

Multidisciplinary Team (MDT) Approach in Cancer Care

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What is MDT

- MDT in oncology is defined as the cooperation between different specialized professionals involved in cancer care with the overarching goal of improving treatment efficiency and patient care.
- It requires contribution from a range of healthcare professionals working alongside specialist oncology consultants to address needs and optimize outcomes of patients with cancer.
- MDT approach is the gold standard for management of cancer
- Its an evolving area of oncology

Core principles of MDT

- Team approach
- Communication
- Nationally agreed standards as per Cancer Australia
- Prior Consent from patients and involvement of patients/caregivers in decision making

Core member Disciplines of MDT

- Medical Oncology
- Radiation Oncology
- Radiology
- Pathology
- Nuclear Medicine
- Surgery
- Depending on the tumor subtype, core group may differ

Additional member disciplines

- Palliative care
- Interventional Radiology
- Oncology pharmacy
- Geriatric Oncology
- Rehabilitation
- Allied Health: Psychology/Physiotherapy/Social work/Occupation therapy
- Primary care medicine

Characteristics of Effective MDT

- Strong collaboration and Robust discussion
- High levels of partnership
- Co-operation
- Equality
- Interdependency to achieve a common goal
- General Practitioner involvement

Benefits of MDT

- Delivers complex multi-modality treatment plans
- Explores best possible outcomes for individual patient
- Multi-level interventions addresses systemic barriers as well as knowledge gaps, and develops agreed evidence-based protocols and referral pathways
- Improvement in overall survival
- Decrease rates of disease recurrence compared with standard of care

- Sung H et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71(3):209-49.
- Gaudioso C et al. Impact of a thoracic multidisciplinary conference on lung cancer outcomes. Ann Thorac Surg. 2021: S0003-4975(21)00523-3.

Limitations

- Mainly Specialists present in MDT. Focus of discussion is usually on treatment plan not always wholesome care
- Not always doctor present who has physically seen the patient or seen by Junior doctor
- Not always enough information in MDT about patient's preferences about intensive treatment vs QoL
- GP input is usually not there (the doctor who knows the patient the most!!)

Tick box Q to audience

- How many of you are receiving regular Oncology MDT outcome for your patients with cancer?
- YES
- NO
- Occasionally

Tick box Q to Audience

- How satisfied are you with the information you receive in MDT outcome letter to you?
- 1: Not much satisfied
- 2: Average Satisfaction
- 3: Good Satisfaction
- 4: Excellent Satisfaction

Free text Q to Audience

- What can we do to make you feel involved/empowered into MDT process?
- Please provide your answer in short one sentence