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The Oncology Orthopedist Role – Where do we fit?

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Background

Oncology Orthopedics is a fairly new medical specialty compared to more traditional ones. According to prior MSTs studies, there are approximately 200 active oncology orthopedists in the United States. These circumstances combined can lead to a poor understanding of the role of the oncology orthopedist in the care of patients with meagre referral rates and an exceedingly high rate of unplanned excisions. Moreover, unfamiliarity with the field may conduct to patients not being directed to the specialist with the most appropriate training to care for the specific patient's condition and crucial treatment opportunities can potentially be missed.

Patient and Methods

A multicentric international survey was conducted among medical oncologists. An invitation to participate in a web-based questionnaire was formulated. The multiple-choice survey was conceptually divided into the following areas: referral trends, scenarios of oncology orthopedics' scope and participants' demographics. Participation was voluntary and anonymity was granted.

The purpose of the study was to assess referral trends to the oncology orthopedics service, to evaluate and assess how it contrasts with referrals to other specialties and to compare referral trends in different countries. Additionally, different scenarios of oncology orthopedics scope were presented to assess for treatment plan and whether involving the oncology orthopedic service was considered part of the management algorithm.

Results

Responses from 76 different medical oncologists were received. The majority of respondents had more than 6 years of practice (76.3%). Most physicians identified themselves as having a medical oncology subspecialty (63%), and only 2 respondents stated the subspecialty was sarcoma. There was a significant difference among referral trends, with radiation oncology and pain management receiving increased number of weekly and monthly referrals than the oncology orthopedic service. When presented with the scenario of an asymptomatic limb bone metastasis most providers elected other alternatives than referring to an oncology orthopedist (86.8%). In the scenario of an impending femur fracture the difference was less important, however, most responses did not include referral to the oncology orthopedic service as part of the management plan (64.4%). Almost 60% of the medical oncologists stated their patients suffer a pathological fracture requiring emergent admission at least once every 3 months. No survey was excluded from analysis due to <50% completed response items.

Conclusion

Oncology Orthopedists are a valuable addition to any multidisciplinary treatment team caring for oncologic patients. Unfortunately, unawareness about the specialty can contribute to crucial patient treatment opportunities being missed. Education of other medical specialties can further bring awareness about the scope of oncology orthopedics and the accompanying patients' benefits and enhanced outcomes associated with the appropriate referral.