

CAGPO News

October 2021

Message from the Chair

It is an honour to embark on my tenure as CAGPO chair, knowing the meaningful impact this organization has already had on so many GPOs across Canada.

Despite the unprecedented circumstances associated with the COVID-19 pandemic, the CAGPO executive committee members and its collaborators have remained dedicated to its mission and its members! While in-person networking was missed by all, our 2021 virtual conference was nonetheless well-received, thanks to the hard work of our dynamic team! Planning for the 2022 conference is already underway, and we look forward to connecting with everyone in Toronto, September 14th to 18th 2022. Moreover, stay tuned for our 3rd article series, in partnership with *Current Oncology*, set to launch in early 2022!

Lastly, please join me in offering a warm welcome to Sian Shuel (British Columbia) and Nureen Sumar (Alberta) as new members of our executive committee. Please also unite in thanking Tunji Fatoye for his remarkable leadership during his now completed Chair tenure.

More than ever, the COVID-19 pandemic has highlighted the invaluable role of GPOs in the provision of care across the cancer trajectory. Let's make this year count by raising our voices to further raise awareness of our contribution to the field of cancer care!

Sincerely,

Gen, on behalf of Mary, Tunji, Evan, Andrew, Henry, Lori, Patricia, Don, Pamela, Sian, Nureen, and Lynne

From the Past Chair



It's hard to believe that it's already been two years since I was elected as chair of CAGPO and on the other hand, given the chaos our lives have been these past 20 months, it is hard to think it's only been two years.

It has been my honour to serve as chair and it has been a very rewarding experience for me. My only regret has been not being able to see all of you in person these last two years.

Please join me in welcoming our chair for the next two years, Dr Gen Chaput. I look forward to providing her with every support over the next two years as past chair.

Many thanks and I look forward to seeing everyone next year in Toronto.

Tunji Fatoye

**CAGPO 2022
ANNUAL CONFERENCE**
September 15 to 18, 2022
Intercontinental Hotel
Toronto, ON
cagpoannualconference.ca

EXECUTIVE MEMBERS

Gen Chaput, QC
Chair

Tunji Fatoye, MB
Past Chair

Evan Lilly, ON
Chair-Elect

Patricia Craig, NS
Treasurer

Lori-Ann Hayward, NL
Scholarship Co-Chair

Andrew Knight, ON
Scholarship Co-Chair

Don Rowe, NS
Conference Committee Co-Chair

Mary DeCarolis, ON
Conference Committee Co-Chair

Members-at-Large
Henry Docherty, BC
Patricia Craigie, ON
Nureen Sumar, AB
Sian Shuel, BC

Lynne Savage, MB
Administrative Assistant

CAGPO 2021 CONFERENCE

The annual conference took place virtually from Halifax, Nova Scotia from September 23rd to September 25th 2021. Topics relevant to GPO practice were well represented and included several disease sites and management strategies. The speakers were mostly from Halifax and were engaging and provided up to date information that we can use in daily practice. On Friday night we were thoroughly entertained with East coast music by Halifax Pier.

CAGPO 2022 will hopefully be an in-person event in Toronto from September 15th to September 18th, 2022. The conference planning committee will soon be hard at work planning this event. Hope to see you all in Toronto!

CONGRATULATIONS!

To help plan for the 2021 CAGPO Annual Meeting, members were asked to complete a survey about their comfort with a live versus virtual event. One name was drawn from the pool of respondents for the prize of a free registration. This year's winner was Dr. Keith Lowden. Congratulations Dr. Lowden! We hope you enjoyed this year's virtual event!

ONLINE TRAINING PROGRAM CASES—CAN YOU HELP?

CAGPO is currently updating the training program cases available on the CAGPO website.

If you have an interest in any of the following disease sites and would be willing to review and update one of these topics, please contact Lynne at info@cagpo.ca for more information:

- Cancer of Unknown Primary
- Head & Neck
- Melanoma
- Prostate
- Testicular
- Sarcoma

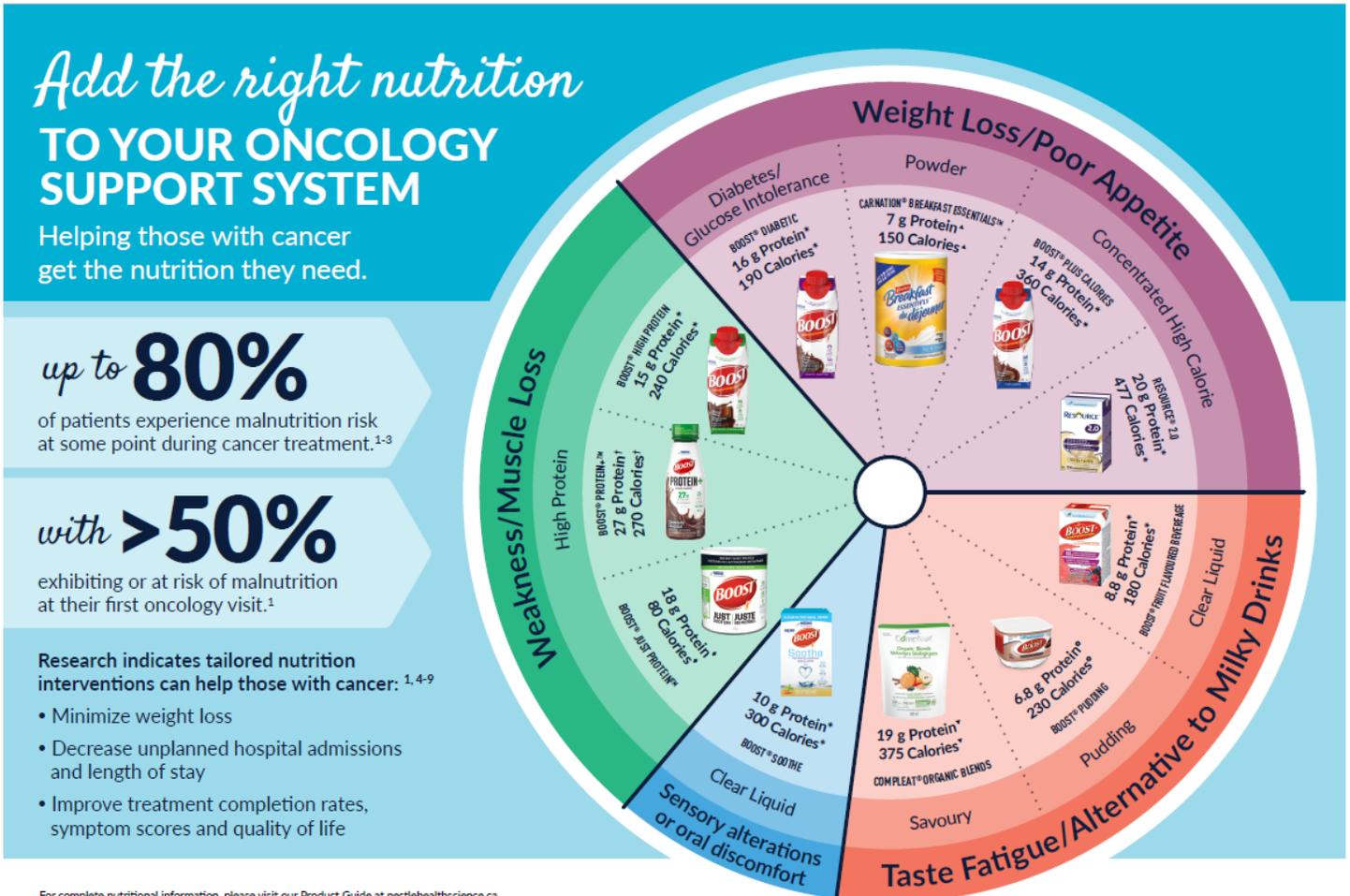
ONCOLOGY EDUCATION OPPORTUNITIES

Family Practice Oncology Network

- GPO Case Study Day - Saturday, November 20, 2021! Register at <https://bccancersummit.ca/register/>
To help BC's GPOs meet the 10 hour per year CME privileging requirements, FPON is once again offering their accredited GPO Case Study Day as part of the BC Cancer Summit. To be held virtually from 8:30 to noon, it will include sessions 'for the GPO' namely 'What's New in Systemic Therapy', 'Immunotherapy Endocrine Related Toxicities' and 'Less Common but Relevant Immunotherapy Related Toxicities'. GPO Case Study Day is by invitation only and CAGPO members are welcome to attend! *Please note that presentations may be based on BC/Yukon care pathways and recommendations.*
- Webinars
 - ◆ October 21, 2021: [Immunization in Childhood Cancer](#)
 - ◆ November 18, 2021: [Follow-up Care of Patients with Indolent Lymphoma](#)
 - ◆ January 20, 2022: Case Studies in Cancer-Related Thrombosis

Nutrition in Oncology (these resources have been provided by Nestle HealthScience)

- Webinar: [Taste Alterations and their Implications in Cancer Care](#)
- Podcast: Clinical Nutrition Notes
- The Oncology Wheel



For complete nutritional information, please visit our Product Guide at nestlehealthscience.ca.
*Per 237 ml. †Per 325 ml. °Per 21 g. ° Per 142 g. * per 40 g dry mix. * Per 300 ml.

1. Trujillo E, et al. J Acad Nutr Diet 2018;118:749-60. 2. Arends J, et al. Clin Nutr 2017;36:1187-1196. 3. Callet P, et al. Clin Nutr 2017;36:1473-82. 4. Odelli C, et al. Clin Oncol 2005;17:639-45. 5. Isenring EA, et al. Br J Cancer 2004; 91(3):447-52. 6. Ravasco P, et al. J Clin Oncol 2005;23(7):1431-8. 7. Müller-Richter U, et al. Nutr Research 2017; 48: 1-8. 8. Jiang W, et al. Nutr & Cancer 2018; 70 (8): 1259-1307. 9. Valentini V, et al. J Nutr Hum Diet 2012; 25(3): 201-208.
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SPOTLIGHT ARTICLES

Advances in the management of pancreatic ductal adenocarcinoma

O’Kane et al., CMAJ, 2021 June 7, 193:E844-51

- Risk factors
 - ✓ Smoking
 - ✓ Obesity
 - ✓ Diabetes
 - ✓ Family history present in about 10% of patients
 - ✓ Pathogenic variants (*BRCA1*, *BRCA2*, *PALB2*) present in 5-7% of patients. **Reflex germline testing in all patients is now recommended**
- Staging and diagnosis
 - ✓ Classified by resectability
 - Resectable
 - Borderline resectable
 - Locally advanced unresectable
 - Metastatic
 - ✓ Multidisciplinary team input is crucial
 - ✓ **Figure 1 in the article presents an excellent schematic and algorithm outlining treatment approaches by clinical classification**
- Treatment approach
 - ✓ Neoadjuvant approaches to chemotherapy are increasingly being considered, with modified FOLFIRINOX being the regimen of choice
 - ✓ Systemic therapy options
 - Modified FOLFIRINOX
 - Gemcitabine and nab-paclitaxel
 - Liposomal irinotecan/5FU (not currently funded in Canada)
 - ✓ Emerging therapies
 - Maintenance olaparib in metastatic patients who harbor a pathogenic mutation in *BRCA1/2* and respond to first-line treatment (approved but not funded)
 - Ongoing research into *KRAS* inhibitors (90% of patients have *KRAS* mutation)
 - ✓ Encourage patients with metastatic disease to consider clinical trials, if consistent with goals of care

Tumour type	Surgery	Systemic therapy	Radiation
Resectable	+	+	-
Borderline resectable	Consider after neoadjuvant systemic therapy	+	+/-
Locally advanced	Consider after neoadjuvant	+	+/-
Metastatic	-	+	-

SPOTLIGHT ARTICLES (CONT'D)

Five things to know about: Managing multiple myeloma

Lee et al., CMAJ, 2021 Aug 30, 193:E1349

- Multiple myeloma is the second most common hematologic malignancy, and novel and evolving therapies have improved outcomes, leading to increased prevalence
- All patients should be referred early for assessment of transplant eligibility (provided it aligns with a patient's goals of care)
- Bisphosphonates are recommended for all patients, whether or not they have evidence of bone disease
- Infection prevention is essential
 - ✓ 10-fold increased risk of viral infections, 7-fold increased risk of bacterial infections
 - ✓ Prophylactic fluoroquinolones often given for the first 3 months
 - ✓ All patients should receive inactivated influenza and pneumococcal polysaccharide vaccinations
- Have a low threshold for skin biopsies due to a 2-3-fold increased risk of skin malignancy

 THE CANADIAN ASSOCIATION
OF GENERAL PRACTITIONERS
IN ONCOLOGY

 L'ASSOCIATION CANADIENNE
DES MÉDECINS OMNIPRATICIENS
EN ONCOLOGIE

2022 CAGPO ANNUAL MEETING

19th
EDITION

SEPTEMBER 15 - 18, 2022 | INTERCONTINENTAL TORONTO CENTRE, TORONTO, ON

