



Service Priorities and Programmes
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Submitting author: Dr Wing Ho MUI

Post title: Resident, Tuen Mun Hospital, NTWC

Spinal Oncology Multidisciplinary Team Meeting, Tuen Mun Hospital Experience and treatment outcome

Mui WH (1), Tin Winnie WY(1), Lam TC(1), Wong CT(2), Cheng HO (2), Law HY (3), Li OC (4), Cheung KK (2), Wong CS (1), KY Yam (3)

(1)Department of Clinical Oncology, Tuen Mun Hospital; (2)Department of Orthopaedic and Traumatology, Tuen Mun Hospital; (3)Department of Neurosurgery, Tuen Mun Hospital; (4)Department of Radiology, Tuen Mun Hospital.

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Introduction

A twice monthly multidisciplinary team meeting comprising diagnostic radiologists, neurosurgeon, orthopaedic surgeon and clinical oncologists was established in Tuen Mun Hospital since January 2013, focusing on the management of selected patients with malignant lesions affecting the spine.

Objectives

The objective of this study is to review the experience of this newly established combined spinal meeting and the treatment outcome of the patients under the care.

Methodology

Patients with spinal lesions who may benefit from multidisciplinary care were referred to the team meeting by clinical oncologists, orthopedic surgeon or neurosurgeon to avoid unnecessary waiting time and redundancy of clinical work between inter-departmental consultations. Moreover, this helps to reduce unnecessary hospitalization and to facilitate more direct patient management. Patients' clinical information, radiographic details, proposed management plan and prognosis were discussed. We recorded their Baseline characteristics, reasons for referral, conclusion of findings, suggested management plan and treatment outcome for Statistical analysis.

Result

From January 2013 to December 2013, 46 patients (M:F =18:28) were evaluated, the median age was 59 y-o (range, 22 to 75), median KPS was 70 at the time of evaluation (range, 30-90). At the time of analysis, the median follow-up is 133.5 days (range 9-349), the median survival was not reached (16 patients have succumbed). 46% of the patients suffered from either breast cancer or lung cancer, 48 % of the

patients were referred for suspected malignant spinal cord compression, other reasons for referral included pain (20%), unknown diagnosis (13%) and assessing other spinal conditions. Most of the patients received radiotherapy (46%) to their spinal lesions as suggested by the team. 11 patients (24%) received combination of surgery and radiotherapy, among them 8 remained ambulatory. 4 patients (9%) received stereotactic body radiotherapy (SBRT) for better local disease control as recommended. Finally, 27 patients (59%) in total maintained their ambulatory state. Conclusion: The established combined spinal meeting allows a agreed management plan among different specialties with optimisation of resources utilisation for those patients with complicated malignant lesions affecting the spinal column. This enables improved symptom control of the patients, maintaining their quality of life and preventing the most devastating consequences of malignant spinal cord compression.