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11-2022

Newly Diagnosed Solid Tumors (Diagnostic Management)

Children's Mercy Kansas City

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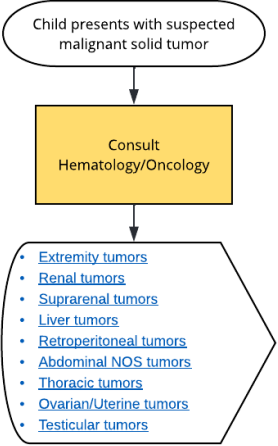
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Newly Diagnosed Solid Tumors (Diagnostic Management) Care Process Model Synopsis

Newly Diagnosed Solid Tumors CPM

Evidence Based Practice

- Inclusion**
- Newly diagnosed solid tumors:
 - Extremity
 - Renal
 - Suprarenal
 - Liver
 - Retroperitoneal
 - Abdominal NOS
 - Thoracic
 - Ovarian/uterine
 - Testicular
- Exclusion**
- [Patients with anterior mediastinal mass please manage according to Mediastinal Mass CPM](#)
 - CNS
 - Cardiac
 - Lung
 - Ears, nose, and throat



Please use email Solid Tumor Group for timing and setting of biopsy plan:
HNewSolidTumor@cmh.edu

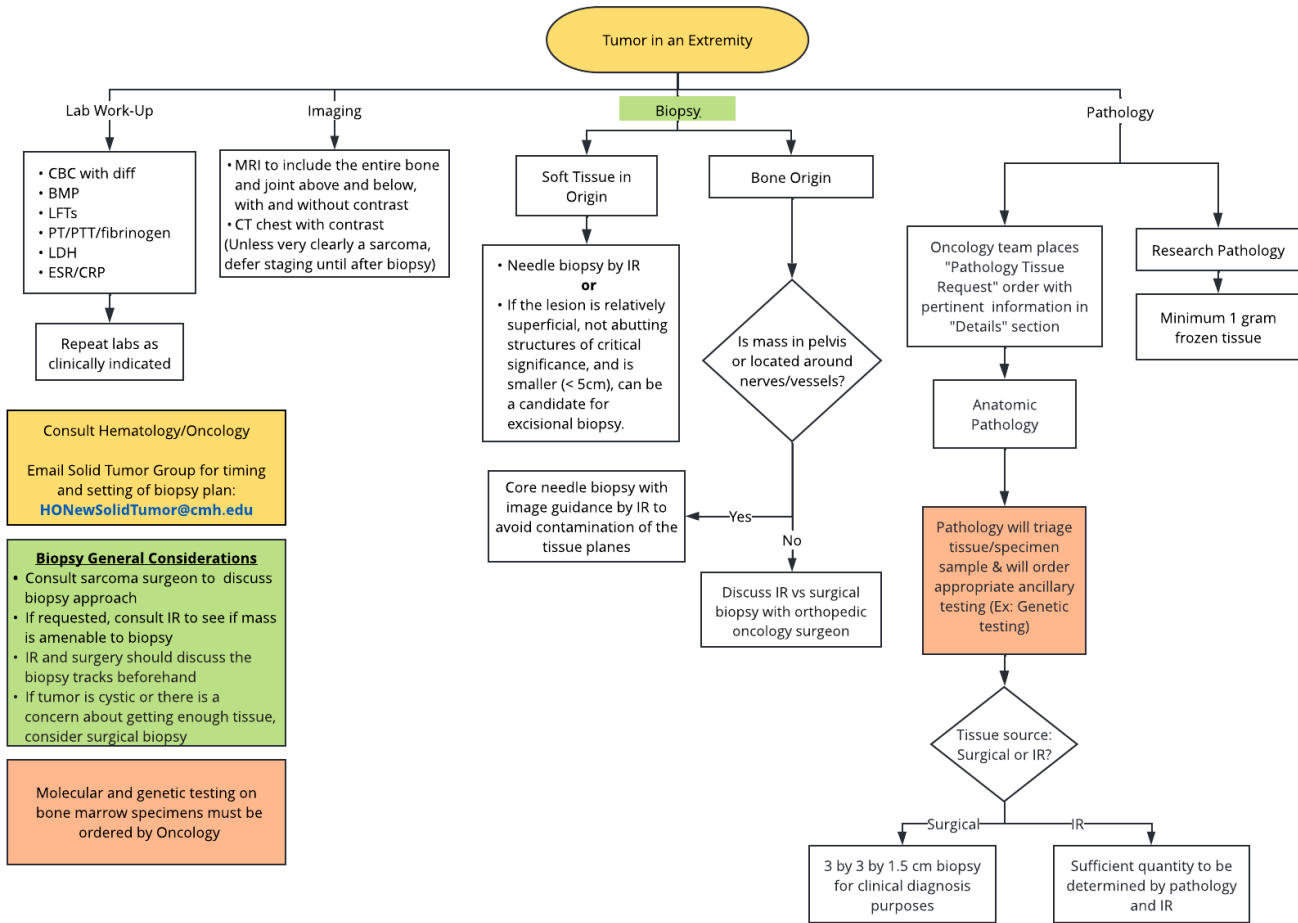
Ideal time for potential biopsy/surgery is during weekday daytime hours. On Nights/Weekends the On-Call Pathologist does not have support staff.

Contact: EvidenceBasedPractice@cmh.edu Last Updated: 1.13.22

For additional information, [link to synopsis](#)

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Consult Hematology/Oncology

Email Solid Tumor Group for timing and setting of biopsy plan:
HONewSolidTumor@cmh.edu

Biopsy General Considerations

- Consult sarcoma surgeon to discuss biopsy approach
- If requested, consult IR to see if mass is amenable to biopsy
- IR and surgery should discuss the biopsy tracks beforehand
- If tumor is cystic or there is a concern about getting enough tissue, consider surgical biopsy

Molecular and genetic testing on bone marrow specimens must be ordered by Oncology

Contact: EvidenceBasedPractice@cmh.edu

For additional information, [link to synopsis](#)

Last Updated: 10.5.22

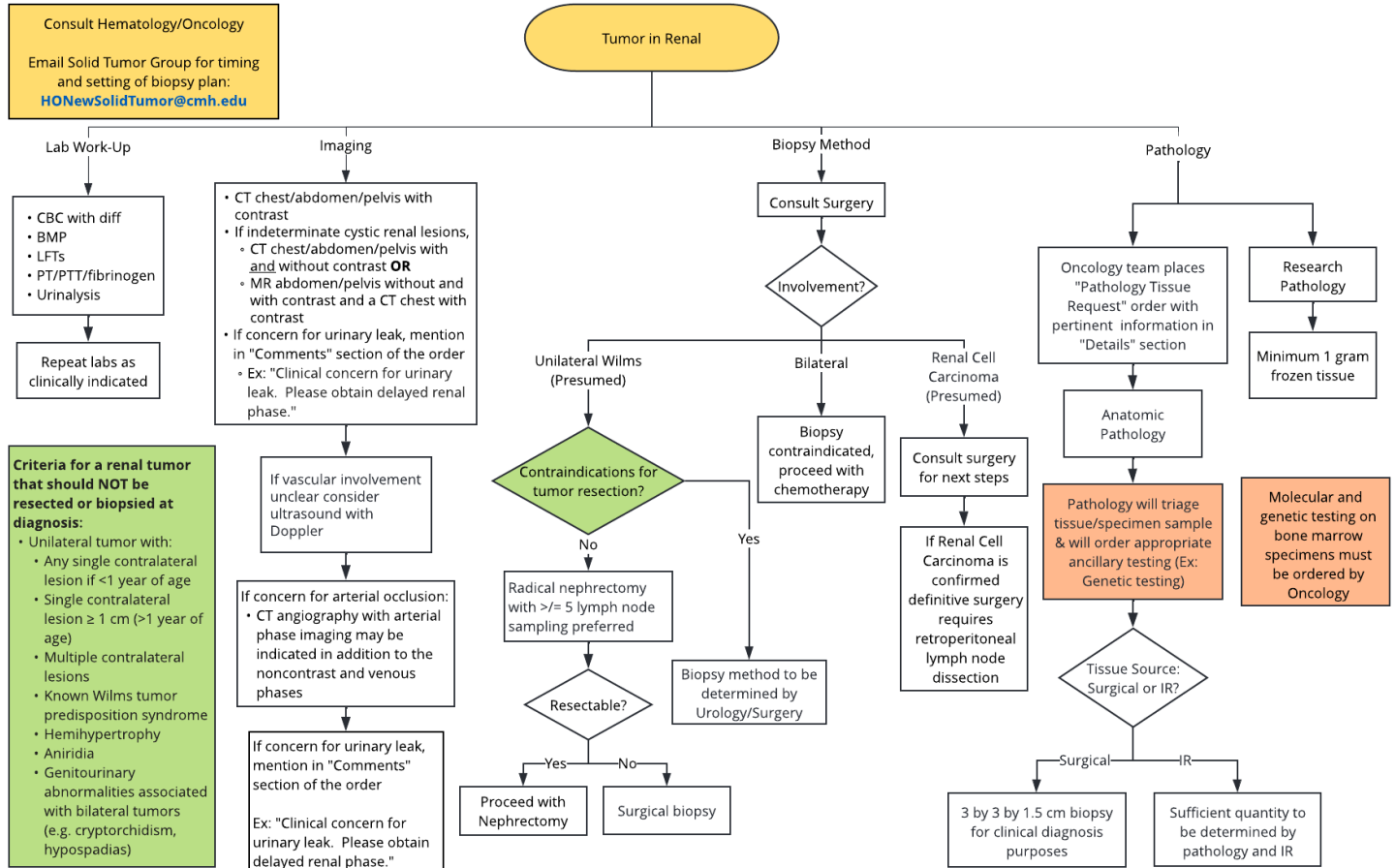
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Newly Diagnosed Solid Tumors CPM
Renal



Evidence Based Practice



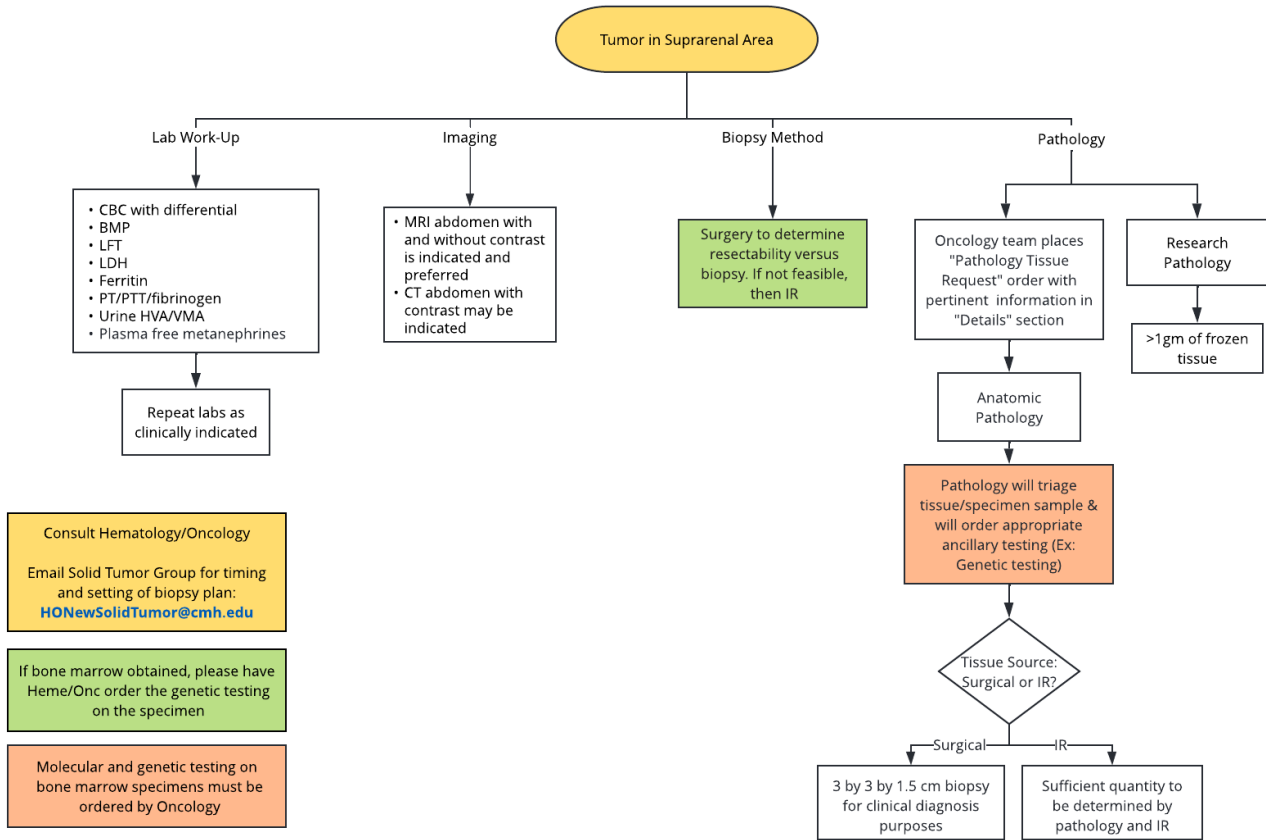
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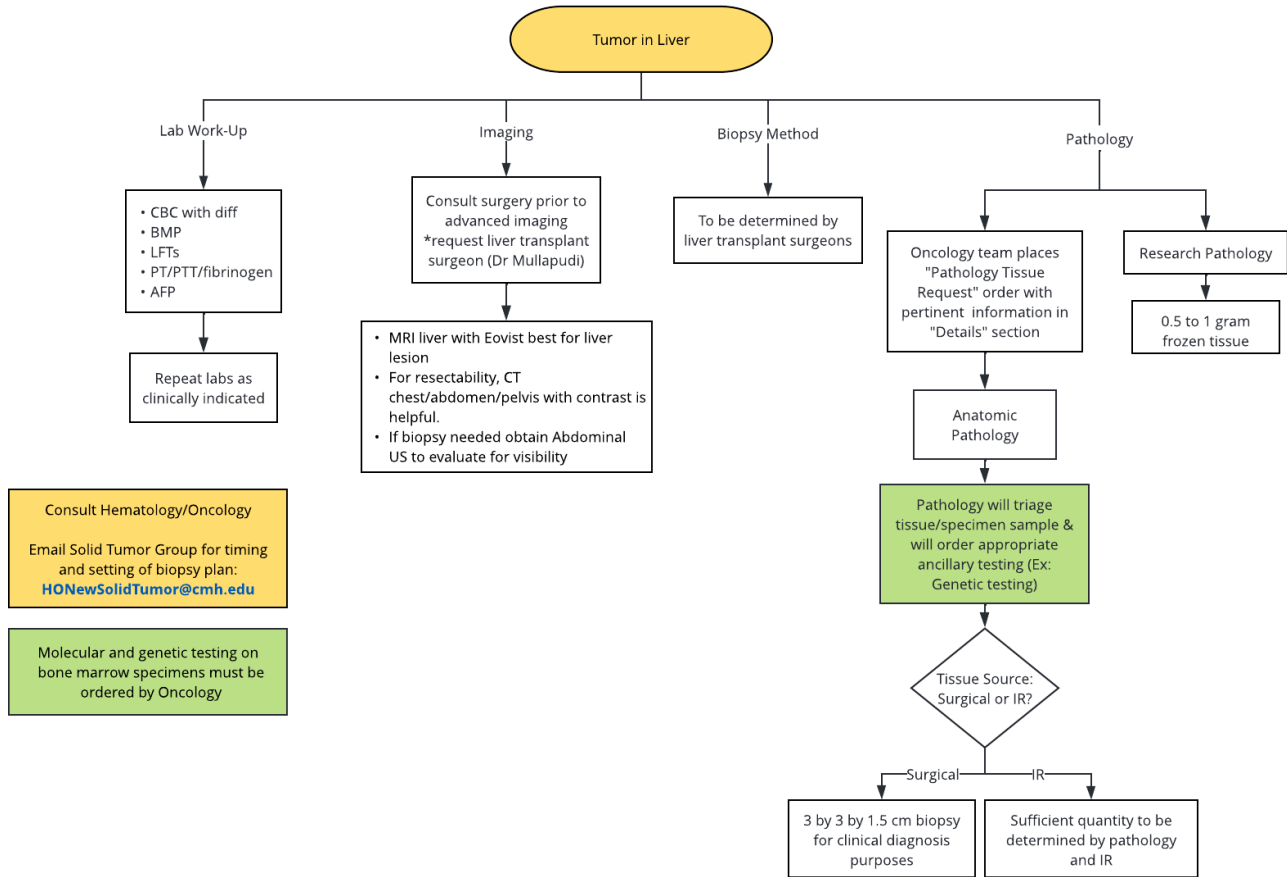
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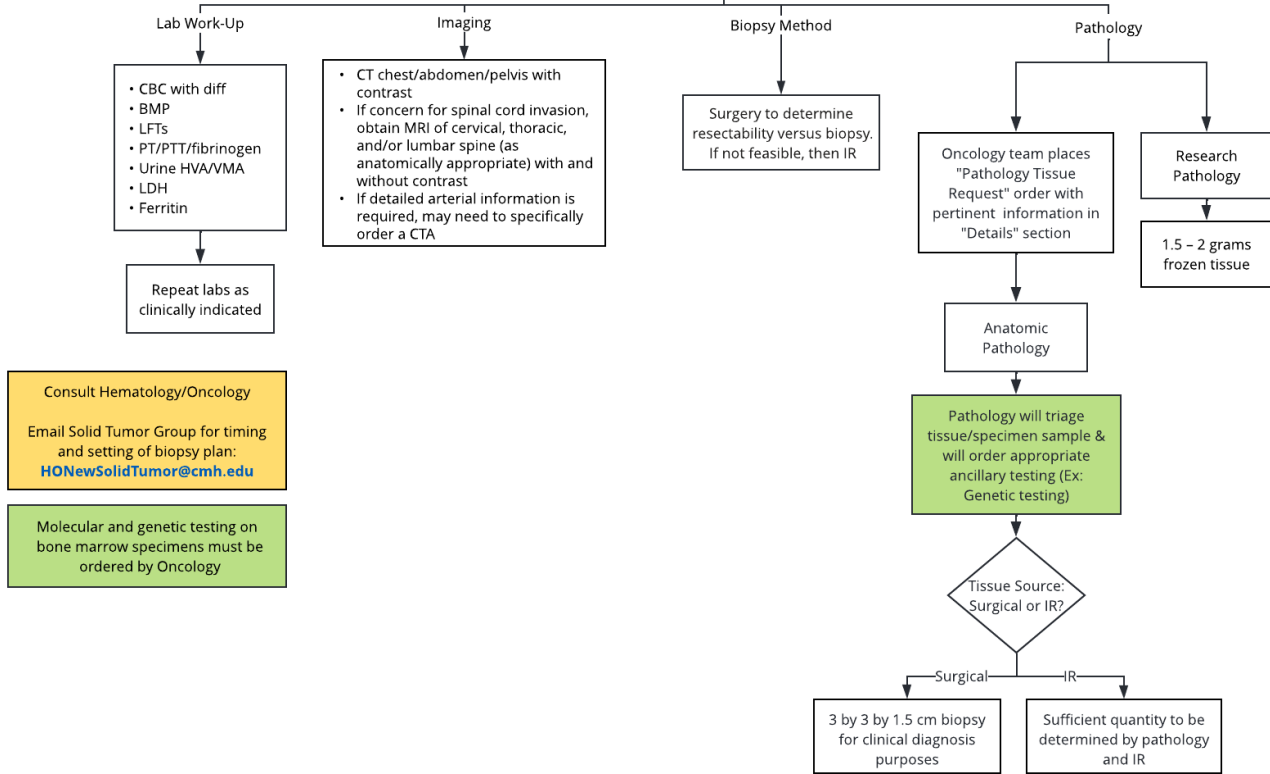
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Newly Diagnosed Solid Tumors CPM
Retroperitoneal



Evidence Based Practice

Tumor in Retroperitoneal Area



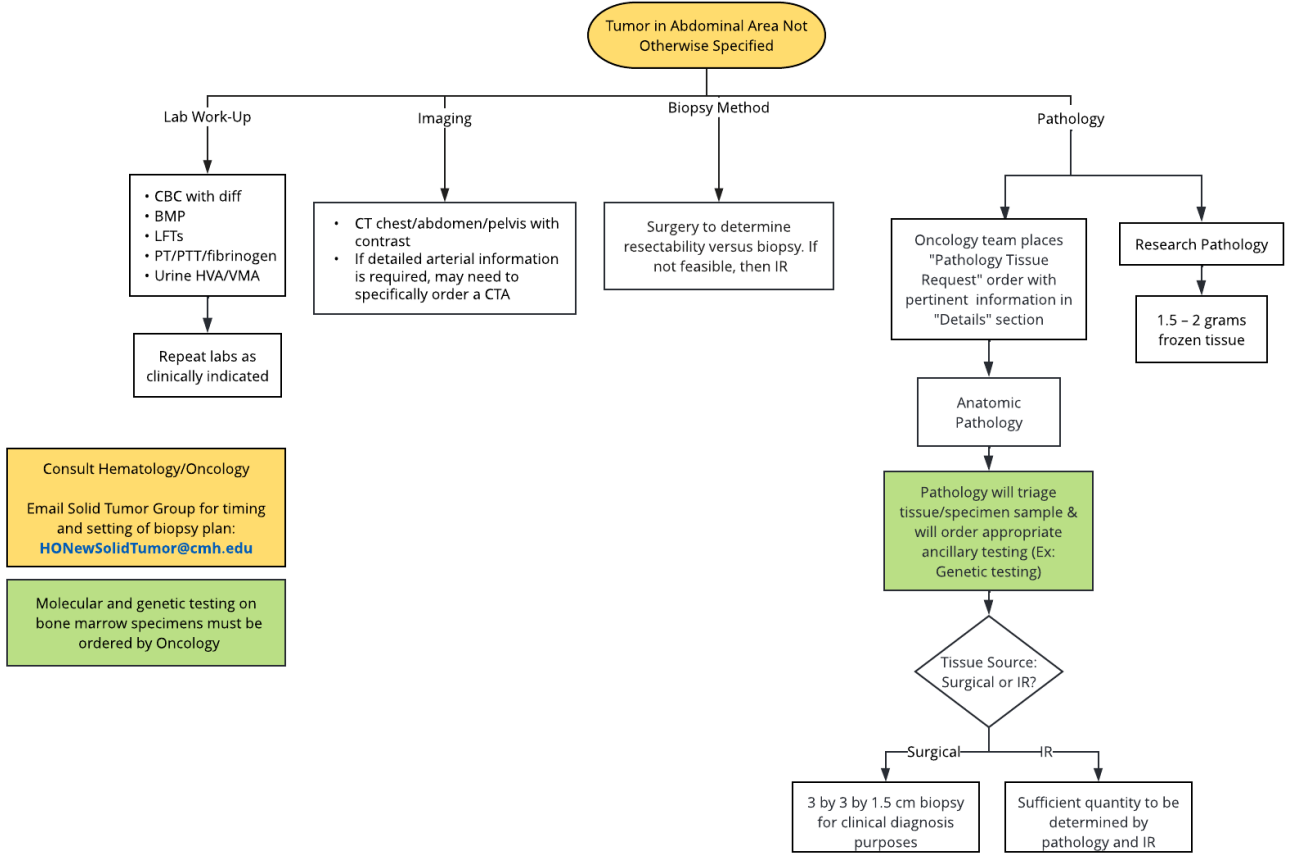
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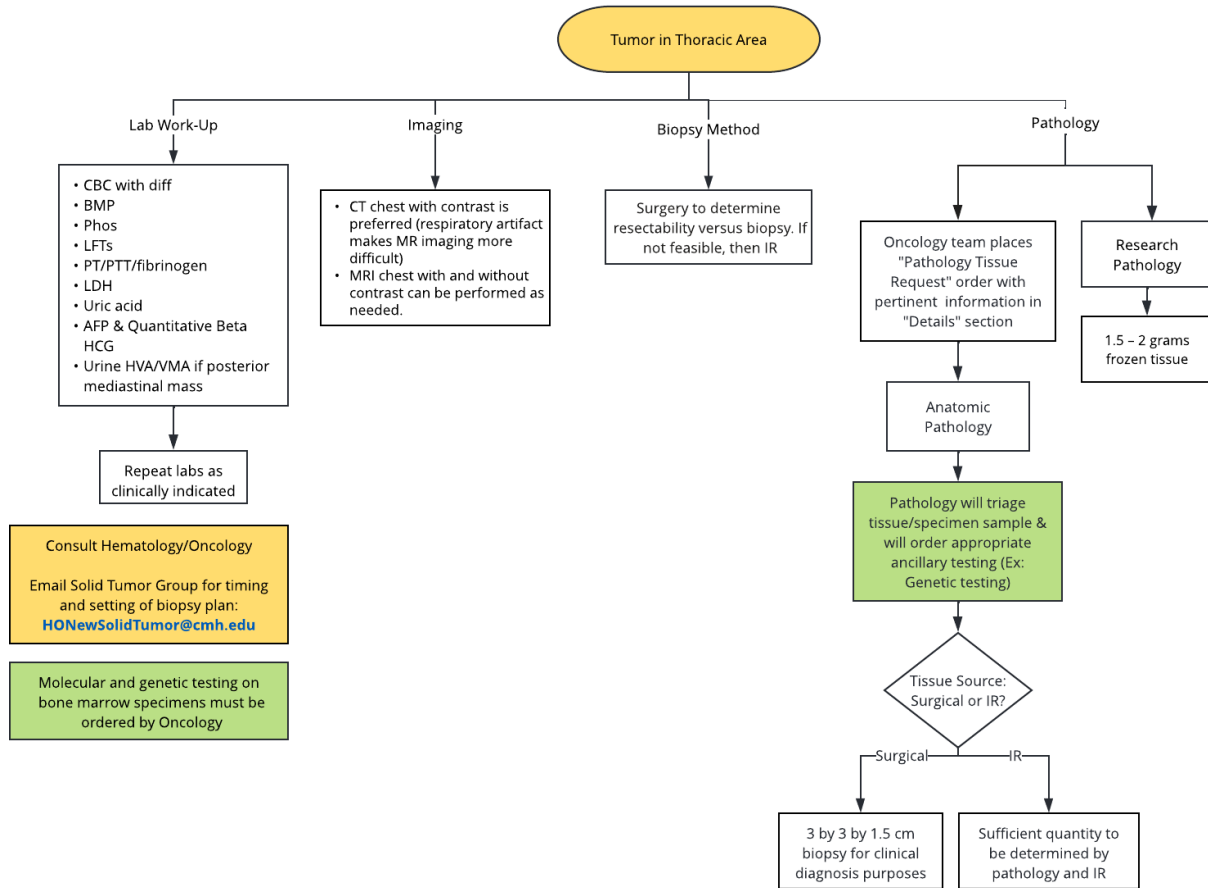
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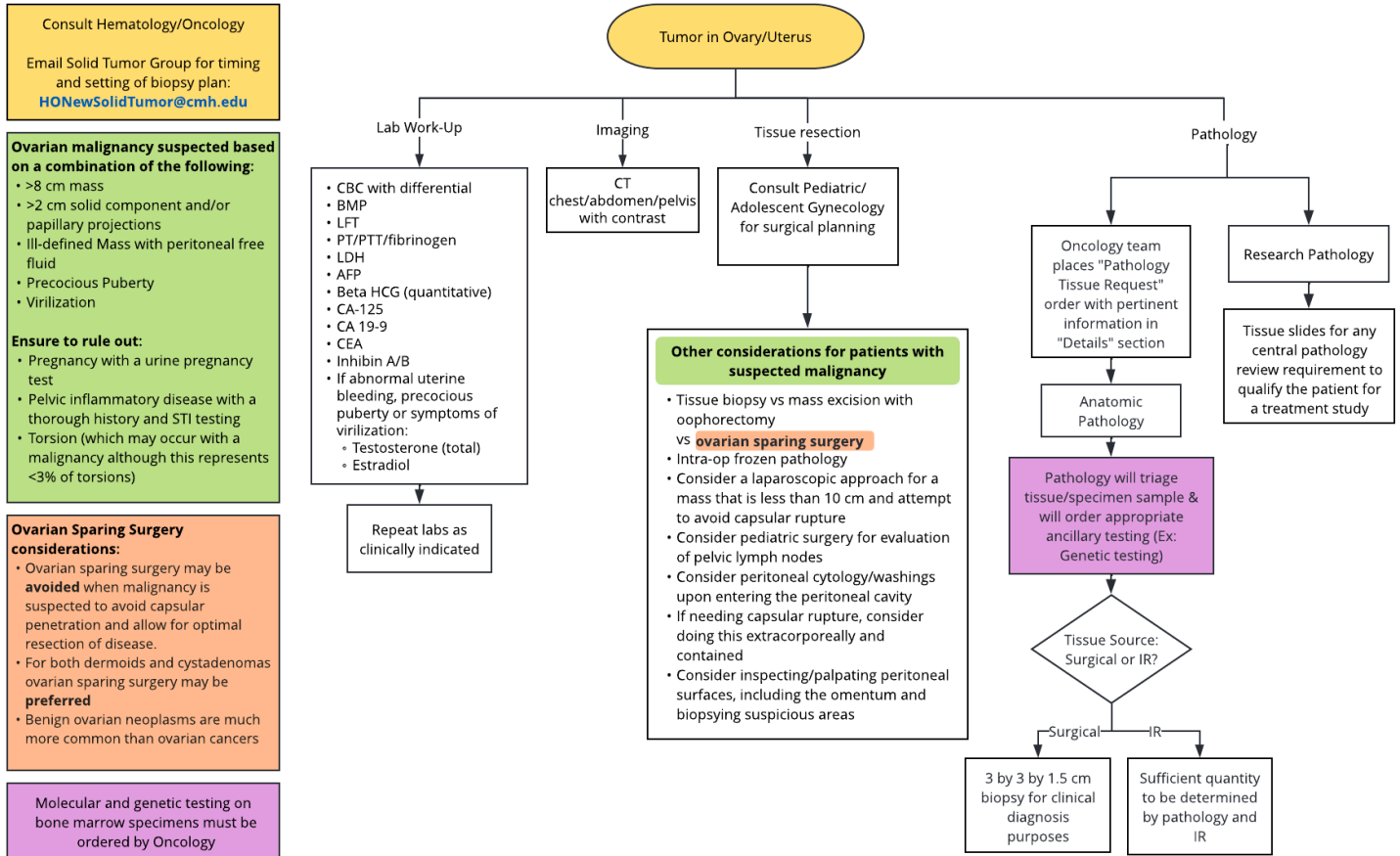
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Newly Diagnosed Solid Tumors CPM
Ovarian/Uterine



Evidence Based Practice



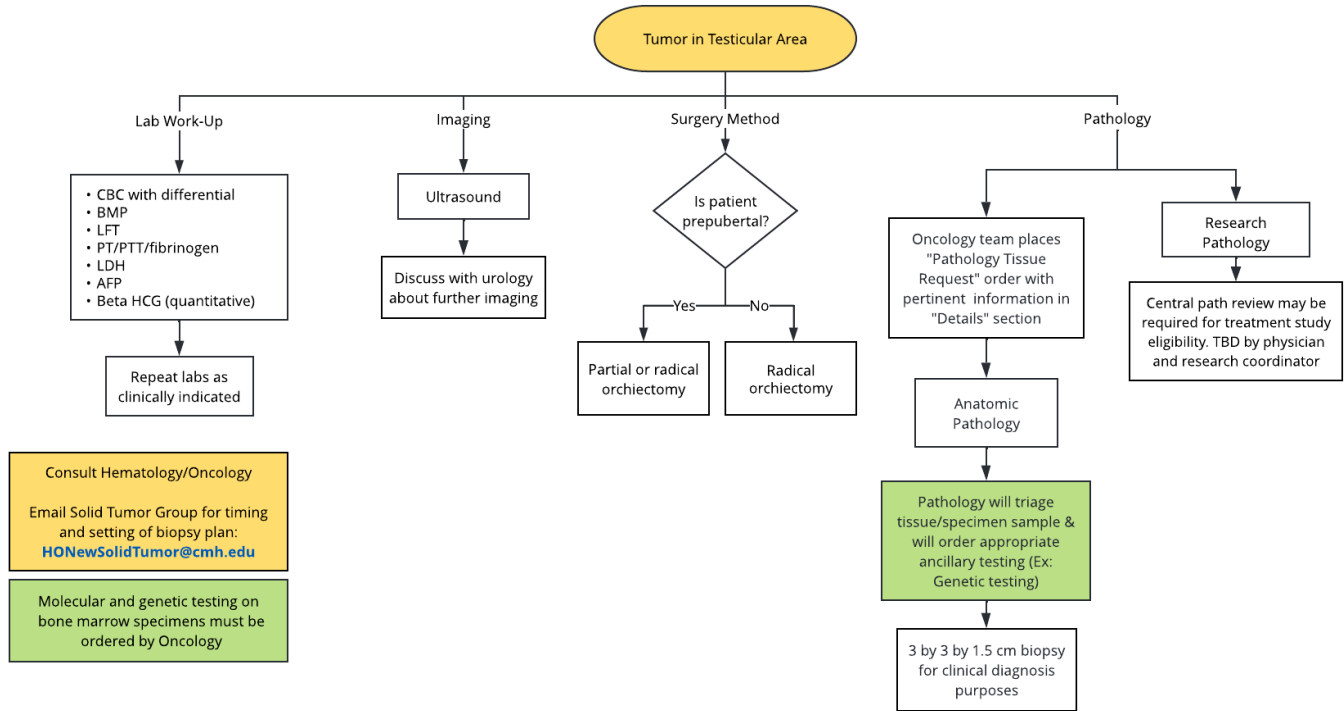
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Objective of Care Process Model

The objective for the Diagnostic Management of Newly Diagnosed Solid Tumors Care Process Model is to provide care standards for the patient who presents with a suspected malignant or newly diagnosed solid tumor in any of the following locations: extremity, renal, suprarenal, liver, retroperitoneal, abdominal (not otherwise specified), thoracic, ovarian/uterine, and testicular.

Background

Diagnostic management is paramount for a child or adolescent presenting with a suspected malignant or newly diagnosed solid tumor. The creation of the care process model is meant as a guide for the healthcare professional to standardize the diagnostic management of newly diagnosed solid tumors through a care management process. The Diagnostic Management of Newly Diagnosed Solid Tumors Care Process Model is not a substitute for medical judgment, which should be applied based upon the individual circumstances and clinical condition of the patient.

Target Users

- Hematology/Oncology staff, fellows, residents, and APRNs,
- Surgery staff, fellows, residents, and APRNs,
- Urology staff, fellows, residents, and APRNs,
- Gynecology staff, fellows, residents, and APRNs,

Target Population

CPM Inclusion Criteria

- Patients with suspected malignant or newly diagnosed solid tumor in an extremity, renal, suprarenal, liver, retroperitoneal, abdominal (not otherwise specified), thoracic, ovarian/uterine, and testicular locations.

CPM Exclusion Criteria

- Patients with suspected anterior mediastinal mass

Care Management Recommendations

- Recommendations are based on the child or adolescent who presents with a suspected malignant or newly diagnosed solid tumor in an extremity, renal, suprarenal, liver, retroperitoneal, abdominal (not otherwise specified), thoracic, ovarian/uterine, and testicular locations. Each location has a corresponding workup pathway that involves: Labs, Imaging, Biopsy/Surgery, and Pathology.

Additional Questions Posed by the CPM Committee

No clinical questions were posed for this review

Potential Cost Implications

The following potential improvements may reduce costs and resource utilization for healthcare facilities and reduce healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families.

- Decreased risk of overdiagnosis
- Decreased risk of overtreatment (i.e., treatment for meningitis when treatment for urinary tract infection is more appropriate)
- Decreased frequency of admission
- Decreased inpatient length of stay
- Decreased unwarranted variation in care

Potential Organizational Barriers and Facilitators

Potential Barriers

- Lack of awareness of CPM
- Overnight admissions
- Urgent/emergent patients
- Lack of cross-discipline communication prior to decisions

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Potential Facilitators

- New solid tumor power plan
- New solid tumor email group for communication
- Active encouragement of error prevention (STAR, ARCC, QVV) before pivotal decisions/orders

Associated Policies

- None

Care Process Preparation

This care process was prepared by the Evidence Based Practice Department (EBP) in collaboration with content experts at Children’s Mercy Kansas City. Development of this care process supports the Division of Quality Excellence and Safety’s initiative to promote care standardization that is evidenced by measured outcomes. If a conflict of interest is identified the conflict will be disclosed next to the committee member’s name.

Implementation & Follow-Up

Once approved, the CPM was presented to appropriate care teams and implemented. Care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur. This CPM is scheduled for revision November 2024.

Diagnostic Management of Newly Diagnosed Solid Tumors CPM Committee Members and Representation

- Joel Thompson, MD | Hematology/Oncology/BMT | Committee Chair
- Bhargava Mullapudi, MD | Transplant Surgery | Committee Member
- Kris Laurence, BHS, CCRP | Hematology/Oncology/BMT | Committee Member
- Lindsey Fricke, RN, MSN, FNP-BC, CPHON | Hematology/Oncology/BMT | Committee Member
- Brenton Reading, MD | Radiology | Committee Member
- John Krumme, MD | Orthopaedic Surgery | Committee Member
- Melissa A. H. Gener, MD, FCAP | Pathology and Laboratory Medicine | Committee Member
- Eugenio Taboada, MD, FCAP | Pathology and Laboratory Medicine | Committee Member
- Ashli Lawson, MD | Gynecology | Committee Member
- Joel Koenig, MD | Urology | Committee Member

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice | Committee Member
- Jarrod Dusin, MS, RD, LD, CPHQ | Evidence Based Practice | Committee Member

Additional Review & Feedback

- The CPM was presented to each division or department represented on the CPM committee as well as other appropriate stakeholders. Feedback was incorporated into the final product.

Care Process Model Development Funding

If no outside funding, use this statement: The development of this guideline was underwritten by the EBP and Hematology/Oncology/BMT, Surgery, Radiology Departments.

Approval Obtained

Department/Unit	Date Approved
Hematology/Oncology/BMT	October, 2022
Pathology and Laboratory Medicine	September, 2022
Radiology	October, 2022
Pediatric Surgery	October, 2022
Orthopaedic Surgery	September, 2022
Pathology and Laboratory Medicine	September, 2022

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Gynecology	September, 2022
Urology	September, 2022

Version History

Date	Comments
October 2022	Version one

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the guideline and the power plans that accompany the guideline.

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