



# Ontario oncologists' perspectives on addressing potential barriers in the management of patients with neuroendocrine tumors

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Radhika Yelamanchili

## Abstract

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**Background:** Management of neuroendocrine tumors (NETs) is complex and requires a multidisciplinary approach. Our team recently surveyed medical oncologists and identified their perspective on potential barriers to management of NET patients. The goal of the current project was to better understand these barriers and to identify oncologists' perspectives on potential solutions.

**Methods:** We hosted a meeting on 29/03/2018 with 17 medical oncologists from across Ontario, predominantly from the Greater Toronto Area. The meeting focus was: "Understanding the barriers in creating a shared-care model for the management NET patients". Meeting minutes were transcribed, and qualitative approaches were used to identify key themes.

**Results:** Participants shared multiple potential barriers in management of their NET patients, related to four themes: education, access, communication, and coordination. Multiple solutions for each potential barrier were proposed. On the theme of education, participants requested NET management algorithms designed by specialist physicians to simplify and standardize care. They also requested updates on clinical trials, and teaching on treatment choices at time of disease progression. With respect to access barriers, participants proposed development of virtual tools including remote tumour boards, and highlighted the need for improved access to radiology tests (including 68Ga PET scans) and to expert pathology, surgery, and endocrinology expertise. Regarding communication, participants proposed development of a patient journey tool, and supported assigning an oncologist at each centre to be a key NET contact person. Participants also requested distribution of a NET newsletter. Relating to coordination, participants identified the need for a separate focused multidisciplinary case conference to support timely treatment planning. Participants also proposed the creation of a nurse-navigator position to coordinate patient care in the region.

**Conclusions:** These results suggest multiple potential avenues for addressing barriers in the management of NET patients. They inform the development of resources and approaches to improve the care of NET patients.

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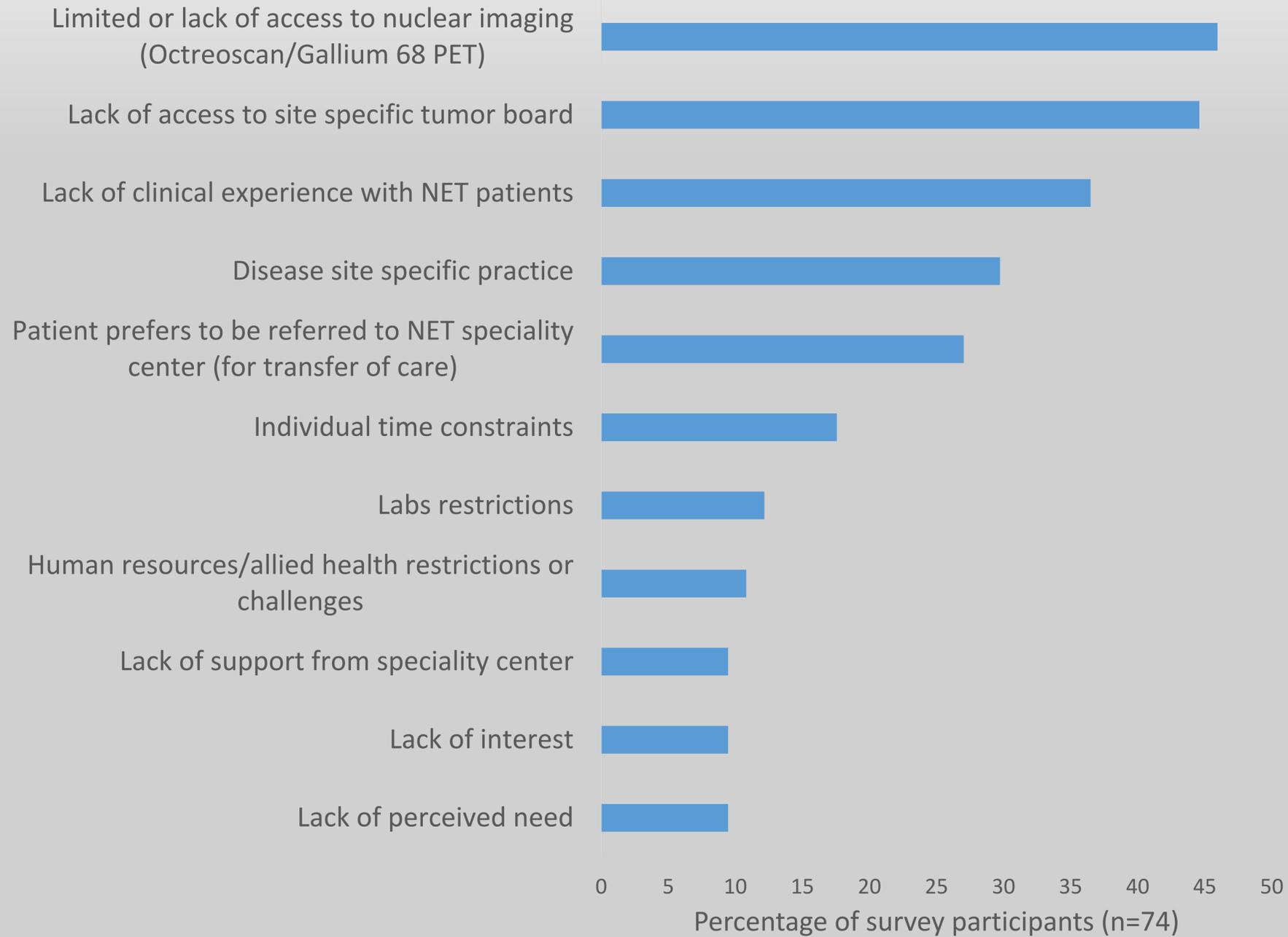
## Intro

- Management of neuroendocrine tumors (NETs) is complex and requires a multidisciplinary approach.
- Our team recently surveyed medical oncologists and identified their perspective on potential barriers to management of NET patients (Figure 1)
  - 74 medical oncologists (MOs) participated
  - 11 MOs identified as practicing at a Net Specialty Centre.
  - Of the MOs working outside a NSC, 24% were from Australia.
  - Forty-three percent MOs had 0-5 NET patients in their practice.

## Objective

- The goal of the current project was to better understand these barriers and to identify oncologists' perspectives on potential solutions.

Figure 1. Oncologists' perspective on barriers to the management of NET patients in the community





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## Methods

- We hosted a meeting on 29/03/2018 with 17 medical oncologists from across Ontario, predominantly from the GTA. The meeting focus was: “Understanding the barriers in creating a shared-care model for the management NET patients”.
- Meeting organizers secured informed consent of the meeting participants to participate in this quality improvement initiative.
- Participants were asked to participate in a roundtable discussion, at which they discussed the barriers identified previously through survey data (Figure 1) and proposed solutions.
- Participants were then divided into small groups to discuss potential solutions further, before coming back to the larger group to discuss.
- Anonymized meeting minutes were transcribed.
- Qualitative approaches were used to identify key themes in the anonymized meeting transcript related to solutions.

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- Participants shared multiple potential barriers in management of their NET patients, related to four themes: education, access, communication, and coordination.
- Multiple solutions for each potential barrier were proposed (Table 1)

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Theme	Proposed Solution	Representative Quotations
<b>1. Education</b>	Development of NET management algorithms from NET experts to simplify and standardize care	<ul style="list-style-type: none"> <li>• “There is a need for a [shared] diagnostic process and algorithm implemented by the NET clinic at [the specialty centre]”</li> <li>• “[Treatment algorithms] would greatly help [in the management of NET patients], allowing both patients and physicians to be fully involved in the management of their disease.”</li> </ul>
	Teaching on updates from recent clinical trials	<ul style="list-style-type: none"> <li>• Participants identified limited access to clinical trials data as a barrier</li> <li>• They requested “readily available information about ongoing clinical trials”</li> </ul>
	Teaching on treatment choices at time of disease progression	<ul style="list-style-type: none"> <li>• Participants reported choosing to use older somatostatin analogs (SSAs) such as octreotide, because of the familiarity and experience with dosing and frequency.</li> <li>• Participants agreed that it is difficult to switch other agents i.e. lanreotide. Further guidance about dosing and frequency would help participants prescribe other SSAs</li> </ul>
<b>2. Access</b>	Development of virtual tools including remote tumour boards	<ul style="list-style-type: none"> <li>• Participants identified challenges in accessing tumour board meetings</li> </ul>
	Improved access to radiology tests (including <sup>68</sup> Ga PET scans)	<ul style="list-style-type: none"> <li>• “<sup>68</sup>Ga PET scans are currently only available in Toronto and cannot be accessed unless the patient has been approved for PRRT.”</li> </ul>
	Improved access to pathology, surgery, and endocrinology	<ul style="list-style-type: none"> <li>• Several participants indicated that endocrinology and hepatobiliary support specializing in NETs were inadequate in their respective centres</li> <li>• Participants requested central pathology review, to “review all NET cases”</li> </ul>



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Theme	Proposed Solution	Representative Quotations
3. Communication	Development of a patient journey tool to orient patients to their care providers	<ul style="list-style-type: none"> <li>Participants identified the need for a “Road map for patients”</li> <li>This tool would describe the patient journey in “going [back and forth] from an academic centre to local centres”</li> <li>“A formalized shared care model [is needed] to reduce anxiety of physicians and patients. Each physician sees the patient once a year and there are no clear expectations for patients from the beginning. This makes it difficult for patients to trust physicians.”</li> </ul>
	Assignment of a key contact person in NETs at each oncology centre	<ul style="list-style-type: none"> <li>Participants agreed that, at a given clinic, it is better for one person to handle all NET cases instead of distributing cases among medical oncologists.</li> <li>Assigning NET patients to a specific medical oncologist at a cancer clinic would ease anxieties experienced by physicians with less experience in NET management. It would also help develop expertise in NETs.</li> <li>“With a dedicated NET specialist, local cancer clinics will be better equipped to handle NET cases and minimize referrals to [the NET specialty centre]”</li> </ul>
	Distribution of a NET newsletter	<ul style="list-style-type: none"> <li>Participants requested “newsletters and updates” about NET treatments and management</li> </ul>
4. Coordination	Creation of a nurse navigator position to coordinate patient care in the region	<ul style="list-style-type: none"> <li>Participants agreed that a nurse practitioner would help streamline coordination of patient flow, especially at NET specialty centres</li> <li>Participants proposed the possibility of incorporating this role into NET clinics</li> </ul>
	Development of a focused multidisciplinary case conference to support timely treatment planning	<ul style="list-style-type: none"> <li>“Access to expertise is needed for consults”</li> <li>“Provides a learning opportunity for medical oncologists”</li> </ul>

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## Conclusion

- These results suggest multiple potential avenues for addressing barriers in the management of NET patients.
- They inform the development of resources and approaches to improve the care of NET patients.

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