CHALLENGES AND OPPORTUNITIES IN THE INTEGRATION OF PATHOLOGY CONSULTATION INTO THE IGCS PROJECT ECHO GLOBAL TELEMENTORING PROGRAM

A. Plotkin¹, T. Randall², L. Chuang³, J. Ng⁴, M. Eiken⁵, E. Baker⁶, T. Dinh⁷, J. Rabban⁸, R. Nout⁹, K. Schmeler¹⁰, S. O'Connor¹¹.

¹University of Toronto, Pathology, Toronto, Canada. ²Massachusetts General Hospital, Gynecologic Oncology, Boston, USA. ³Western Connecticut Health Network, Obstetrics and Gynecology, Danbury, USA. ⁴National University Cancer Institute, Gynecologic Oncology, Singapore, Singapore. ⁵International Gynecologic Cancer Society, IGCS, Chicago, USA. ⁶MD Anderson Cancer Center, Cancer Prevention and Population Sciences, Houston, USA. ⁷Mayo Clinic, Obstetrics and Gynecology, Jacksonville, USA. ⁸University of California- San Francisco, Pathology, San Francisco, USA. ⁹University of Leiden Medical Center, Radiation Oncology, Leiden, The Netherlands. ¹⁰MD Anderson Cancer Center, Gynecologic Oncology, Houston, USA. ¹¹University of Melbourne North Carolina, Pathology, Chapel Hill, USA.

Objectives

The Extension for Community Healthcare Outcomes (ECHO) is a proven model to improve specialty care for underserved communities. The IGCS uses the Project ECHO platform to connect multi-disciplinary teams across disparate regions, through virtual tumor board case discussions and didactic presentations. In the Project ECHO sessions, international pathologists provide pathology review, which is often based on limited imaging embedded in PowerPoint slide presentations. We present an initial review of our experience integrating pathologists into the IGCS virtual tumor boards.

Methods

We solicited feedback from pathologists and clinicians participating in the IGCS ECHO sessions in individual and small group settings.

Results

Clinicians appreciate the inclusion of pathology images and teaching in ECHO sessions with good clinical and educational value. However, there were challenges with engagement and scheduling with in-country pathologists. Challenges noted by the consulting pathologists included: being asked to offer an opinion with limited information or images, poor quality images, lack of the final pathology report, coping with apparent diagnostic errors, lacking an established relationship with the local pathologist, and the local pathologist not always being present to discuss or explain findings. Opportunities identified included: establishing telepathology connections to facilitate case review, leveraging the IGCS Global Curriculum international mentor/local mentor/trainee model to create parallel and synergistic international and local pathologist collaborative relationships beyond ECHO sessions, and further program strengthening through international exchange trips for international and local pathologists.

Conclusions

Inclusion of pathology experts in Project ECHO sessions is key to successful tumor boards. Addressing the above-noted challenges will strengthen the entire collaboration.