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Clinical Utility and Impact of the Healing NET Foundation Virtual Multidisciplinary Tumor Board in the Care of Patients with Neuroendocrine Neoplasms

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BACKGROUND

Neuroendocrine neoplasms (NENs) are relatively rare malignancies characterized by substantial clinical and biological heterogeneity, and access to specialized expertise remains limited in many practice settings. Virtual tumor boards (VTBs) have emerged as a strategy to facilitate multidisciplinary expert consultation; however, data evaluating their impact remain limited.

METHODS

An electronic survey was distributed to faculty members and attendees of the Healing NET Foundation VTB. The VTB includes specialists in medical oncology, surgical oncology, endocrinology, gastroenterology, pathology, radiology, cardiology and nuclear medicine who review complex NEN cases and provide consensus recommendations. Survey items assessed respondent characteristics, case complexity, perceived barriers to specialty NEN care, educational value, and clinical impact of VTB recommendations. Descriptive statistics summarized survey responses. Exploratory subgroup analyses were performed using chi-square or Fisher's exact tests.

RESULTS

The survey was sent to 61 individuals and 45 responded (74%). Most practiced in academic settings (34/45, 76%), specialized in NEN care (44/45, 98%), and had >20 years of clinical experience (27/45, 60%). Cases presented to the VTB were predominantly highly complex (27/45, 60%), commonly involving advanced or heavily pretreated disease (36/45, 80%) and rare tumor subtypes or unusual presentations (34/45, 76%). Overall, 39/45 (87%) respondents agreed or strongly agreed that the VTB reduced barriers to specialty care. The most commonly mitigated barriers were lack of subspecialty expertise (34/45, 76%) and geographic distance (31/45, 69%). Frequently discussed topics included systemic therapy selection and sequencing (41/45, 91%), surgical or interventional management (37/45, 82%), PRRT suitability (20/45, 44%), and imaging interpretation (19/45, 42%).

Participants reported that VTB recommendations led to therapy modification (38/45, 84%), pursuit of surgery or intervention (29/45, 64%), additional diagnostic evaluation (19/45, 42%), consideration of PRRT (19/45, 42%), and clinical trial referral (8/45, 18%). Among evaluable presenters, 26/37 (70%) reported a direct impact on patient management. All (8/8, 100%) respondents from non-academic settings versus 18/29 (62%) of respondents from academic centers reported management impact (p=0.08). Confidence in treatment plans improved following VTB discussion in 11/19 (58%) presenters. All respondents reported learning clinically useful information, with 33/45 (73%) rating the experience as very helpful. Nearly all participants (43/45, 96%) expressed willingness to continue participating.

CONCLUSIONS

A multidisciplinary NEN-focused VTB was perceived to improve access to subspecialty expertise, support management of highly complex cases, and frequently influence clinical decision-making. These findings support virtual multidisciplinary collaboration as an effective strategy to enhance NEN care and education across diverse practice settings.

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