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### 1) Introduction

Multidisciplinary care is the hallmark of high-quality cancer management and is demonstrated in activities such as multidisciplinary consultation and clinics, morbidity and mortality conferences and multidisciplinary cancer conferences. In the case of ExPO-r-Net, virtual tumor boards (VTB) substitute ordinary presence meetings to give the patients in Europe the maximum quality decisions taken by experts of each pediatric malignancy.

A VTB is defined as a regularly scheduled multidisciplinary virtual conference to prospectively review individual cancer patients and make recommendations on best management, keeping in mind that individual physicians are responsible for making the ultimate treatment decision. The crucial element in the VTB and the difference between ordinary meetings in a single institution is that the expertise forum meet together by means of virtual IT technology, making this able to gather physicians from all European countries without needs of travelling.

#### Primary function

- Ensure that all suitable treatment options and the most appropriate treatment recommendations are generated for each cancer patient discussed prospectively in a multidisciplinary virtual forum.

#### Secondary functions

- Contribute to patient care quality improvement activities.
- Contribute to the development of standardized patient management protocols.
- Contribute to innovation, research, and participation in clinical trials.
- Create links among European countries to ensure appropriate referrals and timely consultation to optimize patient care.
- Unify criteria for the treatment and management of patients so survival rates are equally improved.
- Provide a forum for the continuing education of medical staff and health professionals.

### 2) Purpose

The purpose of this document is to create a standard operational procedures for an optimum management of the VTB.

### 3) Objectives of VTB

- 1) Ensure that designated specialists work efficiently together.
- 2) Ensure that care is based on agreed international wide clinical guidelines.
- 3) Ensure that mechanisms are in place to support entry of eligible patients into clinical trials.
- 4) Improve communication and enhance professional skills and knowledge between VTB members.
- 5) Identify service gaps or breakdowns in coordination so that they can be rectified.

## **PRACTICAL FUNCTIONING - VTB STRUCTURE**

### **1. ROLES AND RESPONSIBILITIES**

In the participation of VTB there are 4 specific responsibilities that are carried out by different members:

- 1.1) Individual Physicians —> Requestors
- 1.2) National tumor group Coordinators
- 1.3) VTB Coordinator —> Scheduler and Preparator
- 1.4) Expertise - Members of VTB

#### **1.1) Individual Physicians**

Individual physicians are responsible of:

- Making the request for the VTB via specific national tumor group coordinator.
- Provide patient case summary to VTB Coordinator (Standard Request Form available).
- Ask the patient for specific informed consent (See standard documents).
- Discussing the treatment options accepted at the VTB with the patient and making the ultimate treatment recommendations.
- Entering the VTB recommendations and the patient's final decision about their treatment into the medical record.

#### **1.2) National tumor group coordinator**

The national tumor group coordinator is responsible of:

- Filtering national request forms from individual physicians to the VTB Coordinator.
- Resolving affordable proposals that can be worked out without the international VTB to avoid an excess of proposals.
- Ensuring patient confidentiality is always maintained.
- Establish contact between the individual physician with the VTB Coordinator if the request is accepted.

#### **1.3) VTB Coordinator**

The Coordinator is responsible for the administrative management and individual meeting functioning. The following roles and responsibilities are carried out by the VTB Coordinator:

- Preliminary organization of the VTB.
- Creating the list of patient cases, based on the cases forwarded by individual physicians.
- Setting and starting the videoconference system.
- Schedule the meetings and ensuring availability/functioning of all the equipment.
- Notifying all core members and making a selection of expertise according to the patients to be reviewed in the board.
- Ensuring all relevant up-to-date patient information and imaging (including related electronic imaging) are entered in the system prior to the meeting.
- Recording attendance.
- Distributing annual attendance records. Make an annual report of activities
- Coordinating VTB evaluations.
- Ensuring that all forwarded cases that have been selected for presentation are discussed within the allotted time.
- Encouraging participation of all VTB members and facilitating a team environment.

#### **1.4) Expertise - Members of VTB**

Responsibilities of expertise or official members of the VTB are:

- To form part of an official "Expertise VTB List"
- Participate on the VTB when requested by the VTB Coordinator.
- Read and prepare the cases for the discussion before the meeting.
- Have an able connection and IT facilities in order to participate in the VTB from their local institutions.
- Compromise of attendance to the meetings.
- Ensuring that the patients' confidentiality is always preserved

## **2. MEETING PROTOCOL**

The following section describes important details of the VTB and how it will operate to fulfill its objectives.

### **2.1) Meeting Time**

The VTB will convene at a regular interval. Initial proposal of bi-weekly meeting.

The meetings are scheduled to last for 1 hour approximately.

### **2.2) Meeting Venue**

The VTB will be held using the videoconferencing system proposed by the ExPO-r-Net.

Other IT platforms will be available to share previous information, whenever they are secure and approved to be used within the net.

### **2.3) Notification of Meetings**

The VTB Coordinator will send a bi-weekly reminder to the participants and administrative support. This reminder will include the patient case presentation agenda and details.

The notification will be sent by the VTB Coordinator every week.

### **2.4) Meeting Agenda**

In order to compose an agenda, the primary physician must forward patient cases to the National tumor group Coordinator that will filter the proposals to the VTB Coordinator.

The physician will provide the information requested in the Standard Request Form.

The VTB Coordinator will distribute the VTB patient case presentation agenda as a weekly notification to all the VTB Members (expertise). The notification of a particular case must be done at least 3 days before the meeting so individual physicians can prepare the exposure of the case.

A VTB standard virtual agenda will be used.

### **2.5) Case Review Procedure**

Once the patients to be discussed have been decided, it may be necessary to implement priority categories, whereby the purpose is to ensure that the critical cases are reviewed first at the VTB.

Patients will be categorized based on the discretion of the primary physician. The categories are:

A = Urgent case to be discussed in the upcoming VTB and a treatment plan must be determined as soon as possible. These cases will be reviewed first at the VTB.

B = Important that the case is discussed at the upcoming VTB, but it is not imperative.

C = Not imperative for the patient case to be discussed in the upcoming VTB.

### **2.6) Membership**

Attendance of the required VTB members or expertise is imperative for the proper functioning of the VTB. To ensure all possible treatment recommendations are considered, representation from all required disciplines, as specified by the VTB disease site attendance criteria, is necessary.

Attendance is expected for the majority of sessions. When a required member cannot make a meeting, their designated backup will be in attendance.

Depending on the disease site VTB, representation from all or a combination of the following disciplines is required:

- Pediatric oncology
- Pathology
- Radiation oncology
- Diagnostic radiology
- Surgery/surgical oncology

All required members will have a named designate who will attend on their behalf when the primary member is unable to attend the VTB.

Representation from the following disciplines is optional:

- Medical Oncology
- Teenager and young adult oncology
- Primary care physician
- Social services
- Nutrition therapy
- Pharmacy
- Nuclear medicine
- Genetics
- Pain/palliative care
- Data management
- Rehabilitation

## **2.7) VTB Meeting Discussion Documentation**

Physicians providing health care to patients should be maintaining patient health records and confidentiality. The most important aspect of documentation is that there is a clear record of relevant information about the significant aspects of the patient's healthcare. Input provided at a VTB would qualify as information that should be recorded.

Presenting physicians should complete a VTB Standard Request Form, outlining details such as the patient's diagnosis and summary, radiology and pathology findings, as well as the VTB discussion and treatment recommendation. A record of the VTB discussion, for each patient, should be kept by the VTB Coordinator and a Standard Answer Form is generated for each particular case discussed.

In addition to maintaining VTB documentation, the presenting physician should update the medical record with the final treatment plan recommended by the VTB.

### **3. URGENT CASE PROCESS**

If an urgent case needs to be discussed in a VTB forum, but cannot wait for a regularly scheduled meeting, there is an alternative option. An email discussion will take place among the VTB members so that timely patient care is not compromised. This will be easily facilitated by using an email distribution list of VTB members, to be maintained and updated by the VTB Coordinator.

The primary physician will distribute the required information to the national tumor group coordinator such as the patient summary via an email and the national coordinator will direct the email to the VTB Coordinator. To easily recognize these emails the subject line should quickly identify the purpose and time sensitivity of the email response (subject line: Urgent VTB Case Review).

## WORKFLOW: Information and Communications Technology (ICT) Aspects

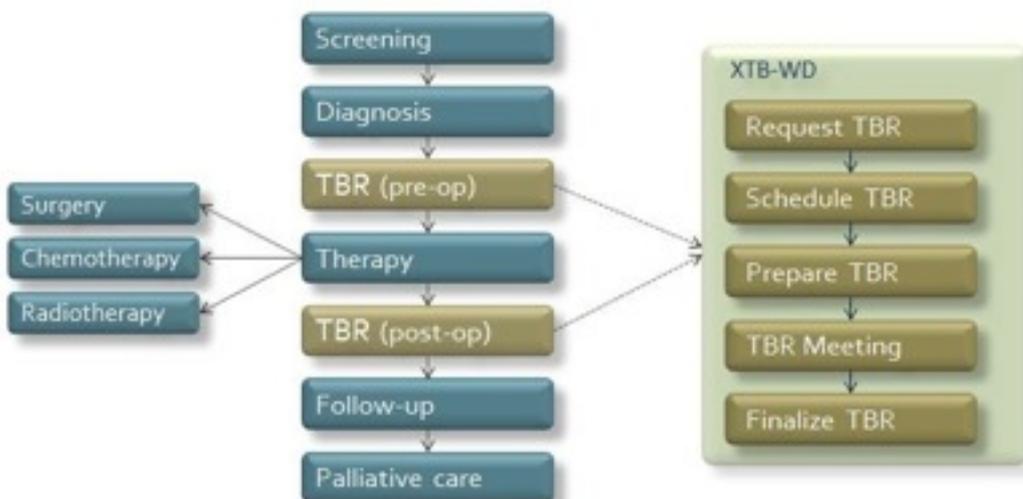
### Based on the document: IHE Patient Care Coordination (PCC) Technical Framework Supplement Cross-Enterprise Tumor Board Workflow Definition (XTB-WD)

Screening, diagnosis, treatment and aftercare of oncological patients require cooperation of a multidisciplinary team of healthcare professionals. Typically, an oncological care pathway is both multidisciplinary and often cross-enterprise, including participants from different specialisms and different hospitals. In order to be able to work together and study the different patient cases, the participating specialists, radiologists, pathologists, nurses and paramedics must have access to the relevant medical information. They also need an overview of the current status of the process to see whether the required information is available.

Tumor Board Reviews are meetings where a team of medical professionals of different professions, and often from different hospitals, get together (physically or by remote conference) to assess the cases of oncological patients (using medical images and other relevant medical information), discuss the cases, and advise on the further treatment of the patient. In many countries, the Tumor Board Review is an important phase in the multidisciplinary oncological care pathway.

The main output of a Tumor Board Review is a report containing the collective findings, conclusions and recommendations for the further treatment of the patient. This may also include the recommendation to include a patient in a clinical research trial. Tumor Board Review meetings also serve as a platform for sharing the latest guidelines, developments and insights in the diagnosis and treatment of the specific cancer type. The sharing of knowledge is seen as a valuable asset.

The Cross-enterprise Tumor Board Workflow Definition (XTB-WD) of the Integrating Healthcare Enterprise (IHE) interoperability framework describes the different Tasks of a Tumor Board Review process, and the accompanying information in the form of input-and output documents that are linked to the different Tasks in the process. The XTB-WD describes a relatively small part of a larger workflow definition, in this case an oncological care pathway. The different Workflow Definitions can be seen as 'building blocks' that describe the actual care pathway of an individual patient. Below is a schematic overview of the place of the XTB Workflow Definition (XTB-WD) in an oncological pathway:



## **Bibliography**

### **Standard operational procedures based on the following preexisting documents:**

- 1) Solid Tumour Multidisciplinary Team. Operational policy. Birmingham Children's Hospital (NHS Foundation Trust)
- 2) Multidisciplinary Cancer Conference (MCC). Terms of reference.
- 3) IHE PCC Technical Committee. IHE Patient Care Coordination (PCC) Technical Framework Supplement Cross-Enterprise Tumor Board Workflow Definition (XTB-WD). November 2014.