Supportive Care Tumor Board: Implementation and Impact for the Care of Patients with Advanced Cancer (TH340)

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Objectives

- Recognize how to develop and implement a cancer center–wide supportive care tumor board to facilitate the concurrent management of patients with advanced cancer by oncologists and supportive care services.
- Recognize the ways multidisciplinary care can improve symptom management and be able to identify how specific techniques, from radiation oncology, anesthesia pain, and other interventions, can aid the medical management of pain and other symptoms.
- Discuss how to use a supportive care tumor board to help facilitate transitions of care across different settings, including from hospital to outpatient and from aggressive care to home hospice.

Patients with incurable malignancies have high symptom burdens and complex care needs. Integrating palliative care services into the care of these patients is an important goal of AAHPM and ASCO, but it may be difficult to accomplish. In standard oncology care, tumor boards are used for treatment planning, as oncologists and other specialists review clinical data and discuss options regarding treatment options for patients with various types of cancers. However, these patients and their families often face complex challenges that cannot be resolved by disease-specific therapies alone. These include difficult-to-control symptoms (pain, nausea, fatigue, depression, and anxiety); psychosocial issues, such as poor social support and substance abuse; and end-of-life decisions. Efforts to integrate palliative care into standard oncologic approaches often meet with challenges due to institutional culture, misunderstandings regarding the nature of palliative care, and difficulties with coordinating care. As part of a Centers for Medicare and Medicaid Services (CMS) grant to improve the care of patients with advanced cancer, we implemented a weekly supportive care tumor board (SCTB) to facilitate the concurrent care of symptomatic patients with incurable cancer. This conference brings together medical, surgical, radiation oncology, and palliative care clinicians; anesthesia pain specialists; social workers; pharmacists; chaplains; and nutritionists to develop plans of care to address concerns in a timely, interprofessional, and multidisciplinary manner. This session will describe the development and implementation of an SCTB and how it changed the timeliness of referral to palliative and other supportive care services, effects on symptom burden, and effects on health resource utilization. We will illustrate the examples of this model with in-depth case reports of how an SCTB was used in treatment planning and care coordination for specific complex cases.