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Practice Patterns, Challenges and the Role of a Shared Care Model in the Management of Neuroendocrine (NET) Patients

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BACKGROUND: Management of a NET patient involves multidisciplinary approach among local health care professionals and NET specialty centers (NSC). We aimed to understand barriers and opportunities in the development of a shared care model between local medical oncologists (MOs) and NSC.

METHODS: Through consensus, a survey with 30 questions was developed. Questions focused on number of NET patients in their practice, comfort levels and barriers in their management. The survey was distributed electronically using a provincial oncology email list in Ontario ,Canada and an educational meeting mailing list in Queensland , Australia .Responses were collected between Nov 2017 and May 2018.

RESULTS: 74 responses were analyzed. Only 8% of the respondents (MOs) identified as practising at a NSC. Of the MOs working outside a NSC, 24% were from Australia. Forty-three percent MOs had 0-5 NET patients in their practice. Of the MOs who had >5NET patients, 95%were comfortable with management of newly diagnosed patients, with only 69% comfortable with decisions at disease

progression. Only 33% were comfortable in referral and monitoring of NET patients on PRRT.

Lack of easy access to NET boards, nuclear imaging and limited clinical experience were the most common barriers in the care of NET patients outside NSC. Nineteen percent of the MOs referred all their NET patients to NSC, while 58% referred patients for access to PRRT, clinical trials or specific procedures. Discussion of non-referred cases in the NET specific tumor boards was low at 14%, while email/phone conversations with NET specialists were used 62% of the time.

CONCLUSION: Shared care appears to be already occurring primarily via individual communications. However, a clear pathway for shared care, education, access to NET specific tumor boards and PRRT would be essential in consistently bringing quality care closer to home for these patients.