

## **Palliative Care as an Asset: The Impact of an Educational Intervention into Tumor Board Discussions**

Authors: Craig Brown, MD, FASCRS; Regina Fink, PhD, APRN; Barry Platnick, MD

**Problem Statement:** Palliative Care (PC) is underutilized in the care of patients with advanced cancer who may benefit from advanced care planning (ACP) discussions, symptom control, and counseling for psychosocial distress. Too often patients/families do not have their needs met or are not treated in a timely manner. Tumor board discussion is an opportunity to integrate PC into routine cancer care shortly after diagnosis.

**Background:** A database literature search pertaining to PC benefits in an oncology population was conducted over the past five years. Evidence suggests that tumor board facilitates enhanced communication between inpatient and outpatient services, goals of care discussions and prognostic awareness, and assists with patient care coordination and care transitions. The literature suggests that an educational intervention to a community tumor board is reasonable.

**Purpose:** To determine the effect of an educational intervention on PC knowledge, attitudes, and beliefs among health care professionals participating in a community interdisciplinary tumor board.

**Methods:** A five-minute Zoom presentation was provided to the Boulder Rocky Mountain Cancer Center in April 2023. The presentation defined PC including its services and benefits for patients with advanced cancer. Emphasis was placed on early introduction of PC concurrent with standard oncology care. A fifteen-minute discussion followed the presentation. A 14-item Qualtrics survey was emailed to tumor board participants.

**Results:** Twelve (80%) health care professionals responded to the survey. All participants expressed robust interest in having PC discussions at tumor board. ACP, symptom control, and psychosocial support for patients/families is desired. Strong interest exists in calling the PC service supportive care (SC).

**Practice Implications:** Education should result in increased PC discussion during tumor board and more frequent, earlier referral to PC. To increase PC utilization, an effort will be made to refer to PC as SC. Greater numbers of PC providers are needed to meet demand.