

## Kristy Cho wins 2014 MacDermot prize

The *BC Medical Journal* is pleased to announce Ms Kristy Cho as the winner of the J.H. MacDermot Prize for 2014 for her article, “The utilization and impact of core needle biopsy diagnosis on breast cancer outcomes in British Columbia” (*BCMJ* 2014;56:183-190).

Coauthored by Ms Caroline Speers, Ms Barbara Poole Lane, Dr Karen A. Gelmon, and Dr Christine Wilson, the article discussed study results that indicate open surgical procedures are being overused for the diagnosis of breast cancer in BC’s more sparsely populated regions.

Ms Cho is currently completing her first year of residency in obstetrics and gynecology at the University of British Columbia.



Ms Kristy Cho

The *BCMJ* thanks Ms Cho for her informative and well-written submission, and we hope to see more of her work—and the work of other BC medical students—in the future.

The *BCMJ* welcomes article submissions from student authors, and each year awards a prize of \$1000 for the best article written by a medical student in the province of British Columbia. The BCM2B article category encompasses a wide range of submissions, from scientific articles to essays about the medical school experience. See [www.bcmj.org/jh-macdermot-writing-awards](http://www.bcmj.org/jh-macdermot-writing-awards) for details.

## Chronic kidney disease guideline

The Chronic Kidney Disease: Identification, Evaluation, and Management of Adult Patients guideline provides recommendations for investigating, evaluating, and managing adults aged 19 years or older who are at risk of or with known chronic kidney disease, including care objectives and patient self-management. Specialized management of established chronic kidney disease (e.g., erythropoietic agents for anemia; renal replacement

therapy; and treatment of calcium, phosphate, or parathyroid hormone abnormalities) is beyond the scope of this guideline.

## Key recommendations

- Identify high-risk patient groups for evaluation of chronic kidney disease.
- Measure both estimated glomerular filtration rate and urine albumin/creatinine ratio for evaluation and prognosis purposes.
- Determine cause of kidney disease where possible. The three dimensions of cause, estimated glomerular filtration rate, and albuminuria are all important in developing a management plan (new in the 2014 guideline).
- The word “microalbumin” has been previously used to describe small amounts of protein in urine; however, recent guidelines and consensus recommend abandoning the term and using the albumin/creatinine ratio value instead.
- In consultation with the patient and family/caregivers, develop an individualized management plan.
- Ensure timely referral to specialists and health care teams as appropriate.

For the complete listing of BC guidelines, visit [www.bcguidelines.ca](http://www.bcguidelines.ca).

Physicians interested in participating in the development of future guidelines and protocols are encouraged to e-mail [hlth.guidelines@gov.bc.ca](mailto:hlth.guidelines@gov.bc.ca). Physician participation in guidelines and protocols development is compensated at the Doctors of BC sessional rate.

## Reporting in BC laboratories: Transition to new formulas

BC introduced estimated glomerular filtration rate (eGFR) reporting in 2004 as per international recommendations to facilitate early recognition of patients with chronic kidney dis-

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ease. Currently all laboratories in BC report eGFR values whenever a serum or plasma creatinine is ordered on an ambulatory patient. As of 15 December 2014, all BC chemistry laboratories calculate and report eGFR values using a new set of improved formulas. Specifically, the internationally endorsed formula entitled the chronic kidney disease epidemiology collaboration formula (CKD EPI) eGFR will replace the previously used MDRD formula. This new calculation for eGFR values will not change the manner in which they are interpreted: they are interpreted in conjunction with the urinary albumin measurement as a means to detect and manage chronic kidney disease ([www.bcguidelines.ca/pdf/ckd.pdf](http://www.bcguidelines.ca/pdf/ckd.pdf)). If you have questions about this change, contact your local laboratory's medical director.

**Changes to DPP-4 inhibitor coverage: Physicians concerned**

The Canadian Heart Research Centre (CHRC) recently conducted an online survey to assess the potential impact of BC Pharmacare's changes to the coverage of DPP-4 inhibitors on physicians' practice and patient care. The majority of surveyed physicians expressed concern about the change. The survey was completed by 322 physicians anonymously between November and December 2014 (approximately 4500 were asked to complete the survey). A selection of survey results are provided below:

- 69% were aware of BC Pharmacare's changes but 88% of those were not consulted by BC Pharmacare in advance of the changes and were not aware of which organizations were consulted as part of the decision-making process.
- 85% believed physicians should have been involved in the decision-making process, primarily given the potential implication on their practice.
- 97% believe physicians will be im-

acted by additional work as a result of the coverage change.

- 43% have noted/are expecting at least two extra patient visits per week as a result of the change.
- 15% indicated patients may stop taking their medication, which may result in the loss of glycemic control.
- 34% indicated additional time and resources may be required to re-achieve glycemic control.

In August 2014, BC Pharmacare announced it would no longer cover sitagliptin (Januvia) a DPP-4 inhibitor and the fixed-dose combination of sitagliptin and metformin (Janumet/Janumet XR). All patients currently taking these medications are required to have transitioned to one of the other two DPP-4 inhibitors that are covered by BC Pharmacare by 5 February 2015.

For more information on the survey, contact the Canadian Heart Research Centre at 1 800 725-6585,

ext. 229, or via e-mail at [cmeinfo@chrc.net](mailto:cmeinfo@chrc.net). Summary survey results are available at [www.bcvoice.ca](http://www.bcvoice.ca).

**Parental Leave Program: Make your 2015-2016 application for benefits**

Are you a physician practising in BC? Are you or your spouse having or adopting a baby or planning a pregnancy during the period of 1 April 2015 to 31 March 2016? If so, it is important to take advantage of the Parental Leave Program, one of the negotiated benefits administered by Doctors of BC. In addition to pregnancy benefits for female physicians, the program provides parental benefits for male physicians and adoptive parents. Benefits are payable for up to 17 weeks at the rate of 50% of eligible income up to a maximum of \$1000 per week.

For more information or an application package, contact Ms Lorie

*Continued on page 74*

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Continued from page 73

Lynch at 604 638-2882 or llynch@doctorsofbc.ca, or Ms Ann Marie O’Driscoll at 604 638-2865 or aodriscoll@doctorsofbc.ca.

**BC leads in organ donation and transplants**

There were 326 transplants performed in BC in 2014, providing a new chance at life for patients on the organ transplant wait list. Over 450 people in BC are currently waiting for a lifesaving transplant, and while 95% of British Columbians agree with organ donation, only 20% have registered their decision—an online process available through transplant.bc.ca.

With 107 living donors in 2014, BC’s living donor rate of 23 donors per million leads the country (the national rate is 15.5 as of 2012). The province’s deceased donor rate of 14.8 donors per million (69 deceased donors in 2014) is just under the national rate of 15.5, and leads all other western provinces.

The most significant increase in deceased donation in the province in 2014 came from Vancouver Island hospitals, accounting for 21 deceased organ donors (triple the Island’s 5-year average). Several factors contributed to the increase in deceased donation on the Island: the work of the physician lead and in-hospital donation coordinator, expansion of donation after cardiac death as a donation option,

and increased education and support for staff working in critical care areas.

**An update on seeking BC doctors’ literary works**

The archival project seeking literary works described in the September 2014 issue (*BCMJ* 2014;56:349) is meant to honor existing literary works of BC physicians and encourage other doctors and medical students to exercise their literary talents. Karen MacDonell, director of the Library of the College of Physicians and Surgeons of BC, helped me formulate some practical steps to find physician authors in BC, and Scott Anderson, a staff member of the Library, directed me to abcbookworld.com, a public reference site established by Alan Twigg, author of *The Essentials: 150 Great BC Books and Authors*. The website contains information about close to 11 000 published authors with roots in BC. I found over 80 physician-authors already listed in this database. By the end of 2014, physicians responding to the news item in the *BCMJ* brought this number up to 94, with several more entries still to be processed. The published works include poetry; fiction; early BC history; BC politics; biography; autobiography; memoirs; tales of medical practice in the Arctic, North, and on the West Coast; First Nations history; marine adventures; plays; war experiences; health advice; and even cooking practices. These

literary accomplishments provide a view on life through medical practitioners’ eyes and are unique additions to the history of medical practice in the province. My next objective is to showcase the published works. In the meantime, an information seeker visiting abcbookworld.com may search for the key words “physician author” to find the current list, and click on a name in the list of results for additional information.

—George Szasz, MD  
West Vancouver

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