Evidence Supports The Use of Multidisciplinary Team Meetings

A recent systematic review by researchers from the University of Amsterdam in the Netherlands highlights the importance of multidisciplinary team meetings (MDTMs) in assuring quality of care for patients with gastrointestinal (GI) cancers (Ann Surg Oncol., [published online ahead of print March 23, 2017]. doi: 10.1245/s10434-017-5833-3).

Although many medical centers have implemented MDTMs, and several previous studies have shown that they generally improve patient satisfaction and physician adherence to treatment guidelines, their use is not universally supported. Some have argued that MDTMs increase costs and waiting times without achieving any documented benefit. “Nowadays, most patients are already discussed by an MDT, ensuring it is increasingly difficult to find an appropriate comparison group,” explains lead author Yara L. Basta, MD, PhD, an emergency medicine resident at the University of Amsterdam.

Study Details
The research was performed as part of Dr. Basta’s PhD thesis project concerning the logistics of a multidisciplinary, fast-track outpatient clinic for patients with GI malignancies. “At the start of my research I had noticed that, although increasingly more articles on multidisciplinary care were being published, different end points for measuring the quality of multidisciplinary care were being used,” she explained. “Additionally, most of the literature regarding multidisciplinary teams did not concern gastrointestinal malignancies. Therefore, the need arose to systematically research the literature to learn what was known about the benefit of multidisciplinary care for patients with gastrointestinal malignancies.”

Results
The researchers restricted their review to studies of GI cancers that addressed 3 outcomes of MDTMs: 1) changes in diagnosis; 2) changes in treatment plan; and 3) the implementation of the team’s treatment plan. Among 2400 articles retrieved by keyword searches of electronic databases and reviewed by the investigators, 16 met the criteria for inclusion and data extraction. Of the 16 studies included in the review by Dr. Basta and her colleagues, 4 reported changes in the initial physician’s diagnosis during MDTMs, and stated that this occurred in 18.4% to 26.9% of evaluated cases.

Changes in treatment plan were discussed by 9 of the 16 articles, which reported this outcome in 23.0% to 41.7% of evaluated cases.

KEY POINTS
- A recent systematic review of MDTMs for patients with GI cancers confirmed their value in improving quality of care.
- According to the 9 published articles identified by the researchers that included data regarding discussions of treatment plans during MDTMs, changes in treatment were discussed by the meeting participants in 23.0% to 41.7% of evaluated cases.
- The systematic review also determined that treatment plans formulated during MDTMs are implemented in 90% to 100% of discussed patients, according to the 4 articles that reported this outcome.
41.7% of evaluated cases. “We...found that discussion at an MDTM can lead to a different treatment plan that better adheres to existing guidelines; however, none of the authors of the included studies described which guidelines were used at their institute,” wrote Dr. Basta and her colleagues in their discussion.

The systematic review discovered that treatment plans formulated by MDTMs are implemented in 90% to 100% of discussed patients, according to the 4 articles that reported this outcome. “Treatment plans for patients with a GI malignancy formulated by an MDTM are often implemented. The major reasons for not implementing a treatment plan included patient morbidity and patient preferences; it is important to know the patient’s condition and wishes in advance.” Although the systematic review was not able to quantify the effects of MDTMs on oncologic outcomes, Dr. Basta and her colleagues noted the changes in diagnoses and treatment plans they summarized have the potential to reduce overtreatment and undertreatment, and possibly increase survival.

Implementing MDTMs to Improve Quality of Care

“Multidisciplinary teams are certainly both necessary and important for quality care of cancer patients,” emphasizes Frederick L. Greene, MD, FACS, medical director of cancer data services at the Levine Cancer Institute in Charlotte, North Carolina. He elaborated that the team should include a diagnostic/interventional radiologist, pathologist, medical oncologist, radiation oncologist, and surgical oncologist, and also may include palliative care specialists, social workers, geneticists, and other professionals as dictated by the tumor site and patient management decisions being considered. Especially for large hospital services, site-specific tumor conferences have become very important, and members of the team are likely to differ for each anatomical site, explains Dr. Greene. “The American College of Surgeons Commission on Cancer accreditation program places great emphasis on the multidisciplinary management of the cancer patient using appropriate and well-structured tumor conferences,” noted Dr. Greene, who is a past chair of the Commission on Cancer and a current surveyor.

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