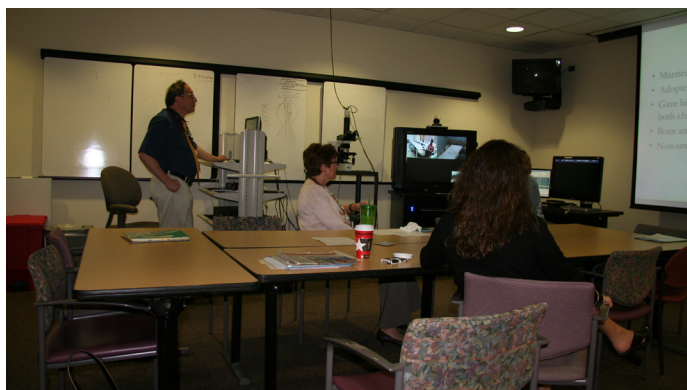


Meeting of Minds: First Breast Cancer Tumor Board at UCHealth

By Tyler Smith

They were separated by many miles along the I-25 corridor, but groups of University of Colorado Health oncologists put their minds together June 17 to consider strategies to fight a common foe.



Providers at UCH gathered in an Anschutz Outpatient Pavilion conference room June 17 for the first system-wide meeting of the Breast Cancer Tumor Board. They were joined via a video hookup by providers from UCHealth North and South.

The providers, united by a video link and common purpose, were part of the first system-wide Breast Cancer Tumor Board. During the 30-minute morning meeting, they reviewed four breast cancer cases and discussed the range of treatment options, including chemotherapy, radiation, and surgery, as well as genetic testing and clinical trials that might be available.

The meeting was the latest step in an ongoing effort to mesh cancer care across the UCHealth system, said [Anthony Elias, MD](#), director of the University of Colorado Cancer Center's Breast Cancer Research Program.

"We're trying to develop a standard of care that is similar and has a research focus," Elias said.

The teleconference follows and builds on the federal [Lead Academic Participating Site](#) (LAPS) grant, awarded to the Cancer Center last spring. The LAPS grant expands the opportunities to enroll patients from UCHealth North (Poudre Valley Hospital and Medical Center of the Rockies) and UCHealth South (Memorial Hospital) in clinical trials based at UCHealth Central (University of Colorado Hospital).

The tumor board will offer a regular opportunity for providers in each of the three regions to discuss clinical trial possibilities for patients, as well as map treatment strategies, Elias said.

"It's part of our effort to integrate private practice and academic medicine," he said.

Taking on the tough ones. The four cases – two each from North and South – all involved relatively young women with breast cancer, "the ones that trouble us most," as Elias put it. [Virginia Borges, MD](#), a Cancer Center medical oncologist and expert in breast cancer care for young women, was among the participating providers.

During the 30-minute session, the participants viewed PowerPoint slides with the key details of each case, including imaging studies. They then discussed treatment options. In one, for example, they settled on a regimen of preoperative chemotherapy. For a patient at Memorial, the recommendation was axillary lymph node resection. In another, Borges mentioned a clinical trial for a cancer vaccine that is still enrolling but would require the patient to travel back and forth from her home to the Cancer Center.

"She'd have to be a bit of a trooper," Borges said.

The community providers took the recommendations from each case back to their patients to lay out their options.

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Strength in numbers. “It’s truly a value-added service for our patients,” said [Regina Brown, MD](#), a medical oncologist at UCHealth North. Brown said the two cases she selected were ideal for the tumor board because “they were not run-of-the-mill and present treatment challenges.”

Brown said she participated in tumor boards during her fellowship at Johns Hopkins University. The sessions there were even more extensive and included input from independent physicians outside Hopkins.

“I think the boards are useful for more difficult cases,” Brown said. “It’s valuable to have teams of people with different experience to add to the discussions.”

Like the LAPS grant, the tumor board offers potential benefits to both the community and the academic providers of UCHealth, Brown said. For example, while the Cancer Center at UCHealth Central is the “essential site” for the grant, community providers are vital to guiding patients to available studies.

“Clinical trials are the basis of treatment today,” Brown said. “We have the bulk of patients in the community and can help with accruals. The vision is that by having a bond with academic medicine, community providers will be key to getting studies through and getting the data from the trials out there. We can have two community bases anchoring Central.”

The initial meeting “generally met expectations,” Brown said. Elias agreed, while acknowledging a glitch or two. Breast surgeon [Laura Pomeranke, MD](#), from Memorial, for example, was in one room, while the video hookup at the other two sites showed another.

“That’s part of the issue in working with multiple sites,” Elias said. “We’re all trying to get used to it.”

But he and Brown both foresee longer meetings in the future.

“Hopefully it will evolve,” Elias said. “It’s educational to meet and butt heads.”