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Title: Changes in Diagnosis and Management in Tumor Patients Participating in Multidisciplinary Tumor Board

Background: Multidisciplinary tumor boards are an integral part of most cancers centers. Though these interdisciplinary environments are generally thought to be beneficial, not much has been done to quantify their usefulness.

Questions/Purposes:
1. We wanted to quantify how often participation in our center’s multidisciplinary tumor board led to changes of interpretation and/or management in our patient’s care.
2. We wanted to categorize these changes into broad areas divided broadly between interpretation and management.

Patients and Methods: Using our form developed for mobile devices, we prospectively (real-time) collected de-identified data regarding changes made during our multidisciplinary tumor board from February to May 2015 (n = 60 patients). The results were imported into a spreadsheet and categorized into 6 main areas (i.e. changes in management based on review of radiology, total number of changes in radiographic interpretation, changes in pathologic interpretation, changes in management based on review of pathology, total changes in management made, and total number of changes). Our spreadsheet data was then analyzed in conglomerate to get an average change per patient for our sample.

Results: No IRB was deemed necessary in the collection of this data. We found that changes could be categorized into 6 main categories as summarized above. There were 78 total changes in 60 patients (average of 1.3 changes in interpretation per patient) and 52 changes in management (average of 0.867 changes in management per patient). The minimum change per patient was 0 and the maximum was 4.

Conclusion: Multidisciplinary tumor boards effect the majority of patients reviewed in the form of changes in both interpretation and management. Multidisciplinary tumor boards seem to offer a high yield collaborative environment that affect our patient’s diagnosis and treatment.

Key Words
Musculoskeletal
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