The Impact of the Multidisciplinary Committee on Cancer Care

Viorica Magdalena Nagy

University of Medicine and Pharmacy „Iuliu Hatieganu”, Institute of Oncology „Prof.Dr.Ion Chiricuta”
Cluj Napoca, Romania

Introduction

Multidisciplinarity is a basic principle recommended in cancer patients’ management. The therapeutic decision does not have to depend on one specialist’s decision; it has to be discussed by a multidisciplinary team, which takes into consideration all the relevant therapeutic options and elaborates a personalized therapeutic plan for each patient. The multidisciplinary committee’s role is to ensure the application of these decisions based on “good clinical practice”. The multidisciplinary tumor board offers numerous benefits for patients, for health care professionals and for the health system, as well. In the “Prof.Dr.Ion Chiricuta” Oncology Institute, as a consequence of the Gynecology Tumour Board’s activity, the number of presented cases was increased from 35% from the total gynecology tumours treated in the institute in 1995 to 79% in 2001, obtaining a significant improvement in the therapeutic protocol application. The analysis of these tumour treatments offered the basis for the elaboration of new therapeutic protocols, such as the endometrial cancer guide. In the context of the rising incidence of cancer and the complexity of the current treatments, the multidisciplinary committee has an important role in the improvement of the patients’ care and survival. The multidisciplinary committee has evolved to being the guarantor of the correct therapeutic decision in oncology.

Keywords: multidisciplinary committee, therapeutic decision, tumour board

Multidisciplinarity is a basic principle recommended in cancer patients’ management. Although, in oncology, clinicians have been used to working in multidisciplinary teams for a long time, nowadays this is becoming an obligatory requirement as the therapeutic decisions are not individual, but in fact collective.

The multidisciplinary committee has the role of ensuring the application of its decisions based on “good clinical practice”.

In traditional models of multimodal cancer care, patients undergo a process of sequential referral, where they are sent from one clinician to another at different stages of diagnosis and treatment. For example, a patient with lung cancer may initially consult a general practitioner, who refers him to a radiologist, which is followed by a series of encounters with surgeons, medical oncologists, and radiation oncologists. This disintegrated approach can result in a confusing experience for the patients (1). Other areas for improvement in traditional cancer care include: uncoordinated and fragmented care, long waiting times, low patient satisfaction with services, differentiated access to specialist care, and large variations in individual treatments (2).

The therapeutic decision should not depend on one specialist’s decision; it has to be discussed by a multidisciplinary team, which takes into consideration all the relevant therapeutic options and elaborates a personalized therapeutic plan for each patient. This multidisciplinary team constitutes the multidisciplinary committee, the forum in which interdisciplinary discussions take place about a patient’s treatment decision and coordination. The multidisciplinary team includes representatives of different specialties involved in the diagnoses and the treatment of cancer: a surgeon, medical oncologist, radiotherapist, pathologist, radiologist, and in the big centers a psychologist and social worker (2).

A therapeutic tumour board which is institutionally endorsed has to offer a real professional authority and takes on many other responsibilities besides treatment recommendations as an obligation to follow-up and review their own therapeutic results in relation with the new forms of treatments introduced in different times. Moreover, the complexity of cancer care requires that each hospital which provides cancer treatments should be accredited i.e. that it possesses the necessary infrastructure (pathology, diagnostic imaging, radiotherapy, etc.) and adequate human resources. The existence of tumor boards is a required condition for accreditation and they are in relation with the competence level of that center (a major centre that can provide standard of care services for all types of tumor, secondary – for some of the most frequent or tertiary, for limited indications).
The advantages and disadvantages of the multidisciplinary tumor board

The multidisciplinary committee offers numerous benefits for the patients, for the health care professionals and for the health system, as well. The decisions taken by the multidisciplinary team ensure the most adequate and correct treatment, resulting from evidence-based standards and not from one clinician’s individual opinion (3). The multidisciplinary tumor board not only ensures correct decisions, but it also gets involved in the treatment planning and prevents the unnecessary duplication of investigations, thus saving time and financial resources (4). It participates in the improvement of treatment access by reducing waiting time and in the insurance of medical care continuity, both of which lead to a better quality of life and patients’ satisfaction.

The patients are not the only beneficiaries of the multidisciplinary committee; the specialists involved in the cancer diagnosis and treatment benefit from this team, too, which offers support in their decision and activity, communication and education. The meetings of the multidisciplinary team offer the opportunity for interdisciplinary discussions and collaboration among the different specialists. It provides a higher degree of professional satisfaction and psychological well-being for the team members (5). The interdisciplinary discussions ensure exchange of information among the different specialists and create a valuable possibility for the residents’ and the young specialists’ education (6).

From the point of view of the health care system, the multidisciplinary approach of cancer management provides the improvement of health standards of care. The inefficient, lengthy, unnecessary duplication of investigations and unproductive interdisciplinary communication are reduced through the discussions of the cases (2). The multidisciplinary meetings also represent a fertile basis of research and promote participation at different clinical trials, assisting in evidence based treatments.

However, through the “consensus” decision of the multidisciplinary board, there is the danger of “treating the patient by the committee” without the individual responsibility of the clinician regarding patient treatment (6). This does not affect only the quality of the medical care and the patient-clinician relationship, but it can also have a medico-legal implication, through the committee members’ responsibility, even if they do not have direct contact with the patient (7). On the other hand, decision taking in the absence of the patient can mean the violation of one of the principles of multidisciplinary care and it compromises the principle of the patient-centered treatment. If the co-morbidities of the patient are not taken into consideration as well as his/her preferences and social background, the decision of the committee can be inappropriate (7).

The decision of the tumor board remains mandatory to be respected but the technical aspects of that part of the treatment belongs entirely to the treating medical doctors. Although the advantages of the multidisciplinary committee are obvious, in many cases a series of barriers impede their efficiency. Unfortunately, in current practice support for the multidisciplinary principle cannot be found in all medical centers. Although theoretically the majority of specialists acknowledge the importance of the multidisciplinary decision, only a few hospitals have multidisciplinary oncology committees with regular meetings.

A part of the obstacles is represented by the barriers of the health system: overtime working, lack of reimbursement for the time spent in the committee, lack of administrative facilities and support, and sometimes inadequate interprofessional and interpersonal relationships (8).

Another barrier of the implementation of the multidisciplinary committee is an administrative one - for example the lack of radiotherapy centers from many regions of the country. The difficulties regarding the work of the multidisciplinary tumor board represent a resource of inequality in the treatment of the cancer patient.

Of course, these difficulties can be removed using an appropriate strategy of the leaders from the oncology and the hospital management, who understand the importance of this committee.

The role of the multidisciplinary committee in therapeutic decisions

Over the years the multidisciplinary committee’s value and importance has increased becoming the forum of the validation of therapeutic decisions and specialists’ impeachment regarding the committee’s decision.

The committee has an essential role in the validation of therapeutic decisions. In cases where there is a clinician’s disagreement with the committee’s decisions, it is recommended that the file of the patient be re-sent for discussion by the multidisciplinary team, thus avoiding individual decisions and the disrespect of decisions by the committee (10).

The benefit offered by the multidisciplinary committee is that healthcare professionals are partially released by the uncertainty which they are sometimes exposed to.

At the same time, the multidisciplinary team has the role of non-standard decision validation. In the era of evidence based decisions, particular cases can be considered, which do not conform to the usual standards (11). In these situations the committee can take and validate decisions for personalized treatment, according to the particularity of the patient.

The responsibility regarding therapeutic decision does not refer only to the discussion of the clinical cases in the committee, but also to the application of the committee’s decision. An eventual non-observance of the committee’s decision has to be justified in the patient’s file.

The good functioning of the multidisciplinary tumor board depends on its adequate organization (12). At the committee’s meetings both the permanent and the occasional
members can participate. The “permanent” members are specialists with experience in respective tumour pathology, who form a consolidated team; they acknowledge their competences and they are up to date with the literature. Besides the permanent members, at the committee meetings the “occasional” members can participate as well, e.g. doctors who present the clinical files.

The functioning rules of the committee have to be established from the beginning: the coordinator of the committee, who moderates the discussions at the meetings and ensures the registration of the decisions, the place and the time of the meeting (usually weekly, on the same day of the week, at the same time). It is recommended that the patient’s documents should be presented by the physician who treats the patients, or by one of his representatives, who knows the details of the case well, for a correct presentation including all the data referring to the patient (12).

The experience of the Gynecology Tumours Board from the “Prof. Dr. Ion Chiricuta” Oncology Institute

The role of the multidisciplinary committee does not include only the decision of the correct therapeutic approach, but also the retrospective review and analysis of cases, the elaboration of evidence based guidelines and the promotion in clinical studies participation.

The importance of the Gynecology Tumors Committee from the Institute has received an increasing acknowledgement, proved by the number of the discussed cases over the years. At the beginning of its functioning, in 1995 the number of the presented cases was 161, representing only 35% of the patients with gynecology tumors treated in the institute, but over the years this number has increased to 614 clinical files in 2001, representing 79% of all gynecology cases treated in the Institute. At the same time the committee periodically analyses the application of the therapeutic protocols.

In 6 years, between the two reviews of the Gynecology Tumours Board’s activity, besides the increase of the presented cases, the improvement of the institutional therapeutic protocol application can also be observed. This improvement is the most obvious in stage IIA and IIB, stages in which the correct treatment ensures very good results in tumour control and survival (Table I).

Table I. The analysis of the therapeutic protocol implementation in cervical cancer in “Prof. Dr. Ion Chiricuta” Oncology Institute

<table>
<thead>
<tr>
<th>Stage</th>
<th>Correspondence of the treatment with the therapeutic guideline</th>
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<tr>
<td></td>
<td>1995</td>
</tr>
<tr>
<td>I</td>
<td>77%</td>
</tr>
<tr>
<td>II A</td>
<td>57%</td>
</tr>
<tr>
<td>IIB</td>
<td>83%</td>
</tr>
<tr>
<td>II A</td>
<td>90%</td>
</tr>
<tr>
<td>IIB</td>
<td>87%</td>
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In 2010 the treatment methods and the results of the patients treated between 2004-2008 with endometrial cancer in the Oncology Institute, Cluj were analyzed. Based on the prognostic factors and risk groups the indications of the adjuvant treatment were identified.

In the low-risk group the endometrial cancers with no myometrial invasion and grade 1-2 tumours with <50% myometrial invasion were introduced. In the intermediate risk group patients <60 years old and grade 1-2 tumours with ≥50% myometrial invasion and grade 3 with <50% invasion and no vascular space invasion were included; lastly patients > 60 years old and grade 1-2 , ≥50% myometrial invasion and grade 3, < 50% myometrial invasion and no vascular space invasion were included. The high risk group included patients with grade 3 tumours, <50% myometrial invasion and vascular space invasion, stage II and III tumours and serous carcinoma with invasion. As a consequence of the applied treatment in our institute, the results reflect that adjuvant radiotherapy in the low- and intermediate- risk groups do not influence local control, but has significant benefits for the high risk group. (Table II).

According to this analysis a new therapeutic protocol was elaborated in the Institute for endometrial cancer (13), taking into consideration the international therapeutic guidelines.
and its own experiences as well. The application of the updated therapeutic guideline will be a guarantee of a correct decision in patients with endometrial cancer.

**Conclusions**

In the context of the rising incidence of cancer and the complexity of the current treatments, the multidisciplinary committee has an important role in the improvement of cancer patients’ care and survival. The multidisciplinary committee is the guarantor of the correct therapeutic decision in oncology.

**References**

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