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Real world use of virtual care for treatment of gastroenteropancreatic neuroendocrine tumors (GEP-NETs)

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BACKGROUND

Gastroenteropancreatic neuroendocrine tumors (GEP-NETs) are a relatively rare group of tumors. Traditionally, management of unresectable GEP-NETs was performed by in-person assessment at specialized regional cancer centers. The COVID-19 pandemic resulted in an unprecedented shift towards virtual care. The aim of this study is to evaluate the use of virtual care for GEP-NETs after the COVID-19 pandemic at a high-volume academic cancer center.

METHODS

This is a retrospective, observational study taking place at The Ottawa Hospital Cancer Center in Canada. Adult patients with unresectable GEP-NETs seen in consultation by medical oncology between June 1, 2019, and March 31, 2023, were included. We collected demographic, clinicopathologic and treatment data by review of the electronic medical records. Visit information was collected using a local administrative hospital database. Descriptive statistical analysis was used to summarize our results.

RESULTS

88 patients met the inclusion criteria. The median age was 65 years. Of patients included, (n=28, 41%) were employed at the time of consultation and (n=22, 30%) lived in a remote area, defined as > 50km from the closest regional cancer center. The most common primary tumor location was the small bowel (n=45, 53%) followed by pancreas (n=27, 32%) and colon (n=11, 13%), while the most common locations of metastasis included the liver (n=69, 78%), distant lymph nodes (n=35, 40%) and bone (n=25, 28%). The distribution of Ki-67 was <3% in (n=21, 30%), 3-20 (n=31, 45%) and >20 (n=17, 25%). Systemic therapies used included somatostatin analogues (n=85, 97%), chemotherapy (n=29, 33%), targeted therapy (n=2, 2%) and peptide-receptor radionuclide therapy (PRRT) (n=2, 2%).

Overall virtual care use over the study period was (n=21, 25%) for consultations and (n=568, 75%) for follow-up visits. Virtual care use for follow-up visits varied by year: 2019 (n=0, 0%), 2020 (n=110, 87%), 2021 (n=211, 97%), 2022 (n=236, 65%) and 2023 (n=11, 33%).

CONCLUSIONS

This study demonstrates that virtual assessment is the predominant modality of patient care in the post-COVID era and is still being used significantly up to the first quarter of 2023. These results highlight the continued importance of virtual assessment in the care of GEP-NET patients and advocate for future work in the area to improve virtual care programs.