

# Tumor boards linked to little association with effects on cancer care

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There is little association of multidisciplinary tumor boards with measures of use, quality, or survival, and measuring only the presence of tumor boards may not be adequate in determining their effects on cancer care, according to a study published December 28 in the *Journal of the National Cancer Institute*.

Tumor board reviews offer a [multidisciplinary approach](#) to treatment planning, which encompasses doctors from many specialties reviewing and discussing the medical condition and the treatment of patients. Even though the use of tumor boards is widespread, there is little data on how it affects [cancer care](#).

In order to determine the effects tumor boards have on [cancer](#) care, Nancy L. Keating, M.D., M.P.H., Department of Health Care Policy, Harvard Medical School, and colleagues gathered information about tumor boards from 138 Veterans Affairs (VA) medical centers and linked cancer registry and administrative data to gauge receipt of stage-specific recommended care, survival, or use for patients with colorectal, lung, prostate, hematologic, and breast cancers diagnosed during 2001-2004 and followed through to 2005.

The researchers found only a modest association between the presence of tumor boards and the types of treatments that patients received. Most types of care for lung, prostate, hematologic, and breast cancers were unaffected by the presence or types of tumor boards. For seven measures, the rates of some types of care were higher (lung cancer and

[prostate cancer](#)) whereas others were lower (lymphoma and palliative care). "This could mean that tumor boards did not, in fact, influence quality of cancer care in the VA setting," the authors write. "Additional research is needed to understand the structure and format of tumor boards that lead to the highest quality care."

In an accompanying editorial, Douglas W. Blayney, M.D., Stanford Cancer Institute, Stanford School of Medicine, notes that tumor boards may not influence quality in a large, integrated health system such as the VA as much as they might in smaller centers and writes that measures of adherence and survival are difficult to track and therefore while it is tough to determine the overall efficacy of tumor boards, they "have too long a history for them to be easily abandoned," adding that, "until there is carefully constructed public reporting of process adherence and outcome, we are left to hope that cancer doctors, their leaders, and the systems that they build will use recognized measures of structure and process and work toward superior outcomes."

**More information:** tumor Boards and the Quality of cancer care, *Journal of the National Cancer Institute*, [DOI:10.1093/jnci/djs502](https://doi.org/10.1093/jnci/djs502)

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