THE IGCS VIRTUAL TUMOR BOARD IN VIETNAM: AN IMPACT ASSESSMENT OF THE LAST 5 YEARS

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Objectives To enhance the expertise of local gynecologic oncologists, the International Gynecologic Cancer Society (IGCS) collaborates with Da Nang Oncology Hospital (DOH) in monthly virtual tumor boards using the Project ECHO model. This study evaluates the impact of this collaboration on the diagnosis and treatment of gynecologic malignancy at DOH.

Methods A retrospective review of patients presented at tumor boards from July 2017 to April 2022 was performed. Each tumor board typically consisted of a presentation of two cases with pathology review, a discussion of management, and a short didactic lecture. We report changes in clinical and pathologic diagnoses, treatments, and outcomes. SPSS 20.0 was used for data analysis.

Results 107 cases were presented at 54 tumor boards: 43 ovarian, 23 cervical, 17 uterine, 16 vulvar and vaginal cancers, 4 gestational trophoblastic neoplasia, and 4 other gynecologic diseases. Tumor board discussion changed clinical diagnosis in 15.9%, pathologic diagnosis in 30.8%, and treatment in 74.8% of cases. 103/107 patients agreed with the treatment recommendation, of which 55.3% were completed, 33.0% uncompleted, and 11.7% ongoing. In the completed treatment group, complete response rate was 75.4%, partial response 3.5%, stable disease 1.8%, progressive disease 15.8%, and recurrence 3.5%. The mean duration of treatment delay due to tumor board was 8.9 ± 7.4 days, with 97.2% being less than 4 weeks late.

Conclusions Project ECHO facilitates access by patients in low-middle income countries to best-practice care. Virtual tumor boards improve the diagnosis and treatment of gynecologic cancer patients in low-resource settings without significantly delaying treatment.

JEHOVAH’S WITNESSES PATIENTS WITH GYNECOLOGIC MALIGNANCIES IN JAPAN

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Objectives Jehovah’s Witnesses (JW) do not accept blood cell transfusions. In gynecological malignancies, such as cervical cancer and endometrial cancer patients have the risk of severe anemia with genital bleeding from the lesion. We have to select the best therapy individually for each JW patient. In Japan, institute or hospital that accept JW patients is very few. We reviewed JW patients with gynecological malignancies in our hospital.

Methods We reviewed the medical chart of JW gynecological cancer patients from 2017 to 2022. All patients signed the ‘Blood transfusion rejection’ form.

Results We had 33 JW patients( 3 cervical, 15 endometrial, 12 ovarian, 1 vaginal and 1 peritoneal cancer)( 8 advanced and 3 recurrent). Eleven patients died of cancer (1 cervical with stage IV, 2 ovarian with clear cell, 5 ovarian with advanced or recurrent, 1 endometrial with stage III, 5 endometrial with stage IV or recurrent disease and 1 stage IV peritoneal cancer).

Conclusions One third patients had advanced or recurrent cancer. Their prognosis was poorer than non-JW patients maybe because of their advanced disease. Most patients visited nearby hospital and were diagnosed malignant disease but they were not accepted because of JW. And then visited our hospital far from their home. Japanese Supreme Court has some precedents and some medical society of Japan have the recommendations for JW. Although, many hospitals reject JW patients to treat or operate in Japan. We have to treat cancer patients with best medical care including ‘best supportive care’ according to their social, economic, familial, and religious background.