



President's Message

"Building Collaboratives and Extending Partnerships - A Call for Team Work"



It's been some time since we have had a newsletter and in this issue, we hope to make up for the "lost" one. As we move into 2011, a great deal of work has been done in the background to prepare

us for the changing landscape of our membership and the challenges and opportunities we face presently in care delivery. Thanks to Marie Plante and others in the Society, we are in an excellent position to move forward on a number of fronts. As such, it is with great anticipation and enthusiasm that I have taken over the reins of the GOC Presidency from Marie and the solid foundation that we have developed to date.

My goal over the last year has been to first pause and renew our strategic plan and its alignment with our mission and our multi professional membership. We will need to continue to build on our previous themes of being **relevant** (at the individual, local, provincial and national levels) and **raising the profile of GOC** as the leader on issues related to gynaecological cancer on the national stage by incorporating into our work plan:

- 1) collaboration with all key stakeholders;
- 2) the creation of relevant content; and
- 3) the creation of value at the individual membership level.

To achieve this, we will need to work systematically to leverage the individual strengths, energies and professional aspirations of each member to work on

common projects and goals. The development of our Communities of Practice and the unique opportunities that these provide for sharing and team work will be essential for our continued success. This platform will continue to be our major strategy for not only implementation, but for brainstorming new ideas and projects that can be completed and in turn spark stand alone projects i.e. the implementation and development of IP Chemotherapy Standards and the development of "GOC1" the multi-center trial – OV 21.

We have learnt a lot from our own experience over the last few years with COPs, much of which has reinforced several of our beliefs including: a) it takes several ideas to get to one really good idea; b) working as a collective actually is not only fun but productive, as we have seen by the number of GOC publications; and c) we as a group can move from "me" to "we" quite easily. This experience is very similar to the experience in a number of industries where the evidence clearly shows that teams and collaboratives outperform individuals by up to 40 to 300%. There is therefore no doubt in my mind that to achieve what we need to, both at the individual and group levels, will require even further collaboration and even greater convergence of more ideas and opinions.

So in specific terms, how are we going to move ahead as a group while at the same time create value for the individual member? Well, GOC's focus for the next few years will be on building strong and vibrant collaborative efforts through

its Communities of Practice initiatives (see CoP table) and systematically developing strategic partnerships (both nationally and internationally) with major stakeholders including industry, medical organizations and professional bodies. This will then be centered on an execution plan that will continue to focus on our membership's professional needs, and on achieving our collective mission to advance the care of women at risk of or with gynecologic cancer.

How will this come about? First, we will need to continue to align at all levels of the organization and the membership. To this end, we have started a discussion with a "white paper" at the Executive and Council levels; this includes a review of the environment and a gap analysis of our situation to date and a draft of possible tactics to address these gaps. They are presently being incorporated into our strategic plan. The next step will be sharing this with the membership for further input at our Annual General Meeting in June before moving ahead. Second, we will create a platform to enable our successes and meet the challenges of a national society in a country the size of Canada i.e. time and geography. On this specific point, we will be investing in the development of an IT platform of

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HIGHLIGHTS

PAGES 3-7 – AGM 2010 in Review

PAGE 14-18 – GOC International

PAGE 21 – Academic Corner

GOC's Presidential Medal Award Presented to Dr. Elizabeth Eisenhauer!

The 9th GOC Presidential Medal was awarded to Dr. Elizabeth Eisenhauer for her outstanding contributions to the advancement of the care of women with gynecologic cancer, both nationally and internationally. She received the honor at our 10th Annual CPD meeting in Montreal on April 30th, 2010. Dr. Eisenhauer is the first female recipient of the GOC Medal, and the second medical oncologist to receive the honor.

Elizabeth did all of her medical training at Queen's University, from medical school all the way to her graduation in internal medicine and then hematology in 1981. Not surprisingly, she has remained on staff ever since.

Early on in her practice, she became interested in clinical trials and particularly in the Investigational New Drug (IND) program at NCIC, where she later became the first Director in 1982 and still is to this day! Dr. Eisenhauer became involved with the gynecologic disease site committee in 1997 where she made a significant contribution in the conduct of clinical trials in ovarian cancer. She was President of NCIC from 2006-2009 and she has since been involved with the Canadian Institute of Health Research (CIHR). She is currently involved with the Canadian Partnership Against Cancer (CPAC) as Chair of the Research Action Group and Research Planning Sub-committee, co-Chair of the Canadian Cancer Research Alliance (CCRA) and of the Canadian Breast Cancer Research Alliance (CBCRA). She was also heavily involved with the American



Association of Cancer Research (AACR), American Cancer Clinical Oncology (ASCO) and FDA consultant in the US. Elizabeth also had a very significant European implication through the European Organization for Research and Treatment (EORTC) and has organized several European new drug symposia. She played a major role in establishing the Gynecologic Cancer Inter Group (GCGI) in order to facilitate international collaboration to more successfully conduct large clinical trials. She is probably the most recognized name in the field of gynecologic cancer research in Europe!

Dr. Eisenhauer has published well over 200 peer-reviewed articles and authored several book chapters. She has written extensively on clinical trial designs and endpoints. She even wrote a book on the conduct of phase I clinical trials. She is considered an international leader in clinical trials' methodology. Dr. Eisenhauer

is responsible for defining the RECIST criteria we all use as endpoints in ovarian cancer trials. In addition to the RECIST criteria definition, her main contribution to the field of gynecologic oncology has been the development of Carboplatin drug through the IND program at NCIC replacing the "awful" Cisplatin in ovarian cancer. She also pioneered the Taxol 3h regimen in combination to Carboplatin, which to this day remains the standard of care internationally in the management of ovarian cancer.

In addition to all this, Elizabeth is an amazingly warm, charming and humble woman, appreciated by all those working with her (staff, colleagues, secretaries, nurses, etc). She has an incredible work capacity and is incredibly smart but more importantly, she always manages to maintain equilibrium between work and family...

Dr. Eisenhauer has had a very successful career paved with numerous high-level accomplishments. She is a driving force in the field of clinical research in this country and she is now occupying high-powered leadership positions that can truly impact the future of clinical research in Canada, for the better of women with gynecologic cancer.

For all this, The Society of Gynecologic Oncology of Canada is truly honoured to have presented the GOC Presidential Medal Award to Dr. Eisenhauer in recognition of all her accomplishments in the field of gynecologic oncology.

President's Message

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offerings that can support our CoP and educational efforts. This will include a partnership with a major technology company KLiCK with funding from Roche, to create a web portal that will support collaboration activities. Such a platform will be essential for us to leverage the increasing use of technology to support networking and mobility access to greater information and productivity tools. This will be a key step to making us relevant in an era of Web 2.0 and soon to be Web 3.0 architecture. In addition, we will need 'people support' for our activities and to this end we have hired a CoP Coordinator (in partnership with OCC) and in the near future a second person

will be joining our team. Third, we will continue to build new partnerships and solidify our present ones. For example, we will be developing relationships through our international CoP with the Universities of Toronto, British Columbia, Kenya and Uganda. This will be in addition to other examples which include IGCS, SOGC, Cancer Research groups, CMA, OCC, CPAC, APOG, ICID and the Terry Fox Foundation.

Last but not least, my goal will be to galvanize the Society for the IGCS meeting in Vancouver in 2012 where GOC will host the world! Here for the first time, a Society will support the international meeting and not a city. We will be planning our own "own the podium in Vancouver" campaign where GOC will want to make a "BIG" showing at this meeting in 2012. We will have a chance to present all that is great

about gynecologic oncology in Canada including our recent contributions to low resource countries on the international stage.

There is much to be done and a lot of exciting and fun things in the horizon! For this, we will need everyone to chip in and help not only for their individual professional interests but for the camaraderie and excitement that a group effort fosters, and the successes achieved by teamwork. In this issue of the newsletter, you will see outstanding examples of our collective and individual successes.

Please join me and the executive team in the push to make our shared vision a reality.

Michael Fung-Kee-Fung, M.B., BS, FRCSC

AGM 2010 in Review

By Dr. Jason Dodge

Building on our success with our shared meeting with WAGO in 2009, the AGM in 2010 saw us return to Montreal for a shared meeting with SOGC. This allowed us to reconnect with our generalist Ob/Gyn colleagues and focus on the priorities of our Society at the AGM.



Resident abstract presenters

Highlights

Ultimately, we had a good level of attendance at our meeting, with approximately 90 registrants. We also had a fair number of scientific abstracts submitted for consideration of presentation at the meeting. A total of 16 abstracts were accepted for oral presentation and 21 abstracts were accepted for poster presentations.

The scientific program was well received and included excellent presentations from a variety of centres. The oral presentation sessions were well conducted by moderators who did a good job engaging audience participation in these sessions and yet remaining completely on schedule throughout. The poster session again provided an opportunity for our members to engage the presenters in conversation and collaboration. Thanks to the help of many volunteer abstract reviewers and on-site judges, awards were handed out for best oral presentation. First place was Dr. Trevor Shepherd, runner-up was Dr. Marie Wegener and best poster presentation went to Dr. Marcus Bernardini.

The tumour board also provided members the opportunity to discuss controversial issues

surrounding the management of women with various gynaecologic malignancies.

Our guest speakers were amazing! We were privileged to have the then current SGO President, Dr. Daniel Clarke-Pearson address our Society and a number of visiting generalist colleagues regarding VTE prophylaxis in gynaecologic surgery. We were also thrilled to present Dr. Richard Béliveau during our combined International Symposium with SOGC on the topic of preventing cancer via nutrition. Both of these internationally renowned speakers captivated their audiences with their presentations and willingness to interact personally with the members of our Society.

The Run for Her Life had 49 participants and successfully raised awareness for the cause of ovarian cancer, as well as \$1,325 which was donated to the Ovarian Support Circle.

Socially, attendees appreciated the opportunity to network both formally and informally with colleagues from across the country. Whether over drinks at the GOC dinner, at the exhibits during breaks in the scientific program, over lunch or during the poster session, or during the formal social events, there were many opportunities for participants to meet, greet, and share ideas, making this aspect a highlight of the meeting for many attendees.

Special Thanks

As program Chair, I would like to thank the members of the AGM Program Planning Committee for their significant contributions to the 2010 GOC AGM. As well as contributing to the program committee's planning discussions, Dr. Walter Gotlieb managed the financial issues again allowing me to focus on planning and implementation. Drs. Marie Plante and Michael Fung-Kee-Fung 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 last year including Drs. Mark Heywood, James Bentley, Paul Bessette, Michel Préfontaine, Helen Steed and Walter Gotlieb.

Finally, the 2010 GOC AGM would not have been the success it was if not for the ongoing commitment of Hélène Soublière, to whom our Society is truly indebted for her efforts on our behalf.

As I reflect back on the experience of organizing the 2010 AGM, I believe that GOC had a unique and successful meeting in Montreal, and I remain indebted to the many GOC members who contributed to this success. I look forward to the privilege of heading up the team effort to have another successful meeting in Vancouver in 2011.



AGM 2010 in Review (continued)

1st place oral:

Trevor Shepherd

DOWNREGULATION OF AKT SIGNALLING INDUCES AUTOPHAGY DURING MULTICELLULAR SPHEROID FORMATION OF ASCITES-DERIVED PRIMARY HUMAN EPITHELIAL OVARIAN CANCER (EOC) CELLS

T. Shepherd, R. Correa, Y. Ramos-Valdes, M. Bertrand, M. Prefontaine, A. Sugimoto, G. DiMattia

2nd place oral:

Marie Wegener

VALIDATION OF THE MODIFIED SEXUAL ADJUSTMENT AND BODY IMAGE SCALE IN WOMEN WITH A DIAGNOSIS OF GYNECOLOGIC CANCER (SABIS-G)

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

Best poster:

Marcus Bernardini

SURGICAL MANAGEMENT OF THE MORBIDLY OBESE PATIENT USING THE DA VINCI ROBOTIC SURGICAL SYSTEM

M. Bernardini, J. Murphy, B. Rosen

Best Health Services/ Health Policy

Rachel Kupets

FOLLOW UP OF ABNORMAL PAP SMEAR RESULTS: A POPULATION BASED STUDY

R. Kupets, Paszat

Best Clinical

Marie Wegener

VALIDATION OF THE MODIFIED SEXUAL ADJUSTMENT AND BODY IMAGE SCALE IN WOMEN WITH A DIAGNOSIS OF GYNECOLOGIC CANCER (SABIS-G)

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

Best basic science/ translational research:

Trevor Shepherd

DOWNREGULATION OF AKT SIGNALLING INDUCES AUTOPHAGY DURING MULTICELLULAR SPHEROID FORMATION OF ASCITES-DERIVED PRIMARY HUMAN EPITHELIAL OVARIAN CANCER (EOC) CELLS

T. Shepherd, R. Correa, Y. Ramos-Valdes, M. Bertrand, M. Prefontaine, A. Sugimoto, G. DiMattia

Best Innovation/ Education

Barry Rosen

DEVELOPING A CERVICAL CANCER PREVENTION PROGRAM IN A LOW RESOURCE COUNTRY

B. Rosen, H. Mabeya, O. Omengo, D. Caloia, S. Cu-Uvin

SPECIAL THANKS

Huge thanks to our reviewers and judges in 2010 including:

Reviewers: Drs. Jason Dodge, Pierre Drouin, Laurie Elit, Sarah Finlayson, Walter Gotlieb, Mark Heywood, Katharina Kieser, Helen Mackay, Dianne Miller, Joan Murphy, Marie Plante and Michel Préfontaine

On-Site Judges: Orals: Drs. Mark Heywood, James Bentley, Paul Bessette

On-Site Judges: Posters: Drs. Michel Préfontaine, Helen Steed, Walter Gotlieb

Oral Presentations from GOC Colleagues

FOLLOW UP OF ABNORMAL PAP SMEAR RESULTS: A POPULATION BASED STUDY

R. Kupets, L. Paszat

WHAT ARE PHYSICIAN AND PATIENT FACTORS IMPORTANT FOR PROPER FOLLOW UP OF HIGH GRADE PAP SMEAR ABNORMALITIES?

R. Kupets

QUALITY OF LIFE AND SEXUAL FUNCTIONING IN ENDOMETRIAL CANCER SURVIVORS

D. Denschlag, M. Becker, T. Malafy, K. Henne, G. Gitsch

DOWNREGULATION OF AKT SIGNALLING INDUCES AUTOPHAGY DURING MULTICELLULAR SPHEROID FORMATION OF ASCITES-DERIVED PRIMARY HUMAN EPITHELIAL OVARIAN CANCER (EOC) CELLS

T. Shepherd, R. Correa, Y. Ramos-Valdes, M. Bertrand, M. Prefontaine, A. Sugimoto, G. DiMattia

RT-PCR DETECTION OF NODAL INVOLVEMENT IN UTERINE CERVICAL CANCER.

V. Samouëlian, F. Revillon, E. Leblanc, D. Querleu, J. Peyrat

EARLY INVASIVE CERVICAL ADENOCARCINOMA: IS RADICAL TREATMENT INDICATED?

P. Rubabaza, J. Hauspy, K. Onuma, D. Daya, A. Rajagopalan, K. Ceballos

DETERMINANTS OF LYMPH NODE COUNT IN ENDOMETRIAL CANCER STAGING

B. Cormier, P. Sauthier, G. Zang, M. Mayrand

PROSPECTIVE SURGICAL AND PATHOLOGICAL DATABASE OF APPARENT STAGE I ENDOMETRIAL CARCINOMA

L. Eiriksson, A. Schepansky, V. Capstick, W. Faught, H. Steed

VALIDATION OF THE MODIFIED SEXUAL ADJUSTMENT AND BODY IMAGE SCALE IN WOMEN WITH A DIAGNOSIS OF GYNECOLOGIC CANCER (SABIS-G)

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

EVALUATION OF PANDEMIC H1N1(2009) INFLUENZA VACCINE IN ADULTS WITH SOLID TUMOR MALIGNANCIES ON ACTIVE SYSTEMIC TREATMENT

J. McGee, H. Mackay, A. Oza, K. Macalpine, L. Tinker, L. Wang, J. Kuruvilla, D. Villa, J. Gubbay, L. Shi

LOW MALIGNANT POTENTIAL TUMOR REPRODUCTIVE RISK FACTOR ANALYSIS FROM THE FOTS: A MATCHED CASE-CONTROL ANALYSIS

J. McGee, S. Narod, P. Sun, J. Moody, I. Fan, J. McClaughlin

RISK FACTORS FOR CARCINOMA OF THE FALLOPIAN TUBE IN WOMEN WITH AND WITHOUT A GERMLINE BRCA MUTATION

D Vicus, A Finch, B Rosen, I Fan, L Bradley, I Cass, P Sun, B Karlan, J McLaughlin, S Narod

EFFECTIVENESS OF RISK REDUCING SALPINGO-OOPHORECTOMY IN PREVENTING OVARIAN CANCER IN FRENCH CANADIAN BRCA MUTATION CARRIERS

O Bacha, J Gregoire, K Grondin, M Plante

RISK OF MALIGNANCY INDEX: HOW FREQUENTLY CAN WE CALCULATE THE SCORE?

H Chiu, J Dodge

OUTCOMES OF UTERINE PAPILLARY SEROUS CARCINOMA PATIENTS TREATED WITH COMBINATIONS OF ADJUVANT CHEMOTHERAPY, VAGINAL VAULT RADIOTHERAPY, EXTERNAL BEAM RADIOTHERAPY, OR CONSERVATIVE MANAGEMENT

S Fung, L Eiriksson, V Capstick, A Schepansky, G Dundas, R Pearcey, W Faught, H Steed

OUTCOME AND QUALITY OF LIFE IN THE FIRST 100 ROBOTIC SURGERIES FOR ENDOMETRIAL CANCER WITH FOCUS ON ELDERLY PATIENTS

Z Vaknin, S Lau, P Tamar, R Kaufer, N Drummond, S Brin, C Deland, I Gourdji, S Aubin, W Gotlieb

**Poster Presentations
from GOC Colleagues**

DEVELOPING A CERVICAL CANCER PREVENTION PROGRAM IN A LOW RESOURCE COUNTRY

B Rosen, H Mabeya, O Omenge, D Caloia, S Cu-Uvin

SURGICAL MANAGEMENT OF THE MORBIDLY OBESE PATIENT USING THE DA VINCI ROBOTIC SURGICAL SYSTEM

M Bernardini, J Murphy, B Rosen

OVARIAN CANCER IN THE ELDERLY PATIENT: ARE WE DOING ENOUGH?

M Renaud, J Grégoire, M Plante, M Roy

PATIENTS' PREFERENCES FOR INTRAPERITONEAL CHEMOTHERAPY IN OVARIAN CANCER

M Hopkins, D Coyle, T Le, J Weberpals, M Fung-Kee-Fung

SENTINEL LYMPH NODE DETECTION IN PATIENTS WITH VULVAR CARCINOMA - FEASIBILITY OF INTRAOPERATIVE MAPPING WITH TECHNETIUM-99M-LABELED NANOCOLLOID

D Denschlag, M Klar, M Stumpf, I Brink, E Stickeler

PALLIATIVE RADIOTHERAPY FOR CERVICAL CANCER IN TANZANIA

L van Lonkhuijzen, G Thomas

ASSESSMENT OF THE MANAGEMENT OF ATYPICAL GLANDULAR CELLS ON PAP SMEAR IN THE OTTAWA HOSPITAL REGIONAL CERVICAL SCREENING PROGRAM

S Deeb, L Hopkins, D Coyle, W Hicks

CHARACTERIZING THE LEARNING CURVE FOR LAPAROSCOPIC RADICAL HYSTERECTOMY: BUDDY OPERATING AS A TECHNIQUE FOR ACCELERATING SKILL ACQUISITION

C Reade, M Schmuck, F Moens, J Hauspy

MOVING BEYOND PRIMARY SCREENING FOR CERVICAL CANCER IN LOW-RESOURCE SETTINGS

N Jumah, B Rosen

PROGNOSIS AND IMPACT OF ADJUVANT TREATMENT OF UTERINE CARCINOSARCOMA

S Fortin, E Sagr, P Drouin, D Provencher, P Sauthier, P Gauthier

MORTALITY AND MORBIDITY ASSOCIATED WITH SURGERY FOR ENDOMETRIAL CANCER IN WOMEN =70 YEARS

M Nourmoussavi, L Gilbert, L Souhami, L Portelance, R Agnihotram, J Arseneau, G Arthro, C Rienhold, G Stanimir

LAPAROSCOPY FOR TREATMENT OF ENDOMETRIAL NEOPLASIA IN OBESE PATIENTS: A RETROSPECTIVE ANALYSIS

L Knowles, J Hauspy

THE ROLE OF LAPAROSCOPIC GUIDANCE FOR GYNECOLOGIC INTERSTITIAL BRACHYTHERAPY

E Wiebe, D D'Souza, K Surry, M Prefontaine, A Sugimoto

COMPARATIVE STUDY OF INTRAPERITONEAL CHEMOTHERAPY ASSOCIATED GRADE 3 / 4 TOXICITIES AFTER PRIMARY VERSUS INTERVAL SURGICAL DEBULKING

H Latifah, T Le, L Jolicoeur, W Faught, M Fung-Kee-Fung

DOES INTRAPERITONEAL CHEMOTHERAPY BENEFIT OPTIMALLY DEBULKED EPITHELIAL OVARIAN CANCER PATIENTS AFTER NEOADJUVANT CHEMOTHERAPY?

H Latifah, T Le, L Jolicoeur, W Faught, M Fung-Kee-Fung

MORBIDITY OF RISK REDUCING SALPINGO-OOPHORECTOMY IN BRCA MUTATION CARRIERS

O Bacha, J Gregoire, K Grondin, M Plante

SELECTING THE OPTIMAL TREATMENT FOR OVARIAN CANCER IN SUB-SAHARAN AFRICA: A JOINT PROJECT BETWEEN THE UNIVERSITY OF TORONTO AND MOI UNIVERSITY IN ELDORET, KENYA

L Sterling, J Nyangena, D van Lonkhuijzen, D Orango

GSK Grant for Resident Research in Cervical Cancer

The winning proposals for the GSK Research Grant in Cervical Cancer were announced at GOC's Annual General Meeting in June 2010. The winning projects will be presented at our 32nd Annual General Meeting in June 2011. The winners are, in no particular order:

PI Lisa Rambout: *A NOVEL APPROACH USING THE DYNAMIC AND RELATIONAL FEATURES OF A GEOGRAPHIC INFORMATION SYSTEM (GIS) TO GUIDE HEALTH SERVICE DELIVERY PLANNING AND IMPLEMENTATION OF HPV VACCINATION AMONG SCHOOL GIRLS IN ONTARIO*

PI Francis Rodier: *PREFERENTIAL SENSITIZATION OF CERVICAL CANCER CELLS TO RADIATION USING A DEFINED CERVICAL CANCER CELL CULTURE MODEL*

PI Vanessa Samouëlian: *MOLECULAR DETECTION OF LYMPH NODE METASTASIS IN UTERINE CERVICAL CARCINOMA*

We look forward to announcing this year's winning projects at AGM on Saturday June 25, 2011!



Yan Sergerie (GSK), Vanessa Samouëlian, Michael Fung-Kee-Fung

AGM 2010 in Review (continued)

AGM 2010 from a Business Perspective

The GOC welcomes to the Society its newest members, voted-in by the membership at the June 6, 2010 Annual Business Meeting in Montreal

Najla Al Marri, Fellow - Gyn Oncology, Calgary

Christina Aquino-Parsons, Rad Oncologist, Vancouver

Omar M. Bacha, Gyn Oncologist, Brazil

Lua Eiriksson, Fellow - Gyn Oncology, Edmonton

Suzanne Fortin, Gyn Oncologist, Montreal

Anthony Fyles, Radiation Oncologist, Toronto

Limor Helpman Bek, Gyn Oncologist, Israel

Hassan M. Latifah, Gyn Oncologist, Saudi Arabia

Marette Lee, Fellow - Gyn Oncology, Vancouver

Jacob McGee, Fellow - Gyn Oncology, Toronto

Anwar Moria, Fellow - Gyn Oncology, Montréal

Gregory S. Nelson, Gyn Oncologist, Calgary

Xiaoyu Niu, Fellow - Gyn Oncology, Montreal

Heidi Penstone, Registered Nurse, Toronto

Catriona Roberts, Advanced Practice Nurse, Toronto

Alexandra Sebastianelli, Gyn Oncologist, Québec

Randi Shaul, Clinical Associate, Toronto

Jeremy A. Squire, Scientist, Kingston

Carrie Thornton, Registered Nurse, London

Zvi Vaknin, Gyn Oncologist, Israel

Stéphanie Van Rensselaer, Registered Nurse, Montréal

Danielle Vicus, Fellow - Gyn Oncology, Toronto

Thomas Warkus, Gyn Oncologist, Montréal

GOC Executive & Council and Committee Members on July 1, 2010

GOC Officers (Executive)

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 2008- June 2011

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 2008- June 2011
Dr. Tony Fyles	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 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 Chair	Ex-Officio	Indeterminate
Dr. Allan Covens, Royal College Nucleus	Committee Chair Ex-Officio	July 2010- June 2012
Dr. Rachel Kupets, SOGC/GOC/SCC	Ex-Officio	July 2010- June 2013

Policy & Practice Guidelines Committee

Dr. Michel Préfontaine, GOC/CMA representative	Ex-Officio	Indeterminate
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AGM Programme Committee

Dr. Jason Dodge	Chair	July 2008- 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 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 2010- June 2013
Dr. Johanne Weberpals	Representing Translational Research	

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 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

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 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. 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 2008- June 2011
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. Alexandra Schepansky	SCC President	July 2009- June 2011
Dr. Ahmed M. Ezzat	SOGC President	July 2010- June 2011
Dr. Jean Grégoire	Québec	July 2010- June 2013
Dr. Julie Ann Francis	Ontario	July 2010- June 2013
Dr. Christopher Giede	Western	July 2009- June 2011
Dr. Patti Power	Atlantic	July 2008- June 2011
Mrs. Hélène Soublière	Committee Coordinator	



Dr. Michael Fung-Kee-Fung, GOC's 16th President



Dr. Marie Plante, 15th GOC President, with Dr. Gotlieb



Gwen Vineberg and Nancy Drummond of the GOC. On behalf of the GOC, Nancy donates the proceeds of \$1,325 from the 2010 Run for her Life event. Gwen Vineberg is an ovarian cancer survivor. She facilitates a support group called the Ovarian Support

Circle for women diagnosed with ovarian, fallopian or peritoneal cancer. The group meets once a month. These funds have gone towards their education initiatives. Most recently, they invited three oncology nurses to one of their regular meetings to answer questions and the next speaker will be an ethicist who is an ovarian cancer patient herself to address the topic of *Informed Consent*.



GOC Member Professor Eduardo Franco Nominated as a McLaughlin Gallie Visiting Professor for the Royal College of Physicians and Surgeons of Canada for 2011

GOC's own Dr. Eduardo Franco was nominated and selected as the McLaughlin Gallie Visiting Professor for the Royal College of Physicians and Surgeons of Canada for 2011. The visiting professorship was established in 1960 and commemorates the outstanding contributions to medical science of Dr. William Edward Gallie of Toronto. He was previously a former Professor of surgery and Dean of the Faculty of Medicine at the University of Toronto. He was also a close friend and colleague of Colonel R. Samuel McLaughlin, founder of the McLaughlin Foundation. The visiting professorship is an endowed travel grant that allows rotating specialty societies to nominate a candidate for this position.

Dr. Eduardo Franco is one of the pioneers and leading researchers in cervical cancer control and his work in HPV and related fields have been cited worldwide. Dr. Franco has accepted to be the visiting professor and will be touring through 2 to 3 Canadian universities as part of this visiting fellowship. GOC will be coordinating in terms of site selection for Professor Franco's visits. This is the first time GOC has been able to nominate a McLaughlin Gallie Visiting Professor and it is a great credit to the Society and of course to Dr. Franco. We look forward to hearing back about his experiences at the end of year.



A Little Escape from Gyn Oncology???

Tom Ehlen – A Race Car Driver!

Compass360 Racing has a remarkable track record, having brought home Grand-Am Continental Tire Sports Car Challenge Championship trophies in 2010, 2009 and 2007. With support from Durabond, the team also won the Canadian Touring Championship in 2010. In 2011, multiple championship winner Lawson Aschenbach will drive the team's #71 Honda, and front-running regional racer Tom Ehlen will pilot #72.

Tom Ehlen becomes the newest of the drivers in Compass360's Driver Development program. He will take advantage of Speed Secrets coaching at every World Challenge event this year. "Moving up to the pro level is the next step in my racing career, and I know the guys at Compass360 and Speed Secrets will help me get the job done," noted Ehlen.

Good luck Tom!



News from GONPPC

GOC Nurses Present at IGCS

The 13th Biennial Meeting of the IGCS was held in Prague, Czech Republic in October. This year the theme for the Nursing Educational Symposium was Gynecological Cancer Nursing and Innovations in Practice. Two GOC Nurses, Joanne Power & Enza Ambrosio, presented on "Care Coordination for Gynecologic Cancer Patients in Canada" at the symposium. Their presentation described the role of nurses in coordinating care for gynecologic cancer patients in Canada and discussed different models of care coordination that exist in Canada, such as Nurse Navigator, Infirmière Pivot, and Clinical Nurse Specialist. Joanne was a member of the planning committee for this year's Nursing Educational Symposium, and the members of the GONPPC, the GOC's Nursing Committee, will be involved in planning the Nursing Educational Symposium for the next IGCS Biennial Meeting in Vancouver in 2012.

2010 Canadian Association of Nurses in Oncology (CANO) Award Recipient is Another GONPPC Member!

Heidi Thomas received the Canadian Association of Nurses in Oncology (CANO)/Ovarian Cancer Canada Award for Excellence in Gynecology-Oncology Nursing at the Annual Conference in Edmonton this past September. The award acknowledges a CANO member who has made significant and outstanding nursing contributions in gynecology-oncology with a preferred focus on ovarian cancer. This award is one of a series of awards given out by CANO on an annual basis to recognize the outstanding achievements of Canadian oncology nurses. The winners are nominated by their colleagues from across the country.

The GONPPC published an article in The Canadian Oncology Nursing Journal, describing their experience of CoP in relation to the Canadian IP implementation strategy. CoP was an effective way to learn and to create, producing significant professional and personal accomplishments for GOC nurses. Here is an excerpt:

...Perhaps our biggest accomplishment was the realization that by connecting our personal development and professional identities as nurses to the strategy of the organization (GOC, comprehensive cancer centre), our value as interdisciplinary contributors to clinical and research activities became known. We realized that by

focusing on a knowledge domain that nurses care about has a direct impact on the organization, we became relevant, valuable and successful in cultivating an awareness of our evolving capabilities potential to open new possibilities. Nursing knowledge can be intentionally managed strategically to deliver benefits to both nurses and the formal organization....

Energized and encouraged by our outcomes from the CoP experience, the GONPPC has made a bridge with the Canadian Association of Oncology Nurses by creating a Gynecologic Oncology Special Interest Group (SIG) to join together nurses from across Canada who have a common interest and passion in gynecology oncology. The intent is to contribute to the strategic thinking of both of our formal organizations (GOC, CANO).

Reference:

Nancy Drummond RN, MSc(A), CON(C); Lynne Jolicoeur RN, MScN, CON(C); Joanne Brodeur, RN, BSc, CON(C); Diane Dalbello RN, MSc; Janet Giroux RN, Msc, CON(C); Teresa Jones RN, BSc.; Helene Marceau RN BSc.; Joanne Power RN MSc CON(C); Heidi Thomas RN, CON(C); Lisa Tinker RN MSc. (2010) **Communities of Practice: Working in New Ways to Advance Gynecologic Oncology Nursing.** *Canadian Oncology Nursing Journal*, Fall, Vol.20. No. 4, pg 204

Grant Proposal for MIS Surgery Submitted To CIHR

By Dr. Walter Gotlieb

A new and exciting milestone has been reached by the GOC Communities of Practice in Minimally Invasive Surgery. In a joint national effort, and with the support of all academic centers, Dr. Bernardini has put together with the help and assistance of many, a grant proposal to the CIHR entitled "A prospective

study evaluating surgical and quality of life outcomes after laparotomy, laparoscopy, and robotic surgery for the management of endometrial and cervical cancers in Canada". This pan- Canadian study will investigate the optimal surgical approach for uterine and cervical cancer. In addition to the scientific interest, the

results are expected to create the data needed for each center to convince their administration and government and obtain more access and support for MIS, ultimately allowing all of us to provide better care to our patients.

“Building Capacity in Wait Times Management in Canada”, a Project of the New CoP in Wait Times and Human Resources

GOC has received funding to support its CoP in Wait Times and Human Resources. Two champions have been identified, Drs. Barry Rosen and Diane Provencher.

To kick-start the project, all Gyn Oncology Division Heads were asked to complete an electronic survey which compares wait times and HR needs with the actual clinical resources available. The results of which were presented at CoP Forum in December 2011. The findings confirmed that in some provinces, gynecologic oncology teams have less access to resources than they did 10-15 years ago. While this could be said to be true of almost all surgical specialties, the fact remains that the burden of providing specialized gynecological cancer care rests with only a handful of hospitals which in turn are usually regional resources. The findings presented also underscored the trends nationally that hospitals are becoming more accountable for their activities and as such, are under increasing pressure from an growing number of different treatment areas. In addition, their budgets are not increasing at the

same rate as either inflation or disease burdens. The net impact is that patients now need to wait longer and longer before they can have access to care for gynecologic malignancies.

As a follow-up, we will be documenting the variation in resources to the disease burden by province and by region if we can. Afterward, we will be working to identify best practices and gaps in care regionally and possible solutions to these. We have already, at the preliminary stage, identified that there are some simple practice efficiencies that are present in some regions and not in others, and we hope to identify strategies to address these across the country.

Also under consideration with our group is the access to new clinical practices and procedures nationally. This is another area where the group as a whole will be looking at exploring the patterns across the country and more specifically the educational needs of gynecology oncologists and opportunities for improving skills.

A report will be written that we hope will provide the baseline for a constructive discussion both at the Society and regional levels. Our end goal will be to influence decision-makers (policy and governments) to work with us to provide timely care for women with gynecologic malignancies.

Our next steps:

- To produce a consensus document on the state of gynecologic cancer services; their quality relative to present and evolving needs
- To analyze Wait Times and access data in order to identify possible solutions.
- To develop an advocacy strategy

We acknowledge the generous support of Ovarian Cancer Canada in this initiative.

Stay tuned for more information. If you are interested in viewing the survey results, please visit the Member Home Page at www.g-o-c.org.

Dr. Krepart Retires After a 34-Year Career!

By Dr. Robert Lotocki

Garry's academic and professional career as a gynecologic oncologist began in 1976 and ended in Winnipeg in 2010.

Garry facilitated and promoted the delivery of optimal health care delivery to women. He served on numerous committees with numerous colleges and societies that included the Manitoba Medical Association (Doctors Manitoba), the College of Physicians and Surgeons of Canada, the Society of Gynecological Oncologists (SGO) including serving as presidents the Society of Obstetricians and Gynecologists of Canada (SOGC), Felix Rutledge Society, the Society of Gynecologic Oncologists of Canada (GOC).

In 2004, Garry was a co-recipient with Denny De Petrillo of the first GOC Presidential Medal Award, recognized for their public service, leadership, academia, and research. He was one of the founding members serving as the Society's president in 1990 and 1991.

Garry was instrumental in the training of 21 fellows that are in current practice in several jurisdictions from the east to the west coasts of Canada, and in Chile, Saudi Arabia and Kuwait. Their fellowship included



their families, resulting in a professional comradeship and lasting friendship.

Garry's retirement dinner became a retirement day. It was made more special with the presence of several of his past fellows coming to join in the celebration. They came from across Canada (John Mazurka, Mark Heywood, Michael Fung-Kee-Fung, Wylam Faught, Tien Le, Paula Rittenberg, Pam Chu) and as far as Saudi

Arabia (Hatim Al-Dabbagh) and Chili (Tulio Rodriguez) to celebrate Garry's career and wish him a long and fun retirement. Those who could not make the trip to Winnipeg sent special personal messages.

Garry and I have been partners for 28 years. Our partnership included Mark Heywood for 15 years before his departure to Vancouver, and currently Shaundra Popowich for the past few years, and more recently Erin Dean. We had great partnership. We agreed to disagree. Patients had a continuity and consistency of care. You could operate on a woman for her cancer; the other could see her the next day and so on without missing a beat.

Garry will be remembered for some of his quotes:

What do you mean I am never in town?

I love clinic.who else is in clinic?

The patient needs to get up.strip her bed.

That's a great question. why don't you do a chart review?

Don't worry about it. get over it!

Garry was a great teacher, a great mentor and a great partner. Although Garry is retired, his clinical presence in the operating room will continue in several operating rooms in Canada and abroad.

Three More GOC/OCC Grant Recipients Choose Gyn Oncology!

My Elective Experiences in Vancouver and Calgary....

By Dr. Allison Ball, PGY5, Dalhousie University

My decision to pursue gynecologic oncology was an easy one. My interest had been piqued as a medical student at the University of Calgary, and was confirmed during my residency at Dalhousie University. I eagerly awaited my opportunity to visit training programs in my PGY4 year and the time finally arrived during the fall of 2009.

Due to a generous bursary from The Society of Gynecologic Oncology of Canada and Ovarian Cancer Canada, I was able to visit both the Vancouver and the Calgary Gynecologic Oncology programs. Due to time constraints, I could not visit as many sites as I would have liked, but I was excited for the opportunities ahead. I looked forward to meeting more people in the discipline and seeing what the programs had to offer.

Vancouver was an enriching experience, and filled with opportunities to learn. There was a great amount of clinical exposure, challenging inpatient cases, and surgical experience. (I even had the opportunity to spend a day in the laparoscopic robotic suite!) The on-service team was well organized and all team members were able to take an active role in patient care. I observed a strong relationship among the three fellows I met there; and saw that they were products of an excellent educational program. Furthermore, the staff was collegial, supportive and very welcoming. I spent



an enjoyable evening with Drs. Janice Kwon and Mark Carey, during which I was able to discuss the fellowship training program in more detail. By the end of the elective, I was sorry to be leaving. After a month, not only was I learning so much, but I was enjoying all that Vancouver had to offer. Thanks to everybody who made my experience so great!

Landing in Calgary, I felt very much like I was “coming home.” Not only am I Albertan, but as a medical student, I had done an elective with the Calgary gynecologic oncologists. It was great to be back. The learning was broad since there was a wide variety of inpatients on service. In addition to the gynecologic oncology patients,

there were patients from both palliative care and radiation oncology under our care. This made for a great mix of learning opportunities. Furthermore, there were pathology rounds, fellow teaching, and grand rounds in which to participate. I observed great camaraderie among the staff, fellows, and residents, making it a comfortable learning environment. The team seemed to enjoy themselves, and warmly accustomed me to life on their service. The dedicated work atmosphere was balanced with some fun – be it declaring Thursday clinic as a “fun shoe” day, or enjoying social time after hours.

My time spent on elective in both cities helped solidify my decision to pursue a career in gynecologic oncology. I was thrilled when Dr. Prafull Ghatage offered me a position in the Calgary program, which I will be starting in the summer of 2011.

I would like to thank everyone, in both Vancouver and Calgary, who helped make my elective experiences rich and rewarding. I would also like to thank Ovarian Cancer Canada and the GOC for providing me with financial support. I am honored to be joining you as colleagues and look forward to meeting more of you at future GOC meetings.

“Three More GOC/OCC Grant Recipients Choose Gyn Oncology!” continued on page 12 and 13.

GYNECOLOGIC CANCER: UNIVERSAL ACCESS TO MINIMAL INVASIVE SURGERY

McGill University Division of Gynecologic Oncology, under the auspices of
The Society of Gynecologic Oncology of Canada (GOC)
Welcomes The European Society of Gynaecologic Endoscopy (ESGE)

Friday, October 14th to Sunday, October 16th, 2011
Montreal, Quebec

Not to be missed - Parralel Live Surgeries, Symposia, Keynote Speaker.

Faculty: John Boggess · Michel Canis · Al Covens · Tommaso Falcone · Gerald Fried · Michael Fung-Kee-Fung · Lucy Gilbert · Walter Gotlieb · Kris Jardon · Éric Lambaudie ·
Susie Lau · Marie Plante · Diane Provencher · Denis Querleu · Arash Rafii · Michel Roy · Gerald Stanimir · Arnaud Wattiez

Program details are available at www.g-o-c.org.

Two months, Two cities, One Great Experience

By Dr. Leah Jutzi, PGY4, University of Western Ontario



I am a fourth year resident at the University of Western Ontario in London. During my residency, I have had a growing interest in gynecologic oncology. After completing my rotation in London in the summer of 2010, I decided to enhance my

experience by visiting other centres.

November 2010: Toronto

I arrived in Toronto on a sunny Sunday afternoon with my husband. My husband is a pathology resident who was also on elective and we were able to spend the month together, exploring the city from our basement rental in Cabbagetown.

I spent my first two weeks at Sunnybrook Hospital. Upon arriving on the ward, I was given a warm welcome by Tharani, the resident on service. After seeing the patients, we headed down to the OR for a full day of cases. I had a lot of opportunities to get involved in the OR since the fellow, Jake McGee, was away for the week. As is always the case in a new hospital on the first day I spent most of my time between cases getting my ID badge, parking pass and scrubs. This all went very smoothly thanks to the detailed instructions I received prior to my arrival.

Our days started on the floor rounding on our patients with the help of some very keen medical students. Every day except Wednesday was spent in the operating room, and with some days being double booked, there was more than enough operative exposure. I had the opportunity to work with Drs. Osborne, Covens and Gien (Dr. Kupets was away on maternity leave). Upon Jake's return during my second week, I found that he was a pleasure to work with and a great resource. During my time in the operating room I was given the opportunity to participate in my first sentinel lymph node biopsies as well as my first radical vaginal trachelectomy.

Clinic days were busy, but they were also another great learning experience owing to a high volume of patients. I appreciated the opportunity to discuss patients at Tumour Board on the day they were seen. It was always

interesting to hear different opinions regarding the management of difficult cases. I was also able to attend journal club and witness a lively and educated discussion on the merits of upfront debulking versus neoadjuvant chemotherapy for advanced ovarian cancer.

I spent the majority of my second two weeks at Princess Margaret Hospital. Here I had the pleasure of working with Siobhan and Lindsay, two very hardworking senior residents, as well as the fellow on service, Danielle Vicus. Danielle was very welcoming and another helpful resource. I was grateful for the opportunity to work with Drs. Rosen, Murphy, Laframboise, Bernardini, Ferguson and Dodge. They were all very enthusiastic teachers. Following morning rounds, my time at PMH was divided between the clinic and the operating room. These were also very busy clinic days, but time was always made for teaching. I appreciated the opportunity to experience the variations in practice between two different sites, and again to sit in on Tumour Board discussions.

Outside of the workplace, we took advantage of the many great restaurants in the city and visited our family and friends who live there.

December 2010: Vancouver

After an early Christmas celebration with my family in Waterloo, it was on to Vancouver. I was greeted at the airport by my childhood friend and her new baby. I spent the majority of my time at their place in Kitsilano and found that this was an easy commute to Vancouver General Hospital. Although in December Vancouver certainly is the 'wet' coast, I was happy to escape the huge snowstorms back in Ontario.

On my first day I made my way up to the inpatient ward at VGH and met Sheona and Grace, the two very friendly residents on service. Later on in my rotation I would work with Jan Lyons, another excellent resident. I also met Murette Lee and Shannon Salvador, the fellows. Several staff members arrived and we reviewed the operating room slate for the week. It was helpful to have a preview for the week and a forum to address any anticipated issues. I was given a very valuable orientation from Murette and then it was off to get myself an ID badge and temporary BC medical license.

Over the next four weeks, my time was divided fairly equally between the clinic and operating room thanks to Murette and Shannon's thoughtful scheduling. I

had the opportunity to work with Drs. Miller, Stuart, Ehlen, Heywood, Carey, Kwon, McAlpine and Finlayson. They were all great educators and very welcoming individuals. I was impressed by the huge volume of cases in the operating room and the use of both open and laparoscopic approaches. I had the opportunity to practice my skills in both laparoscopic and vaginal surgery. I also saw my first two laparoscopic assisted radical vaginal hysterectomies.

I attended both follow-up and new patient clinics at the BC Cancer Agency. New patients in the BCCA clinic are assigned to learners ahead of time. It was very helpful to be able to read about the patients before clinic, particularly the more unusual cases. On two occasions, I travelled to Surrey to see patients in the satellite clinic there. This was another great opportunity to see new patients as well as follow-up some of the patients I had cared for in hospital.

As in all my gynecologic oncology rotations, I found the Tumour Board discussions in Vancouver educational and interesting. Gynecology rounds and journal club were other educational activities within the department from which I learned a great deal.

As in Toronto, not all my time was spent at the hospital. Drs. Carey and Kwon were kind enough to invite me over for dinner in honour of Sheona and Grace completing their three month rotation. Murette, Sheona and Grace were also kind enough to include me in their end of rotation celebrations. I also did my best to eat my share of sushi (which is much better than in Ontario) and take in some of the sites in Vancouver.

What I Learned

At the end of my time away, I am more certain than ever that a career in gynecologic oncology is for me. I have learned a lot, and while I realize I have so much more to learn, I am excited to do so. I have been so inspired by the staff and trainees I have had the pleasure of working with and the patients I have the pleasure of helping to care for. I would like to send a huge thank you to the administrators, nurses, physicians, fellows and residents who I met along the way.

Lastly, I would like to extend my sincere thanks to Ovarian Cancer Canada and the Society of Gynecologic Oncology of Canada for their financial support of my elective experiences.

An Awesome Gyn-Oncology Elective in Toronto

By Dr. Clare Reade, PGY-3, McMaster University



I thoroughly enjoyed my rotation in gyn oncology in Hamilton as a PGY-3, and I wanted to explore this interest further. Dr. Jan Hauspy was new on staff at McMaster, and he recommended Toronto as a great place to learn. After

setting up the elective, I had a whole year to think about what the experience might be like. My elective certainly did not disappoint!

I spent a total of three months in the 'big city' with my time split between University Health Network and Sunnybrook Health Sciences from January to March.

My first stop was UHN, where I worked on a big team of housestaff that included a fellow (Dr. Jake McGee), two other senior residents, two junior residents, and two clerks! Morning rounding was quite the scene; we certainly had the most fun of any team on the surgical floor. My time was split between clinics at Princess Margaret Hospital, and the floor and OR at the Toronto General. It seems people in downtown Toronto keep in shape by running across six lanes of traffic, in the snow, multiple times per day between the two buildings!

I had the great privilege to work with the fantastic team of gyn oncologists (Drs. Bernardini, Dodge, Ferguson, Laframboise, Murphy and Rosen), several gyn pathologists, medical oncologists, and excellent nurses. Their enthusiasm and sheer love of the job was very inspiring. For me, the most memorable moments included seeing the DaVinci robot in action, following a patient with GTN in the clinic, path rounds, and dissecting out several ureters and lymph nodes in the OR. I even participated in a radical debulking procedure where we resected a portion of the diaphragm and liver! While at UHN, I had the opportunity to attend one of the multi-disciplinary surgical oncology fellow dinners. It was really nice to see the various surgical

oncology disciplines working together to put on educational events. After six weeks at UHN, I was already sold on gynecologic oncology and couldn't wait to see what the other site was like.

My second stop was Sunnybrook, where I worked in a much smaller team of a fellow (Dr. Danielle Vicus) and one other senior resident. Again, my time was split between the clinic and OR; this time all contained in one massive, sprawling building. Drs. Covens, Kupets and Osborne were great to work with! I really enjoyed the way they worked so closely with the radiation oncologists in the clinic, and talked through difficult cases together. At this site, Tumour Board was a weekly highlight, and was always full of discussion. Other memorable moments at this site were observing several radical trachelectomies, advanced laparoscopic procedures including sentinel nodes, and lots of bowel surgery. On several occasions, I was able to go to the OR at the Scarborough General Hospital with Dr. Covens. It was very interesting for me to see this model of subspecialty care in a community setting. The SGO meeting in San Francisco was on during my time at Sunnybrook. While there, the Toronto gang was very welcoming, and included me in their social events! After the end of my elective, I knew this was definitely the place for me.

The GOC/OCC elective grant really helped make this experience possible; allowing me to rent an apartment downtown for the six weeks at UHN. While at Sunnybrook, I was able to stay with my husband's 80 year old Great Aunt! Living nearby allowed me to do call, and to get the full clinical experience. I learned a lot from both staff and fellows in the clinic, OR and on the ward. The experience I gained managing complicated patients has been very helpful now that I'm chiefing. In the end, this elective led to a fellowship position in Toronto; a challenge I'm really looking forward to next year! A big thanks to everyone who helped make my Toronto elective 'awesome', and also to Drs. Mazurka, Moens, Elit, and Hauspy in Hamilton who first showed me how great this sub-specialty could be.

Profiling our Members



Katharina Kieser

Katharina completed her wanderlust and returned to Dalhousie Medical School in 1993. During a hectic night as a clerk on obstetrics the interest in O&G was seeded and she continued on to a residency in O&G at Dalhousie. After completing residency Katharina, with her husband Mark, moved to Toronto for a three year fellowship in Gynecologic Oncology.

Toronto provided a great opportunity to work with many different staff during the clinical training as well as making good national & international friends with the fellows there.

The research year was hectic working in Steve Gallinger's lab and doing a MSc in Clinical Epidemiology. Toronto was a fertile place for both ideas and babies. Katharina & Mark had their first child during their 1st year in Ontario & the second baby was grown during the research year.

After completing the fellowship Katharina moved back to Halifax where Mark had established his practice in HPB surgery & transplant. Joining the gyne onc group Katharina maintains her gyne onc group practice, clinics with the Maritime Medical Genetics and Laparoscopic Hysterectomy Courses for community gynecologists.

Katharina is enjoying practice in Halifax where she can balance the 3 kids and family with aikido & her gyne onc practice.

On the International Front

Update from Kenya

By Dr. Barry Rosen

I recently spent two weeks in Kenya, in Eldoret at Moi Teaching and Referral Hospital where I had the opportunity to work with Omenge again and one of his colleagues Itsura. It was January and the weather was spectacular, 85°F and sunny every day. This was my third trip to Kenya, and it was during my previous trip that I used the GOC cervical cancer training modules to teach them how to do a radical hysterectomy.

During this visit, I had the opportunity to work with them in the OR, in a new gynaecologic oncology clinic and on the wards. The Kenyan gynecologic oncology program has developed quite a lot since my initial visit. The Dept. of Obstetrics and Gynecology is committed to supporting the gynecologic oncology subspecialty in terms of resources and protected time. Omenge and Itsura are also both interested in receiving more training in gynecologic oncology and the idea of the creation of a gyn oncology fellowship training program in Kenya took some shape. I proposed the concept of a fellowship program to the leaders of the Ob-Gyn Department who fully support the concept and are willing to work with us to develop a curriculum. Support was also received by the President of the Ob-Gyn National Specialty Society

The next step is to develop a curriculum and to present it to Moi University Department of Obstetrics and Gynecology. Once the curriculum is accepted at this level, it would go to their post-graduate education committee, then to the Dean of Medicine and finally to the Moi University Board of Governors. The certificate of competence would then be issued by Moi University, as there is no equivalent to the Canadian Royal College.

The idea and belief that a fellowship program can be offered to Kenyans in Kenya is a result of the success

of implementation of radical hysterectomy training program which was developed by the GOC Communities of Practice in International Health. This training module was so well constructed that it becomes the template for development of other teaching modules in gynaecologic oncology.

While working with Omenge and Itsura, it became apparent that they are craving more knowledge and want desperately to be able to offer expert oncology care in Kenya. Gynecologic malignancies are a significant cause of cancer death in all of Sub Saharan Africa. In fact, no other disease site including breast, colorectal and lung come even close in terms of the number of deaths caused by these cancers. The strategy for developing a training program in Kenya is to promote sustainability of oncology expertise for these patients. Through a formal program, those who complete the training will be awarded an official certificate that will be recognized by their colleagues. If successful, those initially trained will become trainer of others in a scenario that is not much different from Canada when Garry Krepart and Denny DePetrillo returned from United States and began training Canadians.

GOC can play a significant role in the development of this training program and there might even be a few GOC members willing to participate as faculty! This program will become part of GOC CoP in International Health and will integrate with the work currently being done in Uganda by Dianne Miller and others from Vancouver as well as with Laurie Elit's efforts in Mongolia.

I look forward to discussing this with many of you at the next GOC meeting at the end of April.

Success in Kenya!

Trainees in Kenya Report on Their First Rad Hyst!

Dear All,

Just wanted to share with you all today's first in Gyne Onc...the first radical hysterectomy performed by Dr. Omenge and Dr. Itsura. Lymph nodes were teased out with ease, ureters were uncovered and admired, and all the students glowed with amazement as they made their first sighting of the obturator nerve (picture #1).



Throughout, all that could be heard across the table was...did you see my ureter? iko wapi? Have you cut the ureter? Where's the ureter?....In fact, it was always in sight.

We hope Dr. Rosen will also be beaming in delight. Thanks to his recent training camp, along with donations from IU covering today's surgical costs, patients now diagnosed early enough through the cervical cancer screening program have surgical options closer to home.

As I like to remind myself...Leo ni afedhali kuliko jana...(today is better than yesterday)

Thank you to everyone on this listserv for making today happen,

Astrid

PS. Yes, Barry, we did go back to get a bit more cuff on the one side...



GOC Member Performs First Robotic Hysterectomy in China!

During my stay in China, Walter H. Gotlieb of Montreal performed robotic surgery that was transmitted live. The patient had both ovarian and endometrial cancer. It made the headlines. A TV report states that 'a Professor Gynaecologic Oncologist from Canada....' performed the first robotic hysterectomy in China.

GOC Grant for Visitors from Low-Medium Resource Countries brings Dr. Garcia of the Philippines to Vancouver!

Experience at the Vancouver General Hospital, British Columbia

By Victorino C. Garcia, Jr., MD

It is a great privilege to be a recipient of the 2010 GOC International Health Elective and would like to extend my deepest gratitude to the Society of Gynaecologic Oncology of Canada. I spent 2 weeks in May 2010 at the Division of Gynaecologic Oncology of the Vancouver General Hospital with Dr. Dianne Miller as chair. I was also able to attend the 66th Annual Clinical Meeting of the Society of Obstetricians and Gynaecologists of Canada, as well as the 31st Annual General Meeting of the GOC – Society of Gynaecologic Oncology of Canada, where I had the opportunity to present the status of gynaecologic oncology in the Philippines.



The goal of my observership was to interact with specialists in my field in Canada in order to familiarize and learn the advances in the treatment of gynaecologic malignancies. In this era where novel therapeutics like the use of biological, combination chemotherapy and innovative surgical techniques like minimally invasive surgery, coming from a developing country, it is imperative to experience these advances in technology as they become standard of care in gynaecologic oncology whose aim is to improve the quality of life of our cancer stricken patients.

Vancouver General Hospital is a 955 bed hospital that offers specialized services for residents of Vancouver and across the province. It is also the teaching hospital affiliated with the University of British Columbia and home to the largest research institutes in Canada. The operating rooms are located on the 2nd floor while the gynaecologic oncology ward is on the 4th floor.

I was welcomed by Dr. Jessica McAlpine on my first day. It was a cool drizzling day in Vancouver. She toured me around the hospital and provided my ID and access to the operating room. No time was

wasted as I attended the academic grand rounds where Evidence Based-Laparoscopic Insertion Techniques was discussed. Shortly thereafter, I joined Drs. Mark Carey and Leslie Sadowniks at the out-patient clinic. Here I was impressed by the outstanding empathy displayed to patients, whether new, pre- or post-operative. I also saw a lot of colposcopic examinations of the cervix and vulva. I was fascinated with the vulvar diseases and vulvodynia clinic, since they see a lot of these cases which are not often encountered in the Philippines.

I spent most of my time in the operating room. I had the opportunity to witness a spectrum of open and minimally invasive gynaecologic oncology surgeries. These included laparoscopic assisted vaginal hysterectomies with pelvic lymph node dissection for endometrial cancer, several tumor debulking and staging procedures for ovarian cancer with port insertion and/or gastrointestinal surgeries, radical vulvectomies with bilateral groin node dissection. The surgeries were performed by attendings, Drs. Dianne Miller, Mark Heywood, Mark Carey, Sarah Finlayson and Janice Kwon together with their fellows, Drs.

Tiffany Wells and Vicki Martin. They took extra time to explain the rationale for each procedure as it relates to the case of each patient. It is also good to note that a lot of the surgical team particularly the nurses were Filipinos who also extended their help and hospitality.

It was also very interesting to experience excellent infrastructure for patient diagnosis, treatment planning and care. The Multidisciplinary Tumour Board Meetings were conducted via a teleconference, which demonstrates that distance is not a limitation for the healthcare providers.

As a result of these, my experience in Canada was a great success. Taking a break from my own practice in the Philippines and observing the diagnostic and management routines of my Canadian counterparts was a very valuable experience. Furthermore, the positive impressions and knowledge gained would be an enormous help in the care of my cancer patients.

I stayed in Richmond with the Ayeras family who has their roots from the Philippines. It is some 20 kilometers to the hospital and accessible via major transportation facilities. I would like to thank them for the hospitality and treating me like one of their family members. Moreover, my stay in the wonderful green city of Vancouver was an astounding experience. Although the cost of living is quite high, a stroll at Stanley Park, visiting winter Olympics venue- Whistler and riding the train-Canada Line, to name a few, were amazing encounters. I also had the chance to visit Montreal and Toronto, which displayed the cultural diversity of Canada.

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On the International Front (continued)

GOC/UBC Partnership with Macararere University Division of Gynecologic Oncology

By Dr. Dianne Miller

During January 2011, Dr. Murette Lee and I travelled to Macararere University in Kampala Uganda (along with four other physicians and a project manager). The original intent of the visit was to facilitate the implementation of the Cervical Cancer teaching modules recently developed by several GOC members. Though this remains a major part of our future plans, the scope of the partnership is much larger.

Three years ago, the Department of Obstetrics and Gynecology, under the leadership of Dr. Josephat Byamugisha, created a Division of Gynecologic Oncology. The division includes four physicians with varying degrees of expertise who are dedicated to the development of gynecologic cancer care in Uganda. Dr. Anthony Okoth is the Division Head. We had the opportunity to meet with extensively with Anthony and the other division members and discuss their vision for gynecologic cancer care. This vision is much broader than just cervical cancer. Unlike, the University of Toronto/Moi project in Kenya, led by Dr. Barry Rosen, we are not currently planning a fellowship training program but instead are building on the strengths that already exist at Macararere to develop a comprehensive multi-disciplinary Gynecology Tumor Group. Below are some of the key objectives and some of the tasks

accomplished and more important some of the tasks ahead insure success.

1. Establishment of a multidisciplinary tumor group: we had the opportunity to meet with the two radiation oncologists, the Head of the Uganda Cancer Institute (who is also the Head of Medical Oncology), and the Head of Pathology, the pathologist in charge of the Kampala District Cancer Registry and a young pathologist who has just completed a PhD in gynecologic cancer. All of these individuals expressed working towards the formation of a multi-disciplinary tumor group. We were proud to be present at the first tumor board. Since we have left, we have received word that the tumor board has continued to meet.

2. Establishment of a presence of Gynecologic Oncology within the Uganda Cancer institute: Dr. Jackson Orem, the Head of the UCI was very supportive of Gynecologic Oncology within the UCI. Initially there were concerns about the ability of the division to exist both within the department and within the UCI. We have received word that these concerns have been resolved and both the hospital and the UCI have confirmed that there will be space for Gynecologic Oncology at the UCI.

3. Provision of Surgical Services: in January there was no elective gynecologic oncology surgery due to the operating rooms being closed for 'decontamination'. We toured the oncology ward as well as an adequate operating room space which will require equipment and some minor upgrades but will have the advantage of being dedicated to gynecologic oncology. We plan to purchase the necessary equipment (with donor funds) and once this infrastructure is in place, return to Kampala to implement the Cervical Cancer teaching modules. (estimated time fall 2011). The cost of the surgery is covered by the government which eliminates one significant barrier to treatment.

4. Data base: we spent time working collaboratively on the development of a gynecology cancer data base. This was initially directed just at surgical treatment of cervical cancer but is currently being modified to include both radiation and chemotherapy treatment. This will better meet the needs of the gynecology tumor group.

5. Chemotherapy: in addition to the problem of cervical cancer, which usually presents at an advanced stage, there is a significant problem with advanced ovarian cancer. Access to surgery is limited at best. Two of the division of gynecologic oncology members will be undergoing training in the delivery of chemotherapy under the supervision of Dr. Orem's medical oncology team in July. The gynecologic oncologists will participate as partners in the delivery of chemotherapy to the gynecologic oncology patients.

a. We helped develop a neo-adjuvant protocol for advanced ovarian cancer based on the OV13 paper and the availability of ultrasound directed biopsy. We feel this will significantly improve the care of these women. Currently many succumb before receiving treatment.

b. We have discussed modifications to the GTN protocol to improve outcome and decrease resource use.

6. Radiotherapy: Currently there is a single aging cobalt machine in Kampala and a "medium dose rate" brachytherapy capability. 40% of the machine time is used for cervical cancer. Chemo-rads is the standard. Chemo is given by the radiation oncologists. A new cobalt machine is to be delivered in June 2011 and there are plans for a linear accelerator in 2012. Currently, the radiation facilities are located a distance from the Uganda Cancer Institute. When we left there, were discussions undergoing to consider relocating the radiation facilities near the UCI.

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7. The Uganda Cancer Institute: A new facility is currently under construction to house the UCI and will certainly enhance care. We were very pleased about the open and welcoming position taken by the head. It is clear that gynecologic oncology is seen as a major player going forward.
8. Pathology: we had the opportunity to meet with three physicians in the department of pathology. The Department Head expressed support for the multi-disciplinary tumor group process and pathology participation in the process.
9. Ministry of Health: Along with our Ugandan colleagues, we were able to meet for over two hours with the Ministry of Health. A productive and encouraging discussion was held. The Ministry expressed support for this project and the capacity building in gynecologic oncology. They further expressed that cervical cancer is a "high priority" for the government and have offered to arrange for our team to meet with the First Lady on our next visit. The First Lady may be willing to be a patron for this initiative.
10. Research: We discussed numerous opportunities for research collaboration. Since returning to Vancouver, we have continued to explore the possibility of collaboration and have 2-3 projects which will likely go forward.
11. Anesthesia services: There is an existing connection between UBC and Macararere. We hope to capitalize on this relationship to support gynecologic oncology.
12. Nursing support: Intra-operative and post operative nursing care needs to be enhanced. Both we and our Ugandan colleagues feel it will be important to enhance the peri-operative nursing support. We met with the ward sister who is supportive of including some enhanced training for nursing to accompany the surgical teaching modules.

Immediate Tasks and Future Plans

Future plans: (2011)

1. We have invited Dr. Anthony Okoth to come UBC as a guest and observer. The principal objective of this visit will be to observe the functioning of the multi-disciplinary group and the tumor board.
2. Acquire the resources to equip the gynecologic oncology operating room. This includes OR table purchase as well as minor equipment (approx: \$50,000). We will be approaching a potential donor with a detailed proposal.
3. Return in the fall with an expanded team including a pathologist), radiation oncologist and anesthesia (coordinate with Dr. Hameed Umadaly), and one or two nurse volunteers.
4. During the fall trip, we will utilize the GOC teaching modules and provide mentoring following the course.
5. Continue to support the multidisciplinary tumor group and tumor board.
6. Help with the development of cancer treatment policies
7. To explore shared areas for future collaboration both clinically and on research.

We are optimistic for the success of this collaboration primarily because of the interest and dedication of our Ugandan colleagues. Other members of GOC are welcome to contribute.

GOC Grant for Visitors from Low-Medium Resource Countries brings Dr. Garcia of the Philippines to Vancouver!

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I also would like to extend my gratitude to Dr. Amelia Cayabyab, chair of the Department of Obstetrics and Gynecology at the Virgen Milagrosa University Foundation, where I also practice and teach. She has been very supportive on my application for the GOC International Health Elective. Also to the my mentors from the Section of Gynaecologic Oncology of the University of the Philippines-Philippine General Hospital, Professor Emeritus Dr. Augusto Manalo, the Section Chief Dr. Efren J. Domingo and their team, for laying down my foundation and honing my knowledge and skills in the dealing with gynaecologic malignancies.

Again, I would like to thank Dr. Dianne Miller and her team for accommodating me at the Vancouver General Hospital. My special thanks to Ms. Helene Soubliere, National Coordinator for the GOC for her continued support and advise from the application to my stay in Canada.

Two more visitors will be visiting Canada this year:

1. Dr. Pierre Marie Tébeu of Cameroon will spend 2-weeks at the CHUM in Montréal in April 2011. Take a moment to introduce yourself to him at CPD!



2. Dr. Akintade of Lesotho will join the Vancouver team in June 2011 and will be at AGM June 24-26.



On the International Front (continued)

Progress is Being Made in Mongolia!



Dr. Elit is currently working with EPOS Health Management on the national cervical cancer prevention strategy in Mongolia. This project is funded through the Millennium Challenge Corp. USA. The practice guidelines on cervical cancer prevention, treatment and palliation have been completed and are awaiting approval by the Mongolian Ministry of Health.

The train-the-trainer educational programs in cervical and breast cancer prevention for midwives

and family doctors were pilot tested in July 2010 and implemented in January 2011. The colposcopy train-the-trainer educational program was pilot tested with 10 gynecologists in July 2010 and implemented with 20 gynecologists in January 2011. Each province has had one family doctor undergo a 3-month intensive training in cytology at the National Cancer Centre in Ulaanbaatar, Mongolia. The national Pap smear based screening program will begin in July 2011. Successive cohorts of women aged 30, 33, 36, 39 ... to 69 will

undergo screening every three years. The costs for all the equipment and testing material for all women in the ages described above will be covered for the next 3 years.

This was Dr. Elit's first time in Mongolia in January. Temperatures were a balmy minus 46C. Parka and Sorel boots were greatly appreciated!! Mongolians wore sheep skin lined dells, reindeer boots, and fox hats and scarves.

GOC hosts at the HPV International Conference

GOC, along with SCC and ICID hosted a session at the IPV meeting in Montreal titled Canadian Initiatives in Global HPV Prevention and Care. The objectives were to:

1. Discuss opportunities for societies, universities or individuals to collaborate in cervical cancer prevention and treatment.
2. To overview methods to be used (education, skills development, policy and advocacy).

3. Suggest potential structures to accommodate humanitarian volunteering.

Joan Murphy chaired the session. The speakers included Gina Ogilvie concerning the Uganda cervical screening project. Barry Rosen – Radical surgery for cervical cancer: Development of an educational module by the GOC and implementation the University of Toronto-Kenya affiliated project in Reproductive Care. Laurie Elit – Cancer prevention, treatment and palliation in Mongolia.

.....and Dr. Capstick goes to Ethiopia!

As part of an Ethiopian North American health providers group, Val Capstick went to Ethiopia with three other oncologists from the Cross Cancer Institute!

They attended a two-day conference, Val spoke on cervical cancer.

There might be projects developing and we hope to have more on this in the next issue of GOC News.

Mark your Calendar!

GOC's 32nd Annual General Meeting

Vancouver, BC
June 24-26, 2011

Society of Pelvic Surgeons

Toronto, Ontario
September 15-17, 2011

GOC 12th Annual CPD Meeting

Toronto, Ontario
April 27-28, 2012

GOC's 33rd Annual General Meeting

Ottawa, Ontario
June 22-24, 2012 (TBC)

CCOCR 2012

Québec, Québec
May 26-29, 2012

IGCS 2012

Vancouver, BC
October 13-16, 2012

GOC Partners with the International Centre for Disease Control to Establish an HVP Webinar Series

The GOC CoP in Cervical Cancer Prevention and Control Group created partnership with the International Centre for Infectious Disease out of Winnipeg. Building on the common strengths and interests of both groups, the GOC has worked with the ICID to create a series of Webinars which will provide educational content and access to international experts on the latest issues in cancer control and HPV prevention. The most recent Webinar series was entitled "Incorporating HPV Testing and HPV Immunization into National Cervical Cancer Screening Guidelines". This joint effort had a number of world experts (Dr. Dirk Van Niekerk - Department of Pathology & Laboratory Medicine, University of British Columbia; Medical Leader, Cervical Cancer Screening Program; Director, Cervical Cancer Screening Laboratory, BC Cancer Agency, Vancouver; Dr. Jack Cuzick - John Snow Professor of Epidemiology, Head of Department Cancer Research UK Centre for Epidemiology, Mathematics and Statistics; Queen Mary, University of London; Wolfson Institute of Preventive Medicine; Dr. Lawrence Paszat-Associate Professor, Associate SGS Member; Senior Scientist, Institute for Clinical Evaluative Sciences, Health Policy, Management & Evaluation, University of

Toronto; and GOC's own GOC Member Dr. Marie-Hélène Mayrand - Départements d'obstétrique-gynécologie et de médecine sociale et préventive, Quebec; CCCast Study Project Coordinator.

The purpose of the Webinars is to allow both synchronous and asynchronous access to the Webinar Series. The CoP is working to create a pilot process whereby we would encourage screening groups within hospitals colposcopy clinics to gather together at a particular time in order to view the Webinar Series together and to generate their own discussion and "CoP activities" as regards the information disseminated. The next Webinar Series entitled "Implications of HPV Vaccination Approval in Males" is scheduled for May 5, 2011. The Cervical Cancer CoP will be sending out information prior to this date with a suggested format for individual groups to gather and review this Webinar Series at a particular time. This will also be listed on the GOC Website so as to allow for access after hours. The Cervical Cancer CoP looks forward to further collaborations with the ICID on this very valuable Webinar Series.

Future gyn oncologists????

Rachel Kupets, twin boys on October 14 2010, Joshua and Zachary!

Helen Steed, Connor, boy #3 in October 2010!



Pam Chu, first baby, Matthew Richard Quirk in September 2010!



Alon Altman, first baby, Elijah Ronen Altman in March 2010!



Erin Dean, a 2nd child, Carrick John Dean in May 2010!



GOC Forms a Partnership with APOG for Cervical Cancer Advocacy Curriculum Project

Several members of the Communities of Practice in Cervical Cancer Prevention and Control, with members of the APOG Postgraduate Committee, have gathered together to develop a curriculum around advocacy as part of the CANMEDS roles with a focus on cervical cancer. Much of this initiative spurred from Dr. Sarah Finlayson, Dr. Dianne Miller, Dr. Michael Fung-Kee-Fung and Dr. Glenn Posner. This activity really centers on developing a series of modules around physician advocacy focussing on cervical cancer, followed by a practical project which residents will be required to do during the Cervical Cancer Week in October 2011, then followed by an evaluation process. The APOG Postgraduate Committee and the GOC CoP in Cervical Cancer Prevention and Control will be working together

to have this implemented for this year. We will be receiving support from GlaxoSmithKline and other companies for this unique project. Suggested resident activities include a lecture series to schools and clinics; updates in a variety of community settings; Pap smear clinics; and assistance in a variety of other activities done within their local community. The hope here is to get residents out into their local environments to discuss the issues and to share their knowledge about cervical cancer screening, as well as to build their own internal commitment and passion for advancing inroads into cervical cancer control.

We look forward to the launch of this program and will keep you updated.

A Review of the December 2010 Communities of Practice (CoP) Meeting



From December 2nd to 4th, 2010 at our new location, the Hilton Garden Inn Hotel in Toronto, the 3rd Annual Communities of Practice Forum was held. Twenty-eight members of our Society participated from Thursday evening to a Saturday lunch time. We had an excellent and invigorating meeting. The Communities of Practice forum has now mushroomed to incorporate a total of eight different groups. This year's format included plenary sessions and multiple breakout sessions. These breakout sessions included brainstorming of ideas and

specific project development. A list of the CoPs and their projects is found in this newsletter issue.

The meeting also included an invited plenary session with Dr. Thomas Herzog from Columbia University in New York. Dr. Herzog spoke on personalized medicine and new targeted therapies in clinical trials in the management of ovarian cancer.

At the CoP meeting, GOC hosted a dinner at the Hilton Garden Inn for the CoP participants and sponsors.

This meeting was generously supported by several companies including GlaxoSmithKline, Merck, Minogue Medical and Roche Canada. What continues to be energizing about this meeting is the number of new and innovative ideas that are developed including new approaches to clinical trials recruitment and novel strategies for our ovarian cancer prevention, including the prophylactic salpingectomy project proposal which is being led by our BC colleagues. We look forward to another CoP in November 2011.

Communities of Practice (CoP)	CoP Leaders	Project 1	Project 2	Project 3	Project 4	Partners
CERVICAL CANCER PREVENTION AND CONTROL	Joan Murphy Michael Fung-Kee-Fung	"GOC/ICID Joint Partnership on Building Local/Regional Capacity in HPV Knowledge and Understanding for Cervical Cancer Prevention"	"GOC/APOG Joint Program on Enhancing Competency in Health Advocate Role for Residents in Obstetrics and Gynecology"	"FAQs for General Practitioners about Cervical Cancer Vaccines"	GOC in the Social Media: "GOC HPV Panel of Experts"	<ul style="list-style-type: none"> • APOG • ICID • MERCK • GSK
RECURRENT OVARIAN CANCER	Paul Hoskins Prafull Ghatage Michael Fung-Kee-Fung	"Recurrent Ovarian Cancer Clinical trials Repository"	"Recurrent Ovarian Cancer – Webcast presentation (French)"	"Creation of a Slide Repository for Standardization Of Education in Recurrent Ovarian Cancer for Pharmacologists, Family Doctors, Medical Oncologists, Residents, Fellows, Nursing and General Public"		<ul style="list-style-type: none"> • Roche • Div. of Gynecologic Oncology, Nationally
MINIMALLY INVASIVE SURGERY	Marie Plante Walter Gotlieb	"Sentinel node in endometrial cancer"	"Support for Prospective National Study Comparing Various Surgical Approaches in Endometrial Cancer"	"Evaluation of Clinical Practices and Equipoise Regarding Different Prophylaxis Strategies"	"Prospective Evaluation of Robotic Surgery in gynecologic Cancer"	<ul style="list-style-type: none"> • Div. of Gynecologic Oncology, Nationally
INTERNATIONAL WOMEN'S HEALTH	Laurie Elit Dianne Miller	"Strengthening Capacities in Cervical Cancer Treatment in Low Resource Settings"	"Cervical Cancer Surgery Educational Modules. Evaluation and Validation."	"Partnership with Macarere Hospital in Uganda."	"Eldoret University Gynecologic Oncology Post-Graduate Training."	<ul style="list-style-type: none"> • IGCS • Macarere Hospital, Uganda, UBC • Eldoret University, Kenya, U of T
PREVENTION OF OVARIAN CANCER	Sarah Ferguson Sarah Finlayson	"Evaluation of the Implementation of Prophylactic Salpingectomy as a National Strategy for the Prevention of Ovarian Cancer"	"Ovarian Cancer Risks and Genetic Testing BRCA"			<ul style="list-style-type: none"> • SOGC • Div. of Gynecologic Oncology of UBC • Div. of Gynecologic Oncology of U of T
TRANSLATIONAL RESEARCH	Marcus Bernardini Johanne Weberpals	"CHREC – Canadian High Risk Endometrial Cancer Consortium"				<ul style="list-style-type: none"> • Div. of Gynecologic Oncology, Nationally
WAIT TIMES & HUMAN RESOURCES	Barry Rosen Diane Provencher	"Building Capacity in Wait Times Management in Canada"	"Environmental Scan for Best Practices in Wait Times Management in Gynaecological Cancer"			<ul style="list-style-type: none"> • Ovarian Cancer Canada • Div. of Gynecologic Oncology, Nationally

Academic Corner

GRANTS, AWARDS, PUBLICATIONS

Awards

Congratulations to all Award Recipients!

Ms. Heidi Thomas has been chosen as the successful recipient of the Ovarian Cancer Canada Award of Excellence in Gyne-Oncology for 2010. This award was presented at the CANO National Conference in Edmonton, Alberta in September 2010.

In 2010, Michel Roy received an Award for his outstanding contribution in the field of Papillomavirus Research at the 26th International Papillomavirus Conference, Montreal, July 2010. As well, he received the SOGC President Award in June 2010, awarded for his outstanding contribution and dedication to the promotion of women's health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology nationally and internationally

Anita Agrawal of University of Saskatoon was awarded the CREOG award for resident teaching for year 2010. As well in December 2010, Anita received the Carl Nimrod Educator of the Year Award!

Anne-Marie Mes-Masson (GOC member) is honored by the Université de Montréal as the Researcher of the year. Her career has been devoted to Ovarian Cancer, Prostate and Polyoma. Being an organizer at heart, these subjects led her to "organize" the research community big time!



Ottawa Mayor Recognizes Dr. Fung-Kee-Fung as an Agent of Change

On September 8, 2010, Dr. Michael Fung-Kee-Fung and Dr. Barbara Vanderhyden of Ottawa were recognized by the Mayor of Ottawa Larry O'Brien as agents of change in the community. A fixed number of "Agents of Change coins" are given to each mayor to distribute during their term. This day in September was officially declared as ovarian cancer month in Ottawa. This proclamation



by the Ottawa town council was the result of the work of the Angels in Action community led by Linda Laframboise, Chairperson of the Angels and Action committee in Ottawa.

Dr. Michael Fung-Kee-Fung was honoured with the 2010 Angels in Action Community Recognition Award presented by the Honourable Leona Aglukkaq, Federal Minister of Health, on November 19, 2010 for his commitment, contribution and dedication to advancing the care of ovarian cancer patients in Ottawa and the Champlain region. This award is conferred by the Angels in Action Committee, a grassroots community organization within the Ottawa and Champlain region, dedicated to the advancement of the care of women with ovarian cancer. This group has been responsible for a number of educational and fundraising activities in the Ottawa region. The award banquet was held as part of Angels in Action annual dinner award and fundraiser event. Dr. Fung-Kee-Fung was in attendance with his family and members of the Ottawa gynaecological oncology team.



CNIS Volunteer of the Year – Dr. Wylam Faught

Dr. Wylam Faught, MD, FRCSC, Head of the Obstetrics/Gynecology Department for the University of Ottawa was given the Canadian Network for International Surgery 2010 Volunteer of the Year award for his contribution as ESS instructor and for his help in establishing the obstetrics program and the surgical skills lab in Moshi, Tanzania.



Appointments:

Roberta (Robbi) Howlett has been re-appointed by the New Zealand Minister of Health to the National Cervical Screening Program Review Committee in January 2011. This external review process will be underway in March 2011 with the final report to the Minister expected in June 2011.

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Grants:

Short title of project: Health Professionals learning to be comfortable and confident with sexual health screening: Instructor Resource DVD

Principal Investigator: Laurie Elit
Research Personnel: Trim K, Harnish D, Rangachari PK
Agency: Centre for Leadership in Learning: Teaching and Learning Grant

Johanne Weberpals has ongoing work in biomarker discovery in ovarian cancer. She has recently obtained a salary award from the Department of Obstetrics and Gynecology at the Ottawa Hospital (\$20 000/yr x 3 yrs) as well as support from the Ottawa Regional Cancer Foundation (\$17,000) for her research on "BRCA1-associated DNA repair: biomarker and therapeutic discovery in select populations with breast and ovarian cancer."

Grant title: "Vulvar Carcinoma: A Population-Based Analysis."

Funding: \$352,243

Awarded by Canadian Cancer Society Research Institute (CCSRI) (formerly NCIC)

Term: 2010-2013

Co-Principal Investigators: Dr. Lisa Barbera and Dr. Lilian Gien

Co-Investigators: Dr. Al Covens, Dr. Laurie Elit, Dr. Tony Fyles, Dr. Mahmoud Khalifa, Dr. Eileen Rakovitch, Dr. Rinku Sutradhar, Dr. Gillian Thomas

Grant title: Sustained ovulation-associated inflammatory signaling in fallopian tube epithelium as a predisposing factor of serous carcinoma.

Funding Amount: \$243,756

Awarded by: Samuel Lunenfeld Research Institute, Mount Sinai Hospital and Virtanen Canadian Institutes of Health Research (CIHR)

Term: 2010 – 2013

Principal Investigator: Dr. Terry Colgan

Co-Investigators: Dr. T. Brown, Dr. B. Rosen, Dr. Greenblatt, Dr. Murphy, Dr. Tone

Presentations

The Toronto (Sunnybrook) group had an oral presentation at the SGO this week entitled Radical Vaginal Trachelectomy for early adenocarcinoma of the cervix: is it safe?

News from the Centres

Québec

· We are pleased to announce the recruitment of Dr. Alexandra Sebastianelli to join our team in Quebec City. Dr. Sebastianelli completed a 2-year fellowship at the CHUM in Montreal in June 2010,



and she has begun a Masters in Medical Education. We are extremely pleased to have her join us and we look forward to a very exciting career!

- Dr. Michel Roy continues to accumulate awards and distinctions for his outstanding career
- He received the SOGC Presidential Award last June. It is SOGC's highest distinction for members who have had an exceptional contribution throughout their career
- He was also acknowledged as a great scientist at the IPV meeting last July
- Dr. Marie Plante was elected for a 4-year term on the IGCS Council

Vancouver

Mark Heywood was elected as SOGC's President Elect for 2010-11; he takes over the presidency in June 2011.

Hamilton

Laurie Elit was promoted to Professor, Department of Obstetrics and Gynaecology at McMaster University in July.

Saskatchewan

Anita Agrawal completed her Masters in Epidemiology in November 2010 from the University of Calgary.

Calgary

· Dr. Altman completes his fellowship training in June 2011 and he will be joining the gynecologic oncology group in Winnipeg.

· Welcome Dr. Sarah Glaze who started her fellowship training in January 2011. She completed her residency training in Calgary in June 2009, and then spent a year in Washington, DC working towards completing a Masters in Medical Education.

Patient-Focused Cancer Care Outcomes

Dr. Doris Howell, PhD, RN

The experience of cancer can have a significant impact on the physical, emotional, and social health of patients, survivors, and their families. To improve how individuals experience cancer it is important to enhance the quality of care throughout the entire journey. To do this, researchers and clinicians must understand the cancer experience from the perspective of those living with and beyond the disease. A research team led by Dr. Doris Howell at Princess Margaret Hospital engaged cancer patients, survivors, clinicians, and cancer care decision-makers to

identify the health needs that are important throughout the entire cancer journey. During a conference in Toronto, we further engaged a panel of experts to determine how we can build a computer-based measurement system that will collect these patient-focused outcomes. This self-report system will allow health-care providers to identify issues experienced by cancer patients and survivors which will facilitate earlier and appropriate interventions to improve health and wellbeing. We recognize that to establish a successful patient-report

system across their country we need increased awareness and support from patients, survivors, and clinicians. Most importantly, patient involvement is critical to build a comprehensive system that will be real and relevant to patients and their caregivers. We invite any questions or comments about this research project. Please contact Dr. Doris Howell (doris.howell@uhn.on.ca) or the research coordinator, Tala Chulak (tchulak@uhnresearch.ca) to provide your feedback or obtain a copy of the executive summary report.

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.



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Join us for the webinar: "Use of HPV vaccine and males"

On Thursday May 5th, 2011

2:00–3:15pm (Pacific) ; 4:00–5:15pm (Central) ;
5:00–6:15pm (Eastern) ; 6:00–7:15pm (Atlantic)

For additional information please contact Vilma Luna at: vluna@g-o-c.org
or at 1-800-561-2416 ext. 255 (toll-free) or at 613-730-4192 ext. 255 (For the National Capital Region)

Webinar series in Cervical Cancer Prevention Joint Partnership between ICID & GOC



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