

Insights

To optimize your Interventional Oncology (IO) practice to treat Hepatocellular Carcinoma (HCC)

What is the recipe for success when practicing Interventional Oncology to ensure full integration into the HCC care pathway?

The formula is multifaceted incorporating many factors, especially when dealing with a very complex disease state. Understanding the perspectives of some of the most successful IO practicing physicians might help other physicians who are actively seeking ways to strengthen their role with the multidisciplinary care teams and at tumor board.

Conversations and interviews explored the best practices around integration into the care pathway and the clinical leadership associated with cancer care shared by eleven of the nation's leading IO practices ranging from Academic to Community-based settings. By identifying the areas of excellence, one may gain an understanding of how best to establish leadership and build trusting relationships with patients and referrers so that optimal care is implemented.

To facilitate this trust and establish leadership, the multidisciplinary care team (MDT) must value the Interventional Radiologist as a clinician not a proceduralist.

“I would tell others that they need to be clinicians. You have to be able to speak to an oncologist in their language, you must be able to talk about data, and you must be able to compare therapies. You should be actively involved in the patient's care before and after any potential procedure.”

— Dr. Grant Webber

“...it shows the referring physicians that the interventional radiologist is interested in and capable of practicing as a clinician, relying on his or her knowledge, experience and expertise to make clinical decisions and recommendations, because a lot of other specialties think of IRs as just pure proceduralists.”

— Dr. Ryan Hickey



Tumor Board Leadership

Understand not only Y-90 data but all the other data the MDT uses



Patient Selection

Identify the right candidates, establish a protocol and learn to say “NO” to certain types of patients



Referral Communication & Education

Centered around patient care, commit to closing the loop and creating an open dialogue



Patient Experience

Optimize the patient experience by providing adequate education, partnership and support

Key Learnings

Actively participate in data driven treatment decision making.

It is important to understand not only Y-90 data but all the other data the multidisciplinary team will utilize to determine the most effective treatment path. This helps address credibility and patient selection to best identify the proper candidates to treat and provide as definitive results as possible. As such, it was noted that sharing specific individual cases are effective in raising awareness of Y-90/LRT to the entire MDT team. The capability to share data in context of other treatment options being considered results in more balanced treatment discussions. Establishing credibility with strong knowledge based on data aids in overcoming barriers, often turning objection into an opportunity for greater education and acceptance.

Communication and partnership are the two most important factors when building referral confidence.

Partnerships driving collaboration among the multidisciplinary team and along the care pathway not only reside with the specific MDT members but also focus on the diagnostic radiologist and other care coordinators. These types of partnerships are educational, synergistic, and mutually beneficial. Openly communicating shows there is a vested interest in being a key partner in the care of the HCC patient. Efforts around patient follow-up with referral sources and commitment to patient care in other areas with the referral audiences deliver on trust and building of relationships.

As the treatment of HCC continues to evolve and shift, it is important for Interventional Radiology to have an integrated role in the multidisciplinary team making treatment decisions. There are things that can be done today to achieve this goal through active commitment, engagement, and education to establish credibility and build trust. Physicians wishing to improve and optimize their practices should consider these effective strategies.

Learn more about specific resources by visiting www.therasphere.com or talking to your local TheraSphere Therapy Awareness Manager.

Contributors

Boston Scientific interviewed eleven interventional oncology professionals from across the U.S., representing a mix of practice types: academic, community, transplant center, non-transplant center, large and small. Selection criteria included board-certified Interventional Radiologists with a high level of experience in utilizing Y-90 and willingness to share their current process and tactics to engage in the HCC care pathway.

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