



The GOC News

Volume 5 Issue 1
 Winter 2005

HAPPY 25TH ANNIVERSARY

GOC Turns 25 this Year

February 11, 2005 marks the 25th anniversary of the incorporation of The Society of Gynecologic Oncologists of Canada. This represents a landmark for the Society and a unique opportunity for all of us to reflect back on our many successes, and look at our opportunities as we go forward. The Society's origins date back to the early 1970's with a few initial pioneers in gynecologic oncology, primarily in the surgical realm (Drs. Cosby and Bean from Toronto, Dr. Turko from Vancouver, Dr. Allen from London, Drs. Blahy and Latour from Montréal and Dr. Tupper from Halifax). These surgeons promoted interest in the development of the specialty and inspired several gynecologists such as Dr. Vernon of Toronto, Dr. Brown of Edmonton, Dr. Carmichael of Kingston, and Dr. Seymour of Montréal to acquire an interest in the field. At that time, other specialists took the opportunity for formal postgraduate training in the US and Europe and included Dr. Benedet, Dr. Krepart, Dr.

DePetrillo, Dr. Roy, Dr. Fraser, and Dr. Popkin. These initial efforts resulted in the creation of gynecologic oncology as an entity, and the official creation of the GOC stemmed from the interest in forming a national society that could influence the National Cancer Institute of Canada's Clinical Trials Division and also have an impact on specialty training at the Association of Professors of Obstetrics and Gynaecology of Canada. It is from these beginnings that we have enjoyed 25 years of progressive development and many successes including:

1. The establishment of a specialty of the Royal College of Physicians and Surgeons of Canada.
2. The training of gynecologic oncology fellows so that every major cancer centre within Canada presently has a gynecologic oncologist.
3. The establishment of a Society infrastructure and a Head Office.

From the very humble beginnings,



GOC's objective has been to improve the care of women with gynecologic cancer at the clinical level (i.e. well trained specialists in the modalities necessary to treat gynecologic cancer) as well as by influencing organizational structures both provincially and nationally to develop the specialty. This has further advanced in recent years with the participation of GOC as one of the leaders at the Pan-Canadian Conference on Cervical Cancer, GOC's sponsorship of the First and Second National Ovarian Cancer Conference on Research, and the GOC's facilitation of the first Best Practice in Gynecologic Oncology: A National Approach Conference, which will happen two days prior to the CPD meeting, March 30th and 31st, 2005.

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5th Annual CPD Meeting April 1, 2005

(in conjunction with the NCIC)

by Dr. Michael Fung Kee Fung, Ottawa, Ontario

The 5th Annual Continuing Professional Development meeting is well on its way with an exciting group of speakers. The theme for this year's meeting is "Re-tooling for the Future". The organizing committee has arranged to have both international and national speakers exploring themes relating to

different approaches to common clinical problems.

In the domain of ovarian cancer screening, we have Dr. Gordon Whiteley, Canadian scientist now Director of Proteomics Division of NIH, who will be updating us on the state-

of-the-art of proteomics in ovarian cancer screening. Dr. David A. Fishman from New York will be briefing us on the impact of 3D ultrasound in ovarian cancer screening and the concept of the ovarian Pap test. As far as treatment for ovarian cancer is concerned,

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

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

Announcing a Survey of Current Practices in Cervical Cancer Screening

GOC members are no doubt aware of the current fluid situation with cervical cancer screening technologies in Canada. The potential for improvement is enormous in terms of the enhanced detection of pre-cancerous lesions, reduction of over-treatment, and opportunity for lengthening screening intervals.

The Problem facing us as a professional Society:

Given the shifting sands of emerging technology, it can be difficult to determine the best options for our patients. In addition, modification of current screening guidelines to take advantage of the capabilities and limitations of the new technologies must also be done. In summary, we need the ap-

propriate evidence from good scientific studies.

The Solution that is proposed:

What is urgently needed is a scientifically valid cost-effectiveness analysis that is well suited to the Canadian reality, provincial and federal. However, before this can be done, we need a true picture of the current state of cervical cancer screening practices across Canada.

Our Society is supporting the efforts of a study funded by the National Cancer Institute of Canada and conducted by a strong cervical cancer research team in Montreal to carry out such a survey and subsequent analyses, to assess

the best possible combination of tests and screening intervals for the Canadian setting. This will be done using a theoretical cost-effectiveness model of the natural history of cervical cancer to allow assessments of dozens of potential strategies, while permitting these assessments to be adapted to the context of the individual provincial health systems.

How you can help:

In order to ensure that the assessment truly represents the regional and global Canadian reality, we need survey results that are truly representative. Your help is essential to ensure a very high statistical response. Please watch for the survey questionnaire that will arrive at your desk shortly. Your cooperation in filling it out and returning it promptly

is paramount to the success of the investigation and consequently to having an impact on your own practice.

About the survey:

- To be completed by all physicians who carry out cervical cancer screening
- Brief, only 5-10 minutes
- Questions involve the use of selected screening tests, and management paths based on abnormal results
- Results will be analysed by province
- Anonymous, with ID#'s only to permit directed reminders

For further information:

Please contact H el ene Soubli ere at our National Office via email at hsoubliere@sogc.com, or by phone at 1-800-561-2416 ext. 250

On the move. Two views.

Dr. Mark Heywood, currently Head of the Department of Obstetrics & Gynecology at University of Manitoba, has shocked the Winnipeg Ob/Gyn community by deciding, after 21 years solidly planted in Winnipeg, to 'move West young man'. A very difficult decision for Mark, most seem saddened by his planned departure. This was best expressed by Garry Krepert to Mark on hearing the news, "things were perfect, now they're not!". This domino effect has left an opportunity to be filled for some fortunate Gyn Onc who sees an exciting future in the home of where many of the Canadian Gyn Onc community sharpened their own skills.

On the receiving end, the very short-handed Vancouver Gyn Onc com-

munity is counting the days for some relief to arrive. Dr. Dianne Miller, the recruiter, was frankly told not to bother asking Mark as he "wasn't available". Not one afraid of a challenge, Dianne decided nothing was to be lost by asking. Mark will be joining a growing team on the West Coast as Head of Gynecology at Vancouver General Hospital... more news in a future issue of GOC News.... can you wait for the next exciting installment?

The Division of Gynecologic Oncology in Vancouver would like to sincerely thank our colleagues from across the country, Dr. Joan Murphy, Dr. Al Covens and Dr. Mark Heywood who came and provided locum support during the past year.

25th Anniversary Book Update

By Mr. Luc Soucy, MHist, CIM and Dr. Michael Fung Kee Fung

The commemorative book celebrating GOC's 25th anniversary of inception is well under way. The book will be divided in three sections; the first 10 years, the next 10 years, and the last 5 years. Final adjustments are being made to the first two sections while the third and last section of the book is currently being written.

More information about GOC's relation with counterparts such as the SGO and the International Oncology Society, both from the 1990's onward is still needed. Many of you have been sent a draft of the first two sections to gather additional details on certain events and to gather some insights on then future objectives. Comments are greatly ap-

preciated. Every GOC member is invited to send any information on events that have marked the GOC's evolution.

We would like to thank Drs. Carmichael, Popkin, Fraser, Drouin and DePetrillo for their efforts in clarifying a few shaded areas, correcting misinterpretations and adding additional valuable information.

Nonetheless, in order to make the book attracting to its readers and bring back visual memories to members, we desperately need photographs of members and of GOC events. Please send any photographs you might have for us c/o H el ene Soubli ere or Dr. Peter Bryson so we can include them in the book.

Ovarian Cancer on TV! - By Dr. Wylam Faught

Last September (2004), with the facilitation of Ovarian Cancer Canada, I (on behalf of the Edmonton group) participated in an ovarian cancer information segment on Help TV/CLT - Canadian Learning Television. Adding to the experience was the presence of Liza Sunley, a patient

who was profiled in a just released brochure from Ovarian Cancer Canada (OCC) on young women living with ovarian cancer.

The discussion covered a wide spectrum of relevant issues, punctuated by phone calls from interested and inquir-

ing viewers. Questions from the public reflected themes such as: family history, impact of a previous hysterectomy, endometriosis, and sexuality. Enhancing the experience was listening in on the other topic of the evening: Hot Tubs. At one point, it was suggested

we continue our discussion on ovarian cancer while relaxing in a spa!

All in all it was a very positive evening. This is the type of forum where I would suggest GOC can have a significant impact.

Academic Corner

Awards

Dr. Val Capstick has received an APOG 'Educator of the Year' Award, 2004'.

Recent Publications

Arcand SL, Mes-Masson AM, Provencher DM, Hudson TJ, Tonin PN. Gene expression microarray analysis and genome databases facilitate the characterization of a chromosome 22 derived homogenously staining region. *Molecular Carcinogenesis* 2004 Sept;41(1):17-38.

D. Barreth, W. Faight, A. Schepansky, G. Johnson. The relationship between atypical glandular cells of undetermined significance on pap smear and a clinically significant histologic diagnosis. *J Obstet Gynaecol Can.* 2004;26(10):867-870.

Capstick, VA, Harley D. Labor and delivery nurses: a survey of attitudes toward third-year medical students and their education. *Am J Obstet Gynecol.* 2004 Nov;191(5):1828-33.

W. Faight. (Editorial) CanMEDS roles and obstetrics and gynecology: The time is now. *J Obstet Gynaecol Can.* 2004;26(9):781-782.

W. Faight. Elements of a comprehensive gynecologic oncology program. *Oncology Exchange* December 2004;3(5):17-19.

Graham G. Dark, A. Hilary Calvert, Robert Grimshaw, Christopher Poole, Ken Swenerton, Stan Kaye, Robert Coleman, Gordon Jayson, Tien Le, Susan Ellard, Marc Trudeau, Paul Vasey, Marta Hamilton, Terri Cameron, Emma Barrett, Wendy Walsh, Lynn McIntosh, Elizabeth A. Eisenhauer. Randomized Trial of Two Intravenous Schedules of the Topoisomerase I Inhibitor Liposomal Lurtotecan in Women With Relapsed Epithelial Ovarian Cancer: A Trial of the National Cancer Institute of Canada Clinical Trials Group. *JCO* Feb 7 2005: 200502028

M.L. Hopkins, A.D. DePetrillo, T. Le and M. Fung Kee Fung. Pseudomyxoma Peritonei: A Case Series and Review of the Literature. *Int J Gynecologic Cancer.* 15:1-5, 2005

E.J. Keeley, S. Dojeiji, K. Myers, W. Faight, B. Bonin. Pre-pregnancy counselling – what do residents write in their consultation letters? *Canadian Journal of Diabetes* 2004;28(1):15-19.

Le Page C, Provencher DM, Maugard CM, Ouellet V, Mes-Masson AM. Signature of a silent killer: expression profiling in epithelial ovarian cancer. *Expert Rev. Mol. Diagn.* 2004 Mar;4(2):157-67.

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Migneault B, Girard F, Albert C, Chouinard P, Boudreault D, Provencher DM et al. The effect of music on the neurohormonal stress response to surgery under general anesthesia. *Anesthesia & analgesia.* February 2004;98(2):527-32.

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Plante M, Renaud M-C, Harel F, Roy M. Vaginal Radical trachelectomy: an oncologically fertility-preserving surgery. An updated series of 72 cases and review of the literature. *Gynecol Oncol* 94 : 614, 2004.

Rouleau I, Dorval M, Chiquette J, Plante M, Simard J and members of INHERIT BRCA's. Use of hormone replacement therapy (HRT) among women at high risk of hereditary breast and ovarian cancer undergoing BRCA1/2 genetic testing. *JOGC* 26 : 1059-66,2004.

Rouzier, Roman; Pomel, Christophe. Update on the role of laparoscopy in the treatment of gynaecological malignancy. *Current Opinion in Obstetrics & Gynecology.* 17(1):77-82, February 2005.

Samouëlian V, Maugard CM, Jolicoeur M, Bertrand R, Arcand SL, Tonin PN, Provencher DM and Mes-Masson AM. Chemosensitivity and radiosensitivity profiles of four new human epithelial ovarian cancer cell lines exhibiting genetic alterations in BRCA2, TGF- β RII, KRAS2, TP53 and/or CDKN2A. *Cancer Chemotherapy and Pharmacology.* 2004 Dec;54(6):397-504. Epub 2004 Jul 16.

Clinical Guidelines

Lea R, Bannister E, Case a, Lévesque P, Miller D, Provencher DM, Rosolovich V. Use of hormonal replacement therapy after treatment of breast cancer. *J Obstet Gynaecol Can.* January 2004;26(1):49-54. Article in French and English

Published Abstracts

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Ouellet V, Maugard CM, Le Page C, Dufresne MH, Guyot MC, Ren F, Hudson TJ, Tonin P, Provencher DM, Mes-Masson AM. Étude moléculaire de tumeurs épithéliales ovariennes borderline. *Journée annuelle de recherche du Département d'obstétrique-gynécologique.* Université de Montréal. April 30, 2004.

Non Peer Reviewed Articles

Provencher DM. Cancer de l'ovaire : être alerté par les symptômes graves et nouveaux. *Le Médecin du Québec,* volume 39, no 8, August 2004.

Posters

Jolicoeur M, David S, Devieux A, Nguyen TV, Drouin P, Dubuc-Lissoir J, Provencher DM, Gauthier P. High dose rate brachytherapy as conservative treatment for vulvar cancer. Presented at the International brachytherapy meeting in Barcelona, Spain. May 2004.

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Research Grants

Montréal

Multimodality Breast Cancer Screening Program for High-Risk Women (presence of high probability of BRCA mutation

- Diane M Provencher, William Foulkes, Lucie Lalonde, et al
- \$200,000 (Québec Breast Cancer Foundation)
- End date July 2007

Montréal Centre for Therapeutics in Cancer

- Gerald Batis, Diane M Provencher, PN Tonin, et al
- \$1,225,000 (FRSQ)
- End date December 2007

Structuring Platforms of the FRSQ Cancer Network: Model Building, Analysis Services, Tissue Banks and Databases

- AM Mes-Masson, DM Provencher, P Chartrand, et al
- \$1,500,000 (Valorisation Recherche Québec)
- End date December 2006

Development for new therapeutic strategies for ovarian cancer

- AM Mes-Masson, M Filion, PN Tonin, DM Provencher
- \$1,506,960 (CIHR)
- End date September 2006

Applicability of intraperitoneal hyperthermic chemotherapy in epithelial ovarian cancer : from rats to human, a proof or principle

- DM Provencher, Pierre Dubé
- \$120,000 (Cancer Research Society)
- End date August 2006

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Oncology Drug Book Reviews

Two gynecologic oncology nurses at the Ottawa Hospital recently participated in the review of oncology drug books. We thank Mrs. Baines and Mrs. Bergeron for allowing us to publish their reports and recommendations of the American Cancer Society - Consumers Guide to Cancer Drugs (2nd Ed.) and the Oncology Nursing Drug Handbook (2004).

American Cancer Society - Consumers Guide to Cancer Drugs (2nd Ed.)

Authors: Gail M. Wilkes, RN, MS, AOCN and Terri B. Ades, MS, APRN, AOCN
Publisher: Jones and Bartlett Publishers
Price: \$21.95 US - 535 pages soft cover

*Reviewed by Kelly-Anne Baines,
GOC Member*

This soft covered reference book is a consumer's guide to cancer drugs. Easy to read and understand, this guide provides basic information for patients and families.

There is simple and brief information on the basic principles such as how chemotherapy works, the goals of chemotherapy, side effects, different types of chemotherapy agents, different ways to take chemotherapy and vascular access devices.

Words like neoadjuvant chemotherapy, chemotherapy cycles, molecularly targeted drugs and alkylating agents and other commonly used medical terms are simply defined, providing the consumer increased knowledge and understanding about chemotherapy.

The main focus of the guide is the section which describes the most common cancer treatment drugs and symptom management drugs. Alphabetically categorized by generic names, 118 cancer drugs and 141 symptom management drugs are described for the consumer. For every

drug listed, the same profile is used which includes drug name, drug type and action of the drug. Then there is a more detailed description of the drug, including common side effects, precautions, and circumstances in which taking this particular drug may not be in the patient's best interest. The use of some simple symbols helps alert the consumer to important points. A glossary and index sum up the Guide for the consumer.

Overall, I liked this Guide; it provides some excellent simple information for the consumer on chemotherapy, chemotherapy drugs and symptom management drugs. It would definitely be an asset to patients and families.

For the advanced oncology nurse the information is very basic. For a novice oncology nurse looking to increase her knowledge on chemotherapy drugs, this could be a simple reference.

About the reviewer:

Kelly-Anne Baines, RN, CON(C), is a gynecologic oncology primary nurse at the Ottawa Hospital – General Campus, Ottawa, Ontario

Oncology Nursing Drug Handbook (2004)

Authors: Gail M. Wilkes and Margaret Barton-Brooke
Publisher: Jones and Bartlett Publishers Canada

Price: N/A - 1127 pages; Soft cover book - ISBN 0-7637-4851-X

Reviewed by Réjeanne Bergeron

The Oncology Nursing Drug Handbook has been periodically updated since the first publication in 1994. It contains information related to cancer treatments such as chemotherapy, its indication, administration, related side effects, and nursing implications. Management suggestions for the most common side effects of chemotherapy (nausea-vomiting, constipation-diarrhea, infection, and pain) are discussed in specific chapters. Hyper-

calcemia is the only oncologic emergency presented. Special attention is given to anorexia-cachexia, and anxiety-depression symptoms, along with nursing interventions. Information about new trends in cancer treatment, such as biological modifiers and molecular targeted therapies, is also presented. An important appendix refers to occupational exposure to hazardous drugs, while a second one outlines the National Cancer Institute (NCI) Common Toxicity Criteria. Cancer chemotherapeutic regimens for the adult population are also noted.

The Oncology Nursing Drug Handbook is designed for oncology nurses practicing in different areas, such as inpatient and outpatient clinicians, educators and managers. It provides rapid access to accurate and brief information related to cancer treatment.

It is a welcome handbook at the nursing station as it provides nurses at different levels of practice with the opportunity to have questions answered. It also highlights specifics about medications and their related nursing interventions. The validity of the information presented in the Oncology Nursing Drug Handbook was confirmed by comparing it with Otto's (2001) well-respected oncology nursing text.

Many chemotherapy drugs are discussed and new approaches for old drugs are offered, as well as information about the impact of new technology in reducing chemotherapy toxicity. Each edition of the Oncology Nursing Drug Handbook is updated with the latest information, as illustrated in the chapter on molecular targeted therapies. The authors note the arrival in 2003 of the proteasome inhibitor, a unique class of antineoplastic targeted therapies, and discuss the drug that was the first of its class to be approved by the Federal Drug Administration (FDA) specifically for the treatment of multiple myeloma.

The chapter on infection is helpful as it provides information about many of the numerous antibiotic, antifungal, and antiviral agents needed in the treatment of side effects related to chemotherapy. It also lists drug interactions, laboratory effects/interferences, and special considerations of note for these drugs. The appendix on occupational exposure to hazardous drugs is thorough and motivates the reader to follow appropriate safety rules while administering chemotherapy. As a comparison, Otto (2001) has minimum information on that topic. The NCI Common Toxicity Criteria list offers an opportunity to develop standard practice in documenting chemotherapy side effects.

Although this handbook is useful for a quick reference, referral to other textbooks is needed to obtain detailed information on a subject. For example, the chapter on pain symptom does not cover issues such as physiology-etiology of pain, factors affecting response to pain, barriers to adequate cancer pain management, and so on. Also, this handbook is an American publication so the laboratory values are of no help to Canadian nurses.

As a conclusion, I certainly recommend the Oncology Nursing Drug Handbook for oncology nurses, especially for those starting their career in oncology. I believe that mastering most of its information will go halfway to preparing nurses for the Canadian oncology certification exam. Absorbing this information could be done gradually by using the handbook along with clinical practice.

About the reviewer:

Réjeanne Bergeron, RN, BN, CON(C) is a primary nurse in the Chemotherapy Day Care Unit, Gynecologic-Oncology, at the Ottawa Hospital, General Campus, Ottawa, Ontario.



25 Years of Excellence in Women's Cancer Care

News from the Centres

Edmonton

- Dr. Helen Steed received RAH Foundation support for Ovarian CA Research.
- The Lois Hole Hospital for Women (Lieutenant Governor of Alberta) was official named on November 16, 2004 during a ceremony.
- Dr. Wylam Faught participated in the Scientific Committee for HPV Satellite Symposium in Montréal, December 7, 2004. This symposium was part of the 7th National Immunization Conference.
- Dr. Alex Schepansky continues to navigate the very successful Edmonton component of 'screening for life', the Alberta Cervix Cancer Screening Initiative.

London

- The Division of GYN Oncology at the University of Western Ontario, London, Ontario is pleased to announce that Dr. Julie Francis will be joining their division to do a 3-year Royal College Approved Fellowship Program in GYN Oncology. Dr. Francis completed her residency in Hamilton, Ontario, and we hope the GYN Oncology Community in Canada will welcome her into their ranks. Dr. Francis will start her fellowship program in July 2005.
- A joint initiative between two programs in London (Women's/Children's and Oncology) has secured funding support for a Physician Leader in Health Informatics. This individual will work closely in association with the Health Outcomes Research Group now developing at our Centre. Southwestern Ontario has been chosen as a test site for developing a regional electronic patient record. There will be a great need for input by Physicians with specialized training in Health Informatics.

Montréal

- The research project of Drs. Diane Provencher, Patricia Tonin, Anne-Marie Mes-Masson and Filion, "Development for new therapeutic strategies for ovarian cancer" received funding of \$1,506,960 from the Canadian Institute of Health Research (CIHR). This research project qualified first in the last call for funding.
- Here are pictures to show that the project of "Applicability of Intraperitoneal Hyperthermic Chemotherapy (IPHC) in Epithelial Ovarian Cancer (EOC): from Rats to Human, a Proof of Principle" is advancing very well.



From rats



To human

Québec

- We are pleased to announce the recruitment of Dr. Jean Grégoire at l'Hôtel-Dieu de Québec for July 2005. Dr. Grégoire will have completed a 2-year fellowship program in Calgary. We are very much looking forward to having him back with us!

GOC Members and Minimally Invasive Surgery

The Canadian contribution to the advancement of minimally invasive surgery in the management of carcinoma of the cervix and other areas in gynaecologic oncology continues to grow. The contribution of some of our members to the role of laparoscopy and radical trachelectomy has been at the forefront of this. Most recently, Dr. Al Covens, a significant Canadian contributor, has continued to travel to a number of different institutions and countries to demonstrate and to teach a procedure which is not being locally performed. He has also opened, through his travels, a mechanism for ongoing dialogue and communication between those centres and the Canadian gynecologic oncology scene. In 2000, Dr. Covens traveled to Groningen, Netherlands; in 2004 to Afula, Israel, Santiago, Chile as well as Vancouver, British Columbia. This represents a unique opportunity for showcasing and developing contacts and creating awareness about the opportunities involved in minimally invasive surgery.

On this note, the Québec group, led by Dr. Marie Plante and Dr. Michel Roy, are hosting the first gynecologic oncology laparoscopy course in conjunction with the GOC ACM meeting in June 2005. This course will be advertised and registration will be limited because of space. There will be a number of international faculties present, and we will focus on minimally invasive surgeries and radical trachelectomy. We should be proud of members who are spearheading these initiatives.

Hopefully we will see a further development of minimally invasive surgery in the gynecologic oncology community through a special interest group on surgery within the GOC. Dr. Marie Plante will be heading this group and interested members should contact Dr. Plante (marie.plante@crhdq.ulaval.ca) to see how we can move this project forward as a Society.

Expert Laparoscopic Surgeon Teaches New Techniques in Montréal

The Gynaecologic Oncology Division of the CHUM - Hôpital Notre-Dame welcomed Dr. Christophe Pomel, from the Institut Gustave-Roussy, in Paris, France. Dr. Pomel gave an intensive two-week training session (January 10-21, 2005) to the members of the Division.



Dr. Pomel is a surgical specialist at the Institut Gustave Roussy. He has developed laparoscopic techniques aimed at various specialties:

- An original and innovative technique for performing endoscopic samplings of the latissimus dorsi for mammary reconstruction following a mastectomy with conservation of the skin sheath;
- Laparoscopic adrenalectomy;
- Laparoscopic assessment of the potential resectability of peritoneal carcinomas;
- Lymphatic biopsy and laparoscopic

splenectomy for suspicion of lymphoma;

- Complete pelvic exenteration for recurrent gynaecological cancer, a laparoscopic first that was performed recently.

He is a leader in vesical and perineal reconstruction techniques, and has specialized in the radical surgical treatment of ovarian cancer.

While in Montréal, he conducted educational sessions for residents and fellows of the programme.

Screening for Cervical Cancer in Developing Countries

By Dr. Pierre Drouin

Dr. Pierre Drouin was invited by the Société africaine de gynécologie et d'obstétrique (S.A.G.O.) and the Société de gynécologie et d'obstétrique du Bénin et du Togo (S.G.O.B.T.) to attend their 8th conference, which took place in Cotonou, Republic of Benin, December 12-17, 2004.

The pre-conference scientific programme offered courses on visual inspection with acetic acid (VIA), visual

inspection with Lugol's iodine (VILI), and colposcopy. Fifty-eight people took part in this workshop, including sixteen physicians. Five teachers gave the courses.

The screening method by cervical visualization (VIA, VILI) is appropriate for this environment.

In fact, the Society of Obstetricians and Gynaecologists of Canada and the American College of Obstetricians and Gynecologists officially confirmed their support of those two methods in 2003.

It is important to remember that there are 400,000 new cases of cervical cancer each year, 80% of which occur in developing countries. It is estimated that in developing countries, nearly 300,000 women die of this disease each year. Cervical cancer is a disease that can be detected early and prevented more than 9 times out of 10. A



Funny experiences of meetings.....during the meeting, because of the heat, my chair "melted", and a few seconds later, the only thing I knew is that I was actually sitting on the floor....!

vaccine for cervical cancer will soon be available in Canada (2005).

During this conference, SAGO members pointed out to Dr. Drouin that it might be appropriate to consider offering an update on gynecologic oncology to physicians working in the Third World. This update, comprised of an academic component, a clinical component and workshops, could take place over a two-week period. This programme could include modules on cervical cancer, breast cancer

(screening, surgery, and chemotherapy), trophoblastic disease, etc... In the coming year, the GOC could look into this question and develop such a programme in order to make it available to those countries that need it the most. The SOGC, by way of Doctor André Lalonde, would welcome such an initiative.

While in Benin, Doctor Drouin took part in two afternoons of teaching in gynecologic oncology with the residents of the Université de Cotonou.

Journal Gynecologic Oncology Update

By H el ene Soubli ere, GOC National Coordinator

Over the past few months, there have been discussions between the GOC and the SGO which focused on seeking the SGO's agreement for the journal Gynecologic Oncology to remain the GOC's official publication, as well as renewing the preferred rate arrangement for GOC Members who wish to receive the Journal.

On the first issue, we are very pleased to report that the SGO has agreed to allow its journal to remain the Official Publication of The Society of Gynecologic Oncologists of Canada, as stated on the cover of the Journal.

Thanks to the efforts of Dr. Pierre Drouin, GOC members have, over the years, enjoyed the discounted 'SGO Member' rate for this publication. The

SGO reports that in 2004, only ten GOC members subscribed to the Journal which unfortunately did not provide sufficient ammunition to negotiate the preferred rate. The SGO Executive Committee regrettably has declined our request for discounted rate and effective March 1, 2005, new and renewal subscriptions will be at the current 'non-SGO member' rate of \$380.00 US.

If you wish to subscribe to the journal Gynecologic Oncology, you may do so on-line at http://www.elsevier.com/wps/find/journal-description.cws_home/622840/description#description.

We wish to thank everyone involved in the discussions, particularly Dr. Al Covens.

News from Nursing

By Lynne Jolicoeur, RN BScN Con(c), Advance Practice Nurse TOH – On behalf of the GONPPC

Over the past 9 months, the Gynecologic Oncology Nursing Professional Practice Committee (GONPPC) has been working towards defining its purpose, structure and priorities. Terms of reference have been developed and approved by the group. We currently have 14 members to date from across Canada. Some of our objectives are:

- To share expertise and to collaborate in the development of patient education materials, pathways/guidelines or other initiatives that promote excellence in gynecologic oncology.
- To promote quality of care and education to the gynecologic oncology population that is consistent throughout the country through information sharing among cancer centres as described above.
- To promote membership in GOC among Advance Practice Nurses (or

an expert, as identified by the centre) working in gynecologic oncology. The objective is to have one representative on the committee per centre from across Canada.

We are currently conducting a survey to identify which resources are available at each centre, such as patient education materials, clinical pathways, care guidelines, protocols and algorithms, as well as identifying the complex nursing care issues and successes for each centre. This data will then be used to identify the common issues and prioritize our collaborative energy to improve care for women across the country. The information gathered will also be used to share our expertise and minimize duplication of efforts.

Look out for the GONPPC, we are few but we are ambitious!

GOC Turns 25 (Continued from page 1)

In addition, the Society has increased its influence by establishing its Website, participating with a number of organizations and partners in research projects both with the SOGC and individual investigators such as Dr. Eduardo Franco from McGill University.

The Society has also evolved and embraced the membership to expand beyond the traditional gynecologic oncology surgeon to involve multidisciplinary care that spans the spectrum of professionals who treat patients with gynecologic cancer.

2005 is a distinctive year for the GOC and we all have much to be proud of. In this 25th anniversary year, we plan to do a lot of celebrating! In particular, for our 5th annual CPD meeting themed "Re-tooling for the Future", we will reflect back on areas that we have worked on, the clinical problems, and look at different ways in which to manage these with new technologies and new thought processes. We have more on this in this Newsletter.

Much of the Society's progress over the last 25 years is not only attributed to the founders and members, but also to our pharmaceutical partners and the Society of Obstetricians and Gynaecologists of Canada (SOGC). Our pharmaceutical partners' financial support has allowed the GOC to realize outstanding CME programs for its membership, website creation & development, and publications. The SOGC, through its relationship with and support of the GOC, has allowed us to establish a permanent Head Office,

providing generous financial support for salary & benefits, office space and equipment, professional services for translation and graphic design, and much more.

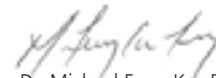
In this 25th year, we are planning an exciting ACM which will bring together discussions on new advances in laparoscopic surgery and its role in gynecologic cancer and we will be hosting our first surgical course in conjunction with the Québec group (Dr. Michel Roy and Dr. Marie Plante). The June meeting is a must attend event. We will be hosting an anniversary party, inviting our partners who have been supportive of the GOC through the years. This 25th Anniversary Bash will include a band, numerous presentations and believe or not, we are even planning to have live karaoke.

In short, it is truly a wonderful time for the GOC. We owe our success to our founding members and to the energies of our new members as we move forward. We hope to see you at the CPD meeting in Montréal as well as the ACM meeting in Québec City.

Sincerely,



Dr. Diane Provencher
President



Dr. Michael Fung Kee Fung
Secretary-Treasurer

5th Annual CPD Meeting (Continued from page 1)

we will be exploring new confidence and use in tumor markers in the management of recurrent ovarian cancer. Dr. Bo Gronlund, Senior Research Fellow at the Copenhagen University Hospital will be presenting this topic which promises to be an interesting discussion. Further along the theme of ovarian, Professor Martin Gore will be sharing his insights into various scheduling and combination approaches in recurrent ovarian cancer looking at weekly, doublets and sequencing of drugs in the recurrent setting.

In addition to technology, the impact of new health services research tools, the role of the decision analysis tool in policy making and in the clinical realm of gynecologic oncology will be discussed by Dr. Laura Hopkins, who is a member of The Ottawa Hospital Research Institute in the

Department of Epidemiology and the Division of Gynecologic Oncology. We will also explore ways to impact and reduce risk in blood borne illnesses and complications with Dr. John Freedman, who is Head of the Transfusion Unit at St. Michael's Hospital in Toronto. He will be updating us on new techniques in which to decrease the risk both to the surgeon and to the patients. In addition to these speakers we will have our traditional debate and this time, the topic will be stage I ovarian cancer with Dr. Rob Grimshaw and Dr. Jim Biagi.

This year, our very popular game hour led by Dr. Mark Carey will be a spin-off of The Apprentice. We look forward to extracting a few unsuspecting members of the GOC to participate in what has always been a great learning and entertaining event for the whole group.

Last but not least, we will have our fourth Canadian Leadership Lecture by

Dr. Joseph MacInnis, a Canadian scientist, researcher and adventurer who has been featured in numerous articles and books, who will be sharing his experience with us in the role of leadership and flexibility in a changing medical world. This will be held at the very famous Pointe-à-Cal-lière Museum in an environment that will make for a very spectacular evening. We encourage everybody to attend.

We wish to acknowledge the sponsorship from our pharmaceutical partners as well as other contributors.

You may register for the meeting at www.g-o-c.org.

We look forward to seeing you in Montréal.

Update on Upcoming Advanced Laparoscopic and Radical Vaginal Surgery

By Dr. Marie Plante, Québec, Québec

Watch out for the Advanced Laparoscopic and Radical Vaginal Surgery in Gynecologic Oncology, June 16th and 17th, 2005, in Québec City, just prior to the SOGC Annual Clinical Meeting.

Register in advance as the number of places is limited. A detailed pamphlet is included in this package. You can reserve your place by contacting Dr. Michel Roy (michel.roy@ogy.ulaval.ca) or Dr. Marie Plante (marie.plante@crhdq.ulaval.ca).

Janice Kwon Reaches the Summit of Kilimanjaro!

By Dr. Janice Kwon, London, Ontario

The trip was incredible! I was one of 9 (out of 13) from our centre who made it to the top of Kilimanjaro. The last 200 m was the most difficult physical experience I have ever had - pleuritic chest pain from 19,000 feet to the top, which thankfully resolved on my way down the mountain. There was a 36 year old German woman who died of acute pulmonary edema on the mountain at around the same time. I am grateful that none of us suffered too many adverse effects



from the altitude, and that we have made it back home safely. Not a trip I would recommend to most people,

but it was unforgettable and the views were spectacular!



Log on to the Discussion Forums at [www.g-o-c.org!](http://www.g-o-c.org)

Dr. François Moens has initiated a discussion and will reward the first respondent!

MARK YOUR CALENDAR!

Upcoming GOC meetings:

5th Annual Continuing Professional Development Meeting

March 30 – April 2, 2005*
(GOC Plenary April 1, 2005)
Marriott Château Champlain
1050 de la Gauchetière West
Montréal, Québec H3B 4C9

* In conjunction with the NCIC spring meeting

GOC Annual General Meeting Join us as we celebrate our 25th anniversary

June 18-19, 2005*
Québec City, Québec
* In conjunction with the SOGC's Annual Clinical Meeting

To register for GOC Conferences, go to www.g-o-c.org

Academic Corner (Continued from page 3)

Screening program for BRCA1 and BRCA2 mutation carriers: examination, mammography, sonography, scintimammography, ductal lavage and magnetic resonance imaging

- **DM Provencher**, L Lalonde, WD Foulkes, A Aldis
- \$100,000 (Montréal Breast Cancer Foundation)
- End date December 2005

Selection and validation of target genes implicated in the clinical and biological features of ovarian cancer

- AM Mes-Masson, **DM Provencher**, PN Tonin, A Ferenczy
- \$453,000 (CIHR)
- End date September 2005

Pap cytology screening failure: influence of the patient, physician and laboratory

- Eduardo Franco, **DM Provencher**, F Coutlée, A Ferenczy
- \$450,000 (CIHR)
- End date August 2005

A model for modularity genetic and epigenetic events that influence the metastatic potential of ovarian cancer

- AM Mes-Masson, **DM Provencher**, PN Tonin, M Chevrier
- \$450,000 (Cancer Research Society)
- End date August 2005

Cancer Network, Breast and Ovarian Cancer Branch. Sub-Project: Network of databases and tissue banks for breast and ovarian cancers

- AM Mes-Masson, **DM Provencher**, PN Tonin, et al
- \$760,000 (FRSQ)
- End date June 2005

Identification of tumour suppression in epithelial ovarian cancer

- PN Tonin, **DM Provencher**, AM Mes-Masson, M Chevette
- \$350,000 (CIHR)
- End date January 2005

Ottawa

Long term quality of life evaluations in patients with early staged endometrial carcinoma - Dr. Tien Le, Principal Investigator. This two year study will collect longitudinal data on patients' Quality of life after surgical and radiation treatment for early stage endometrial cancer. Since adjuvant pelvic radiation therapy had not been proven to significantly prolong survival, objective data on the long term side effects of radiotherapy in these patients will be helpful in designing a proper treatment protocol to minimize these effects without compromising patients' prognosis; \$28,000 (Ottawa Cancer Foundation)

Phase 2 study of primary treatment of VIN 2/3 lesion using Imiquimod cream - Dr. Tien Le, Principal Investigator. This study aim to investigate the use of non invasive treatment of high grade VIN using a topically applied immunostimulant; \$15,000 (3M)

Other meetings of interest:

- SLS (Society of Laparoendoscopic Surgeons) InterAmerican Multispecialty Congress of Laparoscopy and Minimally Invasive Surgery – February 23-26, 2005 - Miami Beach, Florida
- SGO Annual Meeting – March 19-23, 2005, Miami Beach, Florida

- 22nd International Papillomavirus Conference and Clinical Workshop 2005 – April 29 – May 6, 2005 – Vancouver, BC
- GOG Semi-Annual Meeting – July 8-10, 2005 - Baltimore, MD (GOG Symposium-July 7, 2005)
- 11th Biennial IGCS Meeting – October 14-18, 2006 – Santa Monica, California
- FIGO World Congress – November 5-10, 2006 – Kuala Lumpur