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An Appraisal of Findings from a Neuroendocrine Neoplasm (NEN) Tumor Board (TB): Is There Added Value or Is It Redundant?

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BACKGROUND

Subspecialty tumor boards (TB) are uncommon and their benefit has not been clearly demonstrated for patients and providers alike. We tried to determine the decision patterns of a newly minted neuroendocrine neoplasm (NEN) tumor board (TB) and the factors behind those.

METHODS

We retrospectively reviewed all NEN TB recommendations from 07/2018 to 12/2021 and recorded patient characteristics, TB outcomes and associations between them.

RESULTS

A total of 652 patient entries were identified. Median age of participants was 61 years and an equal number of men and women were presented. Most patients (33.4%) had tumors originating in the small bowel with 16.8% of high grade and 25.9% of pancreatic origin. Imaging was reviewed 97.2% of the time, with most frequently reviewed modalities being PET (55.3%) and CT (44.3%). Imaging review determined that there was no disease progression 20.8% of the time and significant treatment changes were recommended in 36.1% of patients. Major pathology amendments occurred in 3.7% of cases and a clinical trial was identified in 2.6%. There was no association between patient or disease presentation with the tumor board outcomes. There was a slight decrease in number of patients discussed per session, from 10.0 to 8.2 ($p < 0.001$) when the TB transitioned to a virtual format during the COVID-19 pandemic but all other factors remained unchanged.

CONCLUSIONS

NEN TB relies heavily on image review, can impact significant treatment changes in patients with rare tumors like NENs, and was not affected by the switch to a virtual format. Finally, none of the examined factors were predictive of the tumor board recommendations.