Multidisciplinary Cancer Management Training
ASCO: A Global Organization

- **Membership**
  - US: 70%
  - Int’l: 30%

- **Meeting Attendees**
  - US: 46%
  - Int’l: 54%

- **Publications**
ASCO: A Multidisciplinary Organization

- Medical Oncologists
- Radiation Oncologists
- Surgical Oncologists
- Pediatric Oncologists
- Gyn Oncologists
- Hematologists
- Nurses
- Pathologists
- Laboratory Researchers
Multidisciplinary Cancer Care

- Primary care
- Radiology
- Pathology
- Surgical oncology
- Medical oncology
- Radiation oncology
- Nursing

- Anesthesiology
- Psycho-oncology
- Rehabilitation
- Pharmacy
- Family support
- Spiritual support
- Patient advocacy
Example of Multidisciplinary Cancer Care
Multidisciplinary Cancer Care

• For many patients, multidisciplinary treatment approach provides the best outcome
  – Prolonged survival and/or cure rates
  – Best local and regional control rates
  – Likely entry point into clinical trial, where applicable

• Multidisciplinary care team conference is a valuable mechanism to finalize a treatment plan, discuss entry into clinical trials (if applicable), and manage logistics of patient follow-up
“The TB offers a platform for multiple expert consultations in a timely fashion resulting in practical and relevant recommendation to manage the patient.”

“TB can be a major catalyst for quality improvement process in the institution. It acts like a peer review of the care and critical appraisal of the system”
Multidisciplinary Cancer Care

Fig. 1 The pyramid of multidisciplinary functions

- High Level Expertise
- MD Direct Patient Care
- Quality Improvement
- Research
- Education
- EBM
- MD Conference

KEY:
- COE: Center of Excellence
- MD: Multidisciplinary
- TB: Tumor Board
- EBM: Evidence Based Medicine
Multidisciplinary Cancer Care

- 2010 survey of 338 practicing oncology specialists from various Arab countries.

- “While 72% of respondents reported having a… tumor board, only 49% reported that their tumor boards met on a weekly basis.”
New Cases of Cancer by Country Economic Status

- High Income: 44%
- Low/Middle Income: 56%

Globocan, 2008
Need for MCMT

Developing Countries Oncology Survey (DC-OS), European Society for Medical Oncology, 2006; ASCO 2009 (US data)
Opportunities for MCMT

- Cancer Awareness and Oncology Training
- Teamwork and Multidisciplinary care
ASCO Multidisciplinary Cancer Management Course

- Short course on multidisciplinary cancer care in low- and middle-income countries (LMCs)

- 70% of course attendees changed their clinical practices, including creating tumor boards

- 87% reported greater confidence in treating common tumor types
Tumor Board Discussion

Pathologist comments

- “These results are informative.”
- “I believe we should proceed here.”

Surgeon’s thoughts

- Need to obtain a biopsy.
- Need to consider staging.
- Remember to give antibiotics.
- Order chemotherapy.
- Send home.
- Both A and B.
- All of the above.

What should the primary physician do?

A. Refer to surgery.
B. Refer for chemotherapy.
C. Give antibiotics.
D. Refer for rebiopsy.
E. Order chemotherapy.
F. Both A and B.
G. All of the above.
H. None of the above.

Maria sees Primary Care physician

52 years old
Employee of a packing company
Has a slowly growing mass on left breast for 1 year
Minimal pain
No nipple discharge
Gravid of 4
Para of 3
Menarche at age 12
No previous breast biopsies
ASCO Palliative Care Course

- Short course in palliative cancer care for a multidisciplinary audience using EPEC-O curriculum:
  - Doctors
  - Nurses
  - Pharmacists
  - Social workers
- Attendees are forming multidisciplinary palliative care teams in Ghana district hospitals.
ASCO/HVO International Cancer Corps

- Pairs ASCO volunteers in multidisciplinary teams with medical centers in low-resource countries
- Treatment algorithms developed for gynecologic cancers; decrease in infections (Honduras)
- Oncology residency curriculum (Ethiopia)
Small Cell Lung - Paraneoplastic Syndromes

This free case-based course discusses a 60-year-old woman with a 30 pack year smoking history who presents to her primary care doctor with unusual muscle weakness. The presentation discusses issues surrounding diagnosis, staging and treatment options for this patient.

Learning Objectives:

- Describe the criteria for diagnosis and staging for patients with small cell lung carcinoma.

PRESENTERS:

- Neal Ready, MD, PhD
  Medical Oncologist
  Duke University Medical Center

- Jeffrey Bossert

http://university.asco.org/e-learning/tumor-boards
Conclusions

• Multidisciplinary cancer care provides better care for the patient
• But it is a challenge to provide this care when traditional oncology disciplines or specialties are under-represented in LMCs
• We need to take an expansive view of the cancer care team
• We also need to pursue creative avenues for Multidisciplinary Cancer Management Training, integrating this training as appropriate throughout the spectrum of medical education
• Promotion of multidisciplinary cancer care is a core mission of ASCO and one we look forward to pursuing with you and our partners around the world
Thank you

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