USING THE MODIFIED RAND/UCLA DELPHI PROCESS TO PRODUCE MEDICAL TREATMENT CONSENSUS IN UNRESECTABLE MIDGUT GASTROINTESTINAL NEUROENDOCRINE TUMORS


BACKGROUND

• Gastrointestinal neuroendocrine tumors (GNETs) are rare neoplasms that originate from the secretory cells of the gastrointestinal tract and produce peptides and neuropeptides causing characteristic, hormonal syndromes, including carcinoid syndrome.1,2

• The emergence of new treatments has improved the options available to patients, although current treatment guidelines lack specificity in some clinical areas.

• A systematic methodology for group decision-making, such as the RAND/UCLA modified Delphi process has not previously been used to develop medical management recommendations for midgut GNETs.3

OBJECTIVE

To use the RAND/UCLA modified Delphi panel process to develop a consensus on medical treatment of well-differentiated (grade 1-2 tumors) unresectable midgut GNETs.

METHODS

The modified RAND/UCLA Delphi process involved recruitment of physician experts, development of patient scenarios, collection of ratings, statistical summary of panel agreement, and development of consensus statements.4

Physician Experts

• Thirteen physician experts in treatment of NETs, representing various specialties, were appointed to serve on the steering committee, on the panel, or both; one physician was assigned the moderator role.

• Experts and the moderator were blinded to the funding source.

• Development of Clinical Patient Scenarios

• Following the experts’ review of a published summary of evidence on treatment of NETs, we collaborated to develop a comprehensive list of key variables used to construct patient scenarios.

• Variables Used to Construct Clinical Patient Scenarios in Midgut NETs

RESULTS

Panelist Characteristics

• The 10 panels (age: 38-63 years) were from northeast, midwest, south, and west regions.

• Specialties of panels included medical and surgical oncology, interventional radiology, and gastroenterology.

• Panelists had practiced a mean of 15.5 years and reported seeing 25-600 NET patients per year.

• All panelists were in academic practice.

• Five panels had been involved in the development of other treatment guideline panels.


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Average Panel Median and Rating and Absolute Deviation from Median

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CONCLUSIONS

• Medical treatment consensus obtained in this study is concordant with NCCN recommendations.6

• The consensus statements produced in this study are useful in informing and guiding on long-term guidelines because they address specific scenarios not covered in other guidelines.7

• In this study, we show how an expert panel methodology, namely the RAND/UCLA modified Delphi process, can be used to systematically derive consensus statements for the management of NETs.

• This detailed consensus statement can inform the development of treatment guidelines and may also guide clinicians in their clinical decision-making for patients with midgut NETs.

LIMITATIONS

• The panels relied on information from a variety of data sources, not just from randomized controlled trials.

• Although the Delphi panel method has been shown to be reproducible, all panels were from academic settings, and a different panel composition may have derived slightly different consensus conclusions.

• The Delphi panel process does not develop new information; evidence and/or prospective studies may also be useful in further evaluating appropriateness of various treatment options.

References


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