



CARO-ACRO eNewsletter

CARO-ACRO

Volume 3, Issue 1

September 2002

The Newsletter Returns

At the Spring NCIC meeting, the CARO-ACRO Board of Directors met and discussed the future of the Newsletter, which had been produced intermittently since the first issue in March of 1989. The Board decided that I would volunteer for the job of editor, and after only modest tightening of the thumb-screws, I agreed.

Unfortunately the fact that we were in the process of moving into, and commissioning, our new Vancouver Island Centre, and also the proximity of the Fellowship Exams, meant that this was not a task which I was able to address my attention to immediately. And here we are eighteen months later!

First let me apologize for the long gap between the last Newsletter and this one, and secondly let me say that I hope that we will be able to produce at least 3 editions per year from now on.

The success of a Newsletter is very much dependent, of course, on the enthusiasm with which members contrib-

ute material, and I am hoping that many of you will do so, possibly even spontaneously! I will do my best to make the Newsletter an interesting and informative read, and there may even be room for a little humour, lack of political correctness and controversy.

So, please think about contributing a short article about any issues you feel are relevant to Canadian Radiation Oncologists, or oncological or health-care issues in general.

CARO-ACRO is a quintessentially Canadian organisation, so as well as having exceptionally good manners, we also have two official languages, and I will be very happy to receive articles in French as well as English. Ideally, I would like to see each edition available in a choice of either official language, but that is something for the future.....

In the meantime, I hope you find something of interest here.....



The first ever CARO-ACRO Newsletter from March of 1989

CARO-ACRO Election Results

Two elections were held for CARO-ACRO Board positions in 2002

Dr Dorainne Rheame was elected as Secretary/Treasurer for the period 2002-2005

Dr Lorraine Portelance was elected as the Quebec Director for 2002-2004

Regional Directorships come up for election on a regular basis. If you are interested in representing your colleagues on the CARO

Board of Directors, please let the Secretary/Treasurer know.

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A Message from the CARO-ACRO President

Dear Colleagues:

I invite you to join us at the 2002 CARO-ACRO Annual Scientific Meeting that will be held in one of the most exciting and vibrant cities - Toronto. Our venue is the very elegant and highly popular Sutton Place Hotel in downtown Toronto. This will be the 16th CARO Annual Scientific Meeting and builds on the success of the first independent meeting held last year in Quebec City.

This year, we have prepared a rich scientific program and the theme for this year's meeting is **Innovative Technology in Radiation Medicine**. This theme was chosen to celebrate the exciting opportunities offered to our specialty by the extraordinary progress we have seen in radiation treatment planning and delivery technology. This progress, led by the development of modern imaging and computing technologies along with advances in robotics, allows us to explore the application of radiation therapy with unprecedented precision, to

expand the indications of radiation therapy, and improve the therapeutic ratio of radiation therapy with improved efficacy through dose escalation and reduced toxicity through precision techniques 3D CRT and IMRT. Radiation oncology as a discipline offers a wide spectrum of exciting opportunities because it combines the care of patients with challenging disease processes, with the application of treatment and information technology, and demands an understanding of the biology of cancer and its response to radiation treatment.

The highlights of the meeting include: the CARO Lecture on Friday, October 25th, which will be presented by Prof. Zvi Fuks, Deputy Physician-in-Chief for Planning at Memorial Sloan Kettering Cancer Centre in New York who will talk about "Technology and Biology Shaping the Future of Radiation Oncology". The Gordon Richards Lecture is an established CARO tradition, and will be presented this

year by Prof. Brian O'Sullivan who will discuss new horizons in soft tissue sarcoma. Our theme Symposium, The Future is Now: New Technological Applications in Target Localization and Verification will be led by Dr. David Jaffray.

There have been a record number of abstracts submitted for the oral and poster presentation sessions, covering a wide range of topics relevant to radiation medicine. Dr John Hay will present this year's refresher course on rectal cancer, and workshop topics include cross-sectional Imaging in Head and Neck (Drs. Andrew Bayley and Suzanne Laughlin), Manuscript Publication (Dr. Ivo Olivotto), and Presentation Skills (Dr. Lee Manchul).

To realize the full potential offered by the progress we have made in the field of radiation medicine, we need to build a strong multiprofessional team of radiation oncologists, physicists, radiation therapists, and ra-



The theme of the 16th CARO-ACRO Annual Scientific Meeting, is "Innovative Technology in Radiation Medicine"





radiation oncology nurses. This year we have extended a special invitation to radiation physicists, radiation therapists, and nurses to participate in the meeting. To recognize the multiprofessional aspect of the radiation medicine team, we will present awards for best physics, therapy and nursing presentations.

The Welcome Reception kindly sponsored by Varian will take place at the Art Gallery of Ontario, and the Annual CARO-ACRO Dinner, generously sponsored by Ortho Biotech, will take place at the Sutton Place Hotel's Rooftop Ballroom, Stop 33.

In addition to the CARO-ACRO ASM Program, on Thursday, we offer several Satellite Symposia, which include the NCIC Co-sponsored Workshop on "Palliation and Symptom Control in Radiation Oncology" led by Rebecca Wong; the CARO-ACRO Symposium for residents in training "The Essen-

tials of Radiation Oncology", chaired by Robert Pearcey; and a Program Directors Workshop "Incorporating CanMEDS Roles in Residency Training" led by Pamela Catton.

The weather in Toronto in October is usually still nice and not too cold. The city offers many attractions including major sport events, theatre, excellent restaurants, parks and other attractions. The musicals, The Lion King, Mamma Mia and Stomp will be playing, as will the stage play Proof. In addition, the Art Gallery of Ontario will hold the exhibit Voyage into Myth: French Paintings from Gauguin to Matisse; A collection of French paintings from St. Petersburg, Russia and the Royal Ontario Museum will hold exhibitions Treasures from a Lost Civilization - Ancient Chinese art from Sichuan, China and Collecting Italy, an exhibit featuring the Royal Ontario Museum's Italian collections.

Further information on Toronto attractions is available on www.toronto.com.

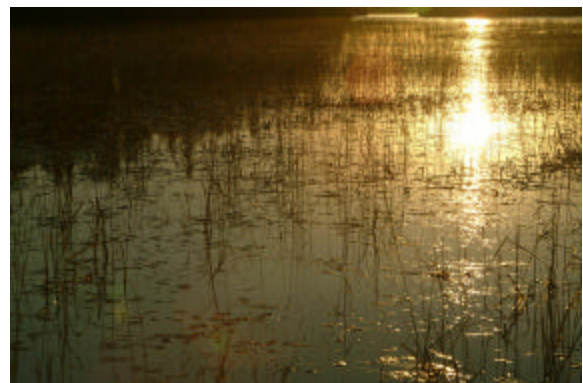
We hope that this meeting will provide a great opportunity to share new discoveries and technologies, identify issues important to our specialty, spark new initiatives and promote collaboration among those involved in radiation therapy.

Best Regards,

Mary Gospodarowicz,
MD
President
Canadian Association
of Radiation Oncologists



"To recognize the multiprofessional aspect of the radiation medicine team, we will present awards for best physics, therapy and nursing presentations"



Workshop for Symptom Control in Radiation Oncology



CARO members are getting younger every day.....

“The objective of the meeting is to work towards defining the research agenda in this area for the NCIC symptom control group”

A NCIC/CTG Symptom Control Group/CARO Collaboration October 24, 2002

Dear Colleagues,

As you are preparing for the upcoming CARO meeting, I would like to bring to your attention/remind you of the upcoming Workshop for Symptom Control in Radiation Oncology, hosted jointly by NCIC CTG Symptom Control Group and the Canadian Association of Radiation Oncologist. The objective of the meeting is to work towards defining the research agenda in this area for the NCIC symptom control group. Half of the meeting will focus on bone and brain metastases, and half on the management of radiation induced toxicity: fatigue and mucositis.

This is a great opportunity to roll up our sleeves and help define the future !!!

There is no cost to registration. See attached flyer
<<ncic workshop.pdf>>
Please plan to attend.

Date: 24th October 2002
Time: 8:30 -4 pm
Place: Toronto, Sutton Place Hotel
Registration:
On line:

www.ctg.queensu.ca

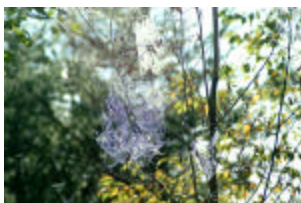
Fax: your completed registration form to 416-946-2111

Contact my administrative assistant Ms. Nellia Pacheco at:
nel-
lia.pacheco@rmp.uhn.on.ca, or phone: 416-946-2919.

See you in October!!!

Dr. Rebecca Wong
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Watch the website for more information
www.caro-acro.ca



CARO-ACRO Liaison with the CMA - Update and Possibilities

The Committee of Affiliates of the CMA is comprised of 32 National Specialty Societies, 6 Focussed-Interest Medical Associations (for example, CAIR, Fed Med Women of Canada), and 5 National Medical Organizations (for example, the CMPA, RCPSC and others).

The Committee of Affiliates has a direct relationship with the President and with the CEO of the CMA. Committee of Affiliate members sit with representatives of the provincial Divisions of the CMA at the CMA General Council Meeting, where resolutions directing CMA activities are considered.

The Committee of Affiliates is receiving a great deal of attention and high regard from the CMA Executive and Board of Governors. One of the areas for action of the CMA Board in 2002 is to further define and enhance its relationship with the Committee of Affiliates.

I attended the recent

CMA General Council Meeting in Saint John, as well as the Affiliates satellite meetings, as the CARO-ACRO Board representative. The preliminary results of a survey of National Specialty Societies (CARO had participated) was reviewed. Several areas where the CMA could potentially benefit the NSSs were identified: shared services such as meeting management, website management, web portal links, travel and hotel arrangements, employee benefits, software for membership database and finances, assistance with guideline or position statement development and publication, and others.

The CMA has a program where they would provide a session to us on effective advocacy strategies and activities.

The renewed CMA Health Foundation may offer opportunities in that they could give advice about setting up a Foundation or perhaps house the Foundation of smaller Societies.

Because of the intervention of the CMA Committee of Affiliates, there is now a Specialist Representative in Health Task Force 2 chaired by Dr. Hugh Skully, previously restricted to Primary Care Reform. The Minister of Health, Ann McClellan, in her address to the CMA General Council stated that she is now aware that funds will need to be directed to the reform of specialty care.

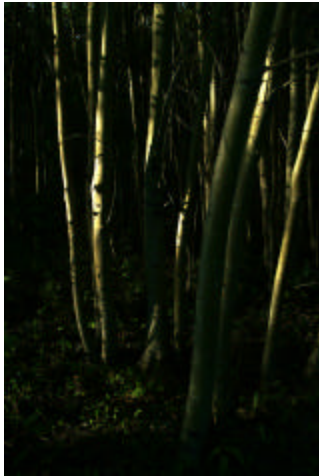
CARO is now formally represented on the Coalition for Health Technology, previously a joint project of the Canadian Association of Radiologists and the CMA – I was able to volunteer at the meeting in early August.

The Coalition for Health Technology communicates within and to the Committee of Affiliates, and, along with the CMA Executive, can communicate directly to the Federal Government. The Coalition had been successful in obtaining \$ 1.4 billion to be directed to Health Tech-



“CARO is now formally represented on the Coalition for Health Technology”





“a potentially powerful route for forwarding the issues and interests of our patient population and of our organization. “



nology (in the area of diagnostic imaging). The goal of the new Coalition is to broaden the definition of health technology and to propose an approach which highlights forward planning, sustainability, and accountability.

The CMA General Council Meeting was extremely interesting, with active participation of the Minister of Health, Ann McClellan and of Commissioner Roy Romanow, who both voiced their respect for the CMA and interest in further collaboration with the CMA.

The General Council Meeting passed a number of resolutions proposed by individual Council members or from within Divisions or the Affiliates– many in the area of public health promotion, and confirmed a strong endorsement of the professional status of practicing physicians and quality of patient care in regards to Quebec Bill 114.

My impression is that

our involvement within the CMA – through its Divisions and Committee of Affiliates - represents a potentially powerful route for forwarding the issues and interests of our patient population and of our organization.

Dorianne E.
Rheume, MD
FRCPC(Int Med)
FRCPC(Rad Onc)

CARO-ACRO Secretary-Treasurer
Board Representative to CMA Committee of Affiliates

The Editor's bit — and News from the Wacky West Coast

We live in interesting times. Shortages of specialists of all kinds, especially Radiation Oncologists, is a concern in every Province. Physicists and radiotherapists cannot be had for love nor money. The population gets older, and the incidence of cancers rises. The costs of cancer care—especially the costs of chemotherapy and other systemic therapies—rise at an ever accelerating rate. Almost certainly, something will have to give.

All Provincial governments have a responsibility to get the best health care possible for their electorate, at the lowest possible cost. This entirely understandable need is sublimated in different manifestations across the country. In Quebec, physicians can be required to “volunteer” for duty in understaffed Emergency Rooms. In many Provinces, immigrant physicians are granted licenses on the condition that they will serve time in rural and northern areas.....

Here on the West Coast, we are all struggling with the same issues. The BC economy is reeling from US duties on our softwood lumber exports, the fishing industry is in the doldrums, and environmental and practical concerns mean that the significant reserves of natural gas and oil of the BC Coast are at least for the foreseeable future, inaccessible.

The physicians of BC have recently emerged from a bitter struggle with the Provincial Government with a victory of sorts, though it may in the end be Pyrrhic.

After years of fee capping and roll-backs, the BCMA eventually won from the new Provincial government an agreement to an independent review of physician incomes, and a binding arbitration. The McEachern Report came to the conclusion that physician remuneration had fallen significantly behind Alberta and Ontario, and called for a significant increase in billings, and (of more relevance to the oncologists) a significant increase in remuneration for salaried and service-contracted physicians. The Government accepted the Report's recommendations on fees and salaries, but rejected the recommendation that future disagreements on fees and salaries should be defused by an early referral to a binding arbitration process. The doctors were strongly in favour of this and the Government strongly against. War ensued.

For several months we had the spectacle of an increasing level of service withdrawals by doctors, culminating in cancellation of routine and booked surgeries. Only essential services (like cancer clinics) were spared but the dispute became increasingly acrimonious.

Eventually, and not surprisingly, the Government agreed to most of the demands of the BCMA, and in future, arguments about pay will be settled by a form of binding arbitration. It seems, however, that the Government may be looking for means to “control” the activities of the BC College of Physicians and Surgeons, so that in any future dispute,

pressure may be placed on the Province's physicians by threatening their very licensure. It remains to be seen where the ultimate balance of power will fall out.....

Well, here we are with another Newsletter after all this time. It has been a pleasure (though at times a struggle) to put it together in time for the CARO-ACRO Annual Scientific Meeting, but we managed to sneak in under the wire.

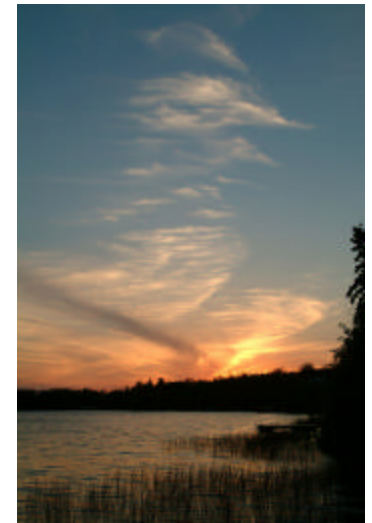
My thanks to all those who sent me contributions, and my hearty encouragement to all those who WILL be sending me contributions!

Please send me articles on any subject you like. I'll accept them by snail-mail, but would prefer them to come as attachments to my email address at :

slarsson@bccancer.bc.ca

MS Word or *.txt format would be ideal, but send me any old format and I'll work it out!

I hope to be able to produce the next newsletter in January/February of 2003, so overload me with articles.....



*“MS Word or *.txt format would be ideal, but send me any old format and I'll work it out!”*



CARO-ACRO

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The Official Voice of Radiation Oncology -
La Voix Officielle de la Radio-Oncologie



www.caro-acro.ca

CARO-ACRO was established in July of 1988 as the official voice of Canadian Radiation Oncology.

The elected President chairs a Board of Directors who have responsibility for the various geographical regions of Canada.

If you wish to make your views known to the CARO-ACRO Board on any issue, your Director would be the best person to contact.

A full list of Board Members is maintained at the website <http://www.caro-acro.ca>

In Memoriam

Beale, Francis A., Scarborough, Ont.; Edinburgh University 1946, MBChB, DMRT, FRCPC, radiation oncology; former senior medical staff Princess Margaret Hospital (PMH) and Ontario Cancer Institute (OCI), University of Toronto. Following military service, Captain RAMC serving in West Africa, and a short spell in general practice Frank trained in radiotherapy, the forerunner of clinical oncology. In 1959 he was one of a band of young British radiation therapists recruited to staff the PMH in Toronto, a new

hospital for the non-surgical treatment of cancer. They were the right people in the right place at the right time. Within a few years PMH/OCI was an acknowledged international cancer institute and the flagship for Canada's cancer services. Frank was a workhorse making major contributions in the treatment of head and neck, gynecological and breast cancers. The successful formula was careful patient assessment in multidisciplinary clinics, the development of clinical staging, standardised treatments, follow-up with

meticulous record keeping and subsequent publication of results. These large retrospective studies on both common and rare cancers were the forerunner of today's prospective, randomized, controlled clinical trials. Died Jul. 20, 2001, aged 78 he suffered from Parkinson's Disease for 20 years; survived by his second wife Violet Marie, 5 children and 13 grandchildren. PJF.



Keep in touch!