

Multidisciplinary Breast Cancer Care



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The concepts of multidisciplinary patient care and multidisciplinary teams (MDT's) are not new. However, they have evolved quite dramatically over the last 20 years, particularly in cancer care. There are quite a number of models for the make-up and workings of MDT's.

The San Breast MDT was established over 10 years ago, and was the first MDT at the San. Over 3000 patients have been presented and their management plans discussed and an extensive data base has been maintained.

Established models of the MDT process were assessed to design a model that best suited both our patients and our team members. The model has proven to be highly effective in resolving management issues, definitive treatment planning, "clinico-radiopathological" correlation and team education. Furthermore, through the efforts of members preparing for the multidisciplinary meetings (MDM's), the group discussion is highly efficient. The outcome for our patients is that they receive the opinions of a range of cancer specialists without physically having to see them all. The MDT process emphasises the importance of personalised care. It ensures that each patient's presenting consultant is their primary contact and remains the person responsible for communicating MDM recommendations, in a private and considered setting.

Further advantages of the MDM process for patients include review and oversight of diagnostic information, the early recognition and management of process issues that could impact on a patient's experience and the use of the team's collective knowledge and wisdom to ensure that the most contemporary management options are being considered. The involvement of nursing and allied health professionals is crucial to providing truly holistic and longitudinal care to patients. The

meeting of all health professionals involved in breast cancer care at the MDM is a team building exercise that enhances collegiality, teamwork and communication. The team is always working together to look at ways that the service can be improved and developed.

Strong scientific evidence supporting the MDT process is limited because there is no matched comparator cohort to compare outcomes. Pillay et al. (2016) have conducted the most comprehensive systematic review to date - "The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings". The article's abstracted results were as follows:

Twenty-seven articles met inclusion criteria. There was limited evidence for improved survival outcomes of patients discussed at MDT meetings.

Between 4% and 45% of patients discussed at MDT meetings experienced changes in diagnostic reports following the meeting. Patients discussed at MDT meetings were more likely to receive more accurate and complete pre-operative staging, and neoadjuvant/ adjuvant treatment.

There are many confounding factors in an analysis such as this that may dilute or obscure the true impact that the MDT process can have.

The main problem is the heterogeneity of the MDT process and the lack of prospectively gathered, well defined and comprehensive outcome measures that reflect not only disease related outcomes but also psychosocial, economic, educational and morbidity outcomes.

MDMs will have the greatest impact if there is broad participation, availability of accurate and comprehensive patient related information, an effective means of efficiently communicating treatment plans to all stakeholders and there is an outcome review process.