Current Problems in Cancer launches new article type for tumor board reports

Q&A with Prof. Shivaani Kummar, Editor-in-Chief, and Dr. Kevin Elias, Associate Editor of Elsevier’s journal Current Problems in Cancer, on the launch of the new article type dedicated to tumor board reports

A new article type in Current Problems in Cancer will make tumor board case reports available beyond their own institutions for the first time. Tumor Board Reports will provide a platform for leading international institutions to share their reports, giving the oncology community access to this invaluable and previously untapped resource.

Tumor boards are rich, multidisciplinary collaborations that result in unique insights and cross-pollination. To date, though, there have been few avenues for publishing and disseminating their reports, which remain siloed within each medical institution. This is a huge loss to oncologists. Elsevier is removing the barriers to sharing this knowledge by launching Tumor Board Reports at the European Society for Medical Oncology Congress (ESMO), held in Madrid, Spain, September 8-12, 2017.

Prof. Shivaani Kummar, Editor-in-Chief, and Dr. Kevin Elias, Associate Editor of Current Problems in Cancer, answered some questions about this new article type.

Congratulations on the launch of this new article type. Could you explain what tumor boards are?

“Tumor boards bring together physicians from various disciplines with wide areas of expertise and collective years of experience, and allow an in-depth discussion of the specifics of complex cases and recommendations for treatment.”

Shivaani Kummar: As physicians, we are familiar with both the science and the so-called ‘art’ of medicine. In daily practice, we come across patients whose medical conditions cannot be pigeonholed into textbook cases. Tumor boards bring together physicians from various disciplines with wide areas of expertise and collective years of experience, and allow an in-depth discussion of the specifics of complex cases and recommendations for treatment.

Kevin Elias: Tumor boards are multidisciplinary conferences where cancer cases are discussed. They commonly include surgeons, medical oncologists, radiation oncologists and pathologists. Patient histories are presented, possible treatment options are weighed and the group comes to a consensus on treatment. Tumor boards have several functions. First, they ensure locally accepted norms and enrich the collective fund of knowledge. Rather than learning only from his or her own cases, a physician can tap into collective experience.
Second, the boards facilitate group discussions on complex cases. A physician can be more confident in planning treatments when numerous experts have come to a consensus. Finally, tumor boards disseminate new standards to the oncology community. Emerging data from clinical trials, new professional society guidelines and scientific research are considered, ensuring the most up-to-date care.

**What impact could the publication of Tumor Board Reports have on the oncology community?**

"Tumor boards represent an avenue to discuss difficult cases, get input from a multidisciplinary group and discuss the current state of the art."

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**Kevin Elias:** Entire new paradigms of care have emerged in the last decade, including immunotherapy, targeted molecular therapy and cell-based therapies. Choosing among seemingly interchangeable options is daunting. The publication of Tumor Board Reports is an opportunity for oncologists to see how experts in the field tackle these issues.

**Shivaani Kummar:** With increased understanding of cancer biology, development of novel therapeutics and evolving treatment paradigms, it is increasingly difficult for one physician to keep abreast of the latest advances. Tumor Board Reports represent an avenue to share difficult cases and demonstrate the current state of the art.

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**Why has this information been siloed until now?**

**Shivaani Kummar:** For a variety of reasons, community oncologists have not been consistently present across tumor boards. Such reasons include the limited number of cases that can be discussed at each tumor board, scheduling considerations and the effort it takes to organize these meetings to accommodate individuals within and outside an institution.

**Kevin Elias:** Historically, tumor boards have been internal discussions and major cancer centers have not traditionally been inclined to include community oncologists in these conversations.

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**What will you be looking for in these submissions?**

**Kevin Elias:** Submissions should be emblematic of a current problem in oncology. They should present cases where several reasonable options exist, and focus on how scientific data and personal experience were used to devise a treatment. Submissions should be challenging cases where the rationale for pursuing a line of therapy is clear.

**Shivaani Kummar:** Cases that represent treatment dilemmas and pose challenging decisions will be encouraged. Submissions should include a discussion on potential treatments, pros and cons for various options and the rationale for the recommended treatment.

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**Precision oncology tumor boards are an example of a more focused treatment approach. How would you describe these boards?**

**Shivaani Kummar:** Identifying and targeting driver mutations and the availability of novel targeted therapies have resulted in treatments based on molecular profiling for some patients. Precision oncology tumor boards allow physicians and scientists with expertise in
genomics and tumor biology to discuss and interpret complex molecular profiling reports and guide patient management.

**Kevin Elias:** Precision oncology tumor boards use the distinguishing features of a tumor to guide treatment. This includes mutations, active signaling pathways, epigenetics or the tumor microenvironment. These boards aim to translate basic science concepts into clinical practice.