



Multidisciplinary Team Management of Breast Cancer Patients

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Breast cancer is the most common cancer among women.

Breast cancer presents in different oncotypes, in different staging, in different differentiation and with various comorbid conditions and it troubles a lot of patients, mostly women but also some men. A “one-size-fits all” treatment is not the appropriate management [1].

There are various management options which can give comparable surgical and oncological results, and the patient need to involve in decision making through informed consent [1].

Multidisciplinary team management is recommended in management of breast cancer patients. Multidisciplinary team meeting brings together all relevant disciplines to discuss disease management.

There were two types of multidisciplinary care: multidisciplinary cancer conferences (MCCs) and multidisciplinary clinics. In spite of long time of establishment, there was no adequate systematic data comparing the two models [2].

The multidisciplinary clinics occur during care provision and MCC needs a separate meeting. Multidisciplinary team meeting, multidisciplinary case management meeting, and tumour board are forms of MCCs [2].

The key professionals of MDT make once-a-week meeting to discuss patients' details, their imaging and pathology results, and produce an individualized management plan [3].

In our hospital, we usually performed multi-disciplinary team meeting in person once every two weeks before covid era. In the covid era, we do online conferences once a month. The MDT consists of the core members, including medical oncologists, radiation oncologists, surgeons, radiologists, pathologists, nurses, and administrators.

The total healthcare workforce cannot run with increased cancer incidence, and the total worktime of clinicians has markedly increased [4].

It is a massive challenge for organizers to find time and location for all professionals to involve in consultation in MDT. There are some technological means to solve location difficulties (meeting at central locations for all team members, or video linking) [5].

For histopathologists, there is lack of complete contextual information and time to provide a reasoned evidenced response in personal meetings. Clinicians may not be satisfied with the uncertain tissue analysis, search non-existent answers, or request new novel tests not yet in clinical use. New cases may appear at the last minute, and there is no time for analysis or consideration. Some cases may need prolonged discussions of radiological and clinical evidence, in the absence of pathological input [6].

An effective MDT needs strong collaboration, partnership, co-operation, equality, and interdependency to get a common goal. MDTs with teamwork result in best practices and function optimally. The shift from in-person to virtual MDT meetings due to the COVID-19 pandemic results in continuous communication,

high-quality discussions, and effective co-ordination of patient care. It is accepted that virtual MDTs will be the future of cancer care [7].

MDT meeting can solve patients' concerns, quality of life before and after treatment, medicolegal problems, etc. and enables shared decision making. MDT meeting can improve overall survival and decrease recurrences.

MDT team also need to consider the available facility and make the best management out of the respective situation. Resource-orientated guidelines also need to be developed.

Breast cancer treatment is changing continuously. Innovations are happening consistently. Members of a multi-disciplinary team must be up to date with changes and innovations to provide the best possible treatment.

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