

Abstract #1

Differences in the Practice Patterns between Community Gastroenterologists and Community Oncologists regarding the Management of Early Hepatocellular Carcinoma in Midwest

Background:

Hepatocellular carcinoma (HCC) is one of the rapidly rising solid tumors in the US. There are varieties of options available for management of HCC based on the size of the lesion and underlying liver & patient condition. Most of the modalities are available in the teaching hospital settings where hepatologists are usually available. The practice patterns between community Gastroenterologists & Oncologists in the management of early HCC when they are amenable to liver transplantation are unknown. We studied the differences in practice patterns between community Gastroenterologists and Oncologists in the Midwest.

Methods:

One page questionnaire was mailed with a stamped self-addressed envelope to 460 community Gastroenterologists and 761 community Oncologists living in Midwest (Illinois, Indiana, Michigan, & Wisconsin) identified through the mailing lists of American Gastroenterological Association and American Society of Clinical Oncology.

Results:

91 (19.8%) responses were received from the Gastroenterologists, of which, 86 were from the community practitioners. 140 (18.4%) responses were received from the Oncologists, of which, 134 were from the community practitioners. Results from the community practitioners are shown in the table below.

	Gastroenterologists (n = 86)	Oncologists (n = 136)
<i>Age (in years)</i>	49.6 ± 9.4	48.7 ± 8.3
<i>Years in practice</i>	18.5 ± 9.1	16.0 ± 9.2
<i>Type of practice (%)</i>	Group (89.5) Multispecialty (36.4) Single (51.9) Solo (10.5)	Group (91.8) Multispecialty (33.3) Single (52.8) Solo (8.2)
<i>Composition of practice (%)</i>	Gastroenterology (80.1 ± 16.0) Hepatology (18.1 ± 14.4) Internal Medicine (15.1 ± 18.2)	Medical Oncology (72.7 ± 16.4) Hematology (26.8 ± 14.7) Internal Medicine (10.0 ± 9.9)
<i>New cases of HCC</i>	1.7 ± 1.6	2.4 ± 2.3
<i>HCC stage 1</i>	0.6 ± 0.8	0.2 ± 0.5
<i>HCC stage 2</i>	0.9 ± 0.9	1.0 ± 1.1
<i>Treatment offered</i>	^a Refer to oncologist Stage 1 ^b Refer to surgeon a = 28, b = 20, c = 37, ^c Refer to liver d = 6, e = 0, f = 0 transplant center ^d Refer for other ♣ 60 (c>a>b) modalities of Rx (RFA, chemo) Stage 2 ^e Do not refer a = 32, b = 13, c = 34, ^f Palliative Rx d = 7, e = 0, f = 2 *Only one modality ♣ 63 (c>a>b)	^a Refer to surgeon Stage 1 ^b Systemic chemotherapy a = 99, b = ^c Radiation therapy 37, c = 4, d = 72, e = 49, ^d Refer for other modalities of Rx f = 23 (RFA, chemo) ^e Refer to liver transplant center ^f No treatment ♣ 46 (a>d=e>b>f) *Only one modality Stage 2 a = 76, b = 30, c = 3, d = 82 e = 35, f = 12 ♣ 45 (a=d>f>b=e)

Conclusions:

The community Gastroenterologists are more likely to refer to a liver transplant center during early stages of HCC than community Oncologists. Stage 1 cases of HCC are commonly seen by the Gastroenterologists than Oncologists.