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Muhammad Waqas

Aga Khan University, waqas.muhammad@aku.edu

Ahmed Nadeem Abbasi

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Establishment of site specific multi-disciplinary tumour boards in Pakistan: Sharing experience of neuro oncology team based at a tertiary care university hospital

Muhammad Waqas,¹ Ahmed Nadeem Abbasi²

Madam, site specific multi-disciplinary tumour (MDT) board meetings provide a platform to various specialists involved in patient care to exchange ideas and discuss various aspects of management of oncology patients. Several studies have demonstrated that MDT meetings improve clinical outcomes of patients. It was initially feared that such meetings could adversely affect the patient physician relationship. A retrospective study from France showed improved satisfaction among oncology patients with respect to their physicians.¹

In Neuro Oncology, site specific multi-disciplinary tumour boards, all relevant core members are expected to participate. The presence of specialists from neurosurgery, radiation oncology and medical oncology are critical to the management of brain tumours. However, the input of radiologists, physiotherapists, rehabilitation nurses, occupational therapists, psychologists and medical specialists is also essential.

Tumours of the brain and spinal cord include pathologies like glioma, meningioma, ependymoma and metastatic lesions. Gliomas are further classified as low and high grade tumours. Because brain and spinal cord are vital structures, tumours of these regions pose an altogether different challenge to resection and radiotherapy.² Brain tumours often present with neurological deficits that adversely affect patient's functional status.³ Any attempt at removal of these tumours carries the risk of further deterioration. This makes the field of Neuro oncology challenging with a multidisciplinary approach necessary for the successful management of these tumours.

One of the major objectives of MDT meetings is to develop a comprehensive plan of care and evidence based decision. In a study from Japan, MDT meetings produced major changes to clinical decisions in 6% of the cases.⁴ Similarly in a study from the UK, MDTs changed 34 % of initial treatment plans.⁵ The importance of MDTs has been recognized universally.

MDT meetings are especially important to setups with limited

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¹Section of Neurosurgery, ²Section of Radiation Oncology, Aga Khan University, Karachi, Pakistan.

Correspondence: Ahmed Nadeem Abbasi. Email: nadeem.abbasi@aku.edu

resources. Concept of MDT meetings is rather new in SAARC Region countries, like Pakistan. First Independent and non-institutional MDT meeting in Karachi was started as City Tumour Board in March 2010. The meeting achieved some desired objectives and had made significant contribution to the care of oncology patients in the city. We still lack a platform where tumours related to Central Nervous system, including Brain & Spinal Cord malignancies could be presented and discussed. The first such site specific meeting was conducted at the Aga Khan University Hospital, Karachi in 2013. This was a step based on the concept of site specific MDT meetings. All the cases of brain and spinal cord tumours irrespective of grade and pathology are discussed in the meeting where Neuro radiologists, medical and radiation oncologists with neurosurgeons discuss individual cases and decide the treatment plans. The meeting is open to cases from other hospitals as well.

Since its start, the MDT has significantly improved standards of care with oncologists and surgeons all on the same platform working closely for the benefit of patients. We encourage participation of other institutes in the MDT meetings. An independent MDT meeting like City Tumour Board can also be a useful platform which can be regarded a step forward towards patient centered care.⁶

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