

MINUTES

Breast Cancer Site Group for Guideline Development
Thursday, June 8, 2006 at 4:00 – 5:00 p.m.
Level I Conference Room - DHBMCC
(and Videoconference - St. Clare's)

Present:

Dr. J. McCarthy, Chairperson
A. Hyde, Oncology Cancer Genetics
Dr. J. Green, Medical Genetics
Dr. P.K. Ganguly, Radiation Oncology
Dr. J. Greenland, Radiation Oncology
Dr. M. Zulfiqar, Medical Oncology
Dr. F. O'Shea, Palliative Medicine

K. Fitzgerald, Patient Care Coordinator
C. Higdon, Medical Oncology Nursing
S. Power, Radiation Oncology Nursing
R. Abbott, Director of Pharmacy
Dr. M. Wells, Surgery
Dr. D. Cook, Pathology
P. Kelly, Recording Secretary

Videoconference - St. Clare's:

Dr. B. Naghibi, Pathology
Dr. B. Carter, Pathology

Absent:

Radiology representative

1.0 Scheduling a Meeting Time:

- Following discussion between those present, it was agreed that meetings would be held once monthly, on either Tuesday or Wednesday, from 5:00 – 6:30 p.m. It was agreed that due to summer holidays, etc., the next meeting be held the 2nd week in September.

2.0 Nomination of Committee Chair and Co-Chair:

- Dr. McCarthy agreed to act as Chair while Dr. Bev Carter was nominated as Co-Chair, and she kindly accepted. Dr. McCarthy thanked Dr. Carter as she felt her diagnostic representation would be valuable to this committee.

3.0 MOCOMP:

- Dr. McCarthy said that as members of this committee, points would be assigned based on attendance at these meetings. As well, minutes and documentation will be maintained as per the Guideline Policy Development, separate Category IV, on the Royal College website. Nursing under CANO as well as physicians and other members can accumulate these points. Number of hours will be recorded in December or early in the New Year and submitted to respective groups, i.e. MOCOMP and CANO.

4.0 Topics:

- Several topics of interest for discussion at future meetings were discussed, including:
 - Guidelines for sentinel node biopsy
 - What constitutes ER/PR positivity?
 - Chemo guidelines, hormonal therapy guidelines
 - Breast MRI guidelines
 - Radiotherapy guidelines (? brachytherapy)
 - Neoadjuvant, clinical trials development
 - Discuss new genetic “breakthroughs” eg. E-Cadherin gene
- Suggestion was made that each discipline brings a list of issues and or topics to the meetings for consideration. One discipline may like to start by choosing one particular topic and bringing that information to the next meeting.
- Time permitting, possibly two topics may be discussed per meeting, however, it was generally agreed that one topic per meeting is realistic.
- Dr. McCarthy said that Radiology needs to be represented on this committee, and she is hoping that ER/PR status may be a topic they could address and present to the members. Also, breast MRI, digital mammography are topics that Radiology may wish to present. Similarly, surgeons and pathologists may compile data re: sentinel node biopsy, or each discipline may wish to choose separate topics of interest.
- Dr. McCarthy asked that Dr. Green provide genetic briefing re: new genetic developments (ex. e-cadherin), which she agreed to do.
- Dr. Greenland suggested taking existing guidelines from Cancer Care Ontario’s or BC Cancer Agency’s website and modifying them to meet the needs of this province. Dr. Bev Carter felt that research by the Steering Committee for Breast Cancer in Women in 2001 could be adapted but needs to be updated. It was agreed that a standardized approach based on these guidelines be developed.
- Discussion concerning the name of approved treatment/practice policy for breast site not be termed Guideline Development, but “Consensus Guideline Development.”
- It was agreed that the web-based versions of all information be both simple and patient-friendly, and to be posted on a website along with clinician’s version.
- It was felt that “Consensus Guideline Development” be the direct result of evidence-based information, which is what is important, and that a draft be presented to the Clinical and Academic Chiefs for their consideration and approval.
- Dr. Greenland suggested that each discipline bring a short list of topics to be addressed to the next meeting for prioritization. Alternatively, one person or discipline may wish to go straight ahead and draft a practice policy and present it to the committee at the next meeting.
- Dr. McCarthy requested that each topic be binderized for presentation to members.
- The need for IT staff for website development was discussed, including the need for a research person, with a science background, to assist with compiling data, doing literature searches, etc., and a secretary to take minutes, as meetings are to be held after hours.
- Dr. McCarthy will address the staffing issues with Sharon Smith and Pat Pilgrim prior to the next meeting, i.e., Research Assistant support, IT support and secretary for minute-taking, documentation for points (MOCOMP & CANO), etc.
- Rick Abbott reported that research toward guideline development is given priority in several centres across Canada, i.e. Halifax, where staffing is not an issue.
- Dr. McCarthy and Dr. Carter will send proposal to Dr. Bob Williams regarding the specific staffing resources needed. It was felt that the resource needs be left open but to start with each of the three positions will be on a half-time basis, approximately 17.5 hours per week. As well, Dr. McCarthy will try to get background information re: staffing from Halifax before submitting a final proposal to Administration.

- Dr. McCarthy said this is an opportune time to start this "Consensus Guideline Development" as Department of Health have asked for specific guidelines for each site, and starting off with breast initially is a good place to start.
- Dr. Green raised the issue of Cancer Control Strategy, and it was agreed by several members present that the initiation of guideline development goes hand-in-hand with this.
- Dr. Ganguly feels that government has given us directive to be part of Cancer Control Strategy, and Dr. McCarthy agreed that we are acknowledging the recommendation of the Cancer Control Strategy, which in fact is the reason for this group.
- Suggestion was made that maybe we could be part of Atlantic Canada and use their guidelines. However, it was felt by many present that this would not work and that this Centre needs to develop it's own guidelines, based on best clinical evidence.

5.0 Role for Didactic Lectures or Journal Club:

- It was felt that that these meetings should be kept semi-informal but that on occasion, a few sides or overheads may be helpful.

6.0 Food (Drug Company Sponsorship):

- It was agreed that food should be available, as it will take place after work and into the supper hour. Dr. McCarthy will look for sponsorship from drug company (or companies) for same.

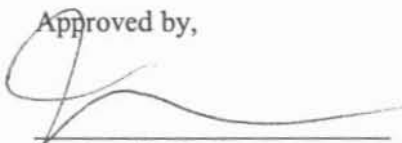
Date of Next Meeting:

- 2nd week of September (Tuesday or Wednesday) at 5:00 – 6:30 p.m. – notice to follow.
- Dr. McCarthy will have information re: staffing issues at that time.
- Dr. McCarthy will see what Jonathan Edwards, Oncology Pharmacy Assistant, is doing in September 2006, as he has is very knowledgeable in research and would be a great candidate for research assistant.
- Dr. Greenland is agreeable to presenting a topic at the next meeting in September.

Respectfully Submitted,

Patricia Kelly
Recording Secretary

Approved by,



Dr. Joy McCarthy
Chairperson

/pk

MEMORANDUM

To: Members of the Breast Tumour Site Group Committee

Fr: Dr. Joy McCarthy, Medical Oncologist

Re: **Initial Start-up Meeting on Thursday, June 8th at 4:00 p.m.
Level I Conference Room and via Videoconference (St. Clare's)**

Date: June 7, 2006

A G E N D A

1. Discuss timing of meetings and location
 - Dr. Laing suggests monthly, except July and August, from 4:00 – 5:00 p.m. (Thursdays are good for her).
2. Nominate Chair and Co-Chair
3. MOCOMP
4. Topics:
 - Guidelines for sentinel node biopsy
 - What constitutes ER/PR positivity?
 - Chemo guidelines, hormonal therapy guidelines
 - Breast MRI guidelines
 - Radiotherapy guidelines (? brachytherapy)
 - Neoadjuvant, clinical trials development
 - Discuss new genetic “breakthroughs,” eg. E-Cadherin gene
5. Question: Is there a role for didactic lectures or journal club?
6. Question: Does anyone want food? (drug company sponsorship)

Briefing note: Breast Cancer Guideline Development

Clinical Guidelines, defined as “systematically developed statements to assist both practitioner and patient decisions in specific circumstances”, have become increasingly common in oncology clinical care. Interest in guideline development has heightened with increasing health care costs and concerns regarding patient safety and quality care. Clinical practice guidelines enable standardization of care, allow all patients to receive the best possible care and are an important tool in the provision of evidence based practice. Many professional groups have endorsed the development of practice guidelines, and the Provincial Strategy for Cancer Control has recommended guideline development as an essential component of cancer care for the province.

A meeting was held in June, 2006, with a number of health care professionals involved in cancer care. The purpose of the meeting was to discuss the need to have a formal approach to develop practice guidelines to support breast cancer screening, diagnosis and treatment. All present agreed upon the intent of the working group, but identified resources as a major impediment. At the initial meeting, resources were identified and included secretarial, information technology and research support. Further discussions with the co-chairs of the working group were held, and it is felt that an Oncology Nurse would be able to resource the committee, accessing information technology and secretarial support through existing channels within Eastern Health. The nurse would work under the direction of the committee, and would be needed for an eighteen to twenty four month period.

Specific duties of the position are:

- conduct a needs assessment with the group to determine priorities for guideline development
- access existing national and international practice guidelines
- conduct literature reviews as appropriate
- compile and present draft guideline material to the group
- assess the quality of practice guidelines, identifying local adaptations
- work with Information Management and Corporate Communications to develop/incorporate guidelines on the new website
- coordinate implementation of guidelines, including educational activities
- evaluate the impact of the guidelines
- other duties as identified by the committee

Committee members include representation from Medical Oncology, Radiation Oncology, Pathology, Surgery, Palliative Care, Radiology, Genetics, Nursing, Pharmacy and Administration. Co –chairs for the group are Dr. Joy McCarthy and Dr. Beverly Carter.