



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



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Statement of the Problem

- 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.
- Tumor board discussion is an opportunity to integrate PC into routine cancer care.

Background/Literature Review

A literature review revealed 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.^{1,2,3}

Purpose/Aims

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.
- PC was defined 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 all tumor board participants
- Data were analyzed using descriptive statistics.

Please answer the following questions by placing a mark inside the box/circle or providing additional thoughts:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
I believe palliative care should be integrated into tumor board discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable having palliative care involved in the care of my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable referring to palliative care early after an advanced cancer diagnosis to provide supportive or supplemental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like palliative care to review my treatment plan with the patient and family to determine if questions are present after the treatment plan has been provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like palliative care to assist in advance care planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like palliative care to create a goals of care document that could become part of the patient's health record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like palliative care to assist in symptom control for patients in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see palliative care as an asset in the early care of persons with cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In addition to cure or best outcome possible for persons with cancer, what elements of care for patient and family would you like to see more time given, if any?				
Do you have any reasons for not getting a palliative care consult after consulting with a new cancer patient?				
What is the best way for palliative care to be an asset to you in the care of your patients?				
Is there anything you want to make sure palliative care does not do or discuss with your patients?				
Is there a particular topic for which you would like more information?				

Findings

- Twelve (80%) healthcare professionals responded to the survey
- All expressed robust interest in having PC discussions at tumor board
- ACP, symptom control, and psychosocial support for patients/families is desired
- All expressed comfort in having PC involved and referring to PC
- Strong interest exists in calling the PC service supportive care
- A supportive care discussion concurrent with routine cancer care discussion was initiated using the chat function at tumor board on 6/15/23

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 supportive care.
- Greater numbers of PC providers are needed to meet demand.

Limitations

- Tumor board attendance limited the number of surveys completed.
- A single oncology group participated in the project.

Acknowledgements/References

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3. Davis CH, Ho J, Stephenson R, August D, Gee H, Weiner J, Alexander R, Pitt H, Berger AC. Virtual tumor board increases provider attendance and case presentations. *JCO Oncology Practice.* 2020 18(10) 1603-1610.