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BACKGROUND

With advances in screening and targeted therapies in thoracic malignancies, cancer care is becoming more complex and tumor site-specific multidisciplinary tumor boards (TB) are becoming more common. Many hospitals have identified the need to have pre-diagnosis, confirmed diagnosis and molecular TB. Aside from patient advocacy within the multidisciplinary team, many navigators not only actively participate but also prepare up to 3 separate TB. While studying the operation of thoracic TB, we examined facility cultures and navigator empowerment during patient discussion. The GO₂ Foundation for Lung Cancer has two centers of excellence programs (COEs): Screening Centers of Excellence (SCOE) and Care Continuum Center of Excellence (CCCOE) that are committed to provide evidence-based lung cancer care.

OBJECTIVES

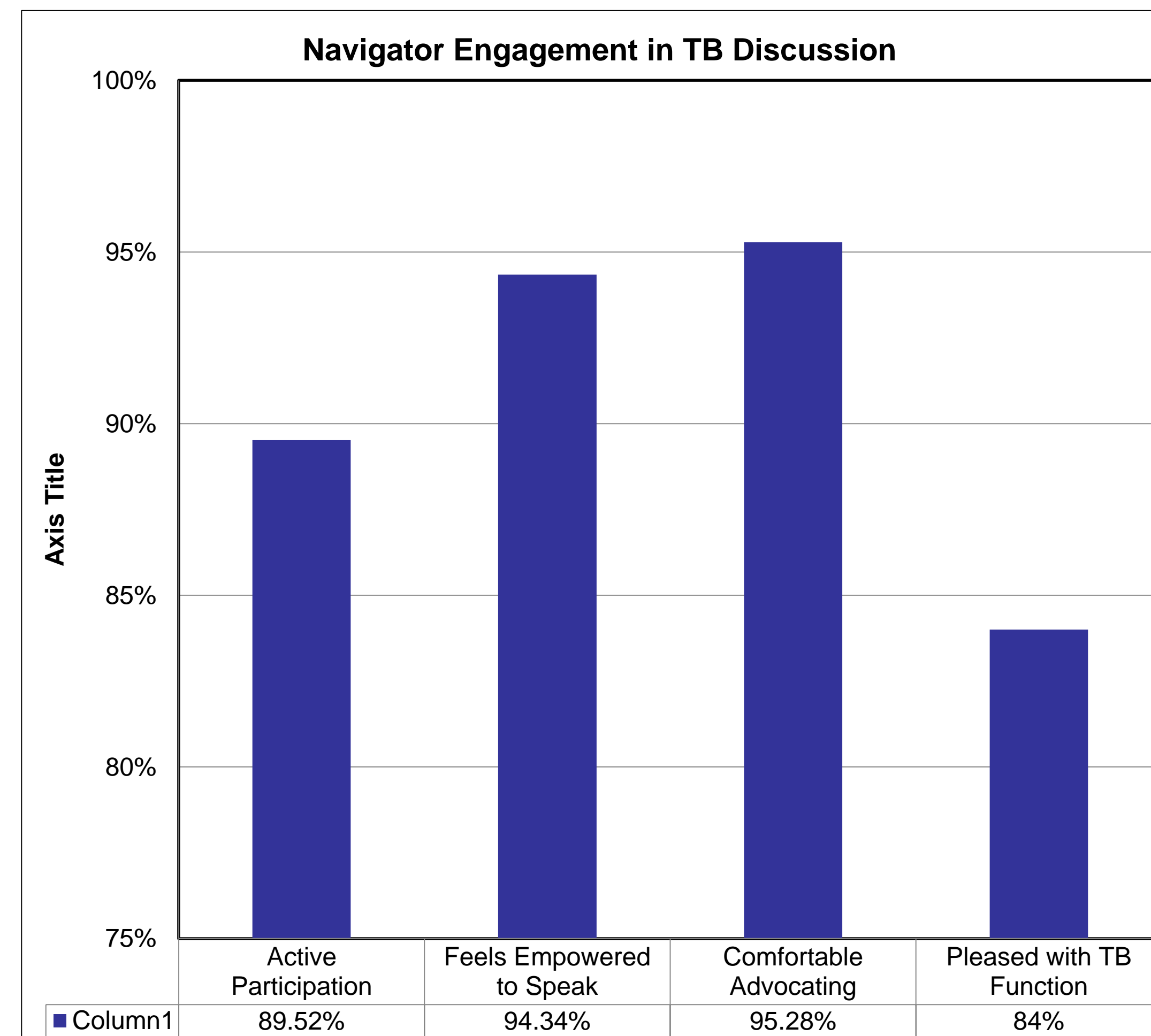
- Analyze the navigator's workflow for tumor board
- Assess the empowerment of navigators by asking them specific questions regarding their facility's culture
- Identify navigator contribution to tumor board and determine whether or not that contribution changed the recommendation for patient treatment

METHODS

- Survey Monkey was emailed to 550 SCOE and 43 CCCOE program coordinators and navigators with three weeks to respond to 30 questions, a mixture of multiple choice and open-ended responses.
- 89 SCOE and 16 CCCOE responses were received for a total of 105. Members of both programs were included in the CCCOE numbers.
- The majority of lung navigators have professional training with the most common being RN, Respiratory Therapist, Radiology Technologist and Social Worker.
- Targeted questions were asked surrounding navigator empowerment:
 - As a navigator, do you feel empowered by your multidisciplinary team to speak up?
 - Do you feel comfortable being an advocate for your patient in your TB?
 - As a navigator, have you ever shared patient information that changed the recommendation for the treatment plan in the TB setting?

RESULTS

- Sixty-two facilities responded that they offer more than one TB.
- Statistics show a split between navigator and others preparing with 27.36% of navigators being totally responsible.
- Of those surveyed, 41 navigators dedicate over 2 hours in conference preparation with 2 navigators spending up to 10 hours.
- Twenty-eight navigators prepare for two or more conferences.



RESULTS

NAVIGATORS EFFECTING CHANGE IN TUMOR BOARDS

67.62%

Of Navigators have shared information that changed the recommendation for the patient's treatment plan

CONCLUSIONS

Navigators play a vital leadership role and feel empowered as part of the multidisciplinary team demonstrated by the responses within the survey. Tumor board prep are elements of a navigator's workflow but this study does show others are taking on preparation. With increasing the number of conferences held, we need to ensure that the navigator remains empowered as a patient advocate. Further studies may identify less navigator empowerment since our COE's spotlight navigators as part of the multidisciplinary team.

REFERENCES

Gentry, Sharon. (2018) "The Role of Navigation Around Tumor Board Participation" Lillie D. Shockney (ed.) *Team-Based Oncology Care: The Pivotal Role of Oncology Navigation*. Switzerland: Springer International Publishing pp. 227-250

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