Multidisciplinary Tumor Boards and Head and Neck Cancer Database Management: "Killing Two Birds With One Stone"

Singapore Healthcare Management 2016









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Introduction What is tumor board?

A multidisciplinary meeting where many sub specialties meet to discuss complex cancer cases in order to plan individualized treatment options.

Results Implemented in

September 2015

R		re	
D	CI		
1			

	HEAD & NECK TUMOUR BOARD (20/ 07 /2015)
AME: Neo Lee 1	Hwa NRIC: S0758228E
GE : 69	SEX : Female RACE : Chinese
r in Charge:	Mr Gopal
IAGNOSIS:	Left mandibular high grade sarcoma b/g Right lung adenocarcinoma (palliative mx)

What is a database?

It is a collection of patient related data that can be used in research to analyze the information of groups

of patients. **Problems faced**

Database

- Maintained manually
- **Time consuming data entry**
- Multiple individually maintained databases scattered across one institution
- **Tumor board**
 - Not electronically captured
 - No use for research

- Default mode of case discussion
- 333 new patient records \bullet
- Accurate and analysable data
- Centralized database \bullet accessible to all subspecialities
- **Reduction in manpower** for database maintanance
- Subspeciality modules
 - Medical oncology
 - Radiation

oncology

Past medical history ECOG 1 Non smoker Non drinker Housewife

1. HTN f/u KTPH Gen Med Dr Chris Willis 2. Angiomyelipoma s/p bilateral salpingo-oophorectomy 198 4. Renal impairment (baseline creat 104, eGFR 46) 5. L frontoparietal and parieto-occipital infarct 2013: on aspirin

Right lung adenocarcinoma (at least T4 disease, locally advanced) Non contrast CT thorax (Cr 122) March 2015 Large right lower lobe mass abutting the pleura measuring 4.9 x 5.3 x 6.5 cm. Diagnosed March 2015 PET CT: no evidence of skeletal metastas

Case discussed at Thoracic TB 23/4/15:

n-contrast scan was done so unable to determine nodal involvement leural nodularity may be inflammatory, unable to conclude ung mass appears well-circumscribed oo large for stereotactic RT Not advisable for resection due to underlying lung disease Lymphangioleiomyomatosis Intent of treatment likely palliative EGFR wild type KIV palliative chemo if symptomatic

Underlying TS with lymphangioleiomyomatosis, bilateral large volume renal angiomyolipomas and hepatic lipomas

Presenting complaint During Med onco TCU

Fleshy growth left lower gum that is growing in size trose from previous extraction site many years ago Has occasional bleeding from growth during teeth brushing

After

Past Medical History | Details

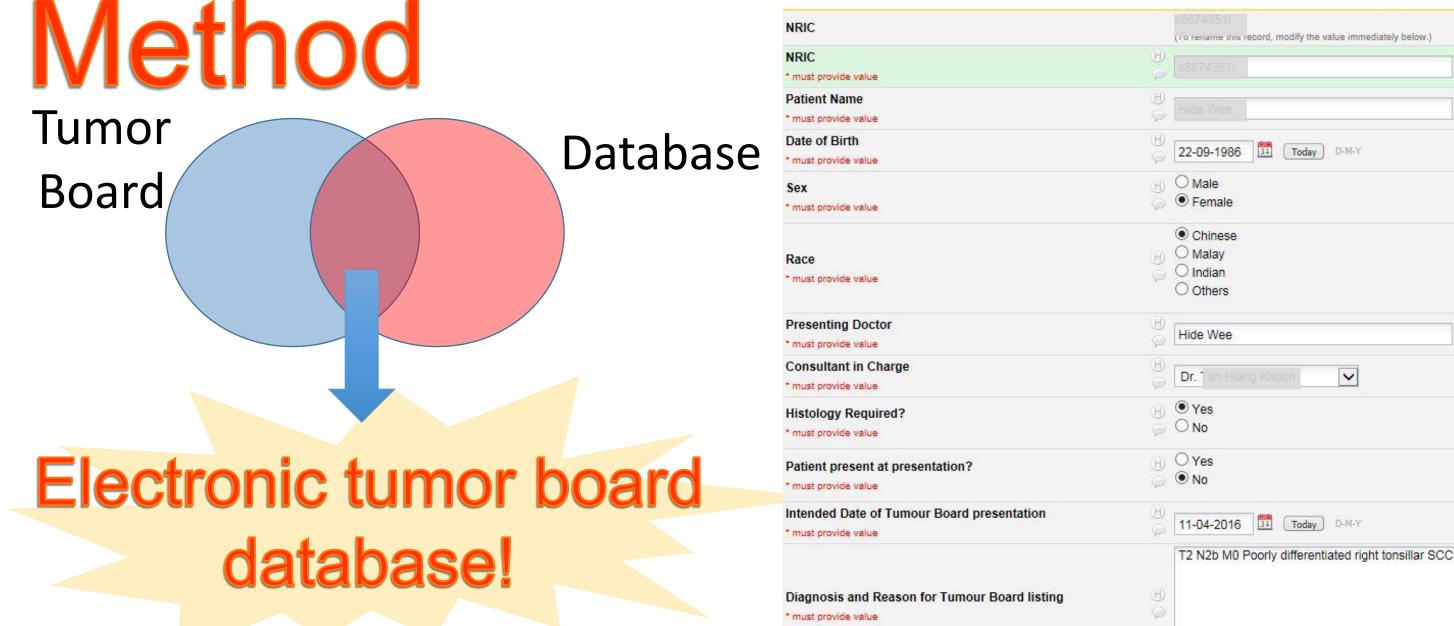
HTN: Yes

IRIC	s8674351i	
r In Charge: Dr. Tan Hiang Khoon		
resenting Doctor: Hide Wee		
liodata		
lame: ge: 30 DOB: 22-09-1986 ex : Female Race: Chinese		
ate of Primary Diagnosis: 26-04-2016 rimary Diagnosis: T2N2bM0 Right tonsil poorly	differentiated SCC Stage IVa	

ECOG: 2 Smoking: No			
Drinking: No Other substance abuse: Non	e		

Legibility What is REDCap^M?

A free web-based application, used in 101 countries in 1883 institutions worldwide. It provides an intuitive interface for validated data entry; audit trails and automated export to common statistic packages.



- Expanding to other \bullet departments
 - Gastrointestinal tumor board
 - Hepatobillary tumor board

Index Presentation Presentation: Primary Laterality: Right Diagnosis: T2N2bM0 Right tonsil poorly differentiated SCC Stage IVa Tumour Site - Primary **Right Tonsil SCC** Clinical Tumour Size (mm): 40 Clinical Size of Largest Lymph Nodes (mm): 20 Presentation Presenting Complaint: Right neck lump 2/12 non tender loss of weight and loss of appetite Physical Findings (Primary): Post op Bilateral tonsillar fossae healing well no masses Physical Findings (Neck / Lymph Nodes): light level II 2cm firm lymphadenopathy Primary Investigation: 1st Biopsy Date : 27-04-2016 | Findings: SCC TNM Stage (Clinical) Primary Tumour: T stage of tumour : 2 N stage of tumour : 2B M stage of tumour : 0

Conclusion

By integrating the two different entities; tumor board and head and neck database, we have managed to create a viable solution to this age-old problem;

We merged the two entities by using REDCap.

We designed an interface to capture all possible head and neck malignancies electronically.

This data is automatically captured in the Head and Neck Database

		Expand
NRIC	s8674351i	CAPAIN
Date of diagnosis (Primary)	H 26-04-2016 Today D-	M-Y
Age at diagnosis (yrs)	H 30 View	equation
ECOG status	 A construction of the second se	- unable to carry out work activities 3
Smoker?	H No V	
Drinker?		
Substance Abuse	(H) (p) None V	
Any occupational hazards?	⊕ ○Yes ⊛ ● No	res
Any Family History of CA?		
Any Past Medical Conditions?	() Yes V ie hypertension, diabetes	
Co-morbidity		
	No	Yes
Hypertension	0	• rese
Hyperlipidemia	۲	O
Ischaemic Heart Disease	۲	O
Diabetes Mellitus	۲	O
Chronic Renal Failure	۲	O
Others (H)	۲	O
Any other Non Head and Neck Malignancies?	⊖ O Yes ⊚ ● No	
Any prior Head and Neck malignancy?	⊖ O Yes ● No	res
		res

To rename this record, modify the value immediately below

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- Streamline our
- healthcare process
- Improve data collection \bullet and quality of our

research database

We have successfully \bullet killed two birds with one stone.

