Beyond the Tumor Board

Adding a Cancer Case Review Conference

by Elizabeth Sengupta, MD

As a surgical pathologist, I present the pathology for our hospital's bimonthly tumor board conferences. Traditionally, the major focus of the tumor boards has been to educate physicians and allied medical oncology personnel on current oncology treatment and management. A secondary focus of the tumor board conferences has been to fulfill a mandate for accreditation from the American College of Surgeons (ACS), which requires that a percentage of an organization's analytic caseload have prospective presentation at a tumor board conference.

Typically, at each tumor board conference, oncology services presented four cancer cases. The tumor board was facilitated by a medical oncologist with a diagnostic radiologist reviewing the pertinent imaging films and a pathologist presenting appropriate photomicrographs and final diagnoses. Discussion of the cases, including treatment options, was provided by the oncologist, radiation oncologist, and surgeon.

Usually, the first and second cases were discussed in such detail that all four designated, prepared cases were seldom presented in the allotted time. Therefore, while the primary goal of the tumor board, i.e., education of the oncology staff and non-oncology physicians, was being met, the second goal of fulfilling the ACS mandate was not consistently being achieved.

With the backing of our surgeon, who was the current ACS physician liaison, I presented a proposal to the members of the Cancer Committee that a second bimonthly conference be created. My proposal for the addition of a Cancer Case Review suggested that the tumor board continue its focus on education and retain its traditional format with presentation of two, or at most three, generally complicated or unusual cases. These would be selected by the pathologist and most of the cases discussed would be retrospective. The second conference, the Cancer Case Review, would involve discussion of the multidisciplinary treatment planning for as many of the newly diagnosed cancer cases from a two-week period as could be managed in the meeting's 60 to 90 minutes time frame. Adding the Cancer Case Review would incur minimal additional cost to the service line and would utilize the same clinical resources as the tumor board.

The proposal was accepted, and the Cancer Case Review conference was initiated. The format of Cancer Case Review is based on the format used for oncology conferences in university teaching hospital settings but modified for the challenges of a community hospital with two campuses and physicians in private practice. Cases are selected on a weekly basis by the pathologist participating in the conference from those flagged as cancer cases by pathologists at the time of signing out the pathology reports.

In general, only newly diagnosed cancer cases are selected; however, many cases, such as breast cases, are presented both at initial biopsy diagnosis and again later when definitive surgery is completed. The conference case list is given to the oncology clinicians and cancer registry staff that coordinates preparation of pertinent clinical data for review at the conference including history and physical, operative and diagnostic reports, and a brief case summary.

The cases are ordered by organ site. The ordered list is sent to the radiology department for printing of reports on all imaging studies performed on each patient. The pathologist has the reports on each patient printed in a working draft format, which includes all previous and subsequent pathology reports for the patient done at our hospital. Reports on any additional special studies are also printed for each patient.

Our surgeon facilitates the Cancer Case Review discussion. Other physician participants include a pathologist, medical oncologist, radiation oncologist, and diagnostic radiologist.

Each case is discussed according to the organ site order list starting with a brief clinical history, progressing to diagnostic imaging findings and pathology diagnosis, and concluding with recommended individualized multidisciplinary treatment plans. Eligibility for clinical trials and recommendation for family follow-up for those cancers suggestive of being hereditary are also noted. All recommendations from the Cancer Case Review are communicated to the patient's attending physician.

The Cancer Case Review conference has been active for over two years, and is fulfilling its primary objective of providing multidisciplinary treatment planning for our cancer patients. All participating members of the conference, both physicians and oncology services personnel, have also been pleased with the insights provided by the conference discussions. Multiple opportunities for cancer service developments at the community level have been identified, including screening opportunities and community outreach initiatives. Opportunities to streamline patient systems and processes to facilitate the timely diagnosis and treatment of cancer also have been identified and implemented as a result of the case discussions.

Our Cancer Committee continues to actively embrace the Cancer Case Review as an additional means of providing optimal cancer care and services to our patients in the community hospital setting.

Elizabeth Sengupta, MD, is a pathologist with the Methodist Hospitals in Gary, Ind.

PHOTOGRAPH COURTESY OF METHODIST HOSPITALS