EDITORIAL

Establishment of site specific multi disciplinary tumour boards in Pakistan — Is it really necessary to discuss all cancer cases in multidisciplinary tumour board meetings?

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In Pakistan, we are witnessing an initial phase of establishment of site specific Multidisciplinary Tumour Boards. We are still going through the teething problems which are bound to occur in a country where the concepts of patient centeredness are not yet very well understood by practicing clinicians.

Site Specific Multi-disciplinary teams take the ownership of MDT Tumour Boards in which all radical cancer cases belonging to a certain site, are presented and discussed. A consensus opinion is being reached after this panel discussion.

The Multidisciplinary Tumour Board (MDT) meetings, sometimes also referred to as multidisciplinary tumour conferences, or multidisciplinary tumour boards, are conducted to involve clinicians from all concerned specialties to discuss diagnostic and treatment options for patients diagnosed with cancer.[1] This improves patient outcome, since it is a well recognized fact that cancer management is not a single person's job.[1] While a number of studies have concluded that these meetings significantly contribute to the better treatment outcomes for patients,[2-4] an important question that needs to be addressed is whether it is really necessary to discuss all cancer patients in MDT meetings before embarking on the first management, considering the increased prevalence of cancers all over the world and the increasing time required to discuss relevant tumour cases in these meetings.[5]

MDT meetings have played an important role in increasing the number of case presentations at oncology conferences which reached an all-time high. A study conducted at a USA hospital (Central Dupage, Winfield) lung cases were presented at 149% of previous annual levels. Of the annual caseload 15% of the uterine cases were presented; before the advent of the multidisciplinary clinics, this rate was 0%.[6] MDT meetings have been shown to enhance graduate medical education by providing a unique experience not seen in the typical residency and fellowship.[6] Patients identified by tumour boards are 2.5 times more likely to be part of a clinical trial than other patients.[7]

As mentioned in the first few lines, we are still trying to embrace the idea of development of this Multidisciplinary culture in our country. Personal attitudes play the most pivotal and strongest role in the establishment of these boards in academic institutes where specialists are practicing under one roof. As one can imagine, the task becomes more difficult in centers where comprehensive care is not available. City Tumour Board is one unique example of an independent multidisciplinary tumour board which is a fortnightly event organized by specialist colleagues on alternate Sunday mornings starting at 08:00 am. Before the establishment of this City Tumour Board it was unimaginable for senior academic leads of different specialties to even gather on Sunday mornings for even paid assignments. The success of this board tells us a lot about selfless cancer carers who can devote their time even on a Sunday early morning for the sake of their cancer patients without thinking about any monetary or other gains. It would be a worthwhile reading for medical students and practicing clinicians to go through recent updates on City Tumour Board which was published in Journal of Pakistan Medical Association (JPMA) in December 2013 issue.[8] In Pakistan we have certain administrative and managerial gaps in our Healthcare Services. In my humble opinion, instead of waiting for their correction and or wasting our valuable quality time in futile discussions, we can work together, and establish quality multidisciplinary teams. Weekly site specific Tumour Boards can be achieved via these teams. In American Society of Clinical Oncology 2014 meeting a commentary is being made mentioning the role of Tumour Boards in service settings where resources are limited. Authors from Lebanon, Harvard, USA and Sussex University, United Kingdom are suggesting that tumour boards may help overcome these limitations.[9]

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Instead of wasting further valuable time, we can take the advantage of published literature which is definitely favouring site specific MDT Tumour boards and embark on it's establishment. To summarize, MDT meetings play a very important role in better treatment of the cancer patients in significant number of cases at various tumour sites because members from different specialties augment different interpretations. Cancer treatment is a team work and all disciplines involved in patient centered care appreciate an opportunity of deliberations before starting treatment. The pathologist-radiologist correlation helps in better tumour staging whereas surgeon-oncologist correlation results in improved treatment plan. Discussing increased number of cases with more regular attendance improves the outcome of these meetings. It is therefore recommended that all tumour cases be discussed in MDT meetings regardless of site, staging and grading. It will also play a beneficial role in improving academics and research work.

We are hoping to see establishment of Multi-Disciplinary Tumour Boards in all institutes of Pakistan where cancer care is being provided.[10]

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