

## GOC Recognizes Signatories of its Constitution

By Dr. Barry Rosen



*Drs. Marie Plante (accepting on behalf of Dr. Michel Roy), Ralph Anderson and Denny DePetrillo*

At this year's GOC CPD meeting, the three original signatories to the GOC constitution were presented with a framed copy of the page of the Application for Incorporation which they signed back on February 11, 1980. These individuals are Dr. Denny DePetrillo, Dr. Michel Roy, and Dr. Ralph Anderson. This ceremony was in recognition for their contribution to the Society and most importantly for their foresight and for discerning the need to establish a Canadian society of gynecologic oncologists.

Today, our Society is flourishing in many different aspects with 186 active members. GOC is very proud to recognize the work that began in 1980 to create the Society we are now a part of.

## National Clinical Practice Guideline in Recurrent Ovarian Cancer Accepted for Inclusion in the National Guideline Clearing House

By Dr. Michael Fung-Kee-Fung

With its mission to advance the care of gynaecological cancer at a national level, the Society of Gynecologic Oncologists of Canada has been working with the Clinical Practice Guidelines Action Group (CPG-AG) of what is now the Canadian Partnership Against Cancer. Part of this early partnership was designed to develop national guidelines in gynaecological cancer. The initial work dates back to several meetings, the first held in April 2005 in Montreal, and several subsequent meetings in 2005 and 2006. The final guideline entitled "Use of Systemic Therapy in Women with Recurrent Ovarian Cancer: Development Methods and Clinical Practice Guideline" (LM Elit, L. Zitzelberger, M. Fung-Kee-Fung, M. Brouwers, G. Browman, P. Hoskins, S. Lau) represents a major success story. First, this is the first national guideline of this scope using this methodology in any disease site. Second, the methodology used was innovative involving the use of the AGREE instrument to look at different guidelines from different jurisdictions including those in Canada, and developing a consensus-based process after a rigorous review and rating of the information. This was followed by a national practitioner feedback format which was included in the final document.

This guideline has recently been picked up by the National Guideline Clearing House, a US-based national organization which hosts guidelines of exceptional quality in their clearing house for dissemination world-wide. This invitation was received and accepted by GOC. The National Guideline Clearing House is a US government sponsored Internet-based repository of evidence summaries and evidence practice guidelines with a mission of providing health professionals with an accessible mechanism for obtaining objective detailed information on guidelines and to further the dissemination, implementation and use. The NGC Website receives over one million visits each month and the target audience is primarily medical professionals. It has over 36,000 users who subscribe to their weekly emails for updates on new guidelines. NGC currently contains over 2,000 guidelines from more than 300 developing organizations and the guidelines include many world-wide recognized organizations including NICE of the United Kingdom, WHO, etc.

This work is also unique in that it facilitated the convergence of the expertise in ovarian cancer in medical, radiation and surgical oncology within the fabric of the Society

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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 of our Society.

## 7<sup>th</sup> Annual CPD Program in Toronto April 27<sup>th</sup>, 2007 a Resounding Success!

By Dr. Helen Steed

This year's CPD was another success and well attended by all from the west to the east coast. The key focus of this year's CPD was "HPV and Implementation Strategies". We spent the morning discussing HPV vaccination, focusing on the issues related to implementation and how GOC can support and facilitate this process. The expert panel of speakers included Dr. Diane Harper, Dr. Eduardo Franco, Dr. Matti Lehtinen and Dr. Connie Trimble. Dr. Harper brought us up to date on the current research available for both bivalent and quadrivalent vaccines addressing issues such as "cross protection" and duration of antibody protection. Dr. Franco gave an exceptional summary on the potential impact of vaccination on current screening practices and addressed the issues of HPV testing followed by cytologic triage. Dr. Lehtinen described the current Phase III/IV HPV studies underway in Finland and their successes and struggles to date. Dr. Trimble from John Hopkins shared her very exciting research in the area of potential therapeutic HPV vaccines which was very interesting and hopeful.

Following the HPV Session, Dr. Walter Gotlieb led the GOC Membership Survey which was useful and also quite entertaining. GOC expressed that it



*Drs. Jonathan Ledermann and Gavin Stuart*



*Prof. Matti Lehtinen*



*Prof. Eduardo Franco*



*Drs. Barry Rosen and Dianne Miller*

wants to know what is important to us as members of this society and encourages us all to become involved. We then heard from Mrs. Elisabeth Ross, CEO of "Ovarian Cancer Canada - The New Organization" who described to us the successful merger of our two ovarian cancer advocacy groups, and

the future goals and priorities of the new organization.

The afternoon started with another of Dr. Gillian Thomas's very perceptive and insightful presentations discussing the controversial area of the "importance of lymph nodes and staging of endo-

metrial cancer". She reviewed the literature and the controversies that exist among experts in the field. Dr. Jonathan Ledermann from the UK gave an excellent overview of the research involved with "targeted therapies" in ovarian cancer and the concept of individualizing therapy for ovarian cancer patients. And of course, the final ovarian cancer topic was IP chemotherapy. Over a year since Armstrong's publication, we reviewed the "Canadian scene", the challenges of the interdisciplinary team and nursing issues related to IP chemotherapy delivery, the successful publication of IP chemo standards, as well as potential IP protocols and a discussion of possible future plans for GOC and Canadian centres. Dr. David Warr then presented advances in anti-emetic therapies for our patients.

The following day at NCIC, Dr. Diane Provencher and Dr. Marie Plante presented IP chemotherapy and MIS updates respectively to members of NCIC CTG - Gynecologic Division and GOC members. The future goal would be for NCIC and GOC to work together in developing and managing clinical trials in these fields of interest.

Overall it was an excellent program with both international and national speakers on key subjects of interest.

## Social Event – Don Listwin and the Venue were Wonderful!

This was GOC's 6<sup>th</sup> Canadian Leadership lecture! The speaker and venue were wonderful. Mr. Don Listwin is Founder and active Chair of the Canary Foundation. The Canary Foundation is a public non-profit organization focused on advocating and funding the development of novel tests for early detection of cancer. Mr. Listwin received his B.S in electrical engineering from the University of Saskatchewan, and during the past two decades has served in senior executive roles at both Cisco Systems and Openwave Systems. He shared with us his personal experience and journey through a "cancer diagnosis" when his mother was diagnosed with ovarian cancer and treated in Vancouver. This inspired his interest to help pursue the discovery



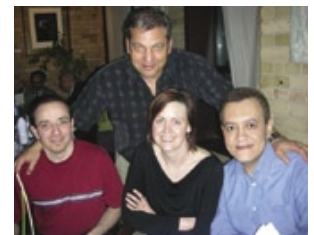
*Mr. Don Listwin, our 6<sup>th</sup> Canadian Leadership Guest Lecture speaker*



*Dr. Michel Préfontaine and Hélène Soulière (who walked away with \$6 of his!)*



*Heidi Thomas, John Mazurka and François Moens*



*Winnipeg Group Abdulrahim Gari, Robert Lotocki, Erin Dean and Hatim Aldabbagh*

of early markers for cancers so that prognosis and outcomes aren't so dismal. He described the creation of the Canary Foundation and the goals of the researchers working with them. He elaborated on the molecular diagnostics and collaborative models they are trying to develop and support. It was

not only an inspirational and motivational talk encouraging us to continue to pursue better diagnostics and treatments of devastating cancers, such as ovarian cancer, but also interesting to see the unique combination of a leader with a genuine interest in research that was quite "foreign" to him years

ago, and with excellent business/technical skills that are enabling him to see his vision become a reality.

The venue was the Academy of Spherical Arts which was relaxing and the perfect environment for billiards, dancing and plenty of fun!

## GOC Creates Partnership to Develop an FAQ Resource on HPV Vaccination

The development of the HPV Frequently Asked Questions tool was born out of a need to provide evidence-based and referenced answers to commonly asked clinical questions that were becoming more frequent among Practitioners and Health Care Providers with the advent of the HPV prophylactic vaccine in Canadian clinical practice. To this end, 30 common questions from a variety of different real-life sources and help lines, were collated and addressed and led by members of The Society of the Gynecologic Oncologists of Canada (GOC) and the Canadian Association for Immunization Research and Evaluation (CAIRE). In order to achieve the development of a document, the plan was to bring together a wide array of multi-disciplinary specialists in an explicit collaboration to develop this document for open source. Multiple perspectives of different opinion leaders in a variety of specialties were offered and resulted in an extraordinary and beneficial experience for all who attended. To facilitate this, the sponsor Merck Frosst Canada Ltd., was invited to participate in an explicit fashion to provide collaboration and support for the planning meeting and to provide support for an independent company to format and complete the document. A Steering Committee comprised of 5 members was developed to manage the project.

The data used to answer these questions were evidence-based published data as well as data in abstract form or data from the recent NACI guidelines. There are several important caveats to the information that we present.



1. The data used at the time of this publication was known to be current and publicly available. Presently two vaccines have been tested for the prevention of cervical cancer and its precursors. One of the two vaccines is the quadrivalent Merck Frosst vaccine Gardasil. It is presently approved by Health Canada and has been endorsed by NACI (National Advisory Committee on Immunization). This vaccine to date has information that has been made public and published and as such this is referenced within the present publication. The second vaccine is the bivalent Cervarix from GlaxoSmithKline and presently is undergoing application for approval in the E.U, the U.S. and in Canada. The data for the bivalent vaccine were limited at the time of this publication and is presented as such.
2. Both vaccines have not published phase 3 data to date, but this is expected later this year. It is the intent of the group to update the FAQ's with the phase 3 data as it becomes available. This update will probably occur on websites of the participating societies. However, notwithstanding this, we expect that the information presented here will need some adjustment and will be very useful presently in helping to interpret some of the controversial areas that practitioners are facing.
3. Questions re: implementation of the vaccine and practice in the Canadian context were deferred to subsequent iterations of the document.

The 2<sup>nd</sup> printing will be produced in a bilingual format (English and French) and will include a CDROM with a PowerPoint presentation of the FAQ content for teaching and meeting purposes. The FAQ is endorsed by the Society of Canadian Colposcopist and the Society of Obstetricians and Gynaecologists of Canada.

## Big Challenges Face Our Specialty Training Programs

By Dr. Allan Covens

The Gynecologic Oncology Nucleus Committee of the Royal College has undergone some recent changes. Dr. Krepart who has served as the Chairman for many years has resigned. On behalf of the Committee, I would like to thank him for his dedication and leadership over the years. The Committee is on solid grounds to face the new challenges of our specialty training as we prepare for a formal exam process, and lose our current designation as AWC.

The challenge facing our Committee over the next several months is monumental. It will be overseeing the transition from AWC status to become a subspecialty with examination. At our meeting in June, I will table the creation of an Examination Committee to develop and oversee an exam format in conjunction with the expertise and help of the RCPSC. An additional meeting will take place in the fall in Ottawa at the RCPSC to further develop this. While the Examination Committee may include many of the same members it is not a prerequisite. Exactly how this process will unfold is not 100% clear, however the Committee will have to become very active as it evolves. I encourage all members of the GOC to voice any opinions, recommendations, and/or concerns to myself or one of the other members of the Committee.

Additionally, we have some new members to the Committee with the recent accreditation of McGill University, Laval University and the University of Ottawa. The program directors are Dr. Lucy Gilbert, Dr. Marie Plante and Dr. Tien Le.

I am looking forward to exciting developments within our specialty.

## Baby News!!

Congratulations to Katharina Kieser who is expecting her 3<sup>rd</sup> baby in October – Helen Steed who is expecting her 2<sup>nd</sup> in July – Laura Hopkins who is expecting her 2<sup>nd</sup> in September and Jean Grégoire, a 2<sup>nd</sup> in August!

## National Clinical Practice Guideline in Recurrent Ovarian Cancer Accepted for Inclusion in the National Guideline Clearing House (continued from page 1)

of Gynecologic Oncologists of Canada. This represents a unique foundation for us to continue to further develop guidelines of the same quality of rigor within the CPG-AG.

Special thanks to all who participated in the development of this guideline and for the tremendous effort of our partners within the Clinical Practice Guidelines Action Group (CPG-AG).

## Profiling our Members

**Dr. Jean Grégoire**  
Hôtel-Dieu de Québec  
Québec, Québec



Dr. Jean Grégoire received his medical degree from the University of Montreal and he completed his residency training in Obstetrics and Gynecology at the University Laval in Québec. After his gynecologic oncology fellowship in Calgary, Dr. Grégoire moved back to Québec in 2005.

Jean has an interest in advanced laparoscopic techniques and with the expert help of his colleagues, Dr. Grégoire is developing his advanced laparoscopic skills and enjoying the surgery. Over the last months, he established a prospective "surgical database" for all gynecologic tumor sites and hopes to use this for future research projects. Dr. Grégoire is currently completing a Masters Degree in clinical research, focusing on cervical cancer. Later this year, he will begin a Ph.D. in epidemiology.

Jean is the very proud father of Charles, a unique young boy with a pervasive developmental disorder within the autism spectrum. Weekends at the cottage are devoted to the family and the current excitement is the expected arrival of baby number 2 in August! Good luck Jean!

**Dr. Mark Carey**  
MD Anderson Cancer  
Centre  
Houston, Texas

Dr. Mark Carey has taken a visiting scientist position in Dr. Gordon Mills Laboratory at the MD Anderson Cancer Centre in Houston, Texas. Dr. Mills is the Chairman of the Department of Systems Biology and is also very involved in the development of the Kleberg Center for Molecular Markers. The large number of scientists and activities of both groups offers a unique opportunity for Mark to study current and developing research techniques. One area of interest for Mark is Reverse Phase Protein Arrays (RPPA). This is a new technology for studying protein abnormalities in malignant tumours. Applications for RPPA include identifying protein patterns that are markers of prognosis, sensitivity to systemic therapies, and individualization of new targeted therapies. In the accompanying photograph, Mark can be seen standing next to the new Aushon protein array printer. This new machine can print up to 1000 tumour samples for protein evaluation on a single microscope slide. Mark is presenting some of the research he has been involved with at the upcoming American Society of Clinical Oncology meeting this summer in Chicago. In 2006, the MD Anderson had received \$410 million in research funding. Combined with a clinic volume of over 27,000 new patient visits the centre has established an excellent reputation as a leader in cancer treatment and research.

Congratulations Mark, very exciting work!



**Dr. Réjean Savoie,**  
**Physician in Gynecology**  
**and Maternal and**  
**Child Care**

**All Good Things Come**  
**in Threes**

Source: Catherine Crépeau of  
*l'Actualité Médicale*

When he agreed to become co-CEO of the New Brunswick Cancer Network, Dr. Réjean Savoie in a way embarked on a third career after having been a family physician and then an obstetrician/gynecologist and gynecological oncologist.

Dr. Savoie's career path is rather unusual. He went back to university twice to reorient his practice in order to better meet the needs of New Brunswick's Francophone community.

The first time was back in 1985. A family physician, Dr. Savoie had been practising for seven years and teaching at the Dr. Georges-L.-Dumont Regional Hospital's Family Medicine Unit in Moncton. However, the region was unable to recruit a second obstetrician/gynecologist. Colleagues suggested that he return to university. He hesitated. "It was an opportunity to go further," said Dr. Savoie, who had flirted with the idea of specializing in otorhinolaryngology during his medical studies. "Had I not done it, I wouldn't have been at peace with myself. I might have ended up regretting it later. I had nothing to lose."

Dr. Savoie sold his house and moved to Montreal with his wife and children. "It was a big decision, and the first year was hell," he said. "Despite all of my experience, I went back to being a first-year resident. In addition, specialties and family medicine are two different worlds. People wondered if I was serious. They were not very welcoming. At my first delivery, I stepped forward, but the head guy pushed me aside for the clinical clerk." After three months of this type of treatment, Dr. Savoie considered quitting, and he may have done just that without the precious support of his wife – with whom he has celebrated 35 years of marriage – and her encouragement.

He called his former colleagues, who assured him that there would always be a place for him in Moncton. "That gave me the courage to assert myself. And I think that the people at the university needed me to do that to show I was serious."

His residency completed, he returned to Moncton in 1989 and joined the Dr. Georges-L.-Dumont Regional Hospital team. Four years later, the Dr. Léon Richard Oncology Centre opened, and a position in gynecology-oncology was created. A number of candidates were evaluated, but no one satisfied the requirements. "These types of specialists are rare enough as it is, so imagine a Francophone applying!" said Dr. Savoie, who was urged to go back to school for two years of subspecialty training. "The train came by again, and I had to decide whether or not to get on board." For the second time, he sold everything and left for Montreal. "I thought, do six months, just to learn the surgery, but Dr. Pierre Drouin made me realize that that would be doing myself a disservice since I would not be recognized as a real oncologist, not having all the training."

Contrary to what he expected, the fellowship was no easier than the specialization in obstetrics/gynecology. "It was very demanding, very heavy, with components such as surgery, chemotherapy, and radiation therapy." But the experience was beneficial for the family. "It helped to strengthen our family ties, along with exposing us to a new way of life," Dr. Savoie explained. "It was a great challenge for the children to change schools, but that enabled them to improve their French. It transformed them into open, very malleable, and more independent young persons." His three children are currently attending university, one in New Brunswick and two in Quebec.

After returning to New Brunswick, he enthusiastically set about establishing the new Gynecology/Oncology Department at the Dr. Léon Richard Oncology Centre. He put together a team and worked to expand and build on his expertise. "Oncology is a team effort; individually, each person is just one link in the care chain," said Dr. Savoie, stressing the importance of

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## Profiling our Members (continued from page 4)



continuing education for health professionals and of prevention activities aimed at the public. "The outcome of surgery depends on the point at which the cancer is attacked. No matter how well the surgery is done, a patient cannot be cured if it comes too late."

On the strength of his work in gynecology/oncology, in October 2005, Dr. Savoie was named co-CEO of the New Brunswick Cancer Network, along with Dr. S. Eshwar Kumar, specialist in radiation oncology with the Atlantic Health Sciences Corporation. "They went back and forth between the two of us," said Dr. Savoie, still New Brunswick's only gynecological oncologist. "When they proposed that we share the work, I think they made the best decision. That allows me to continue to practise and to be there for

the patients." Although he was happy to be able to coordinate the development of a provincial cancer strategy, Dr. Savoie would have been reluctant to accept a full-time workload. "Perhaps management came along too early in my career," mused the physician, who is considering heading back to university, once again, this time to learn more about that field. "Chance made the decision easy for me."

- Born in Saumarez, near Tracadie-Sheila, New Brunswick
- Graduated from *Université Laval* in 1977
- Dr. Georges-L.-Dumont Regional Hospital ER
- Private practice, then teaching at the Dr. Georges-L.-Dumont Regional Hospital's Family Medicine Unit

- 1985-1989: specialization in gynecology/obstetrics at the *Université de Montréal*
- Practice at the Dr. Georges-L.-Dumont Regional Hospital
- 1995-1997: fellowship in gynecology/oncology at the *Université de Montréal*
- Establishment of the Dr. Léon Richard Oncology Centre's Gynecology/Oncology Department
- Practice at the Conceptia Clinic, a private fertility treatment centre
- In 2005, named co-CEO of the New Brunswick Cancer Network
- Director of the Department of Gynecology and Obstetrics at the Dr. Georges-L.-Dumont Regional Hospital
- Member of the Provincial Cancer Services Advisory Committee

## Our Champion, Elisabeth Ross

*"Never minimize the impact of a single moment. Be bold and step out, create opportunities for your workplace or your community. You can be a Champion. You can make dreams come true."*

When Elisabeth Ross uttered those words to a packed ballroom of business executives in Toronto last November, little did they know that she was on the verge of realizing one of the biggest dreams of her professional life.

Even without knowledge of Elisabeth's leadership role to bring together Canada's two national ovarian cancer organizations (the partnership was announced two months later), the Women's Executive Network (WXN) selected her as one of five winners in the Champion category of the 2006 Canada's Most Powerful Women: Top 100. Not only was Elisabeth asked to speak at the national awards luncheon but she was chosen for a half-page feature in a special report in that morning's *Globe and Mail*.

The WXN defines Champions as "women who have made a dis-

tinct and describable difference to the advancement of women in the Canadian workplace either by helping to achieve greater opportunities for women in traditional careers or acting as an 'agent of change' on a national level."

Run that definition by her colleagues, Board members, volunteers, donors and ovarian cancer survivors – and they will tell you that Elisabeth Ross is a Champion leader, communicator and human being.

The Executive Director of the National Ovarian Cancer Association (NOCA) since 1997, she guided the development of the organization as it became truly national – providing support and programming coast to coast, increasing public awareness about the disease and raising more than \$2-million for ovarian cancer research. Elisabeth recently was named Chief Executive Officer of the new Ovarian Cancer Canada.

She was also the co-founder and first Executive Director of AboutFace, a charitable organization serving people with facial differences. Under her leadership, AboutFace grew to



*Elisabeth's staff presented her with a framed copy of her profile in the *Globe and Mail*.*

55 chapters across North America with over 6,000 volunteers. She even appeared as a guest on the *Oprah Winfrey Show*.

Elisabeth holds an honours BA in Psychology, an advanced certificate in voluntary sector management and a Master of Health Science degree. She is fluent in English and French. Over the years, she has received other awards and distinctions including the Robert Wood Johnson Award and the

Harold B. Livergant Award from the University of Toronto, Department of Health Administration; the Parent/Patient Leadership Award from the American Cleft Palate Association/Cleft Palate Foundation; and the Order of Ontario.

**This article is printed with the permission of Mrs. Elisabeth Ross. It was initially published in the Seeds of Hope, Ovarian Cancer Canada's newsletter publication.**

## Celebrating the Success of the University of Toronto/McMaster University Gynecologic Oncology Fellowship Training Program

By Dr. Barry Rosen



Work of Art created by Beth Roher

This year, the University of Toronto fellowship training program enrolled its fiftieth fellow into its program. The program initially began in Hamilton under the direction of Dr. Denny DePetrillo and when he later moved from McMaster to The University of Toronto, the program became a combined fellowship with clinical rotations at both sites. Over the years, numerous trainees from various backgrounds and locations have been through the program. Currently, the program has trainees practicing in seven provinces, twelve countries and five continents!

In honor of this accomplishment, a work of art was commissioned from Beth Roher, a well known artist in Toronto. Ms. Roher designed a world map etched

in copper. A sterling silver symbol marks each of the locations where our fellows now practice. Along the top are the names of the current faculty and down each side are plaques identifying each trainee, their location of practice and year of graduation. This is a spectacular work of art which was unveiled at the wine and cheese reception following the recent CPD meeting. The piece of art will be displayed in the Gynecologic Oncology offices at Princess Margaret Hospital in Toronto.

The program now offers a 3-year Royal College accredited fellowship training program with its first year being a research year and continues to train many new fellows.

### GOC/CAIRE Masters Class Planned for September 22, 2007

GOC and CAIRE are planning the 3<sup>rd</sup> Masters Class in a series of four Masters Classes. The 3<sup>rd</sup> Masters Class will focus on cervical cancer screening within the era of vaccination and focus on issues related to the vaccine, the impact on screening and the use of present screening resources in order to measure the effectiveness of HPV vaccine implementation. The host speakers will be Matti Lehtinen from the University of Finland and Walter Kinney from Kaiser Permanente. The guest co-chair will be Eduardo Franco from McGill University.

The 4<sup>th</sup> Masters Class will be on program evaluation. The purpose of the Masters Classes is to continue to build a research agenda on the clinical questions required for the safe implementation of the vaccine within cancer control strategies.

There have been many successes to date with the Masters Classes including the initiation of two versus three doses for the Gardasil vaccine trial, the development of a research question catalogue, knowledge and attitudes survey across the country and many other projects. This represents a successful collaboration between the GOC, CAIRE and the unrestricted sponsorship from GlaxoSmithKline.

### Gynecologic Oncology Elective in Vancouver - All You Can Eat Sushi!

By Jacob McGee, PGY-4, Ob-Gyn, University of Ottawa

This spring, I had the good fortune to participate in an elective in gynecologic oncology at Vancouver General Hospital. The decision to travel to Vancouver came on the advice of Dr. Michael Fung-Kee-Fung and Dr. Tien Le, who pointed to the gyne-onc group in Vancouver among the leaders in laparoscopic surgery in gynaecologic oncology in Canada. The decision was made much easier by the reality that I would be travelling to Vancouver in the spring – need I write more!!?

From the first day, the residents welcomed me with open arms, easing the transition to a new hospital. Their service is well structured to helping residents master both the clinical and surgical aspects of the specialty. With two residents typically on service at all times, residents alternate between clinics one week, and the OR the next week. Residents and med students see patients in "New patients disposition clinic", assess them, and have the opportunity to present the cases for discussion at tumour board. We also got exposure to both medical and radiation oncology clinics which helped understand the multi-disciplinary aspect of this subspecialty also.

The draw to Vancouver for me was the laparoscopic surgery, and in this regard I was not disappointed. Vancouver has made a philosophical decision to think laparoscopy whenever possible, and each OR list includes at least one MIS case. I was fortunate enough to see a Laparoscopic Radical Vaginal Hysterectomy (Schauta procedure) and a Radical Trachelectomy during my time with them.

I was also able to have some time to explore and holiday on the coast. Taking the ferry across to



Jacob McGee and Family

Nanaimo, we drove onto Tofino. For those who have not been, there are few places on this planet like the temperate rainforest in Pacific Rim National Park. From Tofino, we went onto Victoria, where we spent the day in Strathcona Park, at the petting zoo and walking along the waterfront. In Vancouver, my favourite places visited were Stanley Park, the Aquarium, and the Vancouver World of Science - where the kids had so much fun that a trip intended for the morning ended up stretching well into the afternoon.

Special thanks go out to Dr. Dianne Miller and her colleagues for making the elective a rewarding experience. I would also like to extend my gratitude to the Society of Gynecologic Oncologists of Canada and to Ovarian Cancer Canada for their generous grant, making the elective possible.

## Academic Corner

### Awards

John Mazurka - National Faculty Award for Excellence in Resident Education (CREOG), McMaster University

Helen Steed - National Faculty Award for Excellence in Resident Education (CREOG), University of Alberta

Patti Power - 2006 APGO Excellence in Clinical Teaching Award for Memorial University

Congratulations John, Helen and Patti!

### Publications

T. Le, L. Hopkins, W. Faught, M. Fung Kee Fung 'The Lack of Significance of CA-125 Response in Epithelial Ovarian Cancer Patients Treated with Neoadjuvant Chemotherapy and Delayed Primary Surgical Debulking', *Gynecologic Oncology*, Volume 105, Issue 3, June 2007, Pages 712-715.

C.M. McLachlin, V. Mai, J. Murphy, M. Fung Kee Fung, A. Chambers, T.K. Oliver on behalf of the Cervical Screening Guidelines Development Committee of the Ontario Cervical Screening Program and the Gynecology Cancer Disease Site Group of Cancer Care Ontario. "Ontario Cervical Cancer Screening Clinical Practice Guidelines", *Journal of Obstetrics and Gynaecology Canada*, 2007;29(4):344-53.

Power P, Grégoire J, Duggan M, Nation J. Low grade pap smears containing occasional high grade cells as a predictor of high grade dysplasia. *J Obstet Gynaecol Can*. 2006 Oct;28(10):884-7

### Presentations from Ottawa

C. Degrasse, M. Fung Kee Fung, J. Smylie, R. Morash, G. Doiron, M. Boutette, J. Watters, H. Stern. "Improving Regional Access to Cancer Surgery", Celebrating Innovations in Health Care Expo 2007, Ministry of Health and Long-Term Care, Toronto, Ontario, May 23-24, 2007.

Hartley Stern MD, Michael Fung-Kee-Fung MD, David Urbach MD, Andy Smith MD, Melissa Brouwers PHD, Bernard Langer MD (Cancer Care Ontario, Toronto, Canada). "Sustainable Improvement in Quality Indicators in Ontario's Surgical Oncology Program (SOP)", 2007 American Society of Clinical Oncology (ASCO) Annual Meeting, Chicago, Illinois, June 1-5, 2007.



Dr. Barry Rosen  
April 20, 2007  
President, GOC  
780 Echo Drive Ottawa, ON K1S 5R7 Canada

### Re: NOCA/GOC Grant for Elective in Gynecologic Oncology

Dear Dr. Rosen,

I want to express my extreme gratitude to you and to the National Ovarian Cancer Association for providing me with \$1500 towards my elective (Felix Rutledge Fellowship) in Gynecologic Oncology at MD Anderson Cancer Center which I completed March 1-30 2007 in Houston, Texas.

I had many worthwhile experiences at MD Anderson. First of all, the institution itself is awesome in the true sense of the word. There are 30 operating rooms and a 56-bed ICU. A minimum of 4 GYN-oncologists operate daily with clinics running each day as well. Although the service runs primarily with fellows, the department welcomes elective residents from all over the world.

Clinically, I was able to take part in numerous surgeries, during some of which I acted as the primary surgeon. I was even able to see a robot-assisted total laparoscopic hysterectomy and staging for endometrial cancer. One of the many advantages of this technique is that it allows for finer dissection in the retroperitoneal space. What is also interesting is that one does not need any previous laparoscopic experience to work with the robot. Another observation I made was that they are doing a lot of aggressive right-sided diaphragmatic debulking for ovarian cancer. This includes full-thickness diaphragmatic resection of tumours and resection of parenchymal liver metastases with the CUSA (Cavitron Ultrasonic Surgical Aspirator).

I made numerous contacts with some of the big names in our field including Dr. J. Taylor Wharton (former chair at MD Anderson and contemporary of Felix Rutledge), Dr. Charles Levenback (authority on sentinel lymph node mapping in vulvar cancer) and Dr. David Gershenson (current chair and authority on low-grade ovarian tumours). Finally, I also had the opportunity to present a number of cases at weekly disposition/treatment conference and gave a talk on my research at weekly grand rounds entitled "Controversy in colposcopic management of ASCUS/LSIL: a Canadian perspective."

I would certainly encourage anyone interested in a career in GYN-oncology to take part in this exciting elective. Thank you again for the amazing opportunity.

Sincerely,  
Gregg S. Nelson, MD PhD  
PGY4 Resident, University of Calgary

## MIS Subcommittee and CoP Launched

The long awaited Minimally Invasive Surgery (MIS) Committee has finally kicked off in April 2007! Indeed the Committee met for the first time at the CPD meeting. The core group includes Drs. Rosen, Fung-Kee-Fung, Provencher, Gotlieb, Covens and Marie Plante.

The announcement of its implementation generated a lot of interest and enthusiasm within the membership and several members of the Society spontaneously volunteered to be involved and actively participate in the activities of the Committee.

The Committee core group will meet a second time during the GOC meeting in June in Ottawa. Its primary mandate will be to organize the first Community of Practice (CoP) meeting to be held in October. This CoP meeting will involve a larger group of people. Review of the data on laparoscopic surgery in gynecologic oncology will be presented. A survey of laparoscopic activities, experiences, problems and limitations within each centre will be circulated prior to the meeting so data can be reviewed and analyzed. Strategies to improve laparoscopic surgery will be discussed based on the recent successful lap-colon experience in Ontario. We are currently seeking the support from the Industry to develop this CoP and the preliminary discussions are very promising at this point.

So we are quite excited to work on this new project. We are convinced the MIS CoP will be as successful as the CoP on IP Chemotherapy and HPV. We believe we can raise the laparoscopy standards to a high level throughout the country and link a strong research and education component to it.

We look forward to working with all of you interested. We also look forward to receiving comments, ideas and suggestions from all of you.

Laparoscopically yours!

Marie Plante, MD, Co-Chair of MIS Committee

## GOC Task Force on Cervical Cancer Prevention and Control

By Dr. Joan Murphy, Chair

The GOC and many of its members have been very active in renewal of cervical cancer strategies for prevention and early detection. With the advent of the first HPV vaccine, and the anticipated availability of the second vaccine in the near future, cervical cancer prevention has come under re-appraisal across the country. Screening systems, registries for cytology and for vaccination and availability of new technologies including HPV DNA testing and liquid based cytology (LBC) are all hot topics with Ministries of Health, advocacy groups and professional organizations. Following are some of the many activities to which GOC and its members are contributing.

The GOC has formed an alliance with the Canadian Association for Immunization Research and Evaluation (CAIRE) to pursue opportunities to investigate knowledge gaps in HPV vaccination, delivery of the vaccine and downstream issues arising from HPV immunization including implications for cervical cancer screening, public policy and delivery mechanisms. Through this alliance, GOC and CAIRE have pursued a series of educational events – the GOC/CAIRE master classes – to ensure that GOC members with particular interest or expertise in the area have been fully briefed in the current knowledge

re: the vaccine, the gaps therein, and opportunities for closing those gaps. This series has been funded by an unrestricted educational grant from GSK.

To provide education to the membership at large and to assist them in their educational activities, the GOC/CAIRE alliance under Diane Provencher's leadership published "Contemporary Knowledge and Issues in Cervical Cancer Screening and Prevention in the Era of HPV Vaccination: the Canadian Context", a CD which presented fully referenced, state of the art information from world experts in HPV related issues paired with a Canadian "spin" on these topics from GOC member experts. All recipients are encouraged to use the slides in this monograph for their educational pursuits and teaching activities.

Each GOC member should recently have received the "Contemporary Clinical Questions on HPV Vaccination" booklet which was generated under the leadership of Michael Fung-Kee-Fung with a cash contribution from Merck Frosst. This is intended to provide a user friendly resource tool for the often complex decisions facing clinicians when advising patients in these as yet uncharted waters.

GOC is participating in or has played a role in several research projects that are underway and/or in evolution. Via the GOC/CAIRE alliance, a study of physician knowledge & attitudes to HPV and vaccine-related topics has been carried out and a questionnaire for other health professionals is imminent. Other initiatives are ongoing across the country, including particularly BC and Québec, many of which involve GOC members as pivotal members of the investigative team(s).

GOC sits on the committee developing the NACI guidelines which were published in February. These guidelines will inform the recommendations of the Canadian Immunization Council and thus the ultimate recommendations for roll-out of the vaccine in the provinces and territories.

In January, the Society issued a public statement endorsing the NACI guidelines, bringing significant media attention to HPV and cervical cancer prevention issues and addressing the mandate of the Society to be "the voice of gynecologic cancer in Canada".

Our CPD meeting in April included a half-day forum on HPV related topics that was overwhelmingly well received by the membership as unparalleled in

its educational value and in provoking questions and innovation in the Canadian context.

The GOC leadership along with many of its members have aggressively pursued and developed opportunities to ensure that the best care available is provided to women in Canada and to improve knowledge in this area through research. Our goal is to ensure that HPV immunization strategies are safe, effective, equitable, evaluable and complementary to the effective cervical screening strategies that are in place. The Task Force was struck prior to availability of the vaccine. Many lessons have been learned in this highly complex matrix environment blending expertise in STI's, pediatric care, gynecologic and oncologic care, public policy, health economics, vaccinology/immunology, screening and screening technology, etc. To optimize these interactions and the accomplishments and to most effectively address the issues that remain outstanding, the GOC will transform the Task Force into a Communities of Practice model beginning at the June ACM in Ottawa. We look forward to healthy debate and interchange that will result in the expertise and training of our membership continuing to contribute for optimal deployment of these exciting new opportunities.

## The Ministry Announces a \$300 million Trust for Implementation of the HPV Vaccine

On April 16<sup>th</sup> the Honourable James M. Flaherty, P.C., M.P. Minister of Finance and his entourage used the background of the Shirley E. Greenberg Women's Health Centre at the University of Ottawa, home of the Regional Gynaecological Oncology Screening Program of the Division of Gynaecologic Oncology, to launch the federal budget initiative around HPV Vaccine Implementation. The meeting, although held at the Shirley E. Greenberg Women's Health Centre, took place with a review of the gynaecologic oncology cervical screening program at the University of Ottawa and a tour of the facilities. At the launch of this presentation, some of the members spoke including Dr.

Michael Fung-Kee-Fung representing the Society of Gynecologic Oncologists of Canada, Dr. Gail Beck, President of the Canadian Federation of Medical Women, Dr. Vyta Senikas, Associate Vice-President of SOGC, Dr. Elaine Jolly, Director of the Shirley E. Greenberg Women's Health Centre, and Liz Ellwood, a 24-year-old patient recently diagnosed with cervical cancer.

The federal budget of \$300 million is in a trust devoted as part of the federal program of implementing the HPV vaccine and not just for vaccine alone. It is meant to stimulate interest and support within the provinces. The provinces will have three (3) years to draw on the money for implementa-

tion which will be distributed in per-capita basis. It is expected that this money may become potentially available by June or July this year. At the presentation, Dr. Fung-Kee-Fung resonated GOC's position on HPV vaccine implementation stressing the overall goals of cervical cancer control and the need for a monitored and safe implementation of the vaccine which is integrated into an embellished screening system in order to maximize cervical cancer control. The federal minister was very effusive of the potential impact years from now of this initial funding and the poten-



Front Row: Dr. Elaine Jolly, Dr. Gail Beck, Back Row: Dr. Vyta Senikas, Dr. Michael Fung-Kee-Fung, Mr. James M. Flaherty, Ms. Liz Ellwood

tial eradication of cervical cancer. GOC continues its work with many national and provincial organizations in order to facilitate the safe and monitored implementation of the HPV vaccine within cancer control strategies.