



President's Message, February 2008

Dear Colleagues:

I would like to take this opportunity, now that we are nicely into a new year, to highlight some of the activities of CARO in 2007 and also make you aware of important issues that CARO will address in 2008. Radiation Oncology in Canada is growing and maturing at an unprecedented rate. Membership in CARO has increased at the rate of 18% annually over the past 5 years and now is approaching 700. This in part reflects increasing recognition among medical students that Radiation Oncology provides a unique opportunity to combine a rewarding clinical practice with diverse academic activities ranging from basic biology and physics to clinical trials, quality of life studies and health services planning. In addition, there is growing recognition by government of the importance of providing high quality radiation treatment to all Canadians in a timely manner in the context of an aging population and increasing cancer treatment complexity. Over the past year, this has translated into additional funding that will reduce radiation treatment wait times through the more efficient use of existing resources, and the development of new cancer centres in several provinces. CARO has played an active role in promoting these developments through involvement in national organizations such as the Canadian Partnership against Cancer (CPAC), the Canadian Association of Provincial Cancer Agencies (CAPCA) and Canadian Medical Association Wait Time Alliance. CARO will continue this very important activity to assure that all Canadians have access to state-of-the-art radiotherapy and that, true to our heritage, Canada remains a world leader in the development of novel radiation treatment strategies.

An important focus of CARO activities is to monitor and promote appropriate workloads for Canadian Radiation Oncologists, consistent with the delivery of high quality patient care and high academic productivity. Our annual surveys have evolved over several years under the direction of the Manpower and Standards Committee to the point where I believe us to have the most comprehensive information of any medical specialty in Canada about current and future workload and staffing. It is clear from long-term population-based models developed by Teri Stuckless and Mike Brundage that there will be an ongoing need for new Radiation Oncologists in Canada for many years, especially if we are successful in reducing workload even modestly from the current, excessively-high average value of 280 new patients per oncologist annually. However, as discussed at the CARO Annual Scientific Meeting in October, short-term modeling of new Radiation Oncology graduates versus job availability suggests the possibility of a transient imbalance with a 5% excess of qualified oncologists in Canada over the next few years. These short-term predictions are very conservative with respect to job availability and do not include several new cancer centres that are scheduled to open across the country. The new employment opportunities provided by these centres should completely eliminate any surplus of oncologists, consistent with the long-term population modeling. Nevertheless, these results are understandably very concerning for our residents and also for medical students contemplating a career in Radiation Oncology. The CARO Board remains committed to supporting our residents, providing the best possible information about workload and staffing on an ongoing basis, lobbying for new Radiation Oncology positions across the country to meet the growing clinical need and modulating the intake of new residents to Radiation Oncology training programs in accordance with long-term demand. I encourage all residents to talk about these issues with senior staff mentors at their respective centres. In addition, members of the CARO Board would be pleased to discuss concerns about workload and staffing with residents at any time.

The CARO Annual Scientific Meeting (ASM) in October of last year was held jointly with the Canadian Organization of Medical Physicists (COMP) and focused on image-guided and adaptive radiotherapy. It was very well received and most of the informal and formal feedback has been quite positive. The meeting highlighted the growing interdependence of Radiation Oncologists, Imagers and Medical Physicists in the optimal delivery of radiotherapy to patients and in research aimed at developing new therapeutic approaches for future generations. The continued growth of radiation treatment depends on fostering interaction and collaboration among these professional groups, as well as with cancer biologists, radiotherapists and oncology nurses. The themes of future meetings will reflect the high priority that the CARO Board has placed on building these strong interdisciplinary ties. The CARO ASM this year will be held from September 10-13 in Montreal and will focus on tumor and radiation biology, specifically hypoxia and molecular imaging. Information about abstract submission, registration and housing will be sent within the next few months. I encourage each of you to participate in this meeting regardless of your specific clinical and academic pursuits. Pam Catton and the other members of the ASM Program Committee will be working very hard to assure a balanced meeting that will interest everyone.

Finally, I invite you to explore the new CARO website, which will be launched very shortly. The revised site gives a modern face to Radiation Oncology in Canada, with greater ease of navigation and new functionality that will better meet the needs of our clinical and academic practices. The site has been under development for several months and represents the coordinated efforts of many individuals, but especially Anthony Brade and Susan Broadbear. Please send them constructive feedback so that the site can evolve in a manner consistent with the changing needs of our profession.

Yours sincerely,

Michael Milosevic
President, Canadian Association of Radiation Oncology (CARO)