Multidisciplinarity in Clinical Oncology
(Pathology, Radiodiagnostic, Surgery, Radiotherapy, Medical Oncology)

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First Question

What is a Tumor board review?
Multidisciplinary opinion on cancer case(s)

A treatment planning approach in which a number of doctors who are experts in different specialties review and discuss the medical condition and treatment options of a cancer patient.
Combined-Modality Therapy requires the cooperation of different specialists

The main types of treatment for cancer are: Surgery, Radiation therapy, and Chemotherapy.

Combined-modality therapy: a patient is treated with two or more of these treatment modalities.

These combinations are used when it is possible to improve the chance of cure.
The diagnosis and treatment of cancer is complex

Multidisciplinary tumor board discussions optimise the care of cancer patients.

The most promising and rational treatment is chosen taking into account the opinion from all participants.

The final decision concerning the treatment should be taken by the patient because he/she has the right to refuse the best treatment for personal reasons.
The case of Mr. B:

Mr. B, 79 years old, sent by his family Physician to the urology clinic because difficulty in voiding and of walking problems. In fact he underwent a prostatectomy 9 months before presentation.

He seems uncomfortable and walks much slower than usual. When asked to walk, Mr. B does so unsteadily, and he is unable to stand without holding on to a stationary object.

He has bilateral leg weakness.

He has a BCOP grade 3 and lives alone.

Neurologist called in consultation by the Urologist: spinal cord compression suspected.

*Imaging modality to be chosen?*
What’s Yours choice of Imaging modalities?

MRI
CT
CT myelography
Pet
Pet Tac
Scintigraphy

Who should be asked about this choice?
Emergency CT shows a lysis in L4 and L5.
What types of cancer can cause a spinal cord compression?
Most commonly seen in patients with

- Breast ca.
- Lung ca.
- Prostate ca.
- Lymphoma
- Myeloma
In this patient with a Malignant Spinal Cord Compression

Which are the specialists that should be involved in the diagnosis and therapy?
Diagnosis

Radiologists
Interventional Radiologist, Neurologist
or Orthopedic surgeon or Neurosurgeon (biopsy)
Urologist
Pathologist
Treatment

Surgeon
Radiotherapist
Medical
Oncologist, Hematologist
Rehabilitation specialist
Nurse
Enough information from imaging, we know the specialists, but what sequence? : Surgery first or Radiotherapy? or both? If so, what sequence? If chemotherapy which (histology?) when?

A multidisciplinary discussion can be show the optimal way of proceeding
We know that surgery:
• Relieves compression
• Removes tumour
• Stabilises spine

But many patients not suitable
• Unfit(elderly)
Indications for Surgery can be:

- Unknown primary tumour
- Relapse post RT
- Progression while on RT
- Intractable pain
- Instability of spine
- Patients with a single level of cord compression who have not been totally paraplegic for longer than 48 hours
- Prognosis >4 months
Is Mister B fit for surgery?

Which tests to be used to estimate the operatory risk?

Should the Geriatrician to be asked to see the patient before surgery?
Mr B is judged fit for surgery

Decompressive surgery is performed: the diagnosis according to the Pathologist is that of diffuse large B-cell Lymphoma

Which specialists with the surgeon?
Radiotherapy?

• We know that:
  • Pre operatively – no
  • Post operatively – routinely
  • Definitive – all pts unsuitable for surgery

  – Unless
    • Total paraplegia (48hrs)
    • Very poor prognosis
Chemotherapy?

• We know that:
  • Can be successful in chemosensitive tumours
    – Hodgkin’s lymphoma
    – Non-Hodgkin’s lymphoma
    – Neuroblastoma
    – Germ cell
    – Breast cancer (chemo+/-hormonal manipulation)
    – Prostate cancer (chemo+/- hormonal manipulation)
Surgeon, Radiotherapist, Medical Oncologist

The best results can be achieved with a board discussion, the problem is however that

This is an emergency situation
As a result of the multidisciplinary discussion

After surgery Mr B is treated with Radiotherapy (20Gy in 5 daily fractions) to the spine

Should the patient be staged at this time?
Which staging procedures?
Mediastinal and LA Lymphnodes Positive at PET CT

Chop x 6 cycles is planned
Other specialists after or together?
This patient may need:

1. Bed rest V mobilisation
   - Rehabilitation
   - Braces
2. Psychological issues
3. Urinary catheter
4. Bowel function
5. Nutrition
6. Discharge issues

Some other aspect require consideration
Organisation de la Réunion de concertation pluridisciplinaire (RCP)
(Haute Autorité de Sante’ Mai 2014)

Rythme: doit être d’au moins 2 fois par mois en oncologie)
et doit comprendre : 1) un coordonnateur. Son rôle est d’établir la liste des patients dont le dossier doit être analysé à la prochaine réunion;
2) un secrétariat ;
3) la traçabilité systématique de toutes les décisions
4) l’indication des références scientifiques utilisées
5) le nom du médecin/professionnel référent qui doit assurer le suivi de la décision.