

Frances C Wright

James IV Travels 2019



Overview

Thank you to the James IV Society!

This was a career highlight and a fantastic opportunity to assess how other health systems are providing quality cancer care on a systems level and to visit thought leaders who provide care for patients with breast cancer and melanoma.

I visited the **United Kingdom** for 2 weeks in May 2019. For the first week I did a study tour of the National Health Service in London with the Rotman School of Management Advanced Health Leadership Program. The second week took me to the **Norwich Health Trust** visiting Professor Marc at the **Royal Marsden Cancer Centre**.

The second leg of the trip took me to Australia and colleagues, Mr Bruce Mann, Robert Tasveski and Professor Michael Henderson in Melbourne at the **Peter Macallum Cancer Centre**. Then I attended the **Breast Cancer Trials Annual Scientific Meeting** in Adelaide. Afterwards I returned to Sydney to visit the **Melanoma Institute of Australia**. The final part of my trip took me to **Singapore and the National Cancer Institute** hosted by Dr Melissa Teo.



Travels

- Rotman Course in London
- Norwich and the Royal Marsden
- Australia
Melbourne
Adelaide, Sydney
- Singapore

United Kingdom

The first week was a continuation of the Health Executive Leaders Course with The Rotman School of Management and was based out of the Kings Fund. I had the opportunity to talk with health care administrators for London – currently overall care is quite fragmented and they are looking to re-integrate the hospitals with community care. I met with Dr Nick Sevaldis who is a researcher in multidisciplinary cancer conferences (MCCs) who is investigating leadership in MCCs and whether all cases need to be discussed (currently in the UK they are which is a big resource and time constraint). We met with the NICE guidelines group and the CQC (Clinical Quality Council) who are in charge of quality of all health care units from family practices to dentists to major hospitals. They review and rate all centres and can close down practices that do not meet quality standards.

The second week I visited Prof. Marc Moncrieff in Norwich who is lead of a high functioning skin cancer unit and gave a talk on implementing MCCs in Ontario. I observed some surgery – laparoscopic groin dissection, and Moh’s surgery (relevant as we are looking to implement a more consistent approach to Moh’s in Ontario). I attended MCCs where all patients are discussed and pictures of the skin cancer are readily available. I also observed the use of the confocal microscope and how it was used to assess treatment response for lentigo maligna to Aldara (in Canada all lesions are excised). I also visited The Royal Marsden Cancer Centre with Mr Myles Smith and Mr Andrew Hayes in London and attended clinic and tumor boards. Key findings: Tumor boards very well supported by coordinators: all patient information was put together by the coordinator; emergency oncologist role was implemented – this type of oncologist is required in each hospital after finding patients with febrile neutropenia had worse outcomes in some centres; and a 24/7 phone line is available to patients and run by the MacMillan charity.



Australia

For the second part of my travels I visited Australia and Singapore. I started in Melbourne at the Peter MacCallum Cancer Centre where I was hosted by Professor Bruce Mann, Mr Robert Tasevski and Professor Michael Henderson. Here I attended multidisciplinary cancer conferences and discussed the Australian health care system which is both private and public. Here I also discussed collaboration on melanoma surgical trials and future ideas for trials with Prof Michael Henderson and Mr David Gyorki.



I next travelled to Adelaide and attended the 41st Annual Scientific Meeting of the Australian/ New Zealand Breast Cancer Trials Group. I spoke about Contralateral prophylactic mastectomy to the breast fellows from Australia and New Zealand (this fellowship has a common curriculum for all fellows). At the breast cancer trials conference, I heard some very interesting talks on surgical de-escalation trials, and immunotherapy trials. I also met with patient advocacy groups and discussed financial toxicity that patients with breast cancer endure.



I travelled next to Sydney and visited the world famous Melanoma Institute of Australia (MIA). This institute was built with donor funds and has 3 floors: 1 for clinical trials research which housed the MIA clinical trials group and the Melanoma and Skin Cancer National trials group) and 2 for clinics. I observed surgeries in the private system that had no limit on the number of cases that could be booked in a day.

In terms of quality, there was no overall body for maintaining quality in Australian cancer system; however, the breast cancer community had a voluntary breast cancer audit in place x 21 years.



Singapore

My final travels were to Singapore where I had the privilege of being hosted by Dr Melissa Teo, a surgical oncologist specializing in gastrointestinal surgery. Singapore is a beautiful island with a deep and fascinating history.

On a clinical level, I attended multidisciplinary cancer conferences and did teaching sessions with the residents. I met with the program director and with other surgical oncologists to understand their health care system. In terms of their health care system, Singapore also has public/ private care. There was no body that oversaw quality within the system and there was a perception from patients that the private system is better than the public system although they were the same providers.



Conclusions

Thank you again to the James IV Association for this amazing opportunity to travel the world and meet with thought leaders in both clinical care and in health systems. The lessons I have learned on these travels will serve me throughout the rest of my career.