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All Sides of the Joint: Integrated TGCT Care Across Specialties

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Dr. Gelderblom:
This is CE on ReachMD, and I'm Dr. Hans Gelderblom.

Dr. Van de Sande:
My name is Dr. Michiel Van de Sande.

Dr. Cole:
And I'm Dr. Chelsea Cole.

Dr. Gelderblom:
So, Dr. Cole, what are your thoughts about optimizing TGCT care from a sports medicine physician's perspective?

Dr. Cole:
So I think one of the things that's important with this is to always keep it on your differential because it can kind of present very similarly to a lot of other joint and other conditions that we kind of see. And so just keeping it in the background as an option of something that we see, because it's not as common as some of the other more common things we find.

And then the other thing is always making sure that once we do identify it, that we're appropriately sending it to our orthopedic oncologist or our medical oncologist to kind of talk about next steps and get further kind of treatment as quickly as possible.

Dr. Gelderblom:
Well, Dr. Cole, that was great and very informative.

Dr. van de Sande, can you provide your perspective on integrating TGCT care across medical specialists as an orthopedic surgeon?

Dr. Van de Sande:
Yes, thank you, Hans and Chelsea. I think you hit the nail on the head. It is a super rare disease, and most of us will only see it once in our lifetimes, especially when you're a general practitioner or a sports physician. We see it every week, so for us it's a little bit easy. But it's very important to keep it a multidisciplinary treatment. We need everybody aligned and aware of the disease—patients, general

practitioners, physiotherapists— in order to get them to the care place where they can actually be treated using the guidelines that the experts have set out.

Dr. Gelderblom:
Well, great, Dr. van de Sande. Thank you very much.

So from my perspective as a medical oncologist, I think the multidisciplinary approach is crucial, essential to guide the treatment selection, and it starts with the physician that sees the patient first, towards the sports medicine doctors, the orthopedic surgeons, and the medical oncologists. So you should really do this together. And the last voice, of course, is the patient, because there is something to choose sometimes—an operation with a risk of recurrence versus systemic therapy with a risk of side effects. And it might also be related to personal situation of the patient.

And last but not least, there might be regional differences or national differences in how healthcare is organized. In a big country like the US, there might be regional differences. In the Netherlands, it's very well organized. But there might be countries where there needs to be more education. So education is a key point.

And maybe either one of you has something to add to this?

Dr. Cole:
So I think one of the things from my perspective, I do a lot of ultrasound in sports medicine, MSK ultrasound in my practice, and so one of the things that also can be helpful with this is I'll use that, especially if it's a superficial joint, to just see does it look kind of abnormal or unusual. But the other thing is using more advanced imaging if something just isn't getting better or doesn't look exactly like the most common thing.

So, I mean, one of the cases I have is actually a patient that I had with a wrist, and it looked—I mean, way more commonly, I'm going to see ganglion cysts in that area—but my ultrasound, a ganglion cyst looks very different than this, because on ultrasound, it looks mixed echotexture, like it looks like there's synovium and stuff in there. And I sent them to get an MRI, and they further diagnosed that that's what was going on.

Dr. Van de Sande:
Thanks, Dr. Gelderblom and Dr. Cole. That was a very nice perspective and a very important part of the multidisciplinary treatment of this disease, because most of these patients are young and are firstly visiting their general practitioners, then their physical therapists, and then they're sent out to sports medicine doctors or general orthopedic surgeons. And if we can raise the awareness for the disease, also training patients to be aware of this disease that needs to be treated in centralized places, then I think the referring towards orthopedic oncology and medical oncology and even TGCT clinics as a whole will improve the treatment and will prevent treatments that were either unnecessary or just not working for these patients.

Dr. Gelderblom:
Thank you. Very, very practical comments from all sides. Thank you very much. It's been a great, great micro discussion. Our time is up, and thanks for listening.

Announcer:
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