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New clinic tightens timelines, unifies care

Multidisciplinary 'Magic' Tackles Pancreas Cancer

By Todd Neff

If ever there were a disease that begged for a magic wand of medical and surgical expertise, it's pancreatic cancer. It strikes silently and races forward without obvious symptoms. By the time it's detected, survival often depends on precise decision making and aggressive treatments – surgery, chemotherapy, and radiation therapy.

Usually, a patient makes different appointments with a medical oncologist, a surgical oncologist, a radiation oncologist and others. It might all happen in a few days. But it also might take a couple of weeks, and even then, the care remains at best informally coordinated. Meanwhile, care languishes at a time patients can least afford it.

Since Oct. 23, that scenario has been a memory at University of Colorado Hospital. Six patients with pancreatic cancer walked in the door that Tuesday morning with a lot of questions; in the afternoon, they walked out with a path forward and, despite the severity of their diseases, a bit more hope.

It's not magic; it's the Multidisciplinary Pancreas and Biliary Cancer Clinic.

Multi-D. Like other multidisciplinary clinics at UCH, the new clinic is the product of focused intent and hard work. In this case, the spark came from the School of Medicine's new Department of Surgery chairman, Richard Schulick, MD. He's a gastrointestinal surgeon who specializes in complex cancer surgeries, not least those involving pancreatic cancer (*Insider*, May 23).

Schulick arrived in May from Johns Hopkins University (JHU), where he was the surgical oncology chief. The Baltimore university has a multidisciplinary clinic for pancreatic and biliary cancers that brings in a wide spectrum of experts to look at cases together and then talk to patients. It has made a big difference: more than 20 percent of patients saw their disease management change as a direct consequence of more accurate tests and the expertise of experienced doctors.

Just two weeks and 12 patients into the new UCH clinic, there's not much of a sample to draw from. But the 20 percent number seems to be holding. In one case, a referring physician had told a patient his cancer was inoperable; the Cancer Center team, though, figured out a way they might remove it. When he heard the news, he and his wife both broke down and cried.

Multidisciplinary care does not just happen, however. Schulick brought in three former JHU colleagues to lead the way. Tatyana Popkova, University of Colorado Health's new director for Cross Enterprise Collaborations, was charged with developing this and other multidisciplinary programs. Barish Edil, MD, an associate professor of surgery, arrived as director of pancreatic surgery. Nurse Practitioner Cheryl Meguid, DNP, came in to be the clinic's nurse navigator.

Richard Schulick, MD, who leads the CU School of Medicine's Department of Surgery, wants to see more multidisciplinary clinics.

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"Somebody had to roll up their sleeves and put the work into it to make it happen," Schulick said. "And put up with all the inertia that often prevents these new cutting-edge programs."

Together, they worked to coordinate the many experts already on the campus and incorporate the newly recruited ones into a single, cohesive group.

Popkova's goal was simple: "One call, one appointment, all perspectives," as she described it.

Busy day. It took three months of work to launch the clinic. Among the challenges: coordinating the schedules of busy specialists from different departments to put them all in the same place at the same time. Popkova also had to work with Radiology and others to carve out time for the clinic's patients such that the day could flow.

And it does. The clinic schedules six patients for appointments at 30-minute intervals starting at 8 a.m. each Tuesday in the Anschutz Cancer Pavilion's third-floor Surgical Oncology Clinic.

Meguid serves as the patients' primary point of contact prior to the visit, assembles their clinical histories, and greets each one with a folder containing a personal schedule. The patient heads downstairs to Radiology for a CT scan and has blood drawn and other testing needed for a lab workup. Meguid then does a health assessment and physical. At 11 a.m. or so, there's a 30-minute session with a nutritionist followed by a 30-minute education session with a physical therapist. Patients then have a break for lunch from noon to 1 p.m.

As patients and families dine, some of the country's best minds in pancreatic and biliary cancer convene in a fifth-floor Cancer Pavilion meeting room to discuss their cases over brown-bag lunches. Present are surgeons, GI oncologists, radiation oncologists – usually more than one from each discipline – plus a pathologist and a radiologist. Residents and fellows, recognizing the learning opportunity, line the walls.

"We're sitting in one room and can communicate in real-time, disagree, present options, and debate," Schulick said. "But when we leave the room, we have one plan."

They exit like a football team breaking from a huddle, unified behind the routes of care for all six patients.

The news. At 1:30 p.m. or so, the patient meets with one or more specialist, depending on the plan of care. They can make appointments for surgery, radiation treatment, chemotherapy or combinations thereof. Meguid makes sure the patient has information on UCH as well as national pancreatic and biliary cancer resources. Her aim, she said, is to make things as easy as possible.

"It's already an overwhelming experience for them," Meguid said. Feedback from patients so far has been "incredibly good," she added.

Despite its early success, the approach of the Multidisciplinary Pancreas and Biliary Cancer Clinic isn't necessarily the only way to go, Schulick said. For example, a new multidisciplinary Pancreas Cyst Clinic involves close coordination among providers, but doesn't insist that they be there at the same time. Cysts are less dangerous than tumors, which gives clinicians more time to treat them. They also demand a narrower spectrum of expertise, Schulick said – there's no medical oncology or radiation oncology involved. Still, Popkova and others hope to formalize different flavors of multidisciplinary care across GI cancers and beyond.

It's good for patients and it's good for business, Popkova said. Patients don't tend to leave the system as they often do when appointments with providers are staged over weeks. Plus, she said, "Why wouldn't you come here? In a single day, you're going to be seen by every sort of specialist you need. Also, you'll be getting the best care in the region."