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Tele-Thoracic Tumor Board System

Telemedicine Directorate

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New approaches and novel technologies are needed to benefit the estimated 169,000 patients who will be diagnosed this year with lung cancer, the most lethal of all malignancies. Teams consisting of nurse coordinators, pulmonologist, thoracic surgeons, radiation and medical oncologists, chest and nuclear medicine radiologists and pathologists allow for optimal, evidence-based, consensus management but are not readily available to everyone. Even at large referral centers such tumor board meetings may be infrequent or poorly attended due to scheduling constraints. Our tele-thoracic tumor board project has been initiated to improve access, timeliness and participation in tumor boards, thereby optimizing patient outcomes. Other goals include more efficient use of healthcare resources and support of physician communication and clinical trials.

This “virtual” tumor board program allows remote, rapid and cost-effective access to multiple lung cancer specialists. The referring clinician submits information about the patient using a secure web-based tele-consulting software program. This consists of about 100 windows, an editor, and automated monthly statistics and graphics programs. Patient demographic information along with laboratory, pathology and radiographic reports are automatically transferred from the hospital’s database. This information is supplemented as needed by the clinician and electronically delivered simultaneously to all members of a multi-specialty tumor board. Consensus opinion on diagnostic and therapeutic plans can then be obtained in less time and by more lung specialists—even from geographically remote treatment centers- compared with conventional live tumor board meetings. Furthermore, subsequent visits, therapies, complications and results are recorded to ensure continuity of care, provide clinician feedback and create a broad database of the Army’s approach to lung cancer. This is a research project with an approval protocol with an anticipated start date of 1 June 2002.

Access to such multi-disciplinary expert opinion through telemedicine technology should decrease time to diagnosis and treatment and also improve the evidence-basis and collegial review of these important management decisions.

The Tele-Thoracic Tumor Board project is the joint effort of the **Walter Reed Army Medical Center’s Department of Telemedicine**, the Army’s **Telemedicine and Advanced Technology Research Center** and the **Department of Pulmonary and Critical Care Medicine**.

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