

Tumor board establishment; Standpoint of our future doctors

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ABSTRACT: Background: Multidisciplinary Tumor Boards (MDT) is considered an integral component for comprehensive cancer management around the world. In Pakistan, it is still in a developmental phase and active participation of medical professionals and awareness among undergraduate students will play a significant role in its establishment across the country.

METHODS: An open house session for undergraduate medical students was conducted in a medical college, to sensitize the undergraduate students about the role of site-specific tumor board. Feedback for evaluation was distributed after the session to be filled on a voluntary basis.

RESULTS: A total of 88 responses were collected from 150 participants. The Response rate for feedback was 59%(N=88). 60%(N=53) students had no prior knowledge of MDT tumor board meetings. 99%(N=87) of undergraduates think that attending site specific tumor board will help students in their academic growth. 68%(N=60) marked lack of awareness among primary physicians as the core reason for not implementation tumor board sessions in their institution. 95%(N=83) preferred MDT meeting to be conducted before embarking on any treatment.

CONCLUSION: Awareness of tumor boards among undergraduate students is not high, it can be increased by promoting more awareness sessions with the addition of credit hours to their academic curriculum.

KEYWORDS: Multidisciplinary Team, tumor Boards, Medical Students, Oncology

I. INTRODUCTION:

Managing cancer is a demanding task and requires a team effort from various medical backgrounds. A site specific M.D.T. (Multi-disciplinary team) tumor board discusses various treatment options and gives the best treatment recommendation as per patient centered approach [1]. Adaptation to MDT tumor boards in diagnosing and planning has increased in recent years. A report from the American University of Beirut Medical Center (AUBMC) showed that approximately 500 cases were presented in a span of 14 months of which 87% cases were directly presented in MDT tumor board by a primary physician for treatment plans[2]. A study conducted in the US showed 5 year survival rate jumped from 50% to 75% in patients with head and neck tumors by the introduction of the MDT tumor boards [3]. Another study from South Korea reported improvement in five year survival of patients suffering from hepatocellular carcinoma from 58.7% to 71.4% [4]. Statistics from our own country, the city tumor board from Karachi also showed benefits of MDT meetings, 264 cases being presented between March 2010 and March 2012 with the initial treatment management plan being changed in 70% of cases[5]. The aim of this survey is to assess awareness among undergraduate medical students after conducting an academic session regarding the role of M.D.T. tumor board and evaluating their understanding regarding the establishment of site-specific tumor board. Creating awareness regarding M.D.T. tumor boards among medical students can potentiate ways to initiate new boards at places where the recommendation is made on an individual basis rather than reaching consensus in tumor boards.

II. MATERIAL & METHODS:

An invited open awareness session was conducted at a medical college affiliated with tertiary care hospital that offers oncological services to cancer patients. Feedback forms were provided at end of the activity to assess the awareness of students of tertiary care center and their perspective regarding M.D.T. tumor boards. Data were analyzed by IBM SPSS version 22.0.

III. RESULTS:

A total of 150 students attended the session added out of which 88 students volunteered for filing and submitting the questionnaire. 60%(N=53) student were not aware about tumor boards before the session (Fig.1).

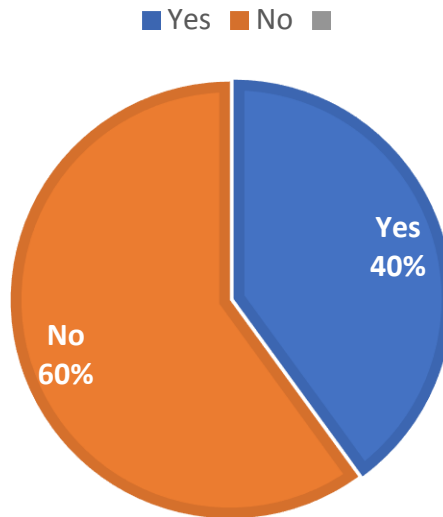


Figure 1: Do you know about MDT tumor boards before this session?

Only 11%(N=10) of students who knew about MDT tumor attended a meeting. Those who were aware of tumor board, their route of awareness was; 38%(N=4) via previous attending awareness education sessions, 28%(N=3) via friends, 12% (N=1) via social media, 12%(N=1) via institution, and 12%(N=1) via relative. 95%(N=83) marked that tumor boards should be mandatory for every patient. 95%(N=83) preferred MDT meeting to be conducted before embarking any treatment. 99%(N=87) of undergraduate think that attending site specific tumor board will help student in their academic growth. 46%(N=40) had opinion that weekly tumor board should be arranged followed by monthly, fortnightly and even at daily basis (Fig 2). 68%(N=60) marked lack of awareness among primary physicians as the core reason of not implementation tumor board session in their institution (Fig 3).

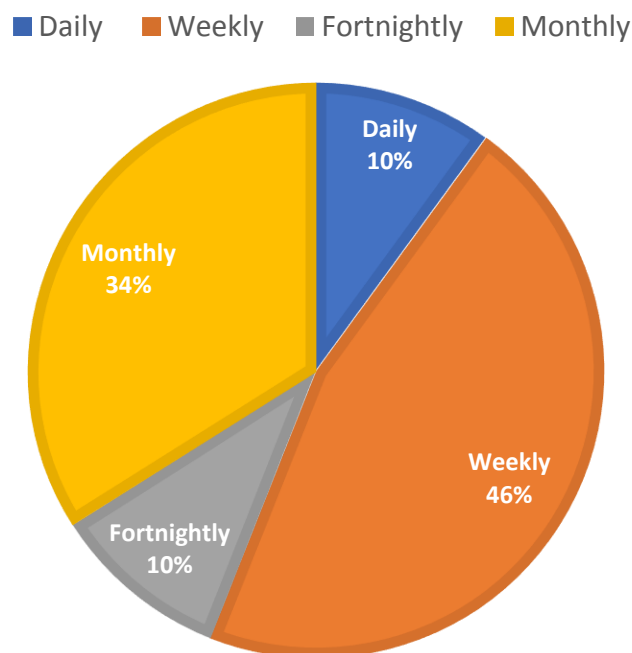


Figure 2: How frequently a Site specific tumor board should be conducted?

■ Lack of resources ■ Lack of awareness
 ■ Lack of time ■ Lack of interest

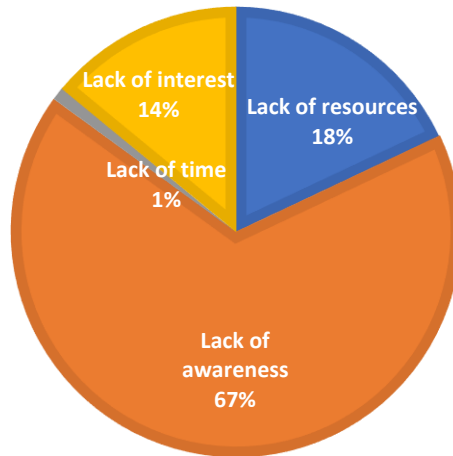


Figure 3: Challenges in establishment of MDT tumor board at any institution

IV. DISCUSSION:

In the struggle to conquer cancer, all areas of potential benefit are being explored by health care providers. One of the most simple and cost effective methods is the establishment of site specific Multi-Disciplinary Team (MDT) tumor boards. MDT tumor boards are now an integral part of patient centered management of cancer patients all around the world [6]. Its existence has transformed over time from general tumor boards to site specific tumor boards and recently during COVID 19 pandemic; the use of video link conferencing has not just allowed us to connect nationally but provided us an opportunity to link with international leads; to collaborate and practice evidence based to our patients [7]. In the developed world the idea has been adopted and integrated for the past two decades, but in lower middle income countries this concept is still lagging behind. With multiple factors in play, the unavailability of physicians for these meetings due to time constraints has been reported as an main reason for lack of established tumor boards [8]. Clinical outcomes and better survival rates were always a burning question in this regard. Freytag et al reported improved clinical outcomes and survival with increase in the number of tumor boards further strengthening the concept of “Site Specific” tumor boards [9]. Important factors leading to the success of MDT is the collaboration and active participation of competent clinicians sharing their individual experience with other physicians [10]. Sukaichai et al also reported that MDT helps in improving patient experience and acts as a cornerstone for management [11]. Site specific tumor boards have greatly impacted the testified better clinical outcome of various tumors sites as shown in the chart below:

| Country/ Region | Author | Site | Effect of MDT implementation |
|-----------------|--------------------------|-------------------|--|
| US | Liu JC at el [3] | Head and Neck | 5-year survival increased from 50% to 75 % |
| South Korea | Sinn DH at el [4] | Hepatocellular CA | 5-year survival increased from 58.7% to 71.4% |
| Netherland | Basta YL at el [12] | Gastrointestinal | Treatment plan was changed in 41% cases |
| South Korea | Lee B at el [13] | Gynecological Ca | Treatment changes was 91.8% of which major changes were 28% and 63.8% minor changes. |
| Ohio, US | Karagkounis G at el [14] | Colorectal | Change of plan after meeting in 33% of cases |

Integration of this concept into our health care system is challenging but works as a lifeline for our cancer patients [15]. Creating awareness among the medical professionals to understand its role can make a difference. Undergraduate medical students can work as catalysts to implement site specific tumor boards around the region. Their willingness to participate can be assessed by this study. This enthusiastic group can be offered multiple roles to facilitate site specific tumor boards in our resource constrained region. Sensitizing medical students can help overcome challenges of lack of resources, time, interest, and awareness as highlighted in our study. By linking undergraduate students to attend tumor boards, will not only help them in their academic progress, but their sensitization will also help us to establish site specific tumor boards around the region.

V. CONCLUSION:

This study has highlighted the need of incorporating the knowledge and awareness of tumor boards among undergraduate medical students. Special awareness sessions will help the graduating students to establish tumor boards during graduation and get involved in these tumor boards after graduation.

DECLARATION OF INTEREST: None to declare.

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