

## Congratulations to the 2015 Doctors of BC Terry Fox Medal winners

Two recently retired BC Cancer Agency Vancouver Centre physicians are winners of this year's Doctors of BC Terry Fox Medals: Dr John Hay, recently retired radiation oncologist at the BC Cancer Agency's Vancouver Centre, and Dr Judith Pike, long-serving general practitioner in oncology.

The Terry Fox Medal recognizes individuals conducting clinical practice, research, or teaching/education who have achieved national or international recognition based on the following:

- A distinguished career of achievement in their area of focus.
- A seminal advance through the conduct of their endeavors.
- Promotion and achievement of advance in the conduct of cancer medicine and cancer control.

As a highly respected oncologist, an outstanding clinician and teacher, and an admired leader in radiation oncology in Canada, Dr Hay has provided exceptional care to thousands of cancer patients in BC. Among his many roles Dr Hay served as president of the BC Cancer Agency's Pro-



*Terry Fox Award presentations on 16 November 2015. Left to right: Dr Malcolm Moore, president, BC Cancer Agency; Drs John Hay and Judith Pike, medal winners; and Dr Bill Cavers, Doctors of BC past president.*

fessional Advisory Committee from 1991 to 1993, examiner in radiation oncology for the Royal College of Physicians and Surgeons of Canada from 1991 to 1996, and member of the head and neck site group executive of the National Cancer Institute of Canada, Clinical Trials Group, from 1993 to 2001. Dr Hay has co-authored 38 publications and two book chapters in radiation oncology in head and neck,

esophageal, and colorectal cancers. He also made a major contribution to patient care when he was integral in changing the BC Cancer Agency protocol for rectal cancer from post-operative radiation to neo-adjuvant therapy, with resultant changes to surgical technique. This led to a significant decrease in BC's provincial recurrence rates for rectal cancer.

Dr Pike played a pivotal role in



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developing and launching the BC Cancer Agency's Family Practice Oncology Network and its GPO Training Program, which ultimately changed how cancer care is delivered in rural BC and Yukon communities. Her dedication and creativity ensured cancer patients can receive top level care closer to home, in proximity of their loved ones and without the need for travel to larger centres. Dr Pike is responsible for the original success of the GPO Training Program, which enables its graduates to provide this care (including the administration of chemotherapy) and serve as oncology resources and educators for other primary care providers in their communities. Dr Pike organized all aspects of this training on a volunteer basis outside of her regular GPO responsibilities. She also contributes significantly to planning the network's continuing medical education programs and developing cancer care guidelines for family physicians.

The Terry Fox Medals were presented on 16 November 2015 by Dr Bill Cavers at the Terry Fox Research Institute Research Day in Vancouver.

### Mobile app to manage COPD

The Canadian Lung Association and Aeri Health have introduced a new

mobile app (Aeri COPD) for patients with chronic obstructive pulmonary disease (COPD). The app monitors symptoms, tracks medication adherence and treatment schedules, and identifies lifestyle and behavioral triggers to help patients manage and control their disease. It also includes a clinically validated assessment questionnaire that patients can use to keep track of their day-to-day health and COPD symptoms and record potential behaviors or environments that could trigger respiratory episodes. Patients can use the app to store historical health information and share it with their physician and caregivers (between doctor visits) to help identify trends and intervene early to manage their COPD.

Aeri COPD was developed by Aeri Health, a Vancouver-based integrated health management company, in partnership with the University of British Columbia, the Child and Family Research Institute, and BC Children's Hospital. The Aeri COPD app is available through iTunes and at [www.aerihealth.me](http://www.aerihealth.me). For more information about the Canadian Lung Association's associated Breathing as One campaign, visit [www.breathingasone.ca](http://www.breathingasone.ca).

### Long-term care insurance for an aging population

Canada is facing significant challenges due to its aging population. In 2011 the median age of Canadians was 39.9 years, compared to 26.2 years in 1971. Seniors have become the fastest-growing age group, and this is coupled with an increased life expectancy and a below-replacement fertility rate. It is estimated that 14% of Canadians are currently 65 and older, and this age bracket is expected to increase to 25% of Canadians by 2035.

The likelihood of having to manage a chronic disease while in long-term care increases with age, and in many cases you will be largely responsible for the associated costs given that they are not fully covered by government health care programs. Long-term care insurance can provide financial coverage in the event that you cannot care for yourself due to a chronic illness, disability, or cognitive impairment. The benefit of this insurance is that it provides the freedom to choose the kind of care you want (whether at home, in assisted-living residences, or in long-term care facilities) as well as the peace of mind that loved ones won't be burdened with the financial load.

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Learning about and deciding on the right plan is important. Long-term care insurance should offer protection, freedom, flexibility, and control. For example, Sun Life Financial offers a long-term care insurance plan that provides an income benefit if you become physically dependent and need to receive care at home or in a long-term care facility. The required waiting period before benefits are payable is either 90 or 180 days for each type of coverage. The weekly tax-free benefit ranges from a minimum of \$150 to a maximum of \$2000 and is paid out once you are physically dependent and no longer able to perform the basic activities of daily living without substantial help. Coverage (provided for life) is available for purchase for people who are between the ages of 21 and 80. Plans offered by other insurance companies may have different features so it is worthwhile to review various options.

All of this underscores the importance of talking with family members

and loved ones about your wishes for long-term care and your expectations, planning for the health care services that are needed with age, and understanding the associated costs. Three out of four Canadians report that their personal finances would be impacted if they developed a chronic health condition. As physicians, you can appreciate why it's important to consider health care needs in retirement. Long-term care insurance offers protection now and in the future.

—Erin Higgins  
Insurance Advisor, Doctors of BC  
—Eric Wong, UBC Medicine,  
Class of 2018

**Staff member joins front line of refugee crisis**

*In November, Laurie Cooper, media communications officer for Divisions of Family Practice, spent 2 weeks volunteering with refugees on the island of Lesbos, Greece. We asked her to write a short piece for us to share with members.*

When I saw the photograph of the Syrian toddler on a Turkish beach in September, my heart broke a little. I had heard about the refugee crisis in Europe but it seemed very distant. As a resident of BC I wasn't really connected and then, suddenly, we all were. That little boy, Alyn Kurdi, and his family were trying to join relatives in the Lower Mainland. The crisis was in our backyard.

Some friends and I wanted to help. I did some research and discovered that more than half of all refugees who make it to Europe—from Syria and other countries—enter Europe via the island of Lesbos. The small island is only 10 km from Turkey so, in good weather and with a decent engine, it is a relatively short crossing by boat (1.5 to 2 hours). Because of this, human smugglers have set up business on the beaches of Turkey, sending over 400 000 refugees to Lesbos in 2015.

I also discovered that, for a variety of political and bureaucratic reasons, the majority of the relief work on the island was being undertaken by small, independent volunteer groups. The larger NGOs were tied up in red tape trying to get permits to operate on the island. In the meantime, the crisis was being handled by the local Greek community and volunteers from around the world who had paid their own way to go and help. And the entire operation was being coordinated through social media—Facebook, WhatsApp, and Slack.

I reached out to a few local organizations on Lesbos and asked what they needed. Could we send them money? Would they prefer clothing donations? Their answer surprised me. They said they needed more people. Hence, in mid-November, a friend and I found ourselves on a plane headed for Greece. We don't have any medical training but we were willing to do whatever was needed to help out.

We spent just under 2 weeks working with the Starfish Foundation

**Planning for life after residency: Start with Transition Tuesdays**

Doctors of BC, the UBC PGME Transition into Practice Program, and MD Financial Management have introduced the Transition Tuesdays Seminar Series to help residents start planning their move to independent practice. Free 1-hour seminars are held on the first Tuesday of every month in the Diamond Centre Building in Vancouver from 6 p.m. to 7 p.m. (a light dinner is served from 5:30 p.m. to 6 p.m.).

A roster of experts will help residents start their careers on solid ground, with talks that focus on the practical skills residents need to be successful in their medical practice. Upcoming seminars will cover investing, incorporation, leadership, and billing and fees.

The seminars can also be accessed via videoconference rooms at various sites around the province. Residents in all levels are welcome to attend. To register, visit <http://postgrad.med.ubc.ca/transition-into-practice/events/>. For further information, e-mail [Tessa.Feuchuk@ubc.ca](mailto:Tessa.Feuchuk@ubc.ca).

Date	Organization	Speaker	Topic
1 March 2016	MDFM	Greg Lee Son	Investing 101: Show me the money!
5 April 2016	MDFM	Greg Lee Son	Introduction to incorporation
3 May 2016	UBC	Roger Wong	Empowering physicians to become leaders
7 June 2016	Doctors of BC	Juanita Grant	Fees, audits, and billing

in Molyvos. It is a small group started by a woman who owns a restaurant in the harbor of the small town. During our time there we greeted refugees who had arrived on the beach or had been rescued by the Coast Guard. We gave out blankets and dry clothing. We made and handed out hundreds and hundreds of sandwiches. We sorted donated clothing and prepared it for distribution across the island. We picked up garbage and swept out the tents where the refugees rested or slept. I also did a lot of driving. I delivered supplies where they were needed and used my rental car to shuttle refugees who were ill, elderly, or traveling with young children directly to the refugee camps.

The assistance we offered seems so minor in the face of the larger humanitarian crisis, but I know that I made at least a small difference in the lives of the refugees I met and helped.

Medical professionals (doctors, nurses, paramedics) are desperately needed on the island. For more information about volunteering on Lesbos, visit [www.canadacaring.ca](http://www.canadacaring.ca).

—Laurie Cooper  
Doctors of BC

### Scientists produce breast cancer from a single cancer gene

Scientists in the Faculty of Medicine and the BC Cancer Agency used a single mutant gene to create breast cancer in mice, upending a longstanding assumption that development of human breast cancer requires a long time to accumulate multiple genetic changes. The finding is an important advance toward understanding the cellular changes that can lead to human breast cancer.

Led by Connie Eaves, professor in the Department of Medical Genetics at UBC and a distinguished scientist at the BC Cancer Agency, the research team inserted a mutant gene into normal human breast tissue cells and then implanted those cells

in mice, where they formed tumors. Researchers used DNA barcoding to track the growth of many individually transformed cells after they were transplanted into a single mouse and were able to observe how the breast cells change even before they became fully malignant. Professor Eaves asserts that this approach makes it feasible to study the initial changes that cause a normal human breast cell to become malignant, and this methodology can be used to perform experiments that were previously thought to be impossible and potentially bring about improved outcomes based on the identification of early changes that should be shared by all cells in a given breast tumor. By the time a breast cancer first becomes apparent, it usually already contains a mixture of cell populations with different features and different responses to existing therapies. It has therefore been difficult to determine how these different features are acquired.

The research was performed at the BC Cancer Agency's Terry Fox Laboratory with funding from the Canadian Cancer Society Research Institute, the Canadian Breast Cancer Foundation, the Canadian Breast Cancer Research Alliance, and the Canadian Institutes of Health Research.

The findings, "Barcoding reveals complex clonal dynamics of *de novo* transformed human mammary cells," are published in *Nature*, available at [www.nature.com/nature/journal/v528/n7581/full/nature15742.html](http://www.nature.com/nature/journal/v528/n7581/full/nature15742.html) (paywall).

### Developed in BC: Potential prostate cancer treatment

A potential treatment for advanced prostate cancer developed by UBC and Vancouver Coastal Health Research Institute (VCHRI) scientists has been licensed to pharmaceutical company Roche to help move the technology into a finished product.

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Developed at the Vancouver Prostate Centre, the new drug technology (now in preclinical development) could one day be used to treat prostate cancers that have become resistant to existing treatments. When advanced prostate cancer spreads it becomes metastatic and virtually incurable. Current treatments initially slow the spread of the disease and help prolong a patient's life, but the cancer eventually mutates and becomes resistant to drugs. The potential new treatment, developed using a computer technology that can scan a database of millions of different molecules to find the ones that will work best as possible treatments, is designed to target a site in the cancer cells that is not prone to mutation.

Research will continue in collaboration with the scientists at the Vancouver Prostate Centre, a research hub hosted by UBC and VCHRI and designated a national Centre of Excellence for Commercialization and Research. The research was funded in part by Prostate Cancer Canada, Prostate Cancer Foundation (US), Safeway Canada, the CIHR's Proof of Principle commercialization program, and PC-TRiADD.

For more information about the Vancouver Prostate Centre's research initiatives, visit [www.prostatecentre.com/our-research](http://www.prostatecentre.com/our-research).

## Doctors of BC headquarters



The Doctors of BC building, 1665 West Broadway, Vancouver as it looks today.

November 2015 marked the 30-year anniversary of Doctors of BC's purchase of our building at 1665 West Broadway. The photo below was taken at the legal signing for the purchase. Seated in the centre of the photo is Dr F. Norman Rigby, then BCMA executive director, who was instrumental in


selecting and purchasing the premises. Dr John O'Brien-Bell, BCMA president in 1986, is seated to his left. We are unable to identify the other three people in the photo. If you are one of the unidentified people in this photo, or if you know who they are, please e-mail [journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca) and let us know.



Group signing purchase agreement, November 1985.

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