GOC Owns the Podium at IGCS 2012

Six years ago, when GOC was preparing to bid for the IGCS meeting in Vancouver, Michael Fung-Kee-Fung boldly stated that GOC should “Own the Podium” (apologies to John Furlong) and we did! Three of the four awards given out at the closing ceremonies went to GOC affiliates. The best oral presentation was won by Dr. Jessica McAlpine for her presentation (INTRATUMORAL HETEROGENEITY IN HIGH-GRADE SEROUS CANCERS: DEFINING EVOLUTION OF THE SOMATIC MUTATIONAL LANDSCAPE ACROSS SPATIALLY AND TEMPORALLY SELECTED SAMPLES). Walter Gotlieb’s student, Dr. Jeffrey How, won the Best Young Investigator Poster for his poster titled “SENTINEL LYMPH NODE DETECTION AND ACCURACY FOLLOWING INTRA-OPERATIVE CERVICAL INJECTION IN ENDOMETRIAL CANCER”. And finally, Dr. Taymaa May (currently of Harvard but lately of Toronto and a GOC member) won the second prize in the Young Investigator Category for her poster “MULTI-CENTER GENE EXPRESSION ANALYSIS OF MULLERIAN LOW-GRADE AND HIGH-GRADE SEROUS CARCINOMA HIGHLIGHTS GENES POTENTIALLY INVOLVED IN CHEMOTHERAPY RESISTANCE”.

The IGCS Meeting

And the rains came (and for those of you who do not live in Vancouver, they still have not left and are unlikely to until sometime in February…sigh!). The sun did poke its head out a couple of times and yes, there really are mountains somewhere out there! What it meant was that the attendance at the sessions was amazingly high. GOC, through the hard work of Barry Rosen’s organization and the lobbying by Walter Gotlieb and Marie Plante at the IGCS Board of Directors, was able to sponsor an International Cancer Symposium. After a bit of a bumpy start when one of the plenary speakers did not appear, the program got underway. The session was well attended by our international visitors, their hosts and many others. Scott La Montagne from Seattle gave an interesting and informative talk on the PATH vaccine programs around the world. Dr. Omenge presents his abstract. Dr. Omenge presents his abstract. Dr. Omenge presents his abstract.

Ovarian Cancer

Canada Receives the GOC Presidential Medal

Presented by Dr. Michael Fung-Kee-Fung at a ceremony held in conjunction with GOC’s 33rd AGM

For the benefit of our members who could not attend our 33rd AGM, we would like to share with you Dr. Fung-Kee-Fung’s presentation of the GOC Presidential Medal Award in its entirety.

“Good Evening, welcome everyone to the presentation of the 11th GOC Presidential Medal; a special evening in the GOC calendar where we recognize the person, group, or organization that has made an outstanding contribution to gynecologic oncology nationally or internationally.

Tonight though is very special, as we will be honoring for the first time an organization (continued on page 4)
GOC Owns the Podium at IGCS 2012

(continued from page 1)

from Kenya and Sheona Mitchell from Vancouver were kind enough to stand in as speakers to fill the gap left by the absence of the plenary speaker and one other who had visa problems. After the plenary and papers, an informative round table discussion was held over lunch. Many thanks to Barry for his yeoman’s work in bringing this unique symposium together. I hope IGCS sees the value and continues this in the future.

GOC was well represented in both the plenary sessions and the poster sessions throughout the meeting. All of the abstract submissions from our GOC colleagues have been uploaded to the GO-CLIC Library so please GO-CLIC!

The International Health Reception

On the Friday night, GOC and the UBC Division hosted the international observers and their sponsors to wine and hors-d’oeuvres at the Medical Student Alumni Center. Almost all of the observers were able to attend. Barry organized a game of Social Bingo which served to help everyone get to know each other. Many of the observers had finished their tenure as observer but some were about to start. They were able to share experiences and advice. Friendships were made!

The Aussie-Canuck (and selected others) Dinner

Carrying on a long tradition that dates back to the first IGCS meeting in Amsterdam, the Canadians, Australians, New Zealanders and a few selected others met for dinner at “Seasons in the Park” for fine dining and ribald humor. Unfortunately, the dinner was over-subscribed and some ended up in another dining room nearby. Michael Quinn entertained us with the usual “not for prime time” humor. I worried all afternoon about coming up with a joke that would match Michael’s. Not sure if it did but it was definitely cleaner! (It referred to beer not body parts!). The meal was amazing, the company spectacular and the clouds cleared for a brief view of the city! Many thanks to Hélène for organizing!!

Guess who’s swimming with the turtle? Find out on GOCLIC.ORG!
Dr. Denny DePetrillo
Recognized World Wide!

It is with great honour that Dr. Denny DePetrillo received the IGCS Award of Excellence at the IGCS conference.

Dr. DePetrillo is well known not only on the Canadian gynecological oncology scene but also on the international scene. He is one of the original “fathers” of gynecological oncology in Canada, establishing the initial training program in 1973. During his tenure of leadership in gynecological oncology in Canada, he was not only responsible for the development of the Society of Gynecologic Oncology, but also for training the vast majority of academic gynecological oncologists who now hold leadership positions throughout the country and internationally.

Dr. DePetrillo’s contribution to Canadian gynaecologic oncology also extends beyond training and includes the development of new and innovative programs in surgery, as well as leading the way in the creation and development of colposcopy programs. In addition, he has transferred his expertise and leadership to the development of the first Division of Surgical Oncology in Ontario at McMaster University in 1978 and went on to develop the first multidisciplinary gynaecologic oncology inpatient unit in North America at the Henderson Hospital in Hamilton in 1976. In all these initiative, innovation and multidisciplinary care in the management of gynecological oncology patients were at the forefront.

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Ovarian Cancer Canada Receives the GOC Presidential Medal

(continued from page 1)

not an individual. For while there are indeed several outstanding individuals who are very worthy of this award, it was felt unanimously by the selection committee that at this juncture in both the history of the Society and the evolution of gynecologic oncology in the country, that there was one organization that truly met the requirements for this award, not because of what they did at any one point in time, but for what they have been doing for 15 years. That organization is Ovarian Cancer Canada.

Tonight, we celebrate its collective contribution to the patients and families who have been touched with ovarian cancer and to the partnerships that it has forged with professional and research groups, all with a singular purpose, to advance the practice of oncology in ovarian cancer and reduce the burden of this disease.

The story of how this came about and their collective achievements may be a little less known to all that are here tonight, and as such it is a story worth telling. But before that, I think it is important to reflect on life in the "dark ages" of ovarian cancer. A time when GOC, gynecologic oncologists, and a few medical and radiation oncologists were the lone voice and advocates in ovarian cancer, a time before GOC was as vibrant as it is now, and before there was any Ovarian Cancer Canada or its precursor organizations Ovarian Cancer Alliance of Canada and National Ovarian Cancer Association. A time when there was no collective voice for ovarian cancer, when there was no national forum to address the challenges of ovarian cancer at the patient, the practice and research levels, a time when ovarian cancer was an enigma and few outside of gynecologic oncology circles knew about this cancer and nihilistic views of this disease were pervasive; an era when the landscape was scattered with isolated and individual research efforts, with modest coordination with notable exceptions being the NCIC/GOC early ovarian cancer trial efforts.

It is at this point in time that our story begins. A story about the galvanization of all quarters, medical and nonmedical, patients and health care providers, scientists and policy makers.

It is also an account of heroes and heroines, of challenges met, and of obstacles conquered. The whole story itself would be much too long to describe in detail here tonight, but I hope to share with you over the next few minutes the essential achievements of Ovarian Cancer Canada.

The story begins in 1997, when Patrick Boyer (who had lost his wife Corrine to ovarian cancer) secured a one million dollar grant from the Ontario Ministry of Health for ovarian cancer, and leveraged a further one million from the University of Ottawa; a coup of no small order. A true act of boldness and courage, in fact I remember the "noise" at the time, as other disease groups and entities wondered how come ovarian cancer got any funding? "What is ovarian cancer going to do with that?" "The money would be better spent in disease X etc."

But it was more than just the money, Patrick had the vision to support and initiate a much needed research focus platform in ovarian cancer and to launch a new organization focused on advocacy and education for women and their families — Corrine Boyer Foundation. Within the first year, the first chair in ovarian cancer in Canada was established in Ottawa with Dr. Barbara Vanderhyden and an Executive Director was announced for the new organization Elisabeth Ross. Not too long after, in 1998 on the West Coast, another set of visionary and bold leaders set out to close the gap in the care for women by creating Ovarian Cancer Alliance of Canada — Cheryl Brown and Debbie Gervin. Here, the key focus was on developing support and education for women and their families affected with ovarian cancer. This was a grassroots networking which would be shared and joint projects undertaken. Structurally, the environment changed again when one million from the University of Ottawa; a coup of no small order. A true act of boldness and courage, in fact I remember the "noise" at the time, as other disease groups and entities wondered how come ovarian cancer got any funding? "What is ovarian cancer going to do with that?" "The money would be better spent in disease X etc."

...and so was born Canadian Gynecologic Cancer Group - CG2. A name attributed to Ken Swenerton, one of the early architects. Such a structure would not be possible without the utmost understanding and respect for each other and the unifying commonality of purpose that was the advancement of the care of women with ovarian cancer. It also would not have been possible without the vision and leadership of all those involved including Elisabeth Ross, Evelyn Lazare, Ken Swenerton, Barry Rosen, Joan Murphy, and many others. It is important to note this had not been done before in any other disease sites, where the NGO and the Society have come together to work so closely together. CG2 was to become an umbrella group where the activities of each member group would be shared and joint projects undertaken. Structurally, the environment changed again when both OCC and NOCA became one to create formally Ovarian Cancer Canada in 2007, further focusing the efforts of all participants. So today we have an enviable situation where the ovarian cancer has, at a national level, a singular and coordinated voice - a far cry from the "dark ages."

The next phase of the story is really the productive phase with combined achievements that focused on the patient care, and what I would call the advancement of the practice of oncology for ovarian cancer including care delivery and research. These achievements are most impressive when considered in the context of the huge challenges that lay before early leaders.

In the 15 years of its commitment, OCC has transformed the awareness about ovarian cancer

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nationwide and has been pivotal in galvanizing the efforts of the research and the clinical community like no other previous effort.

Between 2004 and 2007, OCC held some 27 symposia and 16 stakeholder meetings of survivors and health care professionals including GOC members. In 2001, the first Walk of Hope was organized, and has since become a “need to attend” event every September in all parts of Canada. In 1999, it launched the first ovarian cancer website, which won the Hygeia prize for excellence in health care communications. In 2009, OCC was successful in having September declared Ovarian Cancer month. In addition, there was the first national awareness survey with Decima Research to determine the state of the knowledge gaps that women had as regards ovarian cancer.

Awareness and education efforts also included a number of firsts – the National Awareness Campaign “Turn up the Volume”, National Public Service announcement “Ovaries”, the first educational video on ovarian cancer “Listen to the Whispers: signs and symptoms of Ovarian Cancer”, the award winning “Fighting the myth of Ca125”, in 2006, the first Ovarian Cancer National Information Project, the first National Ovarian Cancer Survivor Planning day gathering, and the first resource guide for women living with ovarian cancer “You are not alone”.

Awareness also extended to family doctors with the first accredited on-line medical education course on ovarian cancer and the first F2F accredited course for family physicians on ovarian cancer, and the first medical student awareness program as well.

The other focus of OCC efforts have been directed to advancing research and care. The results of their efforts are impressive and have been due to the tireless work of several individuals’ vision, leadership and collaborative efforts. To date, OCC has facilitated now close to 5 million dollars in research investments in ovarian cancer.

The early seeds of this research support really begins in 1999 when the Corrine Boyer Foundation brought together the first stakeholder meeting in ovarian cancer for a 3 day event in Toronto – this included policy makers, families, women living with ovarian cancer, clinicians, scientists. From this emerged the “Blueprint for action”. It was at this point that research and care became embedded in the purpose of the organization. And since then, many, in fact some 14 distinct projects over the last decade and a half have been initiated.

Common to all these projects has been the strategy that to impact ovarian cancer there will need to be an increase in research capacity by either a) increasing the number of people doing research, b) increasing the access to research funding either directly or indirectly and c) increasing the infrastructure for research.

As regards increasing the number of people doing research – notable projects include: Gynecological Cancer Research Awards: these are training and career awards to support basic, translational, clinical and health services research were sponsored from 1999 through 2002 by a partnership involving Ontario agencies.

- A research fellowship in partnership with OvCaRe at BC Cancer Agency.
- Travel awards for trainees: Designed to encourage the training of young scientists and facilitate collaborative research, these funds provided support for the travel and accommodations of ovarian cancer research trainees who travel to and work at another research centres to acquire knowledge and/or skills to enhance their own research project, Health Professional Awards: OCC-CANO Award for Excellence in Gynecologic Oncology Nursing, OCC-Canadian Nurses Foundation Award for Masters Level Nursing.
- OCC Teal Heart Scholarships: OCC, in collaboration with Darrin Bast, established four Teal Heart Scholarships for 2011 for graduate students involved in ovarian cancer research. The primary objective of which being to increase the research capacity by encouraging graduate students to focus their research on ovarian cancer.
- Other research funding support included: Ovarian Cancer Research Partnership with CIHR: where, Ovarian Cancer Canada provided funding for the highest ranking, but unfunded, ovarian cancer projects.
- Other projects included - Pilot project research on early detection and prevention of ovarian cancer. Here in 2008 and 2009, OCC funded 13 pilot projects addressing the early detection and/or prevention of ovarian cancer.
- In terms of research infrastructure: OCC has supported a number of initiatives including a) Corrine Boyer research chair and laboratory in Ottawa, b) National Ovarian Tissue bank, c) Terry Fox Research Initiative COEUR, and d) the biannual Canadian Conference on Ovarian Cancer Research where they have been the premier sponsor.

At a care delivery level, OCC has been a strong supporter of GOC both politically and functionally. This support has included a) support for recruitment of new gyn oncs with the gynecology oncology resident travel grants for electives where new residents are encouraged to pursue careers in gyn oncology, b) the CoP coordinator for support of the CoP in Wait Times and Human Resources in gyn cancer - which has translated into a evolving project with the University of Toronto’s Health Engineering Department that will see a project focusing on the predicted Human Resource needs for Gynecology Oncology nationally over the next 10 years. More poignantly, OCC really supported us and our need to establish a sustainable plan for recruitment and retention in our provinces, starting with Ontario, and most recently ending in Saskatchewan. Now one of our successful projects helping the structure and funding they need to support clinical care recruitment and retention - a massive achievement and the envy of many cancer groups.

And so as you can see we have come a long way since the “dark ages” - in fact the future of ovarian cancer care is brighter now than it has ever been thanks to a vision, a collaborative mindset and a common purpose, fueled by the passion and collective spirit of not only the health providers but the community at large, patients, their families, policy makers. Such a state is possible in part because of the leadership of an organization such as Ovarian Cancer Canada, which has had the drive to galvanize all the players. I believe you will agree with me this story is not finished and the best is yet to come. I also believe you will agree with me that there are unmentioned heroes and heroines in this story – the patients and their families, it is for them, on their behalf that Ovarian Cancer Canada is receiving this award. And so I would like to ask Elisabeth Ross, CEO and Bruce Galloway, Chairman of the Board to come up and accept the 11th GOC Presidential Medal ....
AGM 2012 in Review

Scientific Program

Special Thanks
The AGM Program Planning Committee would like to express its gratitude to many GOC members who contributed to the program by participating in the reviewing and/or judging of abstracts. They are:

Reviewers: Drs. Maryam AlHayki, Alon Altman, Bojana Djordjevic, Laurie Eit, Wylam Faught, Prafull Ghatage, Mark Heywood, Susie Lau, Helen Mackay, Marie-Hélène Mayrand, Dianne Miller, Gregg Nelson, Catherine Popadiuk, Michel Préfontaine, Joshua Press and Gavin Stuart

On-site oral judges: Lesa Dawson, Laurie Eit, Christopher Giede

On-site poster judges: Salvatore LoCoco, Patti Power, Paula Rittenberg

Scientific Program Awards

1st place oral
IS SALPINGECTOMY AN ACCEPTABLE ALTERNATIVE TO BILATERAL SALPINGOOOPHORECTOMY FOR BRCA MUTATION CARRIERS?
J. Kwon, J. McAlpine, A. Tinker, M. McCullum, B. Gilks

2nd place oral
SIMPLE VAGINAL TRACHECTOMY AND LAPAROSCOPIC LYMPH NODE EVALUATION IN PATIENTS WITH LOW RISK EARLY-STAGE CERVICAL CANCER.
M. Plante, J. Grégoire, M. Renaud, M. Roy

Best poster
DOSE-DENSE PACLITAXEL WITH CARBOPLATIN FOR THE TREATMENT OF ADVANCED OVARIAN CANCER: EXPERIENCE AT THE TOM BAKER CANCER CENTRE
S. Glaze, G. Nelson, P. Ghatage, J. Nation, P. Chu, L. Teitelbaum

Best Health Services/Health Policy
IS SALPINGECTOMY AN ACCEPTABLE ALTERNATIVE TO BILATERAL SALPINGOOOPHORECTOMY FOR BRCA MUTATION CARRIERS?
J. Kwon, J. McAlpine, A. Tinker, M. McCullum, B. Gilks

Best Clinical
SIMPLE VAGINAL TRACHECTOMY AND LAPAROSCOPIC LYMPH NODE EVALUATION IN PATIENTS WITH LOW RISK EARLY-STAGE CERVICAL CANCER.
M. Plante, J. Grégoire, M. Renaud, M. Roy

Best Basic Science/Translational Research
MULTI-CENTER GENE EXPRESSION ANALYSIS OF MULLERIAN LOW-GRADE AND HIGH-GRADE SEROUS CARCINOMA HIGHLIGHTS GENES POTENTIALLY INVOLVED IN CHEMOTHERAPY RESISTANCE
T. May, C. Crum, M. Birrer, W. Xian, V. Vathipadiekal, B. Rosen, K. Murphy, A. Tone

Best Innovation/Education
DEVELOPMENT OF COMPUTERIZED TEACHING MODULES IN COMMUNICATION SKILLS FOR FELLOWS IN GYNECOLOGIC ONCOLOGY
B. Barnes, M. Lefebvre, T. Le

People’s Choice for Oral
SENTINEL LYMPH NODE MAPPING CAN REPLACE INGUINAL LYMPHADENECTOMY IN THE SURGICAL MANAGEMENT OF CANCER OF THE VULVA
S. Bossé, M. Roy, S. Lépine, J. Grégoire, M. Renaud, A. Sébastianelli, M. Plante

People’s Choice for Poster
THE EFFECTS OF ANEMIA AND BLOOD TRANSFUSION ON PATIENTS WITH STAGE III-IV OVARIAN CANCER
A. Altman, X. Liu, G. Nelson, C. Pamela, J. Nation, P. Ghatage

Oral Presentations from GOC Colleagues
IS SALPINGECTOMY AN ACCEPTABLE ALTERNATIVE TO BILATERAL SALPINGOOOPHORECTOMY FOR BRCA MUTATION CARRIERS?
J. Kwon, J. McAlpine, A. Tinker, M. McCullum, B. Gilks

SIMPLE VAGINAL TRACHECTOMY AND LAPAROSCOPIC LYMPH NODE EVALUATION IN PATIENTS WITH LOW RISK EARLY-STAGE CERVICAL CANCER.
M. Plante, J. Grégoire, M. Renaud, M. Roy

EFFECTIVENESS OF SPCD PLUS LMWH AS PROPHYLAXIS AGAINST VTE IN THE SURGICAL GYNECOLOGIC ONCOLOGY POPULATION
J. McGee, C. Gawlik, C. Thornton, S. Scott, M. Prefontaine, M. Bertrand, A. Sugimoto

IS SALPINGECTOMY AN ACCEPTABLE ALTERNATIVE TO BILATERAL SALPINGOOOPHORECTOMY FOR BRCA MUTATION CARRIERS?
J. Kwon, J. McAlpine, A. Tinker, M. McCullum, B. Gilks
AGM 2012 in Review (continued)


RISK OF RECURRENT IN STAGE III, HIGH GRADE ENDOMETRIAL CANCER BY PRIMARY TUMOR FACTORS AND TREATMENT RECEIVED. L. Eiriksson, H. Kaur, N. Ismil, A. Covens, R. Saad, M. Khalifa, S. Nofech-Mozes, V. Dubé, Z. Ghorab, L. Barbera

RADIOLOGIC IMAGING PATTERNS OF GYNECOLOGIC PATIENTS: DOES PHYSICIAN SPECIALTY MATTER? G. Miroshnichenko, R. Kupets, L. Paszat

DOES SYMPTOMATIC RECURRENCE INFLUENCE PROGNOSIS IN EPITHELIAL OVARIAN CANCER? N. Almutairi, T. Le

RESPONSE TO SECOND LINE CHEMOTHERAPY IN EPITHELIAL OVARIAN CANCER PATIENTS TREATED ON NEOADJUVANT CHEMOTHERAPY PROTOCOL N. Almutairi, T. Le

DOES MODALITY OF ADJUVANT CHEMOTHERAPY ADMINISTRATION AFTER INTERVAL SURGICAL DEBULKING MATTER IN EPITHELIAL OVARIAN CANCER? N. Almutairi, T. Le

OPTIMAL DEBULKING RATES IN ADVANCED STAGE OVARIAN CANCER WITH MINIMAL EXTRAOVARIAN DISEASE ON IMAGING. S. Coad, C. McGahan, J. Santos, K. Swenerton, M. Carey, J. Kwon

SENTINEL LYMPH NODE MAPPING CAN REPLACE INGUINAL LYMPHADENECTOMY IN THE SURGICAL MANAGEMENT OF CANCER OF THE VULVA S. Bossé, M. Roy, S. Lépine, J. Grégoire, M. Renaud, A. Sébastianelli, M. Plante

Poster Presentations from GOC Colleagues

ADVERSE OBSTETRICAL OUTCOMES ASSOCIATED WITH TREATMENT FOR CERVICAL INTRAEPITHELIAL NEOPLASIA J. McGee, R. Kupets, L. Paszat

IS PREOPERATIVE ROUTINE IMAGING USEFUL FOR DECISION MAKING IN EARLY STAGE CERVICAL CANCER? L. Gien, M. Bernardini, R. Kupets, S. Mitra, A. Covens

TEMPORAL TRENDS IN THE RELATIVE SURVIVAL AMONG WOMEN WITH CERVICAL CANCER IN CANADA: A POPULATION-BASED STUDY L. Elit, N. Akhtar-Danesh


HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN WOMEN FOLLOWING ROBOTIC SURGERY FOR ENDOMETRIAL CANCER S. Lau, S. Aubin, I. Gourdji, J. How, N. Drummond, R. Gottlieb, Z. Rosberger, W. Gottlieb

LONG-TERM TRENDS IN THE SURVIVAL OF WOMEN WITH ENDOMETRIAL CANCER IN CANADA: L. Elit, A. Lytwyn

PRELIMINARY EXPERIENCE WITH IMPLEMENTATION OF MULTISPECIALTY ROBOTIC ASSISTED SURGERY (RAS) PROGRAM. M. Fung, Kee Fung, T. Le, R. Breau, C. Morash, B. Blew, R. Weber, J. Schubert

LAPAROSCOPIC OVARIAN SUSPENSION FOR THE PRESERVATION OF OVARIAN FUNCTION IN PREMENOPAUSAL WOMEN RECEIVING PELVIC RADIOTHERAPY A. Agrawal, C. Giede

THE DEVELOPMENT OF AN INHERITED GYNECOLOGIC CANCER PREVENTION CLINIC: A REPORT ON THE FIRST 100 PATIENTS. L. Dawson

NOTCH3 CONFRS RESISTANCE OF OVARIAN CANCER CELLS BY INHIBITING CARBOPLATIN-INDUCED MEK ACTIVATION. H. Steed, Y. Fu

THE EFFECTS OF ANEMIA AND BLOOD TRANSFUSION ON PATIENTS WITH STAGE III-IV OVARIAN CANCER. A. Altman, X. Liu, G. Nelson, C. Pamela, J. Nation, P. Ghatage

EVALUATION OF RETROPERITONEAL PARAORTIC LYMPHADENECTOMY IN PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER. L. de Guerké, J. Grégoire, M. Plante, M. Renaud, M. Roy

OUTCOMES FROM A RADICAL HYSTERECTOMY TRAINING PROGRAM IN A LOW RESOURCE SETTING. S. Young, P. Itsura, H. Muliro, B. Charles, A. Christoffersen-Deb, R. Spitzer, B. Rosen, E. Omenga Orange

THE USE OF ADJUVANT CARBOPLATIN AND DOSE-DENSE PALCLITAXEL CHEMOTHERAPY FOR THE TREATMENT OF UTERINE PAPILLARY SEROUS CARCINOMA A. Ball, G. Nelson, J. Nation, P. Chu, P. Ghatage


BRIEF FAMILY HISTORY QUESTIONNAIRE FOR IDENTIFICATION OF Lynch SYNDROME IN WOMEN WITH NEWLY DIAGNOSED ENDOMETRIAL CANCER. L. Eiriksson, M. Aronson, B. Clarke, G. Mojtahedi, A. Pollett, S. Gallinger, A. Oza, C. Massey, M. Bernardini, H. Mackay, S. Ferguson


MULTI-CENTER GENE EXPRESSION ANALYSIS OF MULLERIAN LOW-GRADE AND HIGH-GRADE SEROUS CARCINOMA HIGHLIGHTS GENES POTENTIALLY INVOLVED IN CHEMOTHERAPY RESISTANCE T. May, C. Crum, M. Birrer, W. Xian, V. Vathipadiekal, B. Rosen, K. Murphy, A. Tone

GOC Committees on July 1, 2012

GOC Officers
Dr. Dianne Miller  President  July 2012 – June 2014
Dr. Michael Fung-Kee-Fung  Past-President  July 2012 – June 2014
Dr. Paul Hoskins  President-Elect  July 2012 – June 2014
Dr. Walter Gottlieb  Secretary-Treasurer  July 2011 – June 2014

Executive Council
Dr. Dianne Miller, President  Chair  July 2012 – June 2014
Dr. Michael Fung-Kee-Fung, Past-President  Past-President  July 2012 – June 2014
Dr. Paul Hoskins, President-Elect  President-Elect  July 2011 – June 2014
Dr. Walter Gottlieb, Secretary-Treasurer  Secretary-Treasurer  July 2011 – June 2014
Dr. Tony Fyles  Councillor  July 2011 – June 2013
Dr. Helen Mackay  Councillor  July 2011 – June 2013
Dr. James Bentley  Councillor  July 2011 – June 2013
Mrs. Nancy Drummond  Councillor  July 2011 – June 2013
Dr. Sarah Finlayson, AGM Program Director  Ex-Officio  July 2012 – June 2016
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. Jim Bentley, Royal College Nucleus Committee Chair  Ex-Officio  July 2012 – June 2014
Dr. Rachel Kupets, SOGC/GOC/SCC Policy & Practice Guidelines Committee  Ex-Officio  July 2010 – June 2013
Dr. Michel Préfontaine, GOC/CMA representative  Ex-Officio  Indeterminate
Dr. Barry Rosen, CoP in Int’l and Wait Times  Ad-Hoc  Indeterminate

AGM Programme Committee
Dr. Sarah Finlayson  Chair  July 2012 – June 2016
Dr. Dianne Miller, President  Ex-Officio  July 2012 – June 2014
Dr. Paul Hoskins, President-Elect  Ex-Officio  July 2012 – June 2014
Dr. Walter Gottlieb, Secretary-Treasurer  Ex-Officio  July 2011 – June 2014
Dr. Gregg Nelson  Active Member  July 2012 – June 2015
Dr. Alon Altman  Active Member  July 2011 – June 2013
Dr. Lilian Gien  Active Member  July 2010 – June 2013
Dr. Shannon Salvador  Fellow Observer  July 2011 – June 2013
Dr. Laura Hopkins  Active Member  July 2012 – June 2015
Dr. Joshua Press  Active Member  July 2012 – June 2015
Mrs. Lisa Tinker  Associate Member  July 2012 – June 2015
Dr. Sarah Glaze  Fellow Observer  July 2011 – June 2013

CPD Programme Committee
Dr. Janice Kwon  Chair  July 2010 – June 2014
Dr. Dianne Miller, President  Ex-Officio  July 2012 – June 2014
Dr. Paul Hoskins, President-Elect  Ex-Officio  July 2012 – June 2014
Dr. Walter Gottlieb, Secretary-Treasurer  Ex-Officio  July 2011 – June 2014
Dr. Helen MacKay  Active Member  July 2012 – June 2013
Dr. Joshua Press  Active Member  July 2012 – June 2015
Dr. Laura Hopkins  Active Member  July 2012 – June 2015
Mrs. Lisa Tinker  Associate Member  July 2012 – June 2015
Dr. Sarah Glaze  Fellow Observer  July 2011 – June 2013

From a Business Perspective...

GOC Outgoing Committee Members
The GOC Executive and Council would like to acknowledge outgoing committee members for their contribution to the Society during their term.

Dr. Marie Plante.....(Past-President, Council Member & Membership Committee Chair)
Dr. Jason Dodge....(Council Member & AGM Program Planning Committee Chair)
Dr. Allan Covens....(Council Member & Royal College Nucleus Committee Chair)
Mrs. Jan Giroux.....(CPD Program Planning Committee)
Dr. Susie Lau.........(CPD Program Planning Committee)
Dr. Jim Bentley .....(CPD Program Planning Committee)
Dr. Katharina Kieser.......(AGM Program Planning Committee)

GEOGRAPHIC VARIATIONS IN TREATMENT AND OUTCOMES OF OVARIAN CANCER IN BRITISH COLUMBIA
U. Dehaeck, C. McGahan, J. Santos, M. Carey, K. Swenerton, J. Kwon

UTILITY OF A GYNECOLOGIC DIAGNOSTIC ASSESSMENT UNIT IN THE MANAGEMENT OF PATIENTS WITH ADNEXAL MASSES
J. Brown Broderick, W. Hicks-Boucher, C. Menard, T. Le

QUALITY OF GYNECOLOGIC CANCER CARE: TRENDS IN THE POPULATION-BASED LITERATURE
C. Reade, L. Elit

SENTINEL LYMPH NODE BIOPSY IN VULVAR CANCER: A HEALTH TECHNOLOGY ASSESSMENT
C. Reade, W. Jimenez, D. O’Reilly, A. Covens

DEVELOPMENT OF COMPUTERIZED TEACHING MODULES IN COMMUNICATION SKILLS FOR FELLOWS IN GYNECOLOGIC ONCOLOGY
B. Barnes, M. Lefebvre, T. Le
GOC Member Dr. Denny DePetrillo Recognized World Wide!

(continued from page 3)

Dr. DePetrillo’s other relevant endeavors include the development of the University of Toronto gynecological oncology unit, being the first Head of Surgical Oncology at Princess Margaret Hospital in Toronto and the first Head of Surgical Oncology for Cancer Care Ontario. He has also shown leadership on the international scene where he has been President of the Canadian Oncology Society, President of the Society of Gynecologic Oncology of Canada, Vice-President of the Society of Pelvic Surgeons, President of the Association of Gynecological Oncologists, President of the Society of Canadian Colposcopists and Chair of the NCIC Clinical Trials in gynecological oncology. He has been recognized in the province of Ontario with the inaugural Lifetime Achievement Award from the Ontario Medical Association. He also received the inaugural Presidential Medal Award from the Society of Gynecologic Oncology of Canada.

From an IGCS perspective, Dr. DePetrillo was part of the original idea and concept of IGCS as it was being developed in 1985 with Paul Morrow. He served as the first Secretary-Treasurer of the Society for eight years and was responsible with several other members in establishing the initial stability for the Society. Since Dr. DePetrillo’s formal retirement from gynecological oncology, he has not let up. He continues to innovate in gynecologic oncology and is now leading the development of first community academic gynaecologic oncology program at Credit Valley Hospital in Ontario where he is again developing novel approaches to the distribution of gynecological oncology services, this time in the context of large volume community hospitals.

In short, Dr. DePetrillo has a steady and significant list of contributions to the specialty of gynecologic oncology, the Society of Gynecologic Oncology of Canada, the International Society of Gynecologic Oncologists and the patients that we all serve and is very deserving of this prestigious award.

Congratulations Dr. DePetrillo!
The Ross Report

Ovarian Cancer Canada: global connections

By Elisabeth Ross, Chief Executive Officer

More than ever before, 2012 has been a year when Ovarian Cancer Canada has worked collaboratively with groups and individuals beyond our borders who share our dedication and passion for overcoming ovarian cancer.

Ovarian Cancer Symposium

Since the 14th Biennial Meeting of the International Gynecologic Cancer Society (IGCS) was being held in Vancouver in October, Ovarian Cancer Canada seized the opportunity to access international speakers and hosted an Ovarian Cancer Symposium for women living with the disease and their families. We were also delighted to have gynecologic oncology nurses from a number of countries attend the symposium.

A live webcast allowed people to join the event from across the country. The webcast was recorded and is available online for individuals and groups at ovariancanada.org.

Speakers included leading clinicians and researchers from Australia, France, Austria, England, Scotland, Germany, Japan and Canada. Topics ranged from demystifying cancer lingo, prevention and screening, genetics, recurrence, clinical trials and emerging research, to side effects of therapy, sexual health, pain management/control, community services and support, and advocacy initiatives.

The evaluations showed that those who attended appreciated hearing from a team of international experts. “This symposium was very well organized. Excellent keynote presenters, topics, themes and location,” noted a woman living with ovarian cancer. Another woman commented on the “genuine interest of experts” and how the day helped her to gain “a better understanding of ovarian cancer.” A gynecologic oncology nurse was impressed by the “powerful and brilliant patient contributions” and asked Ovarian Cancer Canada to “please thank them!”

The Ovarian Cancer Symposium was presented in partnership with IGCS and with support from Morphotek and Roche. Thanks are also extended to Monica Bacon, RN, of Kingston, Ontario – a long-time Ovarian Cancer Canada volunteer – for her tremendous efforts in organizing the program.

Patient Advocacy Group

Another exciting development on an international level is the Patient Advocacy Group that has been organized by Hoffmann-La Roche. The group includes representatives from gynecologic cancer organizations (and general cancer organizations that address gynecologic cancers) from Canada, the United States, England, Ireland, Brazil, Russia, New Zealand and Australia. We met in Vancouver in October and have decided to collaborate on a single international awareness campaign targeted for the second Wednesday in May of each year.

The focus of the campaign will be ovarian cancer awareness with messaging that drives viewers to an online symptom diary. I am honoured to be chairing the inaugural campaign for 2013.

Expedition of Hope

GOC members, their families, friends and members of the ovarian cancer community are invited to take on the challenge of a lifetime by joining the Expedition of Hope next September in support of Ovarian Cancer Canada.

The plan is to hike Mount Kilimanjaro in Tanzania, Africa, and raise the teal flag at Uhuru Peak 5,895 metres (19,340 feet) above sea level. Our goal is to increase awareness of ovarian cancer and raise $150,000 in support of the work of our organization. We are excited about the symbolism of shouting from the mountaintop and doing something bold for our cause.

In the spring, we met Macon Dunnagan, an American who lost his Canadian wife Michelle Phillips Dunnagan to ovarian cancer in 2007. Since 1999, Macon has climbed Mount Kilimanjaro 25 times. His most recent four summits – back-to-back in 28 days in September – set a new record.

Macon, author of the book Sons of Kilimanjaro, is now working with Ovarian Cancer Canada to recruit 50 Canadians to return with him in September 2013 during National Ovarian Cancer Awareness Month for the Expedition of Hope.

The expedition offers two routes. The Marangu Route is the simplest and involves walking with less steep ascents. Hikers sleep in huts. The Rongai Route is a more difficult hike with less walking each day but higher ascents. Hikers sleep in tents.

While Macon promises this will be “the hardest physical and mental challenge of a lifetime,” he also says it may be “the most rewarding experience you ever have.” He promises views of the stars, the Milky Way, sunrises and sunsets like no others you have ever seen.

Macon says that hiking Kilimanjaro is like “climbing from the equator to the North Pole in four days and coming back down in two.”

We have the very best guide in Macon and the wonderful organization and support of Zara Tours of Tanzania. For further information, call Ovarian Cancer Canada’s Catherine Argiropoulos at 1-877-413-7970, ext. 284 or cargiropoulos@ovariancanada.org. Also, visit expeditionofhope.com.

For those interested in further exploring this part of Africa with family and friends, Zara Tours offers a range of safari packages.

Thank you, GOC!

In closing, I would also like to take this opportunity to once again thank the Society of Gynecologic Oncology of Canada for awarding its 2012 Presidential Medal to Ovarian Cancer Canada. We were extremely honoured to receive this prestigious award at a dinner during the GOC Annual General Meeting in June.

We thank Dr. Michael Fung Kee Fung for taking the time to attend Ovarian Cancer Canada’s Board meeting in October, where he repeated his presentation for our volunteer directors from across the country.
**My Elective in Calgary**

By Dr. Peter Klippenstein, PGY3

Going into obstetrics and gynecology, I knew at some point I'd be doing additional electives in gynecologic oncology. I had a decidedly surgical bent as a medical student, and it wasn't until my OBGYN rotation in third year medicine that I'd even considered it as a residency, but the patient demographic and the existing residents made me excited about it. Even so, I've always been drawn to the OR, and so the most surgical of the OBGYN subspecialties seemed to be calling to me. On speaking with Dr. Altman in Winnipeg about where I should explore, he not surprisingly wholeheartedly endorsed Calgary, the location of his fellowship. “You have to go there.”

The experience allowed me to hone my skills and learn some new ones in the OR, helping perform a modified radical hysterectomy, assisting with laparoscopic surgery, LEEP and laser and even having the opportunity to operate with another resident. Additionally, I saw how Calgary integrates with other services, including palliative care and pathology in an effort to streamline the process and reduce medical errors.

I enjoyed working in an environment where I could deliver life-changing information and help guide women and their families through the complex treatment process and through recovery. The opportunity to perform incredible surgeries to achieve that goal made it all the better.

I would like to conclude by expressing how grateful I am for the elective grant I received from Ovarian Cancer Canada and the Society of Gynecologic Oncology of Canada.

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**My Gyn Oncology Electives**

By Dr. Stephanie Scott PGY-5, University of Western Ontario

I was not far into my gynecologic oncology rotation at Western when I knew this was the field for me. The patient interactions, clinical and surgical challenges provided me with the most rewarding experiences to date. Support and advice from my mentors in gynecologic oncology in London solidified my decision to pursue further training in Canada. During my elective rotations, I was fortunate to spend time in both Vancouver and Toronto obtaining valuable clinical and surgical experience at two excellent centres.

My first elective began in early January in Vancouver where I spent five weeks. I was greeted on my first day by the senior fellow Shannon Salvador, who quickly made me feel like a welcome member of the team. I had the pleasure to work with Drs. Miller, Finlayson, McAlpine, Kwon, Carey, Heywood, Lee, Stuart, and Ehlen. I had an exceptional clinical experience with a large volume of inpatient, outpatient and surgical cases. I spent time at BC Cancer Agency and accompanied Dr. Miller to a clinic in Surrey, BC. During the scenic drive to Surrey, I got the inside scoop on all of the best skiing and hiking in Vancouver! The clinics were always pleasant and highly educational. I was able to assist and participate in a large variety of surgeries, some of which I had not seen before, including laparoscopic assisted radical vaginal hysterectomies. With Dr. Heywood's guidance, I performed my first laparoscopic pelvic lymphadenectomy during the last week of my rotation, which was a memorable experience! Weekly tumour conferences involved insightful discussion around difficult cases with a multidisciplinary team including medical oncology, radiation oncology and pathology. Teleconferencing allowed for discussion of cases outside of Vancouver and involvement of clinicians in centres across British Columbia. Formal pathology rounds were also a weekly occurrence and provided another forum to discuss and learn from interesting cases. I was also present at the annual tumour conference in which research and provincial data were presented in order to discuss as a group the best strategies for gynecologic oncology patient care in British Columbia. In addition to a great clinical experience, I had a fantastic time exploring Vancouver outside of work. I was fortunate to work with a great group of residents from BC as well as another visiting elective resident. Mina and Nadia were our personal Vancouver tour guides and just happened to know all of the best restaurants! I found the perfect place to feed my sushi addiction. My husband and I were able to visit Whistler for a day of skiing, which was simply amazing. It was a wonderful experience for two “Londoners” to go running around Stanley Park in January!

Five weeks later, I returned home to Ontario to begin my elective in Toronto. I began with three weeks at Princess Margaret Hospital where I had the opportunity to work with another great group of clinicians. I was first greeted by Judy Brusse who was extremely helpful. The group at PMH truly made me feel like part of the team. Tomer, the clinical fellow, welcomed us all to his home for a team dinner where we spent a lovely evening with his family. We alternated days in the OR and clinic allowing for a very balanced clinical experience. It was a pleasure to work with Drs. Rosen, Murphy, Dodge, Bernardini, Ferguson and Laframboise. As a visiting resident, I gained valuable surgical skills and exposure to a great variety of cases and techniques, including robotic surgery in gynecologic oncology. I assisted in aggressive cytoreductive surgeries as well as minimally invasive procedures including laparoscopic radical hysterectomies and pelvic lymph node dissections. Tumour boards and pathology rounds at PMH were also an excellent learning experience. The final two weeks of my gynecologic oncology tour were spent at Sunnybrook where I worked with Lu Eriksson, another excellent clinical fellow. Again, I witnessed a wide variety of surgical cases and techniques, many of which I had not seen before! I truly enjoyed working with all of the consultants. Drs. Covens, Kupets, Gien, Osborne, and Vicus provided a fantastic educational experience during Wednesday clinics, the operating rooms and in weekly tumour boards. Throughout my elective in Toronto, I attended the fellows’ weekly teaching sessions which were interactive, contemporary and extremely informative.

Overall my gynecologic oncology electives in both Vancouver and Toronto were memorable experiences that solidified my decision to pursue gynecologic oncology and contributed greatly to my clinical knowledge and surgical experience in this field. I am looking forward to my fellowship training in Vancouver and would like to thank all of the amazing people I had a chance to work with on elective for providing such a valuable learning opportunity. I would like to thank Ovarian Cancer Canada, The Society of Gynecologic Oncology of Canada and the University of Toronto for the generous grants that helped make these electives possible.
GOC’s 17th President Dr. Dianne Miller Receives Awards!

2012 was an exceptional year for Dr. Miller as her work and devotion to the specialty and patients were recognized by several organizations. Congratulations Dr. Miller for receiving:

- The Women of Distinction Award from the YWCA of Metro Vancouver for Science, Research and Innovation for her work in battling ovarian cancer and creating the BC Ovarian Cancer Research initiative (OvCaRe).
- The College of Physicians and Surgeons of BC 2012 Award of Excellence in Medical Practice.

Waldo Jimenez was given the 2012 CREOG National Faculty Award for excellence in residence education last night at McMaster.

Awards

The Ottawa Gynaecologic Oncology Team received the “Angels in Action Award for Patient Treatment”, November 16, 2012.

The SOGC recognizes Dr. Dianne Miller with the President’s Award

For her tremendous lifetime contributions to women’s health, Dr. Dianne Miller has been awarded the Society of Obstetricians and Gynaecologists of Canada’s (SOGC) prestigious President’s Award. This honour, presented annually at the discretion of the SOGC President, is the highest award offered by the SOGC and is given to a Canadian health-care professional who has substantially enriched the lives of Canadians and the specialty of obstetrics and gynaecology throughout his or her career.

Raised and educated in British Columbia, SOGC member Dr. Dianne Miller is also the in-coming president of the Society of Gynecologic Oncology of Canada. She has had a very productive research career in the areas of cancer prevention and treatment, including as a founding member and major contributor to the province’s OvCaRE consortium of clinicians and scientists dedicated to translational research in the field of ovarian cancer.

Since 2001, Dr. Miller is the Division Head of Gynecologic Oncology at the University of British Columbia and has been the head of the gynecology tumor group of the British Columbia Cancer Agency, which sets guidelines and treatment policies for gynaecologic cancers in the province. Recently, she has been part of an exciting collaboration with several organizations in Canada and Uganda dedicated to capacity building for the treatment of gynaecologic cancers in Africa.

Over the next year, Dr. Miller will have the opportunity to deliver a ‘Presidential Award Lecture’ on a topic of her choice at three of the SOGC’s continuing medical education events.

The SOGC congratulates Dr. Miller and thanks her for her contributions to women’s health.

Grants

Dr. Kathy Han, a radiation oncology fellow at the Princess Margaret Hospital, received the Radiological Society of North America (RSNA) fellow’s grant for her project titled “A Pilot Prospective Study of the Utility of Dynamic Contrast-Enhanced Magnetic Resonance Imaging (DCE-MRI), Diffusion Weighted MRI (DWI) and Positron Emission Tomography (PET) Imaging with 18F-Fluorodeoxyglucose (18FDG)” in Brachytherapy for Cervix Cancer. She is also the recipient of the Canadian Association of Radiation Oncology (CARO)-Elekta fellowship award, under the supervision of Drs. Anthony Fyles and Michael Milosevic.

Publications


Epilogue for the 2012 International Visitor Program

By Vilma Luna

From the time Dr. Rosen mentioned the possibility of this project over a year ago, I became anxious in a positive way due to my interest in international development. Soon my anxiety turned into excitement when I saw the efforts of the GOC members in making this project possible. Countless hours were spent in teleconferences, emailing back and forth and dozens of phone calls were made, until the sponsorship of an observer became a reality.

Every centre organized itself to find the resources to be able to sponsor an observer. Additionally, GOC members mobilized themselves to support this project financially. First, a raffle was organized during the CPD Meeting in April 2012. Dr. Murphy won a week at the Painted Boat Resort in BC, a time-share generously donated by Dr. Miller. Then, during the AGM in June 2012, the funds raised from “Run for Her Life ™” were also assigned to this project.

The small but meaningful amounts raised helped to those centres which received several international visitors. Additionally, all of the observers received some support for their living expenses during their time in Vancouver while attending the IGCS Meeting in October 2012.

From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked. From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked. From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked. From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked. From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked. From the west coast to the east coast, from the north to the south, GOC members got involved to make the stay of 14 observers fruitful and as amiable as possible during their time on Canadian soil. The host coordinators who lead this international program need to be thanked.
Montreal
Chum, Notre-Dame Hospital Gynecologic Oncology Service
October 1st, 2012 – Dr. Béatrice Cormier joins the Gynecologic Oncology team at Notre-Dame Hospital.

Before joining our Gynecologic Oncology Service, she was a fellow in Gynecologic Oncology at the Memorial Sloan-Kettering Cancer Center of New York. Dr. Cormier has quite a bit of experience in the surgical robotic field and her expertise is a great asset.

Dr. Benjamin Houkpatin, Assistant-Chief of the Obstetric Gynecology Clinic (FSS/HOMEL), of Cotonou, Benin Republic was the sponsored guest of the IGCS « The International Gynecology Cancer Society », GOC « The Society of Gynecologic Oncology of Canada » and the CHUM « Centre Hospitalier de l’Université de Montréal » « Travelling Fellowship ».

During his stay, Dr. Houkpatin attended the International IGCS Meeting and the GOC Meeting. He also spent 2 weeks as an observer at Notre-Dame Hospital Gynecologic Oncology Service of the CHUM.

A 5 year inter-university cooperation is in the works to establish an exchange of clinical and surgical knowledge in the academic circle of Cotonou.

“Little bit of Pouding brightens up a researcher’s day!

Hubert Fleury, a graduate student in the Mes-Masson/Provence laboratory, has been fostering a service dog, named Pouding, since February 2012. As service dogs in training need to accompany their master at all times, Pouding arrived with the permission of the administration as an eight week old puppy at the research centre. However, due to an acute inability to properly hold a pipette, and with safety as a consideration, it was decided he would spend his days in Dr. Mes-Masson’s office. He has now become a familiar fixture at meetings, seminars, public engagements and even several fundraisers. Pouding is an extremely intelligent dog, and he quickly figured out how to get cookies by barking during teleconferences – a habit we have now cured! Pouding brightens our days, keeps us fit with walks, and has truly become a laboratory member. Pouding has grown into a very large dog, and we all hope that he will be selected for service, even if we will miss his immensely.”

Edmonton
As of July 1st Dr. Helen Steed has become Program Director for 40 ob-gyn residents, a daunting task. As a result, she has given up being tumor group leader of the Gyn Oncology group.

Dr. Val Capstick has taken on the Clinical Lead and Dr. Katia Tonkin (Alberta’s only Medical Oncologist in Gyn Oncology) has taken on the Research Lead.

Already Val and Katia have had to attend simultaneous meetings in Calgary and Edmonton so are wondering how Helen did the job which clearly has two quite separate foci of activity or is only suited to someone who can clone themselves to be in two places at the same time!

Quebec
WE GOT IT!

By Dr. Marie Plante

We finally got THE ROBOT (kindly baptised Franky on behalf of my son François who scored higher than I on the simulation module exercises…). For that matter, I do believe we should have « protected time » to play videogames to improve our surgical skills!

The gyn oncology division has access to the robot 2 days per week, and our urology colleagues have it 3 days a week (fair split). The hospital administration expects us to do one case per day, and by April 2013, increase to 2 cases per day!

Our « pilot » experience has been « painful » despite the guidance, reassurance and patience of our dear tutors Dr. Walter Gotlieb and Dr. Susie Lau, who graciously came to do one case each with Dr. Renaud and myself.

At this point, I would say that robotic surgery is not all that « intuitive » (at least not for me!). My brain (and feet!) go crazy trying to control the clutch, the camera, the unipolar current, the bipolar current… and the third arm! My « Christian » vocabulary has expanded quite a bit. The skill that I’ve improved the most is my patience!

BUT, I SHALL NOT ABANDON. Walter swore to me: it takes 10 cases before you start enjoying it (I am up to 5… so I can’t wait!). Seriously, once over the learning curve, I am hopeful that the robot will allow us to do more complex procedures and avoid laparotomies in those cases. I am also hopeful that we can use this new surgical modality to go beyond the traditional approaches to surgery, and integrate new imaging technologies with targeted molecules to identify, for instance, areas of residual disease, ensure adequate surgical margins, etc. That would be evolution in the way we do surgery and would expand on the possibilities that the robotic surgery can offer.

PS. I am now up to 10 cases… and getting over the hill!!

Ottawa
In November 2012, Dr. Wylam Faught travelled to Moshi, Tanzania with the Canadian Network of International Surgery teaching a course called “Essential Surgical Skills” to medical students.

The Gyn Onc team at the Ottawa Hospital in collaboration with OCC and the Ottawa Regional Cancer Foundation’s Maplesoft Centre offered a patient workshop for women with ovarian cancer on November 25, 2012 with topics such as dealing with fear of recurrence, sexuality and intimacy, current research and clinical trials, and care giver support.
Sharing in Dr. Wylam Faught’s Successes…

Dr. Wylam Faught has been appointed the Medical Head of The Ottawa Hospital Cancer Program

Leaving his role as Chair of the University of Ottawa Department of Obstetrics and Gynecology, Dr. Faught will now focus on his leadership role within The Ottawa Hospital as Medical Head of the Cancer Program. He will provide strategic direction and support for the advancement of clinical service excellence while optimizing and enhancing the delivery of high-quality cancer care at The Ottawa Hospital starting July 1.

“It has been such a privilege to have been the Chair of the Department of Obstetrics and Gynecology in the Faculty of Medicine at uOttawa,” said Dr. Faught. “The Faculty, The Ottawa Hospital and their academic and clinical partners are comprised of so many talented and committed individuals. I am very excited and look forward to this opportunity within the hospital and region to serve in a leadership capacity with The Ottawa Hospital Cancer Program.”

Congratulations Dr. Faught!

Jim
Dr. J.R. Worthington, MB, ChB, FRCP
Senior Vice-President, Medical Affairs, Quality, and Patient Safety, The Ottawa Hospital
On behalf of the membership, congratulations Dr. Faught!

Hamilton

François Moens and Clare Reade successfully completed the Ride To Conquer Cancer (Niagara Falls to Toronto) this past June.

Toronto

Dr. Stephane Laframboise becomes Chair of the Royal College of Physicians and Surgeons of Canada’s Exam Committee in Gynecologic Oncology.

Vancouver

Division Head and Tumor Group Chair’s report for Vancouver

By Dianne Miller, MD

Another year gone by and lots new in Vancouver! Jessica McAlpine received a five year CIHR young investigators award. Tom Ehlen has taken over as the medical manager of the ORs at Vancouver General Hospital. Shannon Salvador joined us as a locum in September and is covering the maternity leave for our other locum Marette Lee. Only in Vancouver can you have a locum doing a locum for a locum! In November, Marette Lee and her husband Chris welcomed twins Benjamin and Samantha. Paul Hoskins was named the President-Elect of GOC and Sarah Finlayson starts her tenure as the Chair of the GOC AGM Program Planning Committee. Anna Tinker is currently on sabbatical and working on the Ovarian Cancer outcomes database. Karen Sill has rejoined OVCARE and GOC as a research nurse. Janice Kwon chairs the GOC CPD Program Planning Committee and also heads the Gyn Oncology Fellowship Program for UBC. Mark Heywood finished his tumultuous year as the President of the SOGC. I will say it was easy to discuss GOC matters with SOGC this past year as Mark’s office is kitty-corner to mine! Mark Carey continues to be heavily engaged in basic research and along with Janice co-chairs the Department Resident Research Committee. Gavin Stuart, well he continues to be Gavin the Dean and leads the entire UBC medical school. Finally me, the group continues to let me lead the endeavor!

On October 26, 2012, Dr. Faught received Queen’s Diamond Jubilee medal in the Senate Chamber for contributions to obstetrics-gyn and cancer care

On November 7, 2012, Dr. Faught was inducted into the Royal Canadian Geographic Society as a Fellow…

McGill Division of Gynecology Oncology

By Lucy Gilbert, MD

The year 2012 has been a productive year for McGill University Gynecologic Oncology Division. It is sited at two hospitals in Montreal: the McGill University Health Center (MUHC) and the Jewish General Hospital (JGH).

We are honored to welcome Dr. Querleu as the Chairman of Obstetrics and Gynecology at McGill University and a member of our Division. We send our best wishes to Dr. Gerald Stanimir who retired from hospital practice in October of 2012 after many years of dedicated service. Presently, our division benefits from a total of 6 gynecologic oncologists, three based at each of our hospital sites; with Drs. Querleu, Jardon and Gilbert at McGill University Hospital Center, and Drs. Gotlieb, Press and Lau at the Jewish General Hospital.

Gynecology oncology residents at McGill are now taught the full range of surgical skills, from robotic as well as laparoscopic surgery on the MIS end of the spectrum to ultra-radical open surgery including diaphragmatic stripping, bowel resection, ileal conduit, etc., to achieve optimum debulking in ovarian cancer surgery.

In July 2012, Dr. Gilbert, who served as the Gynecology Oncology Residency Program Director for the previous six years, handed over the directorship to Dr. Lau.

François Moens and Clare Reade successfully completed the Ride To Conquer Cancer (Niagara Falls to Toronto) this past June.

Dr. Jardon and Gilbert
GOC’s 13th Annual Continuing Professional Development Meeting

It is with great pleasure that we invite you on behalf of the Executive of the Society of Gynecologic Oncology of Canada and the CPD Program Planning Committee to attend the 13th Annual Continuing Professional Development meeting in Toronto, Ontario on April 25-27, 2013.

Program at a glance
Thursday April 25th
- GOC Executive and Council Meeting
- CG2 Meeting
- Fellow Oral Examinations
- GONPPC Meeting

Friday April 26th
- Adaptive Trials — Is It Time To Change How We Conduct Clinical Trials? - Dr. Don Berry
- The Importance of Correlative Studies in Clinical Trials (Translational/Anti-Angiogenesis)
  Speaker TBA
- Current Management of Ovarian Germ Cell Tumours
  Dr. David Gershenson
- Antiemetics and Optimal Treatment of Constipation
  Dr. David Warr
- Role Of HPV In Older Women Or Previous Dysplasia
  Prof. Edward Mayeaux
- Back by popular demand — a debate!
- Metastatic Disease at Radical Hysterectomy:
  Proceed or Abandon Surgery presented by Dr. Heidi Gray and Dr. Tony Fyles
- Lynch Ascertainment in Endometrial Cancer
  Dr. Blake Gilks
- Socially, our 12th Leadership Lecture Speaker and Dinner on Friday evening!

This collection of speakers of national and international reputation is impressive and we look forward to yet another outstanding educational event.

…and on Saturday, April 27th, the NCIC-CTG Gyne Disease Site Committee conference.

Conference Site
Courtyard Marriott Hotel
475 Yonge Street
Toronto, ON

The GOC has reserved a block of rooms at the Courtyard Marriott Hotel at a special conference rate of $155 per night. Reserve by April 10, 2013!
Toll-Free reservations: 1-800-847-5075 (identify yourself as a participant of the “GOC 2013 Conference”)

Register Today!
Visit www.g-o-c.org for complete conference details and on-line registration!

We would like to acknowledge the following companies for their support of our 13th Annual Continuing Professional Development Meeting:
PLATINUM: Roche Canada
GOLD: Janssen Inc.
SILVER: AMGEN | Minogue Medical
BRONZE: GlaxoSmithKline | Merck Canada

We hope to see you in Toronto!