practices. GOC's own Dr. Alison Brand discussed the current state of debulking surgery, as practiced in different international jurisdictions, and barriers to the incorporation of these techniques into practice. Dr. Lloyd Mack (Surgical Oncologist from Calgary) provided us with insights on radical debulking surgery recently gained from the context of colorectal cancer. Dr. Eric Eisenhauer provided an excellent breakfast surgical symposium focusing on the "how to", both in terms of technique and programmatic implementation that was very well received by those in attendance. These excellent presentations exposed many issues for further discussion and contemplation at the local and national levels. Based on the positive feedback received, future meetings will likely also try to incorporate a central theme to facilitate deeper discussion and reflection upon topics relevant to our practices.

The scientific program remains the central portion of our AGM agenda and was well attended and received. We had a total of 12 oral abstracts presented and 18 poster presentations on-site. The presentations covered a variety of topics and came from many different centers as well. We maintained last year's format to have all presentations occur on



Dr. James Bentley, Dr. Alison Brand and Dr. Monique Bertrand

the same day, which facilitated more uniform judging and audience participation for all presenters – and this format is regarded by most as a positive one which will be retained at future meetings. Thanks to the help of our volunteer abstract reviewers and on-site judges we were able to hand out awards on the same day at our gala function – also a welcomed change! Prizes awarded included best oral presentation, runner-up oral presentation, best poster presentation, and our new people's choice awards [GOCKIES][®] for oral and poster presentations – all listed on page 5.

Other successful components of our meeting included our Annual Business Meeting, the 10th annual Run for Her Life, and our combined GOC/SOGC International Symposium focused on the emerging potential role of routine salpingectomy in the prevention of ovarian cancer, led by our own Dr. Sarah Finlayson with the contributions of Dr. Blake Gilks and Dr. Barry Rosen.

Perhaps the most memorable part of our AGM this year was our social program. There were many informal opportunities to reconnect with old friends and meet new colleagues from other centres during the AGM. Our bike ride through Stanley Park to a BBQ dinner on the beach was a truly enjoyable experience. Finally, the gala dinner held at Five Sails Restaurant was a memorable evening for all, centred on the presentation of the GOC President's Medal to Dr. Joan Murphy, the awards from our scientific program and research grants.

Special Thanks

As Program Chair, I would like to thank the AGM Program Planning Committee members for their contributions to planning and enacting the 2011 GOC AGM: Erin Dean, Sarah Finlayson, Lilian Gien, Katharina Kieser, Michael Fung-Kee-Fung, Walter Gotlieb and Dianne Miller. Kudos to the Vancouver contingent for their contributions to the social program of the meeting. A big thanks goes out to reviewers Drs. Lou Benedet, Erin Dean, Laurie Elit, Prafull Ghatage, Mark Heywood, Lynne Jolicoeur, Katharina Kieser, Marie Plante, Trevor Shepherd and Gavin Stuart and on-site judges Christopher Giede, Lilian Gien, Susie Lau, Diane Provencher, Jason Dodge and Jim Bentley

We would also like to thank our sponsors for supporting our meeting (GlaxoSmithKline, Janssen, Merck, Minogue Medical, Pfizer and Roche).

On behalf of our Society, I wish to express our gratitude to Hélène Soublière for her capable and effective administrative role in the development and implementation of the 2011 AGM – it would truly not have been the success it was without her awesome dedication!

Finally, I wish to express my thanks to all GOC members for their participation in the 2011 AGM, as this is truly what made the meeting a success for us all. Your AGM Program Planning Committee, under the leadership of Dr. Sarah Finlayson as Chair-Elect, is already hard at work aiming to make our meeting in Ottawa in 2012 an event to remember!



1st place oral

INCREASED EXPRESSION OF C-TERMINAL BINDING PROTEIN-2 IN EPITHELIAL OVARIAN CARCINOMA

T. May, L. Barroilhet, J. Yang, M. Singh, W. Welch, S. Sugrue, R. Berkowitz, S. Ng

2nd place oral

ENDOMETRIAL CANCER AND MEAT CONSUMPTION: A CASE-COHORT STUDY

L. van Lonkhuijzen, V. Kirsh, N. Kreiger, T. Rohan

Best poster

COMPARING OVERALL SURVIVAL IN PATIENTS WITH EPITHELIAL OVARIAN, PRIMARY PERITONEAL OR FALLOPIAN TUBE CANCER WHO RECEIVED CHEMOTHERAPY ALONE VS. NEOADJUVANT CHEMOTHERAPY FOLLOWED BY DELAYED PRIMARY DEBULKING

R. Correa, S. Dunnigan, T. Panzarella, S. Ferguson, J. Murphy, H. Mackay, M. Bernardini



Best Health Services/ Health Policy

IDENTIFYING LYNCH SYNDROME IN WOMEN WITH ENDOMETRIAL CANCER

J. Kwon, J. Scott, B. Gilks, M. Daniels, C. Sun, L. Karen

Best Clinical

ENDOMETRIAL CANCER AND MEAT CONSUMPTION: A CASE-COHORT STUDY

L. van Lonkhuijzen, V. Kirsh, N. Kreiger, T. Rohan

Best basic science/ translational research

INCREASED EXPRESSION OF C-TERMINAL BINDING PROTEIN-2 IN EPITHELIAL OVARIAN CARCINOMA

T. May, L. Barroilhet, J. Yang, M. Singh, W. Welch, S. Sugrue, R. Berkowitz, S. Ng

Best Innovation/ Education

GYNAECOLOGIC CANCER RISK MANAGEMENT IN WOMEN WITH LYNCH SYNDROME: PATIENT PERSPECTIVES FROM BRITISH COLUMBIA

K. Turner, J. Kwon, C. Portigal-Todd

People's Choice for Oral (there was a tie)

THE SIGNIFICANCE OF SURGICAL STAGING IN INTERMEDIATE RISK ENDOMETRIAL CANCER

J. Kwon, M. Mazgani, D. Miller, T. Ehlen, M. Heywood, J. McAlpine, S. Finlayson, M. Plante, G. Stuart, M. Carey

PREOPERATIVE BOWEL PREPARATION IN GYNECOLOGIC ONCOLOGY: A REVIEW OF PRACTICE PATTERNS AND AN IMPETUS TO CHANGE

T. Wells, M. Plante, J. McAlpine, the Communities of Practice Groups on behalf of the Society of Gynecologic Oncology of Canada

People's Choice for Poster

COMPARING OVERALL SURVIVAL IN PATIENTS WITH EPITHELIAL OVARIAN, PRIMARY PERITONEAL OR FALLOPIAN TUBE CANCER WHO RECEIVED CHEMOTHERAPY ALONE VS. NEOADJUVANT CHEMOTHERAPY FOLLOWED BY DELAYED PRIMARY DEBULKING

R. Correa, S. Dunnigan, T. Panzarella, S. Ferguson, J. Murphy, H. Mackay, M. Bernardini

Oral Presentations from GOC Colleagues

RETHINKING PREOPERATIVE THERAPY FOR CLINICAL STAGE 2 ENDOMETRIAL CANCER

M. Lee, J. Kwon, C. Aquino-Parsons, P. Hoskins, P. Lim

ENDOMETRIAL CANCER AND MEAT CONSUMPTION: A CASE-COHORT STUDY

L. van Lonkhuijzen, V. Kirsh, N. Kreiger, T. Rohan

THE SIGNIFICANCE OF SURGICAL STAGING IN INTERMEDIATE RISK ENDOMETRIAL CANCER

J. Kwon, M. Mazgani, D. Miller, T. Ehlen, M. Heywood, J. McAlpine, S. Finlayson, M. Plante, G. Stuart, M. Carey

TRIAGING STRATEGY FOR THE DELIVERY OF CARE FOR WOMEN WITH ENDOMETRIAL CANCER – A PILOT STUDY

M. Bernardini, B. Rosen, S. Bertin, B. Clarke

IDENTIFYING LYNCH SYNDROME IN WOMEN WITH ENDOMETRIAL CANCER

J. Kwon, J. Scott, B. Gilks, M. Daniels, C. Sun, L. Karen

PREOPERATIVE BOWEL PREPARATION IN GYNECOLOGIC ONCOLOGY: A REVIEW OF PRACTICE PATTERNS AND AN IMPETUS TO CHANGE

T. Wells, M. Plante, J. McAlpine, the Communities of Practice Groups on behalf of the Society of Gynecologic Oncology of Canada

GYNAECOLOGIC CANCER RISK MANAGEMENT IN WOMEN WITH LYNCH SYNDROME: PATIENT PERSPECTIVES FROM BRITISH COLUMBIA

K. Turner, J. Kwon, C. Portigal-Todd

INCREASED EXPRESSION OF C-TERMINAL BINDING PROTEIN-2 IN EPITHELIAL OVARIAN CARCINOMA

T. May, L. Barroilhet, J. Yang, M. Singh, W. Welch, S. Sugrue, R. Berkowitz, S. Ng

BRCA MUTATION AND METHYLATION STATUS DOES NOT CORRELATE WITH PROGNOSIS IN OVARIAN CANCER

J. McAlpine, H. Porter, S. Kalloger, J. Senz, C. Chow, K. Milne, J. Ding, L. Prentice, B. Nelson, D. Miller, D. Huntsman, C. Gilks

AGM 2011 in Review (continued)

TUBAL LIGATION AND RISK OF OVARIAN CARCINOMA SUBTYPES

S. Salvador, V. McGuire, A. Felberg, D. Miller, P. M. Webb, G. Chenevix-Trench, H. Risch, M. A. Rossing, J.A. Doherty, M.T. Goodman, G. Lurie, R.B. Ness, K. Moysich, J. Chang-Claude, R. Hein, S. Krüger Kjær, A. Jensen, E. Høgdall, R.T. Palmieri, J.M. Schildkraut, A. Berchuck, K.L. Terry, D.W. Cramer, E.V. Bandera, S.H. Olson, M.G. Williams-King, L. Rodriguez-Rodriguez, L.A. Kiemeny, T. Marees, L. F.A.G. Massuger, A.M. van Altena, C. L. Pearce, A.H. Wu, M.C. Pike, A.S. Whittemore, W. Sieh, on behalf of the Ovarian Cancer Association Consortium

TEMPORAL TRENDS IN THE PROPORTION CURED AMONG WOMEN DIAGNOSED WITH OVARIAN CANCER IN CANADA 1992-2005: A POPULATION-BASED STUDY

L. Elit, A. Lytwyn, N. Akhtar-Danesh

EXPRESSION OF METASTASIS SUPPRESSOR GENE KAI1 IN MELANOMA OF THE FEMALE TRACT

L. Gilbert, C. Martins, K. Jardon, J. Arseneau, M. Burnier

Poster Presentations from GOC Colleagues

OUTCOMES OF RETROPERITONEAL LYMPH NODE DEBULKING IN LOCALLY ADVANCED CERVICAL CANCER

J. Sabourin, T. Wells, H. Steed, R. Pearcey, V. Capstick

MANAGEMENT OF ABNORMAL CERVICAL CYTOLOGY SCREENING IN ADOLESCENTS AND YOUNG WOMEN: A DESCRIPTIVE ANALYSIS

G. Bouchard-Fortier, L. Paszat, J. Murphy

ROBOTIC EXTRAPERITONEAL ENDOSCOPIC AORTIC LYMPHADENECTOMY: AN EXPERIMENTAL PIG MODEL

D. Lanvin, M. Bertrand, A. Sugimoto, M. Prefontaine

APPLICATION OF MICRORNA EXPRESSION PROFILES FOR PROGNOSTICATION IN ENDOMETRIAL CARCINOMA

O. Bougie, J. Snowdon, X. Zhang, V. Tron, T. Childs, H. Feilotter, J. Weberpals

IMPACT OF SURGICAL TREATMENT DELAY IN CLINICAL STAGE 1 ENDOMETRIAL CANCER

I. Bambury, T. Le, R. Samant, M. Fung-Kee-Fung, W. Faught, C. E

THE EFFECT OF CHEMOTHERAPY AND RADIOTHERAPY ON SURVIVAL IN LYNCH SYNDROME AND STAGE III-IV ENDOMETRIAL CANCER.

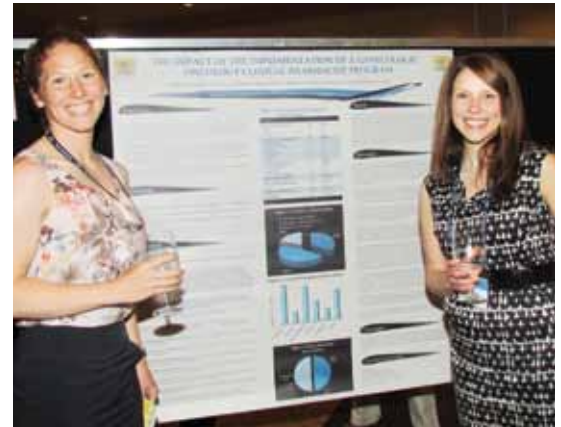
A. Kennedy, J. Scott, B. Clarke, M. Huang, K. Lu, B. Gilks, J. Kwon

AN INTERDISCIPLINARY OUTPATIENT MALIGNANT ASCITES PROGRAM (MAP) FOR ONCOLOGY PATIENTS WITH ADVANCED DISEASE:

K. Amjadi, B. Barnes, L. Kachiuk, L. Jolicoeur, J. Adam, L. Cake

CONFIRMATORY FACTOR ANALYSIS OF THE SEXUAL ADJUSTMENT AND BODY IMAGE SCALE IN WOMEN WITH A DIAGNOSIS OF GYNECOLOGIC CANCER

S. Ferguson, C. Massey, C. Classen, M. Wegener, N. Quartey, M. Pulandiran, D. Wiljer, S. Urowitz



THE IMPACT OF THE IMPLEMENTATION OF A GYNECOLOGIC ONCOLOGY CLINICAL PHARMACIST PROGRAM

S. Stever, A. Layden, L. Corbett, S. Edwards

GSK Grant for Resident Research in Cervical Cancer

The 2011 Call for Proposals was again this year very successful, piquing the interest of GOC members from coast to coast and even from Israel! Seven project proposals were submitted and the winners were announced during the GOC dinner at our 32nd AGM in Vancouver, BC on June 25th. The winning proposals are:

Evaluation of the PI3K/AKT Pathway in Patients with Locally Advanced Cervical Cancer Treated with Chemotherapy: Prognostic and Therapeutic Implications. *GOC Member Investigator: Dr. Peter Craighead*

Epidemiologic Approach to Evaluate the Potential for Human Papillomavirus Type Replacement Post-Vaccination. *GOC Member Investigator: Dr. Eduardo Franco*

Hedgehog Signaling in Cervical Cancer: A Potential New Therapeutic Target. *GOC Member Investigator: Dr. Helen Mackay*

Congratulations to Drs. Craighead, Franco and Mackay who each received \$5,000 to fund their project. We look forward to you sharing this project with our membership at our 33rd Annual General Meeting in Ottawa in June 2012.



Monika Knapik

2010 GSK Grant Winners Present at AGM 2011!

Two of the 2010 winning projects were presented at this year's AGM. Dr. Monika Knapik presented for Dr. Francis Rodier the project entitled: "Preferential Sensitization of Cervical Cancer Cells to Radiation Using a Defined Cervical Cancer Cell Culture Model". She also presented a poster of Dr. Vanessa Samouëlian's project titled: "Molecular Detection of Lymph Node Metastasis in Uterine Cervical Carcinoma".

GOC COMMITTEES ON JULY 1, 2011

LIVES AFFECTED BY CANCER...814 WOMEN SPEAK

J. Blake, D. DePetrillo, P. Drouin, M. Hundleby

CHARACTERIZATION OF MUCINOUS OVARIAN TUMORS: HER2 REPRESENTS A PLAUSIBLE MOLECULAR TARGET FOR DIRECTED THERAPY

J. McAlpine, H. Porter, B. Clarke, C. Chow, P. Shaw, S. Ferguson, H. Steed, L. Galletta, D. Bowtell, S. Damaraju, S. Kalloger, D. Miller, D. Huntsman, C. Gilks

X-LINKED INHIBITOR OF APOPTOSIS (XIAP) IS SIGNIFICANTLY ASSOCIATED WITH BRCA1 MUTATIONS IN OVARIAN CANCER

M. Carey, J. McAlpine, T. Ehlen, B. Hennessy, Y. Lu, B. Gilks, S. Kalloger, K. Swenerton, J. Santos, D. Huntsman, G. Mills

OVARIAN IMMATURE TERATOMA, CAN ALL PATIENTS BE SALVAGED AT RECURRENCE?

D. Vicus, M. Beiner, B. Clarke, S. Klachook, L. Le, S. Laframboise, H. Mackay

COMPARING OVERALL SURVIVAL IN PATIENTS WITH EPITHELIAL OVARIAN, PRIMARY PERITONEAL OR FALLOPIAN TUBE CANCER WHO RECEIVED CHEMOTHERAPY ALONE VS. NEOADJUVANT CHEMOTHERAPY FOLLOWED BY DELAYED PRIMARY DEBULKING.

R. Correa, S. Dunnigan, T. Panzarella, S. Ferguson, J. Murphy, H. Mackay, M. Bernardini

WALKING ON A TIGHTROPE: THE ONCOLOGISTS' PERSPECTIVE ON PROVIDING INFORMATION TO WOMEN WITH RECURRENT OVARIAN CANCER DURING THE MEDICAL ENCOUNTER

L. Elit, C. Charles, J. Ranford, S. Tedford Gold, I. Gold, A. Gafni

WHAT WE KNOW ABOUT TREATMENT DECISION MAKING IN OVARIAN CANCER

L. Elit, C. Charles, A. Gafni

RETHINKING ROUTINE FOLLOW-UP OF WOMEN TREATED FOR VULVAR CANCER

C. Reade, L. Elit, K. Kulasegaram, C. Acton, G. Robson, E. Poon, F. Moens, J. Mazurka

GOC Officers

Dr. Michael Fung-Kee-Fung	President	July 2010- June 2012
Dr. Marie Plante	Past-President	July 2010- June 2012
Dr. Dianne Miller	President-Elect	July 2010- June 2012
Dr. Walter Gotlieb	Secretary-Treasurer	July 2011- June 2014

Executive Council

Dr. Michael Fung-Kee-Fung, President	Chair	July 2010- June 2012
Dr. Marie Plante, Past-President	Councillor	July 2010- June 2012
Dr. Dianne Miller, President-Elect	Councillor	July 2010- June 2012
Dr. Walter Gotlieb, Secretary-Treasurer	Councillor	July 2011- June 2014
Dr. Tony Fyles	Councillor	July 2011- June 2013
Dr. Helen Mackay	Councillor	July 2011- June 2013
Dr. James Bentley	Councillor	July 2011- June 2013
Mrs. Nancy Drummond	Councillor	July 2011- June 2013
Dr. Jason Dodge, AGM Program Director	Ex-Officio	July 2008- June 2012
Dr. Janice Kwon, CPD Program Director	Ex-Officio	July 2010- June 2014

Non-Standing Committee Chairs

Dr. Joan Murphy, Bylaws & Task Force	Ex-Officio	Indeterminate
Dr. Allan Covens, Royal College Nucleus Committee	Ex-Officio	July 2010- June 2012
Dr. Rachel Kupets, SOGC/GOC/SCC Policy & Practice Guidelines Committee	Ex-Officio	July 2010- June 2013
Dr. Michel Préfontaine, GOC/CMA representative	Ex-Officio	Indeterminate

AGM Programme Committee

Dr. Jason Dodge	Chair	July 2008 -June 2012
Dr. Sarah Finlayson	Chair-Elect	July 2011 -June 2012
Dr. Michael Fung-Kee-Fung, President	Ex-Officio	July 2010- June 2012
Dr. Dianne Miller, President-Elect	Ex-Officio	July 2010- June 2012
Dr. Walter Gotlieb, Secretary-Treasurer	Ex-Officio	July 2011- June 2014
Dr. Katharina Kieser	Active Member	July 2009- June 2012
Dr. Alon Altman	Active Member	July 2011- June 2013
Dr. Lilian Gien	Active Member	July 2010- June 2013
Dr. Shannon Salvador	Fellow Observer	July 2011- June 2013

CPD Programme Committee

Dr. Janice Kwon	Chair	July 2010- June 2014
Dr. Michael Fung-Kee-Fung, President	Ex-Officio	July 2010- June 2012
Dr. Dianne Miller, President-Elect	Ex-Officio	July 2010- June 2012
Dr. Walter Gotlieb, Secretary-Treasurer	Ex-Officio	July 2011- June 2014
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
Dr. Sarah Glaze	Fellow Observer	July 2011- June 2013

AGM 2011 in Review (continued)



Membership Committee

Dr. Marie Plante, Past-President	Chair	July 2010- June 2012
Dr. Dianne Miller, President-Elect	Ex-Officio	July 2010- June 2012
Dr. Walter Gotlieb, Secretary-Treasurer	Observer	July 2011- June 2014
Dr. Paul Hoskins	Active Member	July 2011- June 2013
Dr. Val Capstick	Active Member	July 2011- June 2013
Dr. Christina Aquino-Parsons	Active Member	July 2011- June 2013
Mrs. Heidi Thomas	Associate Member	July 2011- June 2013



Nominating Committee

Dr. Michael Fung-Kee-Fung, President	Chair	July 2010- June 2012
Dr. Marie Plante, Past-President	Ex-Officio	July 2010- June 2012
Dr. Dianne Miller, President-Elect	Ex-Officio	July 2010- June 2012
Dr. Walter Gotlieb, Secretary-Treasurer	Observer	July 2011- June 2014
Dr. Mark Carey	Active Member	July 2010- June 2012
Dr. Joan Murphy	Active Member	July 2010- June 2012



GOC/SCC/SOGC Policy & Practice Guidelines Committee

Dr. Rachel Kupets (Chair)	Ontario	July 2010- June 2013
Dr. Michael Fung-Kee-Fung	President	July 2010- June 2012
Dr. Lizabeth Brydon	SCC President	July 2011- June 2013
Dr. Mark Heywood	SOGC President	July 2011- June 2012
Dr. Jean Grégoire	Québec	July 2010- June 2013
Dr. Julie Ann Francis	Ontario	July 2010- June 2013
Dr. Anita Agrawal	Western	July 2011- June 2014
Dr. Patti Power	Atlantic	July 2011- June 2014
Mrs. Hélène Soublière	Committee Coordinator	



Dr. Joan Murphy Receives the GOC Presidential Medal Award

(continued from page 1)

these times were the Passion, Tenacity, Commitment and the Stewardship of the next generation.

There is a person who can be traced to have been there from the beginning – (as one of the first fellows) – to the present, who was the embodiment of all these key success factors – including an unwavering commitment to the concept and the realization of a strong and vibrant national Society. That person is the 10th recipient of the Presidential Medal of the Society of Gynecologic Oncology of Canada – Dr. Joan Murphy.

The citation of the GOC Presidential Medal reads that it should be awarded to a person or organization that had made outstanding contributions to the speciality and/or the Society either by virtue of their public service, research, academia, or contributions to development of the specialty and or the Society. Joan has done this in spades.

Joan's Contributions

First, a bit of a timeline for Joan... Joan was graduated from Nursing in 1973 and then moved on to medical school at the University of Calgary which she finished in 1976, followed by her O&G at UBC in 1982. Joan then went on to do her Fellowship training for one year in BC under Lou Benedet, and then one year with Denny DePetrillo at the new program in Hamilton. She then came on staff at the Faculty of UBC in 1984 and subsequently recruited to the University of Toronto in 1988 where she remains to this day. It is important to know that Joan was the first female gynecologic oncologist in Canada to come on staff. It would be fair to say that Joan was a trailblazer, fitting in to the then male-only specialty and being totally accepted by the group by virtue of her skill, intellect, and work ethic. It is from within that she worked to transform influence all things gyn oncology, clearing a path for all other women in gynecologic oncology in Canada. Joan set the stage for women as academic surgeons both within our specialty as well as in the competitive environment of surgery at U of T. Much of what we take for granted now for our female surgical colleagues was not in place at the beginning of Joan's career. She became the first woman President of the Society, the first woman Secretary-Treasurer, the first woman gynecologic oncologist to give birth in Canada, and many other firsts (that cannot be mentioned from the podium!). She has been a

pathfinder for women on how and what they can do in gyn oncology. We now have over 40% of our surgical oncologist membership being women and a lot of that success comes in some part due to the model Joan has spread.

Further on this trailblazing theme, she was the first Head of Gynecologic Oncology in the newly developed Department of Surgical Oncology at UHN. Here, Joan remained Head for 11 years. During this time, she was instrumental in developing with others the infrastructure for the new unit at UHN. She made a huge contribution in reaching out to the community in Toronto and beyond, impressing and convincing many people of the importance of gyn oncology. Her stature, breadth of knowledge and presence was a deal closer, as she was able to foster the foundational support necessary for the initial phase of development of the PMH Familial Ovarian Cancer Clinic, ovarian cancer research team and cervical cancer research theme focus at PMH. It is in part because of these significant contributions to gyn oncology and her own research accomplishments that Joan was named the first Chair in Gynecologic Oncology Research at UHN, the first research Chair position to be held by a gynecologic oncologist in Canada, the Douglas J. Crashley Chair in Gynecologic Cancer Research, the first research Chair with a focus in cervical cancer research.

As regards her own academic interest, Joan's contributions have been broad and have included working with teams in ovarian and cervical cancer research in which she has played an integral role. Within cervical cancer in particular, she has demonstrated her stature as a national and provincial leader. She has served as the GOC lead on a number of provincial and federal committees that have dealt with the issues of screening and vaccination. More recently, she has chaired the national HPV network and has been nominated the Lead in Ontario for the cervical cancer screening and prevention. It is noteworthy that Joan has worked tirelessly on behalf of the Society to make the input of gynecologic oncologists be heard and be incorporated in the sometimes tumultuous discussions that have occurred in the areas of vaccination and screening across the county. She has been a tireless advocate for the advancement of screening and vaccination for all women in Canada.

On the educational front, Joan has been a teacher and mentor to up to 50 fellows in gyn oncology. She has also directed the U of T fellowship training program and has been recognized with a number of teaching awards.

In her role as a builder of the Society, she has been a constant advocate for excellence and has served as Secretary-Treasurer for 4 years and was our 11th President. She has also led or co-led a wide variety of committees impacting the Society. She continues to serve today as a council member at large (a new position and the only one to hold it), as her opinions and insights are so valued. During her time in office, she guided the Society through one of its most rapid growth periods and laid the foundation for much of what we have today. But her contributions have

not only been procedural and academic. Joan has contributed significantly to the social fabric of the Society with her charm, friendship and "let's do it" mentality. She is a great colleague and valued friend to many of us, and if given a few

drinks, she can come up with such novel events like the famous Run for Her Life..... at 6:30 am!

A further significant contribution to the specialty on the national level has been her role with Barry and others in the development of the Ontario APP. This, as history may well record, was a defining moment in the evolution of the specialty in Canada. It is from this reform in Ontario that similar plans were secured in BC, Newfoundland, Saskatchewan, Nova Scotia, and more to come, securing recruitment and retention programs that have well positioned us as a specialty for the future. Joan's role as part of the team was not insignificant, as her tenacity, eloquence and commitment to the end goal were all key to the success.

During all this time and commitment to the specialty, she has always kept the value of her family with her. She has her two sons Marco and Gianrico with her (and us) tonight who I know she adores and who in turn I know are duly proud of their mother's accomplishments. We are grateful to the sacrifices they must have endured as mom was away tackling the issues of the wider cancer world and making gynecologic oncology such an important part of the medical landscape in Canada.

(continued on page 10)



Dr. Joan Murphy Receives the GOC Presidential Medal Award

(continued from page 9)

We all serve in different ways. The Society has been punctuated with members who have, and continue to contribute either as researchers, builders, teachers, and leaders. Joan has served the speciality of gyn oncology in all these ways. We are truly grateful for her many contributions and hope that by the recognition of her efforts with this Medal, we may in some small way acknowledge not only her, but her family as well.

On behalf of the Society of Gynecologic Oncology of Canada, it gives me extraordinary pleasure to award the GOC Presidential Medal to Dr. Joan Murphy."

.....A Few Words From Dr. Joan Murphy

"Firstly, let me say a profound thank you to the Society for this award. I am honoured, humbled, very pleased and so very proud.

A couple of weeks ago I asked Hélène whether I should speak tonight or should merely say thank you and sit down. She said it was my night so it was up to me. So settle back and get comfortable, I'm going to say some proper thank you's.

There are two members of the Society who have been extremely important to me and to my career who couldn't be here tonight. The first is Lou Benedet through whom I had my first contact with gyn oncology. He modelled a classical approach to monitoring, analyzing and reporting results of care on an aggregate basis but also on an individual one. After every single case we did together, his first remark as we walked into the surgeons' lounge would be "How could we have done that better?" He also had a strong and in my experience almost unique sense of the privilege it is to provide care to a patient and I think that has served me very well through the years.

The second is the late Greg O'Connell who was a tower of strength, vision and determination who had a profound influence on me during my years in Hamilton and who I still miss very much.

I first met Denny at what I think was the very first annual GOC meeting in Jasper and then became his fellow following shortly upon Bob Lotocki, and preceding so many others. Whereas Lou had been very much about "tried and true", Denny was an out of the box kind of guy in every way. Wait a minute,

did I say 'WAS'? He's still at it and I suspect always will be. Even though you have never quite converted me from the Lou mold to the Denny mold Denny, I have much to thank you for. That cadre which also included Garry, Pierre and others trained so many and in many other ways started the path that has led to our position today as a strong well recognized sub-specialty.

When I failed to attend a meeting in Montreal sometime in the late '80's, I had been made Secretary-Treasurer by the time the meeting was over. I had been active in GOC as Program Chair and in other capacities but the years spent in that role allowed me to see the longer and broader view of what the Society could and must do. I learned much from the presidents I served, such as Pierre and Gavin, each bringing their special gifts and leaving their legacy.

And then came Michael. He became Secretary-Treasurer when I moved to President-Elect and then President - and has anything been the same since? Even without his MBA he was a force to be reckoned with - our very own Canadian tsunami. Now he has fancier charts to explain those forces! But what I really thank him for is the undying patience and perseverance he has had with his vision for the Society, for our specialty, and for each of us as individuals. Dealing with mere mortals must be very trying for the supercharged among us and for that I thank you Michael.

And Barry - as many people say, we are like an old married couple - . . . - and by now it seems probably 'til death do us part. You are a mensch and have made many tremendous differences to me and to my life and career.

There are many other members such as Al Covens, Diane Provencher, Marie Plante, Dianne Miller and others who have also been shining examples of what we are about and with whom I am proud to be associated.

When I stepped down as President, I remember commenting on how much I have learned and 'grown' from all the younger members as they come into our ken, 'grow up' through residency and fellowship, find their feet as clinicians and as academics and as people, and

that remains true. At our CoP meeting yesterday, I was blown away by the activity, energy and accomplishments of which we can boast. We are attracting the best and the brightest and though it does make me feel old, it is also a great pleasure to see them challenge us, push forward our knowledge and our thinking and flourish within the community of our Society.

One final thought - when I went into gyn oncology, I was the first woman in Canada to do so. That was a pretty big deal then and though we have come a long way, I would put it to you that we must continue to be vigilant regarding gender issues. The women in our Society are dynamite - strong, accomplished and dedicated - but no matter how much of our lives we must live as "virtual males", we are still fundamentally different in so many ways. Not in any way to minimize the work/life balance conflicts and

struggles faced by men, they are different. I have tried at least to some extent to be a role model and in some ways I hope I have succeeded though in many ways I have also failed. My family, both nuclear and extended, have been very important to any success

I have achieved professionally, but they also have made it very clear what the priorities need to be, and every so often have had to remind me of them should I stray too far into the vortex that our careers become. My two most important reminders are here tonight - Gianrico and Marco - and I thank them for being the wonderful support and inspiration they are. I hope that has worked both ways.

This room is full of dynamic, strong, successful individuals but with our small numbers, our regional differences, our 'small stature' among the specialties, our impact as individuals is limited. The Society has given us voice and stature in our broader communities. In itself, the Society is a recruitment and retention tool, welcoming and nurturing young recruits and I urge you to continue to build it by incorporating the wider longer view in your local and personal initiatives. The Society will not continue to thrive and grow unless all of us dedicated to its values and goals participate actively, and actively enable and recognize its accomplishments. It will yield dividends in which we can all share.

Thank you for tonight, for all the yesterdays and I hope, for lots of tomorrows."



The Royal College Launches a New MAINPORT and Revitalized Maintenance of Certification Program

As part of an ongoing commitment to high-quality health care provided by competent physicians, the Royal College of Physicians and Surgeons of Canada recently launched a redesigned MAINPORT web application to complement its revised Maintenance of Certification (MOC) Program that came into effect in January 2011.

The revisions are informed by two streams of evidence: a comprehensive study with 3,000 Fellows and a thorough review of the continuing professional development research literature. They mark a significant evolution in the Royal College's steadfast effort to support the lifelong learning goals of its membership.

First launched in 2001, the MOC Program is an evidence-informed educational initiative designed to support, enhance and promote the continuing professional development (CPD) activities of specialist physicians in Canada.

More choice and flexibility in earning credits

The new MOC Program is evidence-informed, streamlined and more flexible than its predecessor. For example, it is now organized under three learning sections — group learning, self-learning and assessment — and incorporates a wider range of learning activities than before, offering MOC Program participants greater opportunities to earn credit.

A learner-centred framework

To complement the MOC Program improvements, the web application MAINPORT where activities are documented has also been redesigned. In the new MAINPORT, MOC Program participants can now set practice goals, including plans and dates for completing them, and link their learning activities to CanMEDS Roles. They can also partially enter activities, returning later to complete them.

Mobile access

The Royal College has also built MAINPORT Mobile (available at royalcollege.ca/apps), which enables users to enter CPD activities from their BlackBerry, Android, iPhone or iPad.

Regional and centralized support

To ease the transition from the former system, the Royal College is providing MOC Program participants with several training opportunities. These include a MAINPORT flash tutorial, one-on-one sessions with our Membership Services Centre, and help from 13 regional CPD educators recruited from across the country. More information is available on the Royal College's website at royalcollege.ca/moc.

MOC Program participants are encouraged to try the new MAINPORT at mainport.royalcollege.ca before January 31, 2012, the deadline to submit 2011 activities. Please don't hesitate to email cpd@royalcollege.ca with any comments or ideas for improvement. Your feedback will help the Royal College ensure it is able to meet your needs and expectations.

Find Out More About the New MOC Program and MAINPORT

Read more about the new MOC Program and MAINPORT on the Royal College's website at royalcollege.ca/moc
Log in to the new MAINPORT at mainport.royalcollege.ca
Download MAINPORT Mobile at royalcollege.ca/apps

Mark your Calendar!

Upcoming GOC Events:

12th Annual Continuing Professional Development Meeting

April 26-28, 2012 (main CPD day April 27, 2012)
Toronto, ON

*In conjunction with the NCIC spring meeting

33rd Annual General Meeting

June 22-23, 2012 (TBC)

Ottawa, ON

*In conjunction with the SOGC's Annual Clinical Meeting

Meetings of interest:

- March 24-27, 2012 – SGO Annual Meeting – Austin, Texas – www.sgo.org
- April 19-21, 2012 - HPV 2012 Congress - Rome, Italy – www.hpv2012.it
- May 27-30, 2012 – Canadian Conference on Ovarian Cancer Research – Quebec City – www.ccocr.org
- June 1-5, 2012 – American Society of Clinical Oncology – Chicago, IL – www.asco.org
- June 20-24, 2012 – Society of Obstetricians and Gynaecologists of Canada 63rd Annual Clinical Meeting – Ottawa, ON – www.sogc.org
- September 5-8, 2012 – 21st SLS (Society of Laparoendoscopic Surgeons) Meeting and Endo Expo 2012 – Boston, Massachusetts, USA – www.sls.org
- October 7-12, 2012 – FIGO World Congress – Rome, Italy – www.figo.org
- October 13-16, 2012 – 14th Biennial IGCS Meeting – Vancouver, BC – www.igcs.org

GOC and its International Impact

The Progress Achieved...

By Dr. Barry Rosen

Many GOC members are committed to helping our colleagues from low resource countries in their fight to have better conditions in the treatment of gynecologic malignancies. We can mention Drs. Pierre Drouin, Wylam Faight, Laurie Elit, Dianne Miller, Sarah Finlayson, Barry Rosen, for instance. Many of us have international experience working in Africa, Asia, Central and South America.

Several years ago, the CoP in International Women's Health was established to bring together Canadian gyn oncologists who had an interest in international health particularly as it applies to middle and low resource countries. It is well recognized that cervical cancer is the leading cause of cancer death for women in low resource countries and there is also limited expertise with screening for and in managing this cancer. As a first step, this CoP developed a comprehensive training module for teaching the radical hysterectomy surgical procedure. The rationale for starting with developing a surgical training module is linked to the following:

- Cervix cancer is the number one cancer killer in low resource countries
- The screening strategies using VIA are growing in acceptability and practice
- Through screening, women with early stage cancers were being identified
- Those women with early stage cervix cancer can be cured with a radical hysterectomy

This module has been an opportunity to align GOC's knowledge and experience in education with the needs in low resource countries. During the last two years, this training project has been assessed in Mongolia by Dr. Laurie Elit and in Kenya, Dr. Barry Rosen reported that the surgical procedure has been performed successfully on more than 25 patients

following the training. Additionally, another training program is being implemented in Uganda by Dr. Dianne Miller.

More opportunities...

GOC has already made another commitment to international health through its CoP. For the IGCS 2012 Biennial Meeting in Vancouver, the CoP in International Women's Health aims to bring gynecologists from low resource countries to attend that conference. IGCS 2012 is for the first time brokered by a national specialty society. We will be hosts to the world of gynecologic oncology. This is an opportunity to demonstrate our Society in action!

IGCS will provide scholarships to many gynecologists from low resource countries to attend the Biennial Meeting in Vancouver. Our commitment does not stop there. GOC has proposed to IGCS to offer to these international visitors a one-week observership at a Canadian cancer centre. As well, GOC will organize a half day breakout session on international health issues at the Vancouver meeting.

This platform will allow us to learn from them what their current conditions and needs are; we would provide an opportunity for physicians from low resource countries to meet and to interact with each other; we would facilitate interaction between physicians from low resource and high resource countries. GOC has the ability to make international health projects work successfully. Even though some additional funding is still required, the CoP is working hard to find alternative ways to offer an observership in each cancer centre in Canada. These activities will provide meaning and value to our Society.

GOC is building its reputation around the world and becoming a leader in gyn oncology care.



University of Ottawa Collaboration with University of Mecca

Dr. Wylam Faight, Chair of the Department of Obstetrics and Gynecology at the University of Ottawa in Canada visited the University of Mecca to participate in teaching activities with the medical students and to review the undergraduate education program and the Ob/Gyn Department. During his stay, he met with the department leadership and members in Mecca and Jeddah, and as well attended a reception at the University of Mecca hosted by the University Rector and the Dean of the Faculty of Medicine. Both departments and institutions are optimistic about having future academic collaborations.

A few Tidbits from Kampala, Uganda

By Dr. Dianne Miller



Surgical Instruments Donated to Kenya and Uganda

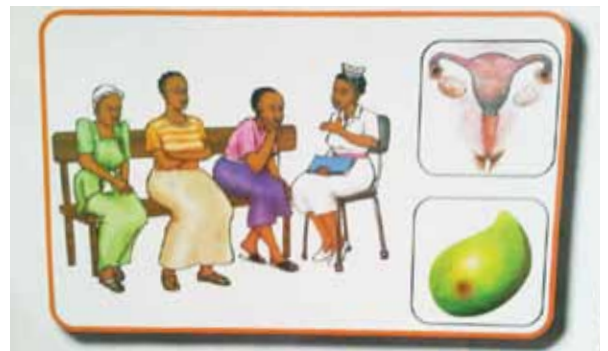
Mrs. Chew the wife of the late Dr. Chew Wei of Vancouver has made a generous donation of her late husband's surgical instruments to the GOC International Women's Health program. The instruments include at least 5 complete hysterectomy sets including retractors as well as outpatient biopsy equipment. (The picture represents about 10% of the small instruments). The majority of these instruments are new and all are in excellent condition. These instruments will be used to facilitate the radical surgery training programs in Moi Kenya and Kampala Uganda. It is hard to place a value on this gift as some of the individual instruments are priced at several hundred dollars. To this project, however, the value is priceless. We estimate there are about 1,000 pieces in all.

We are so very grateful to Mrs. Chew for making this generous gift.



One of the staff asked us to give a cervical cancer talk to a group of 17-18 year old school girls. Probably the most interesting questions you could imagine. Went very well... This is an all girls' school which is one of two Pathfinder Schools in Africa. The Pathfinder School program is a Microsoft initiative to help develop the leaders of tomorrow.

Here is an interesting take on Cervical Cancer Awareness Week! At first it was hard to understand what the picture was saying. This is a counselling document. The "bad" spot on the mango is used to explain the bad spot on the cervix!



In this picture, Dr. Marette Lee (Vancouver) and I getting a tour of the new Uganda Cancer Institute scheduled for completion in January 2012 and to open February or March 2012. There will be an operating room dedicated to gynecologic oncology.

Profiling our Members

Nancy Drummond, RN, MSc(A), CON(C)

Clinical Nurse Specialist and Infirmière Pivot, Faculty Lecturer McGill School of Nursing
Division of Gynecologic Oncology, SMBD Jewish General Hospital, Montréal, Québec



Nancy was born in Minneapolis (with a twin brother), grew up in Montréal. Married with 2 great kids (13 and 11) BSc in Biology, BA in Anthropology and MSc in Nursing from McGill University.

Nancy has been a proud GOC member since 2004 and a member of GOC Council member since July 2009. She is also a member of the GONPPC

(GOC Oncology Nursing Professional Practice Committee.

Nancy is part of a dynamic, collaborative, creative Gynecologic Oncology team (Dr. Susie Lau, Dr. Joshua Press) led by Dr. Walter Gotlieb, as well as a dynamic GOC nursing CoP. In a group, we influence each other and in turn, are shaped by the company we keep. To have great collaboration, we need to take part in a great many relationships – from our families to community associations to cultivate the proper sensitivity. For Nancy, it is all about the middle. She is the middle child of 5 kids. She is the health professional in the middle of the team. She is middle aged. This is a great vantage point – like the centre of the chess board, the pivot in a wheel, the eye of the storm. As a nurse, Nancy believes healing is about coming back to the even keel. Natural events balance themselves out by seeking their opposites – fire cools, water seeks its own level. Her contribution will always be the middle – no choice.

Paul Hoskins, MA, FRCP

Medical Oncologist, Vancouver, BC



Paul was born in the south of England and after attending school there went on to get his medical degree from the University of Cambridge. He completed his Internal Medicine training in Glasgow, Scotland and then went on to specialize in diabetes. Paul was a Medical Research Council fellow in diabetes when he eventually recognized that the opportunities in diabetes in the UK were exceedingly limited and decided to change careers/countries. He was fortunate to come to Vancouver, as the British Columbia Cancer Agency in Vancouver had a residency program in medical oncology. Because he came from a Class B medical school, he also did a year's internal medicine in Newfoundland to bring him up to Canadian standards. He was blessed to marry Teresa, a lawyer in Vancouver, who was able to sponsor his Canadian immigration which led to a job on staff at the British Columbia Cancer Agency in Vancouver where he has been ever since.

Paul specializes in the medical oncologic aspects of gynecologic cancers and the management of emesis. He is on the expert review committee of the pan Canadian Oncology Drug review.

Gregg Nelson, MD, PhD, FRCS

Gynecologic Oncologist – Calgary, Alberta

Dr. Gregg Nelson has taken a circuitous path to his current position. He completed his undergraduate degree in Biochemistry (1994) followed by a PhD in Biomedical Engineering (1999) at the University of Calgary. He subsequently traveled to Baltimore, Maryland where he worked as a Research Engineer for Robin Medical, Inc and at the same time completed a Post-Doctoral Fellowship (2000) in the Division of Cardiology at the Johns Hopkins Hospital. Thinking that he wanted to become an academic cardiologist, he came back to the University of Calgary and enrolled in medical school. His career path was rerouted dramatically during this time – Dr.



Prafull Ghatage was assigned to be Dr. Nelson's faculty advisor and as they say "the rest is history!"

Dr. Nelson completed his residency training in Obstetrics & Gynecology at the University of Calgary in 2008. During his residency he was privileged to take part in the Felix Rutledge elective rotation at the MD Anderson Cancer Center in Houston, Texas. He finished

his fellowship training at the Tom Baker Cancer Centre in Calgary in 2010 and shortly after successfully completed his Royal College subspecialty examination in Gynecologic Oncology.

Dr. Nelson has since joined the dynamic group in Calgary which includes Dr. Jill Nation, Dr. Pam Chu and Dr. Prafull Ghatage. He is currently an Assistant Professor in the Departments of Obstetrics & Gynecology and Oncology and since April 2011 he has held the position of Gynecologic Oncology Tumour Group Leader, Tom Baker Cancer Centre. His research interests include the use of dose-dense chemotherapy regimens for ovarian and endometrial cancers and post-colposcopy management of low-grade cervical dysplasia. His clinical interests include radical upper abdominal debulking for advanced stage ovarian cancer, and advanced laparoscopic surgery.

Dr. Nelson spends his free time with his wife Danielle (a community pediatrician) and their two young children, Jack and Anna. They can often be found enjoying time together at their condo in beautiful Twin Lakes, Idaho.

The Ross Report

Moving Ahead with Strategic Initiatives at Ovarian Cancer Canada

By Elisabeth Ross, Chief Executive Officer



This is an exciting year at Ovarian Cancer Canada as we celebrate the 10th anniversary of our Walk of Hope, which has now surpassed the \$10 million milestone since it began in 2002, and as we focus on four strategic initiatives that will propel our organization into the future.

We are grateful to GOC members who have supported our walk and participated alongside your patients over the past decade. It means the world to women living with ovarian cancer and their families when they can walk side by side with their cancer care professionals to raise awareness and funds to overcome this disease. For the 2011 walk held on September 11, we are delighted to have raised \$2.6 million.

Ovarian Cancer Canada recently undertook a strategic planning process where consensus was reached to move ahead with the following important strategic initiatives:

A plan for increasing our role in survivorship and support

In a national survey, women who are living with ovarian cancer told us that they want more and varied support. This is also an area of interest for GOC. Ovarian Cancer Canada is currently in discussions with Dr. Jessica McAlpine, who is leading a GOC initiative, around the possibility of partnering to move this forward as part of an international research project through the Gynecologic Cancer Intergroup.

A plan for our role in the broader gynecologic cancer community

Research now shows that the most common form of ovarian cancer begins in the fallopian tubes. As well, women with advanced endometrial cancer experience many of the same concerns as women being treated for ovarian cancer so we believe it is timely that Ovarian Cancer Canada considers how we can support other gynecologic cancers. This will be a slow evolution, starting by opening our support and educational

programs to women with other gynecologic cancers while always maintaining ovarian cancer as the core focus of our organization. We look forward to working with GOC to identify information and support needs of women living with other gynecologic cancers.

Reviewing our programs for health care professionals and setting formal plans to further them

Our Face to Face CME has been piloted in several parts of the country including BC, where a train-the-trainer model was developed. We plan to expand this model to other provinces and adapt Face to Face sessions for advanced practice nurses and obstetrician/gynecologists.

Increasing our work in the research arena to create urgency and get more attention for funding needs

With input from scientists across the country, Ovarian Cancer Canada is developing a research agenda to attract broader national interest in funding ovarian cancer research. A study by Charity Intelligence Canada shows that only 2.1% of cancer donations in Canada go to ovarian cancer. Ovarian Cancer Canada's 2011 Harris Decima poll shows that ovarian cancer awareness is

increasing, and therefore more people should have an understanding of the urgent need for research.

In other aspects of our work, we extend thanks to GOC members Dr. Laurie Elit and Dr. Diane Provencher for their time and expertise to appear in our new English and French awareness video productions *Ovarian Cancer: Knowledge is Power / Cancer de l'ovaire : Savoir, c'est pouvoir*. I also invite you to visit our new online interactive and bilingual Knowledge Centre (www.ovarianknowledge.ca).

This year, we launched a French print and television awareness campaign that continues to run in the Quebec market and in francophone communities in Ontario and New Brunswick, so far reaching over 950,000 people. Our thanks to Dr. Valerie Garneau, a family/emergency physician in Trois-Rivières, Quebec and an Ovarian Cancer Canada board member emeritus, for appearing in the campaign. For their creative and production support, we also thank Headspace Marketing Inc.

A reminder to GOC members to encourage your patients to visit our bilingual website at www.ovariancanada.org for information on ovarian cancer, our support services, education programs and events. Our *You Are Not Alone* book and DVD sets are available in English and French for all women who are diagnosed with ovarian cancer. Visit our website or call 1-877-413-7970.

A Few Updates from the GONPPC

We wish to welcome Elisha Andrews, RN, MN, Nurse Practitioner, to GONPPC. Elisha works in the Division of Gynecologic Oncology at the Lois Hole Hospital for Women/Cross Cancer Institute in Edmonton.

The GONPC has been collaborating on an educational slide deck for recurrent ovarian cancer. This slide deck will complement the work already being done by the CoP in Recurrent Ovarian Cancer.

Several members from GONPPC presented abstracts at the Canadian Oncology Nurses Association (CANO) annual conference in Halifax this September. A special interest group (SiG) meeting for nurses working and interested in gynecology oncology nursing met during the conference. GOC nurses were well represented!

We are happy to report that Joanne Power is on the planning committee for the IGCS 2012 Vancouver Nursing Symposium representing GONPPC members. Others will be involved in the near future as the conference approaches.

CoPs in Action

By Dr. Marcus Bernardini, Toronto

I am pleased to present on the progress of two important GOC initiatives. In both cases, the strength of the GOC is in its ability to bring multiple centres together whereby the whole is more valuable than the sum of its parts.

The first initiative originated in the CoP in Minimally Invasive Surgery. GOC-2 is a prospective study designed to examine the outcomes of women who have surgery for endometrial cancer, comparing minimally invasive surgery with laparotomy. Within the minimally invasive group, centres that perform robotic surgery will be analyzed to see if a robotic system influences rates of minimally invasive surgery. The outcomes will focus on peri-operative complications but will also include validated quality of life analysis and a

cost effectiveness component. The data collected in this study will also attempt to capture the societal perspective as well as direct out of pocket costs for individuals. There has been no prospective study like this to date, and although it is not randomized, those involved feel that it will contribute greatly to the literature and provide an important foundation to help policy makers in the future.

Initial funding for this project has been obtained through the Ontario Academic Health Science Innovation Fund. This funding has enabled the completion of the study design and the entire infrastructure associated with the running of this project. Individual centres will be responsible for the collection of local data. To date, nine centres have shown interest in participating

in this study. Furthermore, two prominent centres in the United States have also expressed interest in participating. The final changes are being made to the protocol and REB submissions are ongoing at a number of these centres. We expect accrual to begin some time in November and welcome any other centres who wish to participate.

The second initiative originated in the CoP in Translational Research. CHREC stands for Canadian High Risk Endometrial Cancer and represents a consortium of high risk histology cancers from multiple centres across the country. The goal of this project is to amass over 1,000 cancers with clinical data and accompanying tissue microarrays. This will allow for methods including immuno-histochemistry and Fluorescence in-situ hybridization to be performed with the goal of either identifying alterations in protein expression or validating areas of genomic change in these cancers. To assist us in the pathologic components of this study, we have enlisted two leaders in the field who have also agreed to participate in the CoP in Translational Research moving forward: Drs. Blake Gilks and Blaise Clarke.

This initiative has been without funding to date, however due to the commitment of GOC members like Lilian Gien and Jessica McAlpine, we have been able to create a dataset of over 600 cancers and tissue arrays are in the process of being created for all of these. There have been challenges in ensuring all of the data is standardized among the centres however we are confident that we have established a protocol that can now be extended to other centres. At the 2011 summer AGM meeting, several other institutions expressed interest in participating in this important initiative, and in the coming months we will be communicating with these centres outlining the protocol. Also, there is a plan to apply for funding in the spring and a nucleus committee has been established who will lead this proposal.

I feel privileged to be involved in both of these studies that I feel will have high impact in our field. Without the structure of the GOC, I feel that neither of these studies in their current form would be possible.

GOC Communities of Practice: Progressing Towards Web 2.0

By H  l  ne Soubli  re, National Coordinator

The GOC is actively working on the development of a portal to support the Communities of Practice (CoP). The ideas and concepts of which have been presented previously by Dr. Fung-Kee-Fung at the Exec and Council.

The GOC CoPs will be presented as a virtual neighbourhood where CoP groups can share documents and information. Projects will be shared within the individual CoP groups, the larger CoP communities (all other CoPs) and the GOC membership at large.

The site will include the creation of spaces for discussion forums, a library for documentation, photo and video galleries, and collaborative spaces for each of the individual CoPs. In addition, there will be an ovarian cancer information centre which will provide a repository for updated information in ovarian cancer. The portal will also comprise a clinical trials repository section which will include access to knowledge of who is doing what trial and where, the trial eligibility criteria, the trial connections and the main contacts.

The whole purpose of our CoP portal is to create a space which will position us to maximize the functionality of Web 2.0 in order to facilitate communication and the successful completion of our CoP projects.

We look forward to presenting a preliminary version of the portal in December at our CoP Forum and to follow this by a formal launch targeted for the CPD meeting in April 2012.

This is an exciting time as we transition into a more web-based connectivity. Please stay tuned for more!

News from the Centres

Calgary

- Calgary welcomes Dr. Allison Ball, their new gyn oncology fellow. Dr. Ball completed her residency training at Dalhousie.

Hamilton

- Laurie Elit MD MSc FRCS(C) becomes Lead Scientist, Ontario Cervical Screening Program, Cancer Care Ontario
- Dr. Waldo Jimenez welcomes new baby girl



London

- In London, Michel Préfontaine is taking the spirit of the Run for her Life to his day to day practice by wearing a custom made OR cap made from the bandana worn by all the Run for Her Life participants in Vancouver.



Montreal

- Dr. Philippe Sauthier was appointed Head of the Division of Gynecologic Oncology in February 2011. As well, in 2010, Dr. Sauthier created and became head of the Register of Trophoblastic Disease in Quebec.
- Dr. Diane Provencher was re-appointed as Head of the University Division in Gynecologic Oncology.
- Our fellow, Dr. Vanessa Samouëlian, became the 6th member of the gyn onc team at the CHUM team boss in July 2011.

- CHUM Notre-Dame Hospital joined "Le Spyder-Défi Andréé D'Amours"! A special fund raising event for the fight against Ovarian Cancer organized by Riendeau Sports, the dealerships of the greater Montreal, the Spyder Club and BRP. Amongst the participants, Dr Diane Provencher (GOC member), Nathalie Grenier (GOC member), Michelle St-Pierre (Spokes person for Ovarian Cancer Canada & Ovaire Espoir) and Andréé D'Amours (the motor behind the event).



McGill

- We would like to share that Dr. Joshua Press who did his residency at BC and a 4 year fellowship at the Washington University in Seattle has joined our division at the McGill Jewish General Hospital.

Ottawa

- The Ottawa Hospital launched its interdisciplinary Robotic Surgery Program on October 5th. The Program is led by a steering committee co-chaired by Dr. Michael Fung-Kee-Fung and includes gynecological oncology, urology, general surgery and general gynecology.
- We would like to welcome our new fellow Korine Lapointe-Milot who began her fellowship in October.
- Dr. Wylam Faught continues his commitment to international training in surgery and participation in workshops in Tanzania.
- Lastly, Dr. Michael Fung-Kee-Fung graduated from his MBA program Valedictorian – Well done Michael!

Sunnybrook

- New hire effective July 1, 2011- Dr. Danielle Vicus. Dr. Vicus is doing Masters of Clinical Epidemiology this year.

Toronto

- Joan Murphy has been appointment Clinical Lead for the Ontario Cervical Screening Program for Cancer Care Ontario.
- Dr. Terry Colgan is a working group Co-Chair in the LAST project (Lower Anogenital Squamous Terminology) of the College of American Pathologists and American Society of Colposcopy and Cervical Pathology. The project aims to develop and recommend a standard terminology for histologic diagnosis of squamous neoplasia of the lower genital tract in men and women.

Winnipeg

- The Gynecologic group welcome Alon and Elijah to the University of Manitoba. Alon has completed his training at the University of Calgary. Elijah has not signed on with the group. His present interest is to join the Winnipeg Jets for the 2031-32 season.



Belgium

This morning, November 15th 2011, Jack Hauspy was born! He weighs 3,420 kg and looks absolutely stunning (according to a slightly biased mum and dad)



Academic Corner

Awards

John Mazurka was presented with the APGO (The Association of Professors of Gynecology and Obstetrics) Excellence in Teaching Award in June 2011. Dr. Mazurka also received the H.R. Morgan Award for Surgical Teaching in Obstetrics and Gynecology at McMaster University which was presented at the dinner for departing residents in June 2011.

Dr. Laurie Elit received the CREOG National Faculty Award for Excellence in Resident Education.

Please join us in congratulating our award recipients!

Grants

Title of project: Sentinel Nodes in Uterine Cancer
Principal Investigator: W. Jimenez
Agency: Juravinski Cancer Centre Foundation
Period of Support: 2011-2012
Amount of Grant: \$9,000

Title of project: Genomic Disruption in High-Grade Serous Ovarian Carcinomas: Steady State or Continuous Drift?
Principal Investigators: Jessica McAlpine and Sohrab Shah
Agency: CIHR
Period of Support: 4 years
Amount of Grant: \$563,000

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Presentations

L Helpman et al. Early adenocarcinoma of the uterine cervix: is radical vaginal trachelectomy safe? Oral presentation. SGO 42nd Annual Meeting on Women's Cancer, Orlando, FL

GOC Collaborates in Terry Fox Research Institute Initiative "COEUR"

TFRI and the Canadian Partnership Against Cancer are providing a total of \$5-million in funding for a five-year, multi-site Ovarian Cancer Pan-Canadian Program called COEUR. The program will identify new biomarkers to predict and treat this relatively rare but deadly form of cancer, which will result in the use and application of current and new drugs more effectively for patients.

Momentum to form the consortium of 35 investigators came from within the ovarian cancer community. The project is headed up by three Canadian researchers at two prominent cancer care and research centres. At the University of Montreal Hospital Research Centre,



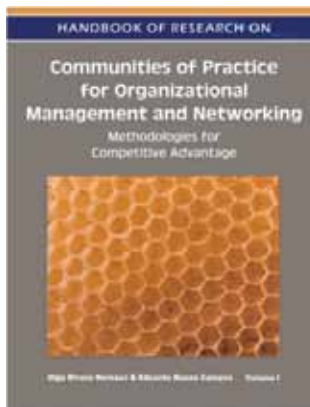
molecular oncologist Dr. Anne-Marie Mes-Masson and gynecologic oncologist Dr. Diane Provencher are the principal investigators. Dr. David Huntsman, a genetic pathologist with the Ovarian Cancer Research Program at BC Cancer Agency and Vancouver Coastal Health, will co-lead the study from Vancouver.

The TFRI investment for COEUR represents a pivotal step in the quest to develop a platform for innovation that will enable the search for more effective treatments for ovarian cancer. This unique collaboration between members of the research and clinical communities holds the promise for the rapid development and dissemination of knowledge between research teams. As a Society, we are particularly pleased in the engagement of our clinical members not only in the development of the scientific repository but also in the elaboration of future clinical strategies to address the needs of our patients, as we strive to improve the lives of our patients with ovarian cancer.

*The Society of Gynecologic Oncology of Canada
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CoP Book Published With International Collaboration



An international effort of 46 experts from 27 institutions in over 11 countries has resulted in the publication of a compendium of the latest research and ideas on Communities of Practice as a strategic advantage to organizations. "The Handbook of Research on Communities of Practice for Organizational Management and Networking – Methodologies for Competitive Advantage" includes 25 chapters, with the latest thinking and the most recent case studies on the use of this platform in a wide variety of industries. The only medical chapter is entitled "Evaluating CoPs in Cancer Surgery" was authored by GOC's current president Dr. Michael Fung-Kee-Fung and the Ottawa Regional Surgical Oncology team. This work and the international interest in this platform further underscore the valuable use of this methodology.

