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A model for international, multi-institutional, multi-disciplinary sarcoma videoconferencing

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Objective: Sarcomas are rare cancers, with > 50 subtypes, that require multi-disciplinary care. Sarcoma tumor boards, wherein a patient-specific, consensus treatment approach is determined, are predominantly conducted in isolation at individual centers.

Methods: Since March 2010, we have conducted a weekly, multi-institutional, multi-disciplinary sarcoma tumor board to integrate evidence and diverse experience in the management of our most challenging patients. The Mayo Clinic AV bridge links sites by interactive videofeed. Each site may contribute cases. De-identified history, radiology and pathology are reviewed. An "Expert Guest" series allows colleagues outside this network to connect. A yearly participant survey assesses quality. This CME accredited conference is free to all sites.

Results: Currently, 10 sarcoma centers in the US and Europe connect Mondays 8-9 am ET. Between June 2014-June 2015, 404 cases were reviewed over 41 conferences (median: 10 cases/conference; range: 4-16). Median attendance was 24 (range: 17-35). Median number of sites connecting/conference was 6 (range: 4-9). The 2015 participant quality survey (completion rate 47%, 38/81) revealed 97% (37/38) agreed HIPAA rules are followed; 100% (37/37) agreed conference is educational; 97% (37/38) agreed recommendations are evidenced-based or reasonable; 95% (36/38) agreed participants are respectful; 92% (24/26) agreed input from other sites changed management; 86% (31/36) preferred this multi-center conference to their center's intramural conference; 100% (24/24) agreed their patients appeared more confident moving forward with treatment after learning of the discussion of their case; and nearly all agreed input from this conference improved their confidence implementing treatment (96%, 24/25) and reduced stress associated with patient management (88%, 21/24).

Conclusions: To our knowledge, this is the only weekly, international, multi-institutional sarcoma tumor board in existence. It permits consistent care across a wide geographic area, and is a model for providing consensus and evidence-based recommendations regardless of the remoteness of the patient and care team. The conference enables real time discussion amongst an experienced group of physicians from multiple centers, which can be particularly useful in the management of very rare subtypes and challenging presentations. With grant support secured, we will begin to prospectively collect pre- and post-conference data regarding patient satisfaction and education as well as patient outcomes.