



# INTERDISCIPLINARY ONLINE TUMOR CONFERENCE FOR PATIENTS WITH GYNECOLOGICAL MALIGNANCIES – RESULTS FROM A PROSPECTIVE MULTI-INSTITUTIONAL PROJECT

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NOGGO – North-Eastern Society of Gynecologic Oncology  
AGO – Gynecologic Oncology Studygroup

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## I. Introduction & Abstract:

Clinical management of advanced gynecological malignancies requires multimodal strategies of treatment and intensive interdisciplinary collaboration. Nowadays attending physicians are confronted with rising information flow about diagnostic and therapy; international and national guidelines, diverse recommendations of professional societies, evidence-based clinical trials, internet. Participation in clinical trials is essential for the "State of the Art" therapy of patients with gynecological cancers. The tumor conference is a classical procedure for recommendation in the cancer therapy. Interdisciplinary cooperations allows optimization and improvement, and guarantee adequate management of systemic cancer diseases. But logistic problems (e.g. large distances, inappropriate appointments of the meetings) are often the main cause to the non-participation of many attending physicians to the tumor boards. For this reason we initiated the concept of the interdisciplinary online tumor conference "Gynecological Malignancies" as multi-institutional project in Germany.

Using a specific web based software we organized live online tumor board meetings of gynecologists, radiologists, oncologists and pathologists from different hospitals and gynecological practitioners, to discuss complex patient's cases and defining therapy options. The didactic concept includes presentation of patient data with special focus to individual condition, morbidity and preferences, presentation of national and international guidelines (ESGO, EORTC, ASCO, NCI, AGO), review of current study results and overview of open clinical trials.

Since December 2004 85 tumor board meetings were performed, with total of 1084 participants, 278 presented patient's cases and 200 second-opinions. During the screening process each histology report was reviewed centrally by a pathologist. Systemic chemotherapy (50%) was the most frequent indicated therapy followed by surgery (21%), radio/chemotherapy (9%), targeted therapy (6%) or completion of diagnostics (14%). In a regular anonymous 6-months survey 84% of the participants were satisfied with the informational content and technical support. The compliance of the defined recommendation was 90%.

In conclusion the online-tumor board represents an excellent possibility to discuss complex patient's cases. The online conference via internet is feasible and represents a time-and cost saving possibility for physician. Furthermore, positive effects on the quality of the clinical management and on study enrollment can be estimated.

## II. Methods:

Screening process, online review of current updates of international guidelines and national standards, management and support to the participants are performed by the "online conference manager".

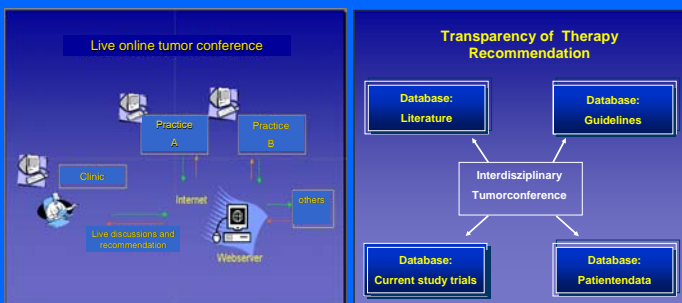
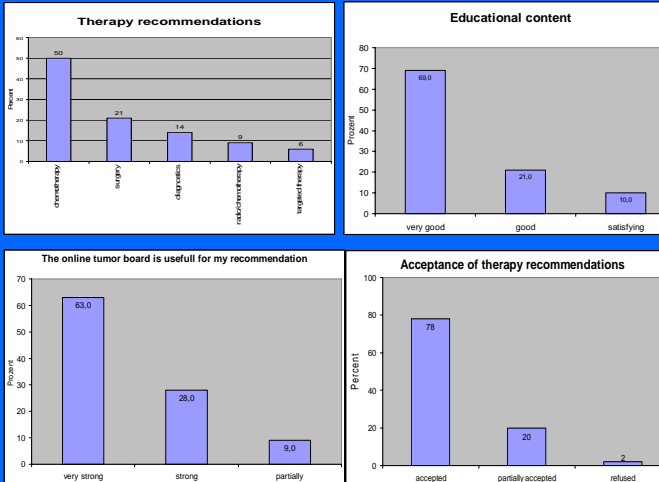
### Five Step leading from Screening to Recommendation:

1. Submission of current patient data (online, fax)  
Pathological Report  
Surgery Report  
Medical History  
Current Performance Status  
Preference of the Patient to Therapy  
The Question/s on the tumor board
2. Review of submitted data  
Histology: is the pathological diagnosis right?  
Should particular pathological results be verified by reference pathologist?  
Reviewing of external CT- or MRI-scans is necessary?  
Are all data complete?
3. Conference manager and attending physician are preparing „individual case presentation“
4. Interdisciplinary online – tumor conference with live discussions and therapy recommendation
5. Preparing of current protocol for each patient and online update of database

## III. Results:

Localization	Histology	Number
Vulva	Vulva Cancer	1
	Alveolary Rhabdomyosarcoma	1
Vagina	Vaginal Cancer	4
	GIST (Gastrointestinal stromal tumor, initially from the vagina)	1
Cervix	Cervical Cancer	41
Uterus	Adenocarcinoma	39
	Serouse-papillary	7
	Stromasarcoma	8
	Leiomyosarcoma	3
	Malignant mixed-mullerian Tumor of the Uterus	4
Tuba uterina	Tubar Cancer	6
Ovar	<b>Epithelial Ovarian Cancer</b>	
	serouse-papillary Ovarian Cancer	64
	endometrioid Ovarian Cancer	15
	muzinouse Ovarian Cancer	8
	clear cell Ovarian Cancer	5
	Malignant mixed-mullerian Tumor of the Ovary	3
	Brenner Tumor	1
	NSCNEC - neuroendocrine Tumor of the Ovary	1
	<b>Borderline Tumors of the Ovary</b>	21
	<b>Sex Cord Stroma Tumors</b>	
	Granulosa Stromal Cell Tumor	18
	Sertoli-Lyedig Stromal Cell Tumor	4
	FATWO (female adnexal tumor of potential Wolffian origin)	1
	<b>Sex Cord Tumors</b>	
	Yolk Sac Tumor	1
	Dermoid Cyst with stromal carcinoïd	1
	Teratoma	5
<b>Metastasis in the ovary</b>		
Colon Cancer	3	
Carcinoid intestinal origin	1	
Peritoneum	Peritoneal cancer	7
	Mesothelioma	1
	Pseudomyxoma peritonei	1
Others	Nevoid basal cell carcinoma syndrome (NBCCS syndrome)	1
	PEComa (Perivascular epithelioid cell tumor)	1
	<b>All</b>	<b>278</b>

### Results from the regular follow-up survey:



### Online-Members

Prof. Dr. med. J. Blohmer, Berlin  
Dr. med. S. Busch, Mühlhausen  
Dr. med. J. Dietel, Aue  
Dr. med. F. Hegenscheid, Eichwalde  
Dr. med. K. Heinig, Spremberg  
Dr. med. G. Heinrich, Fürstenwalde  
Dr. med. M. Hauschild, Rheinfelden  
Dr. med. J. Herrenberger, Berlin  
Dr. med. H.-J. Hinderburg, Berlin  
Prof. Dr. med. D. Elling, Berlin  
Dr. med. C. Keitel-Wittig, Berlin  
Prof. Dr. med. H. Kenterich, Berlin  
Dr. med. K. Kittel, Berlin  
Dr. med. Kronenberger, Berlin  
Dr. med. A. Nugent, Hamburg  
PD Dr. med. H. Oettle, Friedrichshafen  
Dr. med. A. Scheele, Berlin  
Dipl. med. M. Schwarz, Oranienburg  
Dr. med. A. Süße, Aue  
Dr. med. K. Wagner, Dresden  
Dr. med. N. Wiener, Berlin  
Dr. med. B. Winter, Chemnitz

Dr. med. O. Camara, Jena  
Dr. med. P. Biel, Herford  
Dr. med. G. Grafmunder, Berlin  
Dr. med. T. Kaach, Berlin  
Dr. med. C. Brasse, Paderborn  
Dr. med. R. Brasse, Paderborn  
Dr. med. A. Giese, Berlin  
Dr. med. O. Boldt, Quedlinburg  
Dr. med. A. Kleine-Tebbe, Berlin  
Dr. med. N. Klier, Nürnberg  
Prof. Dr. M. Kaufmann, Frankfurt  
Dr. med. A. Soliman, Düsseldorf  
Dr. med. P. Klare, Berlin  
Dr. med. A. Lopens, Berlin  
Dr. med. B. Ruhlmann, Berlin  
Dr. med. M. Ruhnke, Berlin  
Dr. med. J. Schilling, Berlin  
PD Dr. med. J. Sehouli, Berlin  
PD Dr. med. U. Torsten, Berlin  
Dr. med. A. Widing, Berlin  
Dr. med. E. Wierick, Weißkollm  
Dr. med. J. Webus, Berlin

### Cooperating Departments from Charité University Hospital Berlin

- Department of Obstetrics and Gynecology, Charité Campus Virchow
- Department of Radiotherapy, Charité Campus Virchow and Campus Mitte
- Department of Haematology and Oncology, Charité Campus Virchow and Campus Mitte
- Department of Abdominal and Transplantational Surgery, Charité Campus Virchow
- Department of Pathology, Charité Campus Mitte
- Department of Urology, Charité Campus Virchow
- Department of Pediatrics and Oncology, Charité Campus Virchow
- Department of Anaesthesiology, Charité Campus Virchow

## IV. Conclusions:

### Aktueller Stand:

- Start of the interdisciplinary online tumor conference: December 2004
- Up to now 85 evaluated online conferences
- 278 online live presented patient cases with therapy recommendations
- Chemotherapy, surgery and further diagnostics as most frequently recommendations
- 200 evaluated Second Opinion Cases and establishment of Second Opinion Center
- From all 1084 participants - 341 online participations and 743 participants in the clinic
- Acceptance of therapy recommendation: 78 % accepted, 20% partially accepted
- Certification by the medical chamber of Berlin
- The Concept of live Online – Tumor board is feasible and represents a time-and cost saving possibility for attending physicians to discuss complex patient's cases
- Educational platform for interdisciplinary exchange and collaboration
- Positive effect on study enrollment and implementation of guidelines and new clinical standards in the management and patient's care of gynecological malignancies

