

What Happens at a Tumor Board?

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Outline

- § **Introduction and overview of Tumor Board**
- § **Video presentation of Mock Tumor Board Case**

So, What is Tumor Board?

- § One patient's perspective
- § Cancer is a crime, and how a tumor board is the courtroom
 - By Katherine O'Brien
 - From KevinMD.com, May 2, 2011

“A tumor board is the closest thing a cancer patient gets to a trial.”

No Really, What is Tumor Board?

§ Meeting of specialists

- Multiple specialties
- Multiple physicians from each specialty

§ Purpose

- To discuss cases using a multi-disciplinary approach with the goal of coming to a consensus on treatment and diagnosis



Who comes to Tumor Board?

§ Anywhere from 10-20 attendees

§ **Specialists**

- Neurosurgery
- Neuro-radiology
- Neuro-Oncology
- Radiation Oncology
- Neuropathology
- Clinical Trials Specialists
- Otolaryngology (ENT)
- Endocrinology

§ **Students/Trainees**



UC Brain Tumor Board

- § **Meets weekly for 90 minutes**
- § **Review cases (10-20 per week)**
 - To determine a radiographic diagnosis
 - To discuss treatment options in terms of surgery, radiation, chemotherapy
 - To coordinate cases requiring multi-disciplinary care (i.e. Glioblastoma)
- § **Review cases based on NCCN guidelines (National Comprehensive Cancer Network)**
- § **Record opinion in EMR/chart and letter to referring physicians**

UC Brain Tumor Board Advances

- § Database
- § E-film
- § Outside cases
- § ñ efficiency
- § ñ number of cases able to be reviewed

BRAIN TUMOR CENTER

INFORMATICS

UNIVERSITY OF Cincinnati

Wednesday, August 17, 2011

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Tumor Board Agenda for October 5, 2011 [Print](#)

Name	Order	Phys.	Clinical Dx	Location	KPS / ECOG	Discussion
History						
Imaging						
Question						
Discussion						
Mockone, Tumorboard ; 41 yo LHF	1	McPherson	Adenoma, pituitary (Established Diagnosis)	Pituitary	100 / 0	Display Chart Edit Delete
VISUAL: VF and acuity are intact ENDD: Labs WNL OTHER: Initially diagnosed 2005 after vision complaints, followed by neurologist; repeat imaging in 2010 showed enlargement but no treatment was sought; remains asymptomatic with new MRI			MRI 8/14/2011, 5/24/2010, 4/10/2005 Treatment options/suggestion.			
Mocktwo, Tumorboard ; 57 yo R/F	2	McPherson	Unknown (Newly Diagnosed)	R.Parietal, R. Temporal	90 / 0	Display Chart Edit Delete
OTHER: 5 month history of headaches followed by recent onset of left sided visual field deficit			MRI 4/7/2011 Treatment options/suggestion.			
Mockthree, Tumorboard ; 58 yo RHM	3	McPherson	Glioblastoma, WHO grade IV (Newly Recurrent)	L Frontal	80 / 2	Display Chart Edit Delete
OR: 4/26/2010 cranioresection XRT: 7/29/10 completed 5940 cGy CHEMO: concurrent Tamodar with XRT and completed 12 maintenance cycles OTHER: initially presented with seizures; recent complaints of increasing headaches, difficulty with speech/getting words out, and incoordination with right hand			MRI 8/3/2011, 4/12/2011 Treatment options/suggestion.			

Disclaimer: This document reflects opinions and perspectives of emerging clinical and surgical treatments as of the date issued and is subject to change. The information should not be construed as dictating a particular course of treatment or surgical procedure to be followed. Variations and innovations that improve the quality of patient care are to be encouraged rather than restricted.

UC Brain Tumor Center

Tumor Board for October 5, 2011

Name:	Mocktwo, Tumorboard ; 57 yo RHF
Physician:	McPherson
Diagnosis:	Unknown (Newly Diagnosed)
History:	OTHER: 5 month history of headaches followed by recent onset of left sided visual field deficit
KPS/ECOG:	90 / 0
Imaging:	MRI 4/7/2011
Lesion:	R Parietal; R Temporal
Purpose:	Treatment options/suggestion.
Discussion:	

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