

Physician Panel Meeting #1
Thursday, October 13, 2005
Room 1343, General Site

In Attendance

Dr. Kara Laing, Chair	Dr. Alan Kwan	Dr. Al Felix
Dr. Joy McCarthy	Dr. Don Cook	Dr. Bev Carter
Dr. Robert Williams	Dr. Pradip Ganguly	Ms. Heather Predham
Ms. D. Parsons, Recording Secretary		

Dr. Williams began the meeting by thanking everyone for coming together as a panel and giving up their time to do so. He also thanked Drs. Kwan and Laing for suggesting the idea of a panel and thanked Dr. Laing for agreeing to be chair. Dr. Williams advised that Dr. Cook was asked to be apart of the panel on an ex-officio basis.

Mandate of Panel

Dr. Laing stated that the mandate of this panel was to review each patient individually and make a recommendation as a panel on the most appropriate treatment and follow up for each patient. Dr. Laing asked the group if they agreed. Dr. Laing also asked discussion of the group will be officially minuted and will stay as a record. All in attendance agreed.

Discussion ensued as to who would be notified and whose responsibility it would be to carry out the follow up of each patient. All agreed that the referring physician should be notified and that the primary cancer-treating physician would be responsible for follow up of the recommendations from the panel. Notification will be in writing and a mechanism will be put in place to confirm that the follow up physician has received notification. This letter will also include a paragraph to the effect that if the primary care physician is not comfortable carrying out the change in treatment they have the option of referring the patient to an oncologist at the Cancer Clinic.

Research from the French National Cancer Centers who investigated the efficacy of delayed tamoxifen administration in a randomized controlled trial from September 1986 to October 1989 are found in the article entitled "*Delayed adjuvant tamoxifen: Ten-year results of a collaborative randomized controlled trial in early breast cancer (TAM-02 trial)*". This article was circulated to the panel and Dr. Laing advised that the recommendations for treatment would be based on the findings in this article. It was agreed that Heather Predham ask an epidemiologist to review the research.

A form will be set up for next meeting outlining the patient's name, MCP Number, family doctor, surgeon, oncologist and recommended treatment and follow up physician.

Action Plan

Patient Information	Dako ER/PR	MS ER/PR	Follow Up
██████████ MCP ██████████	Neg/5-10%	75/60	Recommendation: Risk of recurrence is very low at this time, therefore hormonal treatment is not recommended. Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	<1/0	Recommendation: There is no change in ER/PR status, so no treatment is required Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	90/<1	Recommendation: As this patient died shortly after diagnosis, the change in ER/PR status had no impact on care and therefore no action is required.
██████████ MCP ██████████	<30%/<30%	60/70	Recommendation: This patient should be offered Tamoxifen Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	30/0	Recommendation: This patient should be offered Tamoxifen Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	90/10	Recommendation: This patient should be offered Tamoxifen Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	80/0	Recommendation: Dr. ██████████ advised the panel that this was her patient and the patient has been notified and started on Tamoxifen. Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	20/50	Recommendation: As patient has already received Tamoxifen, she will be informed of the change in ER/PR status. Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	90/60	Recommendation: As patient has already received Tamoxifen, she will be informed of the change in ER/PR status. Follow Up: Dr. ██████████

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██████████ MCP ██████████	Neg/Neg	90/20	Recommendation: As this patient died shortly after diagnosis, the change in ER/PR status had no impact on care and therefore no action is required.
██████████ MCP ██████████	Neg/<10%	50/5	Recommendation: Patient should be brought into clinic to check status of lymphoma. If low-grade lymphoma under control, Tamoxifen should be offered. Follow Up: Dr. ██████████
██████████ MCP ██████████	Neg/Neg	65/60	Recommendation: This patient should be offered Tamoxifen Follow Up: Dr. ██████████

Ms. ██████████ was the last patient reviewed at this meeting. The panel agreed to proceed through Dr. ██████████ patients at the next meeting.

Dr. Cook requested that patients: ██████████ and ██████████ be added for discussion at the next meeting.

The meeting was adjourned at 6:35 p.m..

Next Meeting

The next meeting is scheduled for Thursday, October 20, 2005 at 5pm in Boardroom #1343, General Site.

Recorded by:

Debbie Parsons, Secretary
Quality and Systems Improvement