

JL01. The Role of the Multidisciplinary Tumor Board in the Management of Patient with Gastrointestinal Malignancy

Steve Malangone, MSN, NP-C, Nurse Practitioner, Hematology/Oncology, University of Arizona Cancer Center

The optimal evaluation and management of the patient with gastrointestinal (GI) malignancy is multimodal, involving coordination between multiple specialties, including radiology, pathology, medical oncology, surgical oncology, radiation oncology, interventional radiology, gastroenterology, and nursing. Furthermore, accurate staging and pathologic evaluation is essential in the selection of appropriate management, and involves input from pathology, diagnostic imaging, interventional endoscopy, and medical oncology. A major challenge in delivering coordinated care to patients with GI malignancies is in communication and coordination between various specialists. Differences in practice location, delays in the availability of completed diagnostic reports and progress notes, and a lack of dynamic two-way communication in the traditional clinic setting threaten the efficient delivery of the best-practice combined-modality cancer therapy to the patient. Management guidelines from the National Comprehensive Cancer Network (NCCN) recommend multidisciplinary evaluation in the management of esophageal, esophagogastric junction, gastric, hepatobiliary, pancreatic, colon, and rectal cancers. An effective approach to enhance communication is the multidisciplinary cancer conference (MCC). In the MCC, members of each discipline meet in real time in a designated location and via video/teleconferencing. The patient is presented with joint review of actual medical data including history, radiographic and endoscopic images, and pathology. Each member of the team provides input in the assessment of the case, and available treatment modalities are discussed with a focus on the development of an individualized consensus approach for the patient in accordance with current best practice. Outcomes related to MCCs include improved patient outcomes (both in overall survival and in decreased time between diagnosis and treatment), planning, survival, patient satisfaction, and clinician satisfaction in cooperation/communication. The author of this presentation has had an opportunity to both attend the conference and present patients, and believes that the advanced practice nurse (APN) can experience professional growth and provide added value to the MCC. The focus of this poster will be on providing an overview of MCCs with an emphasis on the role of the APN. A patient case from the University of Arizona Cancer Center in Tucson will be included to illustrate ways in which MCCs enhance patient outcomes. The role of each member will be briefly included, with examples related to patient outcomes.