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Approccio multidisciplinare in Radioterapia Oncologica



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Multidisciplinary in Oncology



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Policy statement on multidisciplinary cancer care[☆]

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Multidisciplinary team

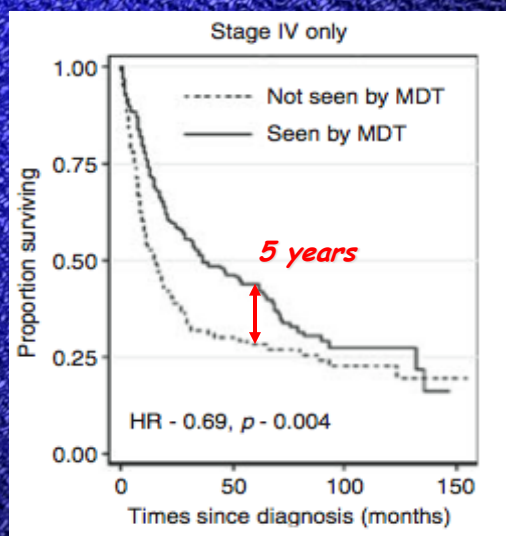
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- ^c International Society of Geriatric Oncology (SIOG)
- ^d European Cancer Patients Coalition (ECPC)
- ^e European Society of Medical Oncology (ESMO)
- ^f European Hospital and Healthcare Federation (HOPE) & UNICANCER
- ^g European Oncology Nursing Society (EONS)
- ^h Cliniques Universitaires Saint-Luc, UCL, Brussels, Belgium
- ⁱ EuropaColon
- ^j Association of European Cancer Leagues (ECL) & Work Package 5 Health Promotion Prevention
- ^k Europa Donna - The European Breast Cancer Coalition
- ^l European Association for Palliative Care (EAPC)
- ^m Organisation of European Cancer Institutes (OEI)
- ⁿ European Society of Surgical Oncology (ESSO)
- ^o EPAAC, Work Package 7 Healthcare & Catalanian Cancer Plan, Barcelona, Spain
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- ^q International Psycho-Oncology Society (IPOS)
- ^r European Society for Radiology & Oncology (ESTRO)
- ^s European Cancer Organisation (ECCO)
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- ^x EUSOMA - European Society of Breast Cancer Specialists

Multidisciplinary team

Multidisciplinary teams (MDTs) are an alliance of all medical and health care professionals related to a specific tumour disease whose approach to cancer care is guided by their willingness to agree on evidence-based clinical decisions and to co-ordinate the delivery of care at all stages of the process, encouraging patients in turn to take an active role in their care.



MULTIDISCIPLINARY TEAM



Friedland PL et al - BJC - 2011

Multidisciplinary Outcome RECTUM

Study	Type of study	Outcome
Du et al. WJG 2011	Retrospective review of rectal cancer patients (2001-2005), comparing patients receiving MDT treatment vs. those receiving direct surgery	37.1% sphincter preservation in the MDT vs. 13.5% in the non-MDT subgroup ($p<0.005$) 77.2% 5-year survival rate in the MDT group vs. 69.7% in the non-MDT group ($p=0.049$)
Palmer et al. Color Dis 2011	Retrospective cohort study of population-based registry (1995-2005), comparing tumour staging and outcomes of locally advanced rectal cancer patients with or without MDT assessment	Incidence of R0 resection was 52% in MDT vs. 43% in non-MDT patients ($p<0.001$); Local tumour control was 57% in MDT vs. 36% in non-MDT patients ($p<0.001$) 5-year survival was 30% among MDT vs. 28% among non-MDT patients
Levine et al. IJC 2012	Prospective study of CRC patients (2008-2009), comparing patients referred to the MDC vs. patients managed outside	Complete pre-operative evaluation in MDC patients was 85% vs. 23% in the control group ($p<0.0001$) 62.5% of MDC patients vs. 41.5% of control group patients had peri-operative treatment ($p=0.02$) 76% of MDC rectal cancer patients vs. 20% of control group patients underwent neoadjuvant therapy ($p<0.0001$)



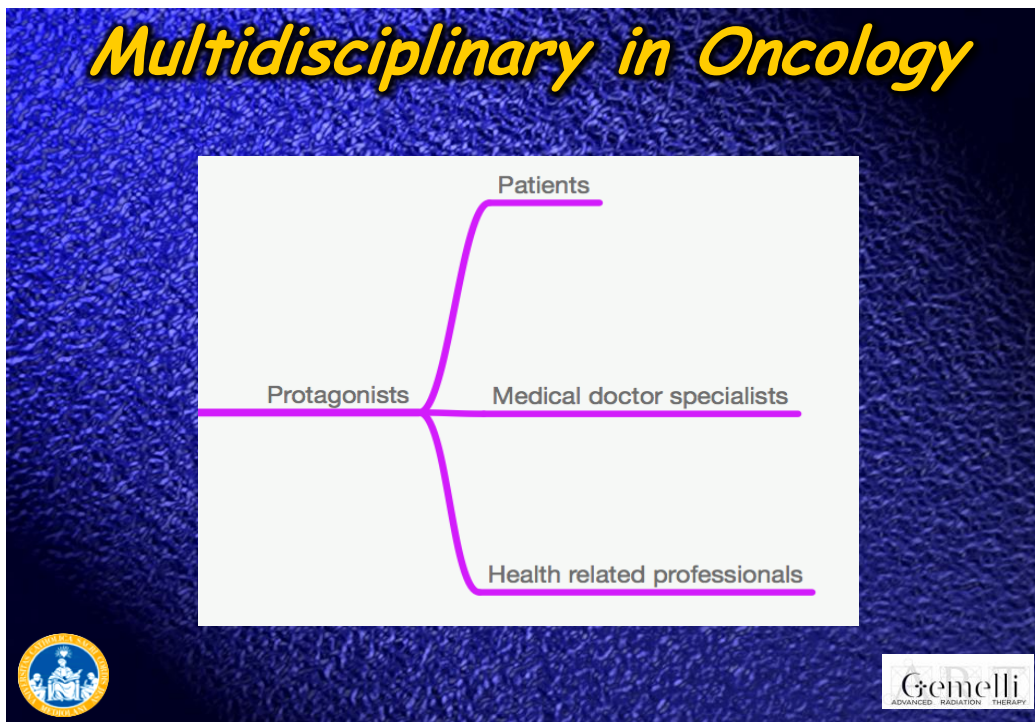
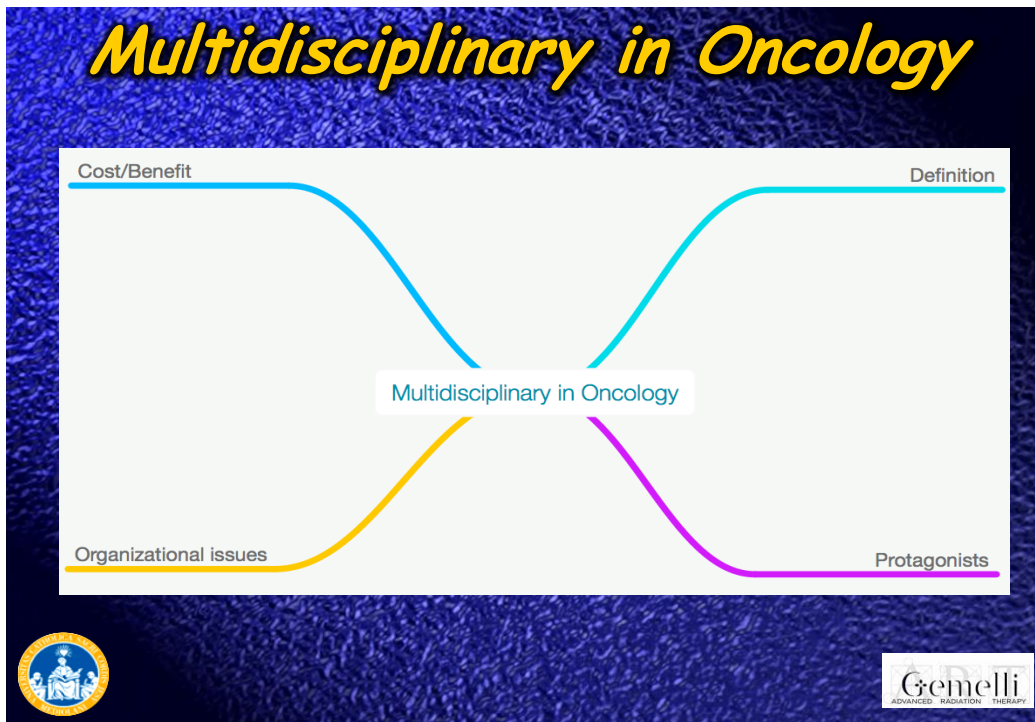
EPAAC - 2013

MULTIDISCIPLINARY TEAM BREAST

Study	Type of study	Outcome
Kesson et al. BMJ 2012	Retrospective, comparative, non-randomised, interventional cohort study of breast cancer patients (1990-2000)	At 5 years, breast cancer mortality was 18% lower and all-cause mortality was 11% lower in the intervention area than in the non-intervention area



EPAAC - 2013



Multidisciplinary team

Efforts must be made to ensure an MDT care model based on fluid communication with patients and shared decision-making whenever possible and appropriate. To that effect, patients' treatment and care preferences (particularly those affecting quality of life) should be discussed with them before making clinical decisions. Likewise, patients should have access to a second opinion and the opportunity to choose from different treatments and providers.




Multidisciplinary team

Patients should be able to identify a responsible physician at every stage of the care process. In addition, there should be a designated case manager or other professional responsible for communicating with patients across the various stages of care in order to ensure adequate communication. In this regard, improvement of the patient experience, with special focus on the specific needs of disadvantaged individuals, should be considered a key element of the quality of care.




Patient involvement

Patient involvement




The tool contains a set of questions that you can directly answer and weight depending on your personal preferences and circumstances.

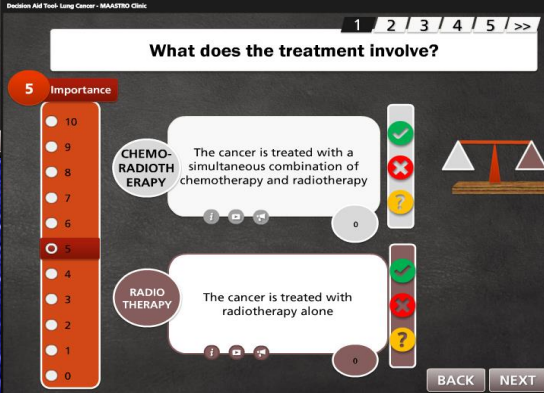
After completing the set of questions, your preferred treatment modality based on the posed questions becomes clear. You can then print your result and discuss it with your treating physician.



DECISION AID TOOL

BACK





Patient involvement

Patient involvement

Elderly Challenge



Meaning of Quality of life

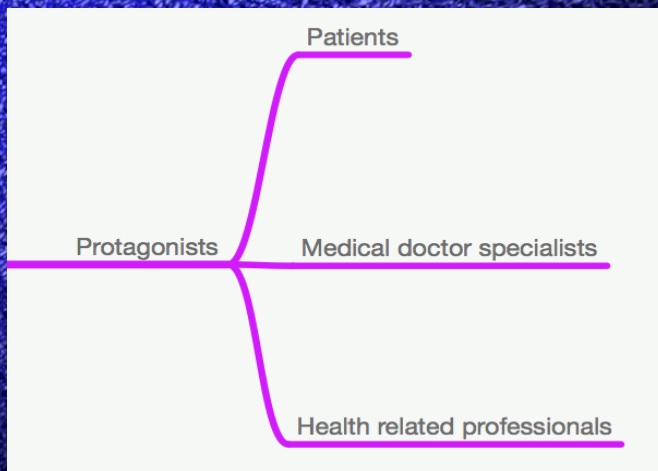
Not only the traditional outcome measure of **survival**, **but also** endpoints such as

- **recovery time**,
- time to **resumption** of normal activities,
- **disutility** of care,
- **sustainability** of health



Sullivan R et Al - *Lancet Oncology* – 2011

Multidisciplinary in Oncology



Multidisciplinary team

Multidisciplinary teams should monitor all new and recurrent cancer patients, and every case should be presented at a tumour board, either for discussion or verification that the treatment recommendation is consistent with the evidence. It is important to formally assign every specialist involved in cancer diagnosis and treatment to the multidisciplinary tumour board, protecting time for their attendance and promoting team involvement.

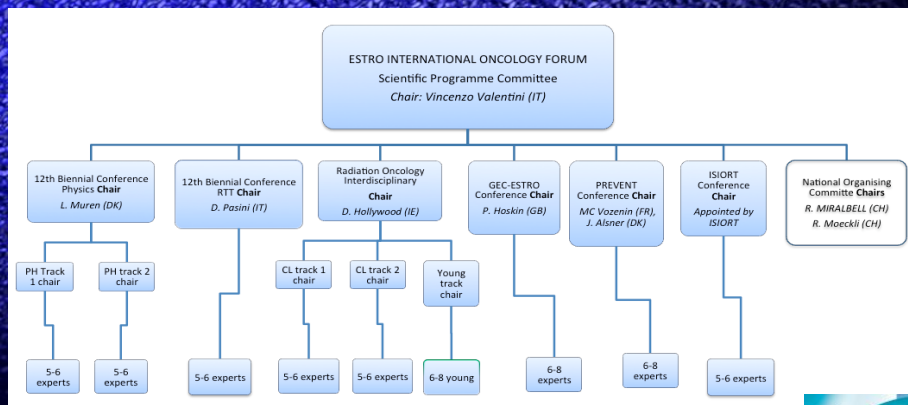


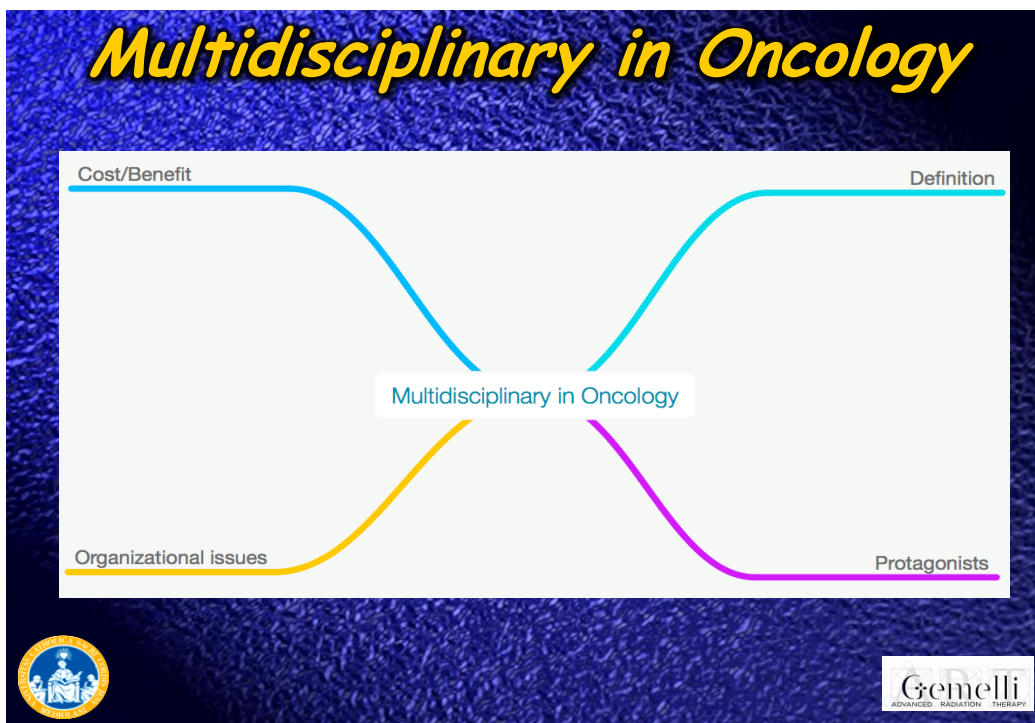
Multidisciplinary team

National and regional authorities and professional organisations should also prioritise this issue on their agendas and promote specific guidance, stressing the importance of MDTs as a cornerstone of modern cancer care.



Multidisciplinary team



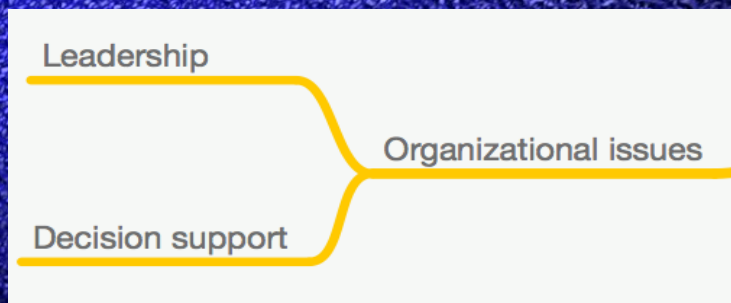


Multidisciplinary team

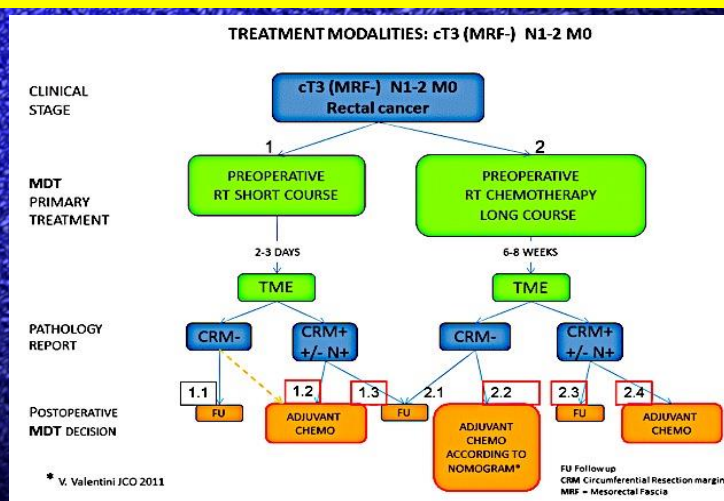
All MDTs should designate a coordinator or chair to ensure efficient discussions within tumour boards; this individual should be in charge of securing professionals' attendance, preparing patient lists and effectively implementing the decisions made by the team. In agreement with the team, the coordinator should also arrange the involvement of other specialists as needed. The leading position should be temporary and a clear definition of the nomination process and of a rotations system should be in place.



Multidisciplinary in Oncology



Multidisciplinary team



- EJC - 2013

Multidisciplinary team

Accepted MDT care protocols, updated at least biennially to take into account emerging scientific breakthroughs, are also important. The multidisciplinary process offers valuable educational experiences and potential for quality improvement actions, and MDTs should remain responsive and proactive in promoting them. Benchmarking actions should play a key role in improving and auditing teamwork performance.



MD prediction reliability

Original Article

Palliative Radiotherapy Tailored to Life Expectancy in End-Stage Cancer Patients

Reality or Myth?

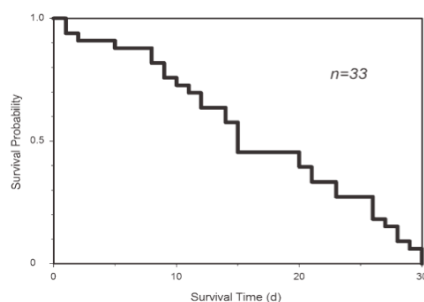


Figure 1. Presented is the survival probability of all 33 patients.

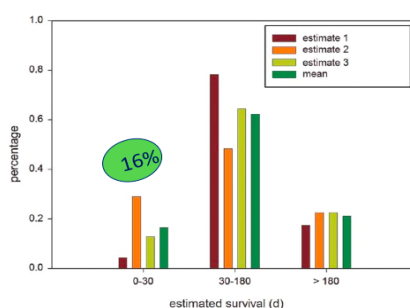
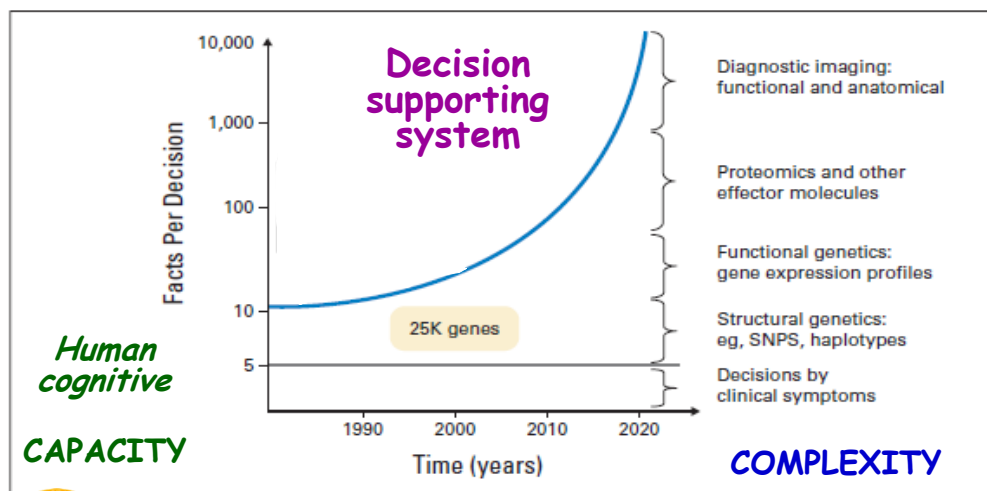


Figure 2. Survival estimates by different physicians (1 and 2) and consensus (3) are shown.



Gripp.S. et al - Cancer - 2010

MD prediction reliability

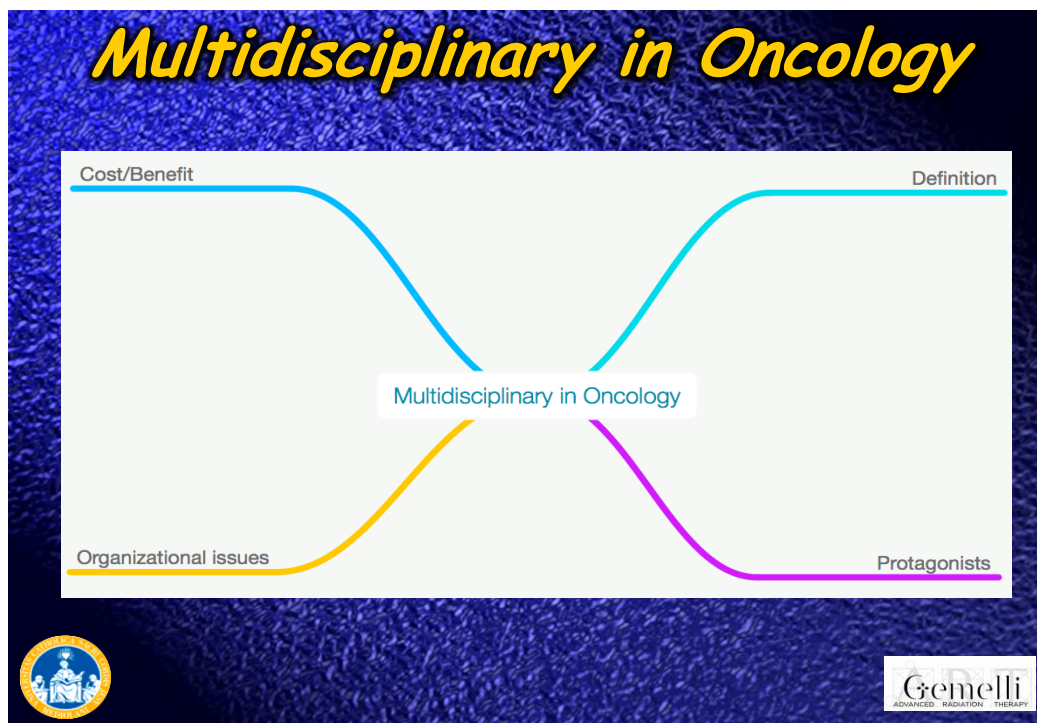


Abernethy AP et al – JCO - 2010

Multidisciplinary team

The hospital's clinical information system should record the decisions taken and rationale used with regard to every patient, as initially reported in the minutes of the tumour board meetings. If possible, this information should be linked to the population-based cancer registry, if it exists. In this regard, a minimum set of variables (including stage) should be agreed upon.





Multidisciplinary team

- It is beyond any doubt that MDTs require time and effort; hence, clinical leadership and firm commitment by health care providers and administrators are prerequisites for changes in management and sustainability of team structures.



Multidisciplinary team

- Given the multiple benefits of MDTs and the imperative to equitably provide all patients with the best possible care, the promotion of MDTs should be considered an ethical priority.

