

Role of multidisciplinary team in breast cancer treatment



EBreast II

Start Presentation

Tips for
navigation

References



Multidisciplinary team (MDT)

A MDT (in some cases also referred as tumor board) is a team composed of professionals from different clinical specialties who work together to make decisions about the recommended clinical pathway of an individual patient.

MDT meetings are a fundamental part of a complex care path, during which MDTs gather to discuss on a series of patients in order to achieve a definite staging and formulate a shared treatment plan, in the light of the best available evidence for customized treatment options and appropriate follow-up. (1,2)



Team composition

Principles of meeting arrangements and content

Impact of the MDT

Challenges and recommendations



Team composition

The members of MDTs and their attendance at meetings depend on several factors which include hospital size and cancer type. In general, professionals eligible to participate as members of the MDTs are medical and radiation oncologists, surgeons, radiologists, pathologists, nurse specialists, nuclear medicine specialists, palliative medicine physicians, pharmaceutical experts and psycho-oncologists. (1)

Various professionals with a background in allied health disciplines such as genetics counselors, nutritionists, plastic surgeons may also be called upon and finally experts specialized in areas related to the tumor site may also be present. Within the MDTs, leaders are usually identified for the effective coordination and organization of services and clinical management. (1)

The patient could also be present at the meetings and his/her consensus is sought throughout the duration of the treatment process. In addition, treatment decisions and clinical responsibility are shared by the members of the MDT. More recently, technological advances have made collaboration among TB members easier by introducing the possibility of “virtual team” meetings when team members are not available in person. (1)

Multidisciplinary team (MDT)

A MDT (in some cases also referred as tumor board) is a team composed of professionals from different clinical specialties who work together to make decisions about the recommended clinical pathway of an individual patient.

MDT meetings are a fundamental part of a complex care path, during which MDTs gather to discuss on a series of patients in order to achieve a definite staging and formulate a shared treatment plan, in the light of the best available evidence for customized treatment options and appropriate follow-up. (1,2)



Team composition

Principles of meeting arrangements and content

Impact of the MDT

Challenges and recommendations



Impact of MDT

MDT meetings have become an integral part of cancer care in many countries worldwide. The main perceived benefit of an MDT is that it provides consistent, continuous, coordinated, and cost-effective care to the patient. There is some evidence to indicate that decisions made by MDTs are more likely to conform to evidence-based guidelines than those made by individual clinicians. (3)

MDT meetings are perceived to be effective in the medical management of patients with advanced breast cancer. Also, breast MDTs contributed to a shorter mean time from diagnosis to treatment (29.6 versus 42.4 days; $P < 0.0008$), as well as increased patient satisfaction. (3)

Importantly, it has been found that MDT referral has resulted in a higher proportion of patients who either received neoadjuvant chemotherapy or underwent lumpectomy alone and MDT referral has resulted in a change in treatment recommendation for 43% of the patients. (4)

Studies have also shown that the relative risk of recurrence and death was significantly lower for breast cancer patients who received MDT care than for those who did not which is why it is ought to be integral part of cancer care pathways. (4)

Multidisciplinary team (MDT)

A MDT (in some cases also referred as tumor board) is a team composed of professionals from different clinical specialties who work together to make decisions about the recommended clinical pathway of an individual patient.

MDT meetings are a fundamental part of a complex care path, during which MDTs gather to discuss on a series of patients in order to achieve a definite staging and formulate a shared treatment plan, in the light of the best available evidence for customized treatment options and appropriate follow-up. (1,2)



Team composition

Principles of meeting arrangements and content

Impact of the MDT

Challenges and recommendations



Principles of the meeting arrangements and content

In many countries, MDT involvement in treatment decisions is considered "gold standard" and each cancer patient should be discussed before the treatment approach is chosen. (1,2)

Depending on the Cancer Clinic, MDT meetings may take place weekly, bi-weekly or with some other pattern. Each team has a dedicated chair/leader and members that are crucial to take part of the meeting. (2)

Cancer patients can be discussed either in a prospective (mostly) or retrospective manner. (2)

Most cases discussed in MDT meetings are at the point of diagnosis, or treatment initiation, and most MDT meetings are chaired by surgeons. However, the MDT is the ideal forum for making recommendations about changing treatment strategies for patients with advanced disease on systemic therapy both in terms of clinical- and cost-effectiveness. (2)

**Prospective
discussion**

**Retrospective
discussion**

**Focus on more
complex cases?**

Prospective approach

MDT with a prospective approach gathers the collaborating specialists formally at scheduled times in order to review individual cancer patients in a pragmatic way using an evidence-based approach, to discuss diagnosis and formulate future treatment and management plans. (2)

Principles of the meeting arrangements and content

In many countries, MDT involvement in treatment decisions is considered "gold standard" and each cancer patient should be discussed before the treatment approach is chosen. (1,2)

Depending on the Cancer Clinic, MDT meetings may take place weekly, bi-weekly or with some other pattern. Each team has a dedicated chair/leader and members that are crucial to take part of the meeting. (2)

Cancer patients can be discussed either in a prospective (mostly) or retrospective manner. (2)

Most cases discussed in MDT meetings are at the point of diagnosis, or treatment initiation, and most MDT meetings are chaired by surgeons. However, the MDT is the ideal forum for making recommendations about changing treatment strategies for patients with advanced disease on systemic therapy both in terms of clinical- and cost-effectiveness. (2)

**Prospective
discussion**

**Retrospective
discussion**

**Focus on more
complex cases?**

The retrospective approach

The retrospective approach consists of a multidisciplinary discussion of cases with an educational aim, to assess in a multi-professional environment whether the decisions taken for the patient's management were optimal in an effort to inform and educate the treating physicians in hopes of improving care for future cases. (2)

Principles of the meeting arrangements and content

In many countries, MDT involvement in treatment decisions is considered "gold standard" and each cancer patient should be discussed before the treatment approach is chosen. (1,2)

Depending on the Cancer Clinic, MDT meetings may take place weekly, bi-weekly or with some other pattern. Each team has a dedicated chair/leader and members that are crucial to take part of the meeting. (2)

Cancer patients can be discussed either in a prospective (mostly) or retrospective manner. (2)

Most cases discussed in MDT meetings are at the point of diagnosis, or treatment initiation, and most MDT meetings are chaired by surgeons. However, the MDT is the ideal forum for making recommendations about changing treatment strategies for patients with advanced disease on systemic therapy both in terms of clinical- and cost-effectiveness. (2)

Prospective discussion

Retrospective discussion

Focus on more complex cases?

Complex cases in MDT

The greatest benefit of MDT working is seen in complex cases, e.g. unusual subtype of disease, failure of previous treatment, significant co-morbidities, social or psychological problems. (2)

Evidence shows that the complex cases yield better quality decision-making and wider contributions to discussion by the participating MDT members. Complexity relating to cases discussed in an MDT meeting has been scientifically defined as involving patient factors (socio-economic, psychological co-morbidity, patient preferences), disease factors (tumor type, stage, grade) and treatment factors (specialist input, toxicity, monitoring, follow-up, trials, conflicting data, application of guidelines).

Indicators of case complexity have been found to be consistent across a range of tumor types. These patients often do not fit guidelines, are not eligible for clinical trials, can be challenging to engage in healthcare services, and may require tailored individualized treatment plans. Although they represent a small portion of cases, a considerable amount of additional support is needed before and after diagnosis and treatment. (2)

**Advanced
disease**

Advanced disease

Patients with advanced disease on systemic therapy are complex for various reasons. For instance, as a patient's disease progresses, their performance status may decline and the toxicity of systemic treatment increases, the potential benefits of coordinated, holistic MDT working become more apparent.

In addition, novel agents for treating advanced cancer are generally expensive. Weighing up the benefits and risks of these agents, with limited resources, treatment recommendations should be made carefully under the governance structures that exist in the MDT. Indeed, MDT working has been shown to increase cost-effectiveness. (3)

As the complexity and cost of the management of advanced disease increases, the MDT approach becomes both necessary and desirable for these patients and healthcare professionals alike. (3)

Complex cases in MDT

The greatest benefit of MDT working is seen in complex cases, e.g. unusual subtype of disease, failure of previous treatment, significant co-morbidities, social or psychological problems. (2)

Evidence shows that the complex cases yield better quality decision-making and wider contributions to discussion by the participating MDT members. Complexity relating to cases discussed in an MDT meeting has been scientifically defined as involving patient factors (socio-economic, psychological co-morbidity, patient preferences), disease factors (tumor type, stage, grade) and treatment factors (specialist input, toxicity, monitoring, follow-up, trials, conflicting data, application of guidelines).

Indicators of case complexity have been found to be consistent across a range of tumor types. These patients often do not fit guidelines, are not eligible for clinical trials, can be challenging to engage in healthcare services, and may require tailored individualized treatment plans. Although they represent a small portion of cases, a considerable amount of additional support is needed before and after diagnosis and treatment. (2)

**Advanced
disease**

Principles of the meeting arrangements and content

In many countries, MDT involvement in treatment decisions is considered "gold standard" and each cancer patient should be discussed before the treatment approach is chosen. (1,2)

Depending on the Cancer Clinic, MDT meetings may take place weekly, bi-weekly or with some other pattern. Each team has a dedicated chair/leader and members that are crucial to take part of the meeting. (2)

Cancer patients can be discussed either in a prospective (mostly) or retrospective manner. (2)

Most cases discussed in MDT meetings are at the point of diagnosis, or treatment initiation, and most MDT meetings are chaired by surgeons. However, the MDT is the ideal forum for making recommendations about changing treatment strategies for patients with advanced disease on systemic therapy both in terms of clinical- and cost-effectiveness. (2)

**Prospective
discussion**

**Retrospective
discussion**

**Focus on more
complex cases?**

Multidisciplinary team (MDT)

A MDT (in some cases also referred as tumor board) is a team composed of professionals from different clinical specialties who work together to make decisions about the recommended clinical pathway of an individual patient.

MDT meetings are a fundamental part of a complex care path, during which MDTs gather to discuss on a series of patients in order to achieve a definite staging and formulate a shared treatment plan, in the light of the best available evidence for customized treatment options and appropriate follow-up. (1,2)



Team composition

Principles of meeting arrangements and content

Impact of the MDT

Challenges and recommendations



Challenges and recommendations

MDTs represent the best approach to a complex care pathway as cancer treatment as it improves decision making, patient care coordination, and reduces waiting times. At the same time, its multidisciplinary feature is still challenging since it requires care coordination, effective decision-making, good communication, and the active participation of stakeholders including patients and all professionals. (1)

In order to improve the impact of MDTs on healthcare delivery and health outcomes, the aforementioned factors should be addressed by healthcare managers to improve teamwork within their organizations. Moreover, the difficulty professionals face in attending meetings, due to the lack of time, is a relevant barrier for the implementation of MDTs . (2)

To increase MDTs effectiveness, professionals should consider them a critical part of their working agenda and save time to prepare and attend MDTs. Moreover, congruent time should be dedicated to the meetings in order to avoid discussing many cases in a short amount of time. (2)

Additionally, the time for acting on decisions made during the MDTs should be taken into account. To be addressed, all these points require a cultural change concerning the way clinicians and other health professionals understand their practice. Some changes have been made towards this and several of the latest guidelines recommend the MDT approach in order to provide better cancer care.(2)

Multidisciplinary team (MDT)

A MDT (in some cases also referred as tumor board) is a team composed of professionals from different clinical specialties who work together to make decisions about the recommended clinical pathway of an individual patient.

MDT meetings are a fundamental part of a complex care path, during which MDTs gather to discuss on a series of patients in order to achieve a definite staging and formulate a shared treatment plan, in the light of the best available evidence for customized treatment options and appropriate follow-up. (1,2)



Team composition

Principles of meeting arrangements and content

Impact of the MDT

Challenges and recommendations



Role of multidisciplinary team in breast cancer treatment



EBreast II

Start Presentation

Tips for
navigation

References



To navigate this presentation

On the right side of the slide you see two buttons
(In case they do not appear, click on the black colored part of the right side of slide)

The "Home" button which takes you to the very first slide.

The "Arrow" button takes you on previous slide.

Note that all "Round" shapes containing headlines are clickable.

Role of multidisciplinary team in breast cancer treatment



EBreast II

Start Presentation

Tips for
navigation

References



Reference list

- 1.Saini KS,Taylor C,Ramirez AJ,Palmier C,Gunnarsson U, Schmoll HJ, Dolci SM et al. (2012).Role of the multidisciplinary team in breast cancer management:results from a large international survey involving 39 countries.Annals of Oncology 23(4):853-9
- 2.Shao J,Rodrigues M, Corter AL, BaxterNN.(2019)Multidisciplinary care of breast cancer patients: a scoping review of multidisciplinary styles, processes and outcomes. Current Oncology, 26(3):e385-e397
- 3.Specchia ML,Frisicale EM, Carini E,Di Pilla A, Cappa D, Barbara A, Ricciardi W, Damiani G. (2020) The impact of tumor board on cancer care: evidence from an umbrella review. BMC Health services research. 20:73
- 4.Tsai CH,Hsieh HF,Lai TW,Kung PT, Kuo WY,Tsai WC (2020).Effect of multidisciplinary team care on the risk of recurrence in breast cancer patients: A national matched cohort study. The Breast 53:68-76

Role of multidisciplinary team in breast cancer treatment



EBreast II

Start Presentation

Tips for
navigation

References

