

The Supportive Care Tumor Board (SCTB) at Loma Linda University Health

Objectives

1. 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, i.e. palliative medicine, behavioral health, chaplaincy and case management.
2. Recognize the ways multidisciplinary care can improve symptom management and be able to identify how specific techniques from radiation oncology, interventional pain, and other interventions, can aid the management of pain and other symptoms.
3. 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 disease-modifying care to home hospice.

Patients with incurable malignancies have high symptom burden 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 such as 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. We plan to implement a monthly supportive care tumor board (SCTB) to facilitate the concurrent care of symptomatic patients with incurable cancer. This conference brings together medical, surgical and radiation oncologists, palliative medicine clinicians, interventional pain specialists, addiction specialists, social workers, pharmacists, and chaplains to develop plans of care to address concerns in a timely, interprofessional, and multidisciplinary manner.

Expected outcomes

We believe that the SCTB at Loma Linda will change the perception of healthcare personnel regarding multidisciplinary and interprofessional approach to cancer care. We expect that presenting cases to the SCTB will also change timeliness of referral to palliative and other supportive care services. It will also affect the timeliness of symptom relief, and will likely decrease health resource utilization. We also hope that in being able to demonstrate how excellent palliative care can improve our patients' lives, that students, residents, and fellows will learn they always have more to offer even when cures prove elusive.