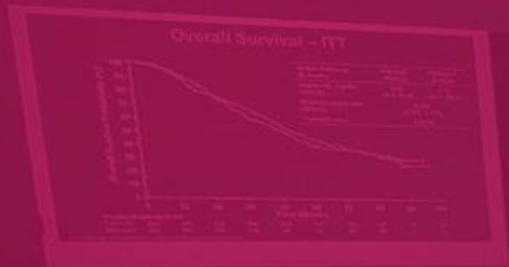
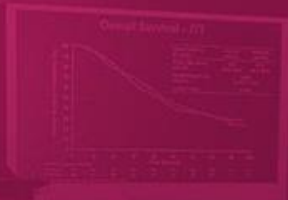


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REALIZAÇÃO



Multidisciplinary tumor board: o que é e benefícios aos pacientes com câncer de mama

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Hospital Moinhos de Vento e Hospital de Clínicas de Porto Alegre
Professora da Faculdade de Medicina da UFRGS**

São Paulo, 15 de março de 2024.

Conflitos de interesse

De acordo com a Resolução 1931/2009 do Conselho Federal de Medicina e com a RDC 96/2008 da ANVISA, declaro que:

Apresentações como palestrante convidado: Roche, Novartis, AstraZeneca, Lilly, GSK, Sanofi, Libbs, Eisai, Pfizer, DrReddy's, Amgen, Teva, Zodiac, United Medical, MSD, Daiichi Sankyo

Apoio em atividades de consultoria: Roche, Novartis, Pfizer, AstraZeneca, Lilly, Zodiac, Teva

Apoio para pesquisa clínica: NA

Não possuo ações de quaisquer destas companhias farmacêuticas.

Os meus pré requisitos para participar destas atividades são a autonomia do pensamento científico, a independência de opiniões e a liberdade de expressão que estas empresas respeitam.

Discussão multidisciplinar de casos oncológicos (tumor board)

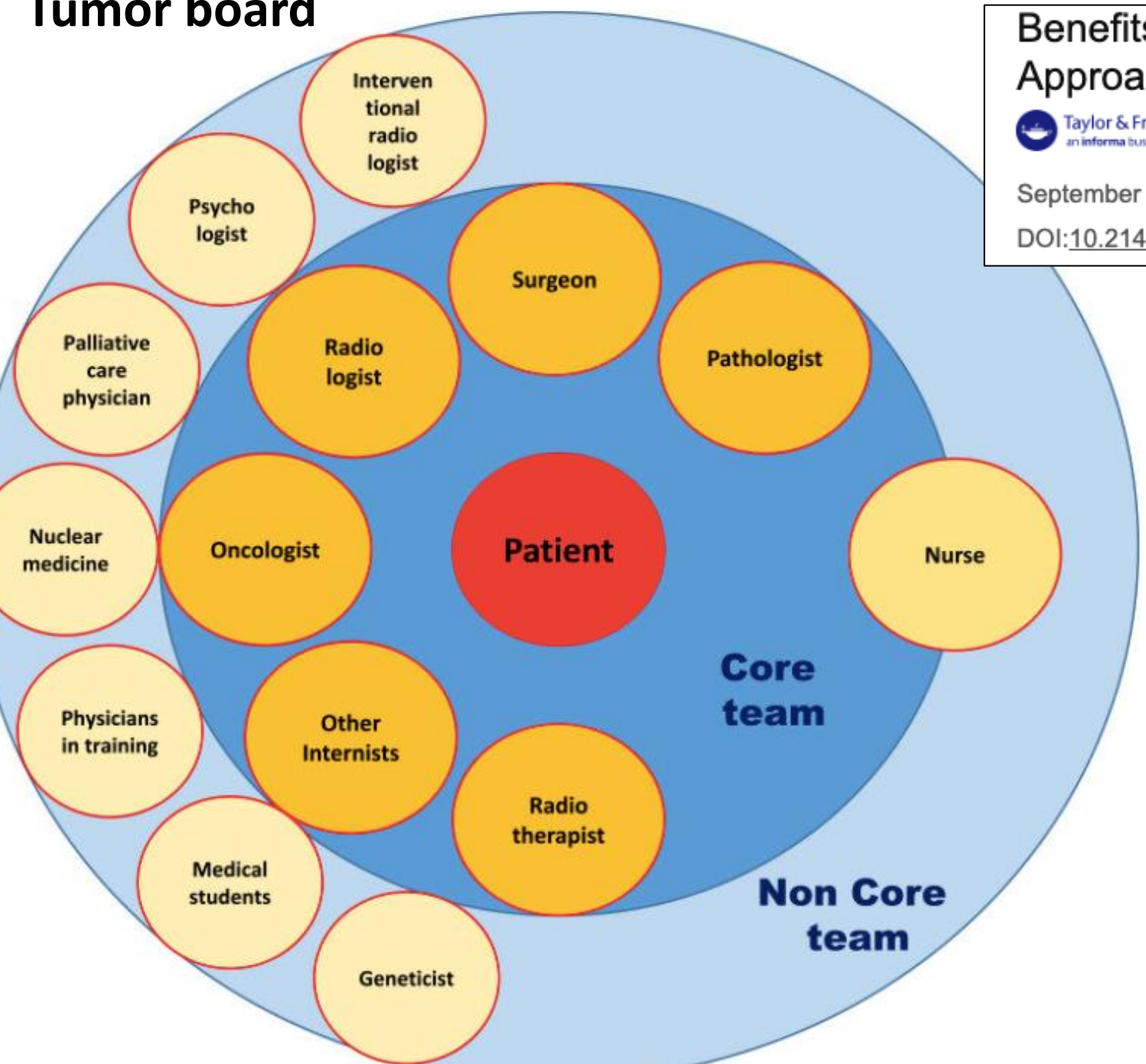


Tumor board

Tumor board: atividade com a participação de diferentes especialistas que tratam câncer, com a finalidade de otimizar as diferentes ações desenvolvidas no plano de tratamento de cada paciente;

Discussão baseada em evidências, experiências do time e individualização de cada caso.

Tumor board



Benefits and Limitations of a Multidisciplinary Approach in Cancer Patient Management

Taylor & Francis Group
an informa business

September 2020 · Cancer Management and Research Volume 12:9363-9374
DOI: [10.2147/CMAR.S220976](https://doi.org/10.2147/CMAR.S220976)

Tumor board

Questionário com 501 membros da ASCO:

86% participam de tumor boards

(89% participam para definir condutas)

Mudança no plano de tratamento em 1-25% dos casos

original report

Global Practice and Efficiency of Multidisciplinary Tumor Boards: Results of an American Society of Clinical Oncology International Survey

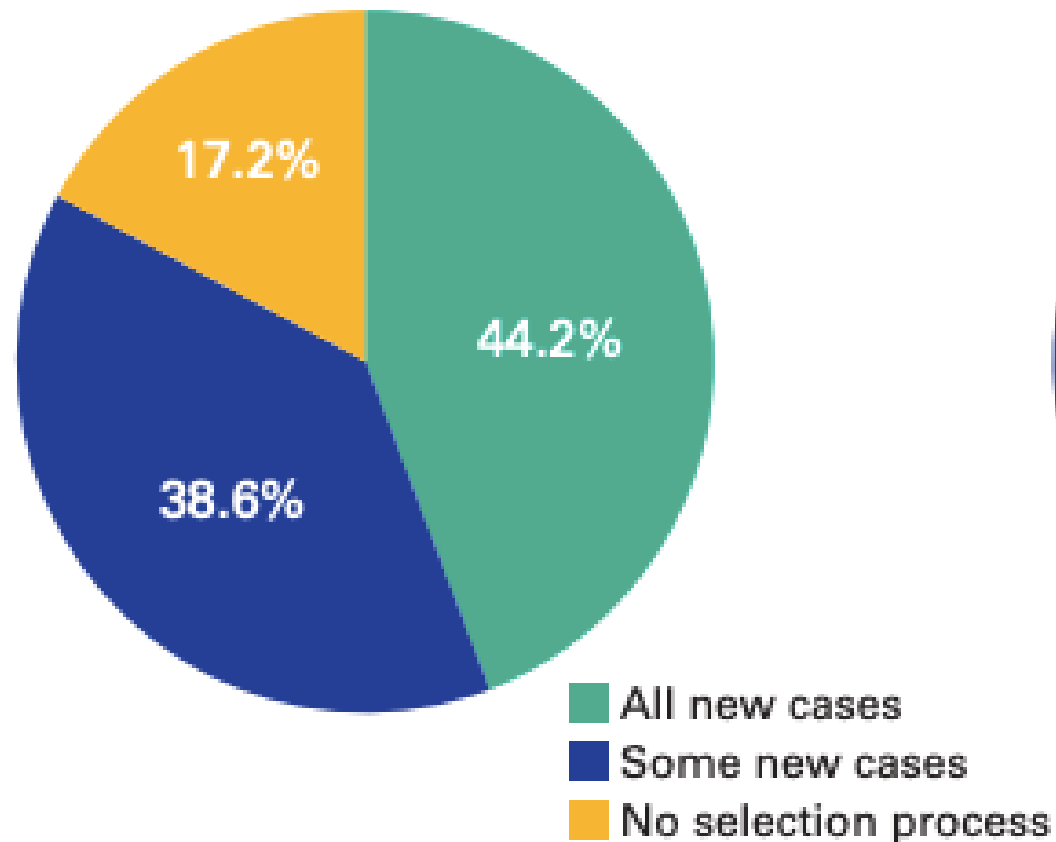
abstract

Purpose Multidisciplinary tumor boards (MDTBs) are universally recommended, but recent literature has challenged their efficiency.

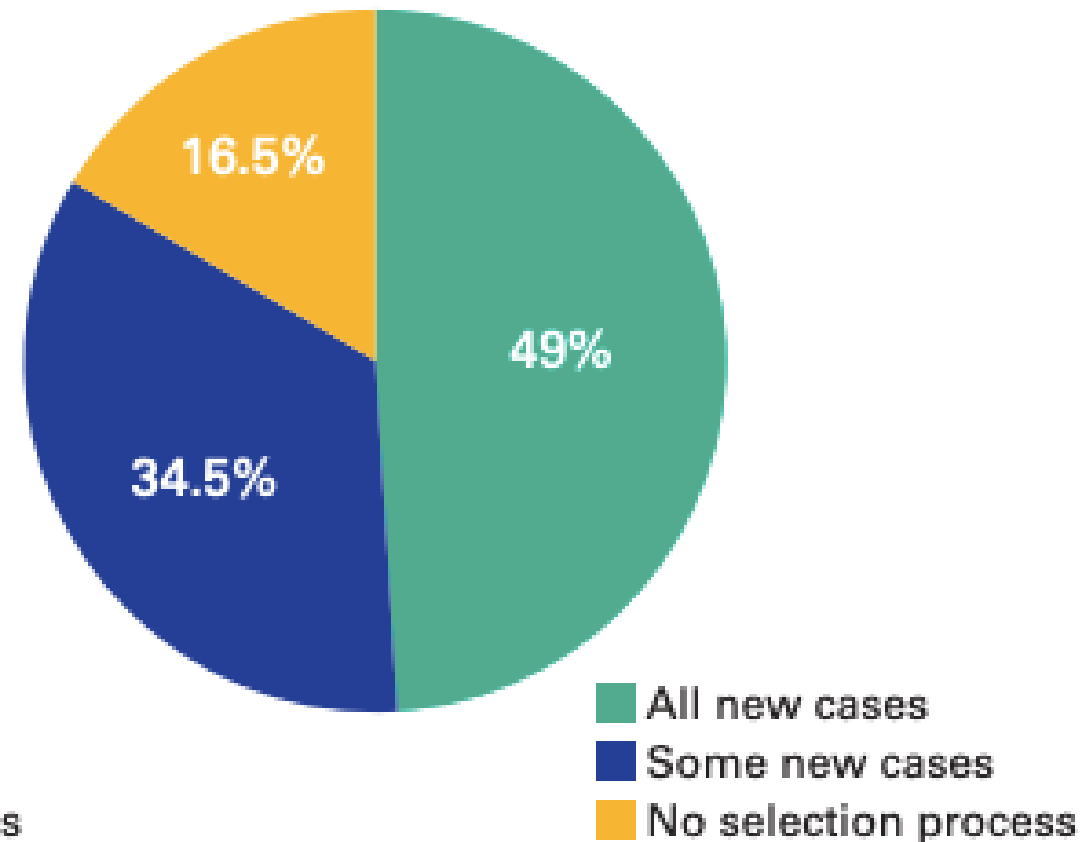
Methods The American Society of Clinical Oncology (ASCO) conducted a survey of a randomly selected cohort of international ASCO members. The survey was built on SurveyMonkey and was sent via e-mail to a sample of 5,357 members.

Tumor board

How are cases with GI cancer selected for discussion at your tumor boards?



How are early breast cancer cases selected for discussion at your tumor boards?



Tumor board

Tumor Boards: Optimizing the Structure and Improving Efficiency of Multidisciplinary Management of Patients with Cancer Worldwide

Nagi S. El Saghir, MD, FACP, Nancy L. Keating, MD, MPH, Robert W. Carlson, MD, Katia E. Houry, MD, and Lesley Fallowfield, DPhil, BSc

Tipos:

Encontros semanais gerais com discussões levadas pelos médicos

Encontros de sub-especialidades

Discussões de todos os casos novos

Discussões de casos selecionados

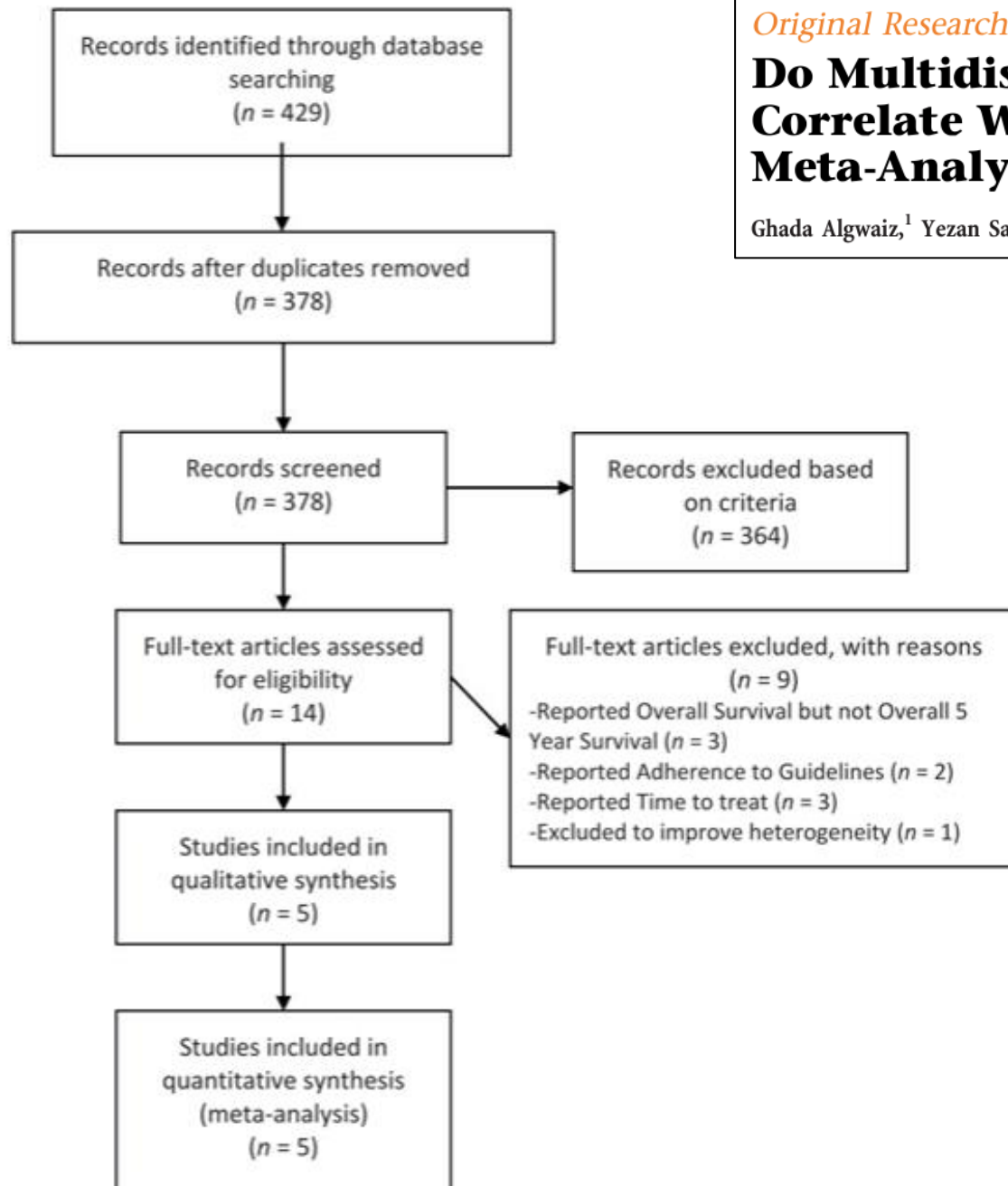
Requer envolvimento de todos os especialistas necessários para os casos.

Identification

Screening

Eligibility

Included



Original Research
Do Multidisciplinary Tumor Board Discussions Correlate With Increase in 5-Year Survival? A Meta-Analysis Study
Ghada Algwaiz,¹ Yezan Salam,² Rami Bustami,³ Mazen Ferwana,⁴ Abdul Rahman Jazieh⁵

Figure 1.—Selection of studies for the analyses.

Tumor board







Original Research

Do Multidisciplinary Tumor Board Discussions Correlate With Increase in 5-Year Survival? A Meta-Analysis Study

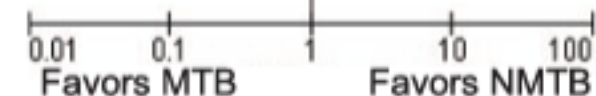
Ghada Algwaiz,¹ Yezan Salam,² Rami Bustami,³ Mazen Ferwana,⁴ Abdul Rahman Jazieh⁵

Mortalidade em 5 anos:

OR 0,59 (CI 0,45–0,78) p = 0,001

Study or Subgroup	MTB		NMTB		Weight	Odds Ratio, 95% CI	Odds Ratio, 95% CI
	Events	Total	Events	Total			
Du ^[22] 2011	23	101	49	162	17.3%	0.68 [0.68, 1.21]	
Liu et al ^[20] 2019	49	126	59	98	18.8%	0.42 [0.25, 0.72]	
Lordan et al ^[33] 2009	45	109	109	192	20.7%	0.78 [0.47, 1.29]	
Munro et al ^[19] 2015	196	116	116	175	30.1%	0.46 [0.32, 0.67]	
Palmer et al ^[21] 2011	45	71	71	99	13.2%	0.89 [0.45, 1.76]	
Total (95% CI)		792		726	100%	0.59 [0.45, 0.78]	
Total events	358		404				

Heterogeneity: $\tau^2 = 0.03$; $\chi^2 = 5.86$; $df = 4$ ($p = 0.21$); $I^2 = 32\%$
 Test for overall effect: $z = 3.71$ ($p = 0.0002$)



included in the review. A PRISMA flowchart provides details of the study selection process (Figure 1).

Identification

Screening

Eligibility

Included

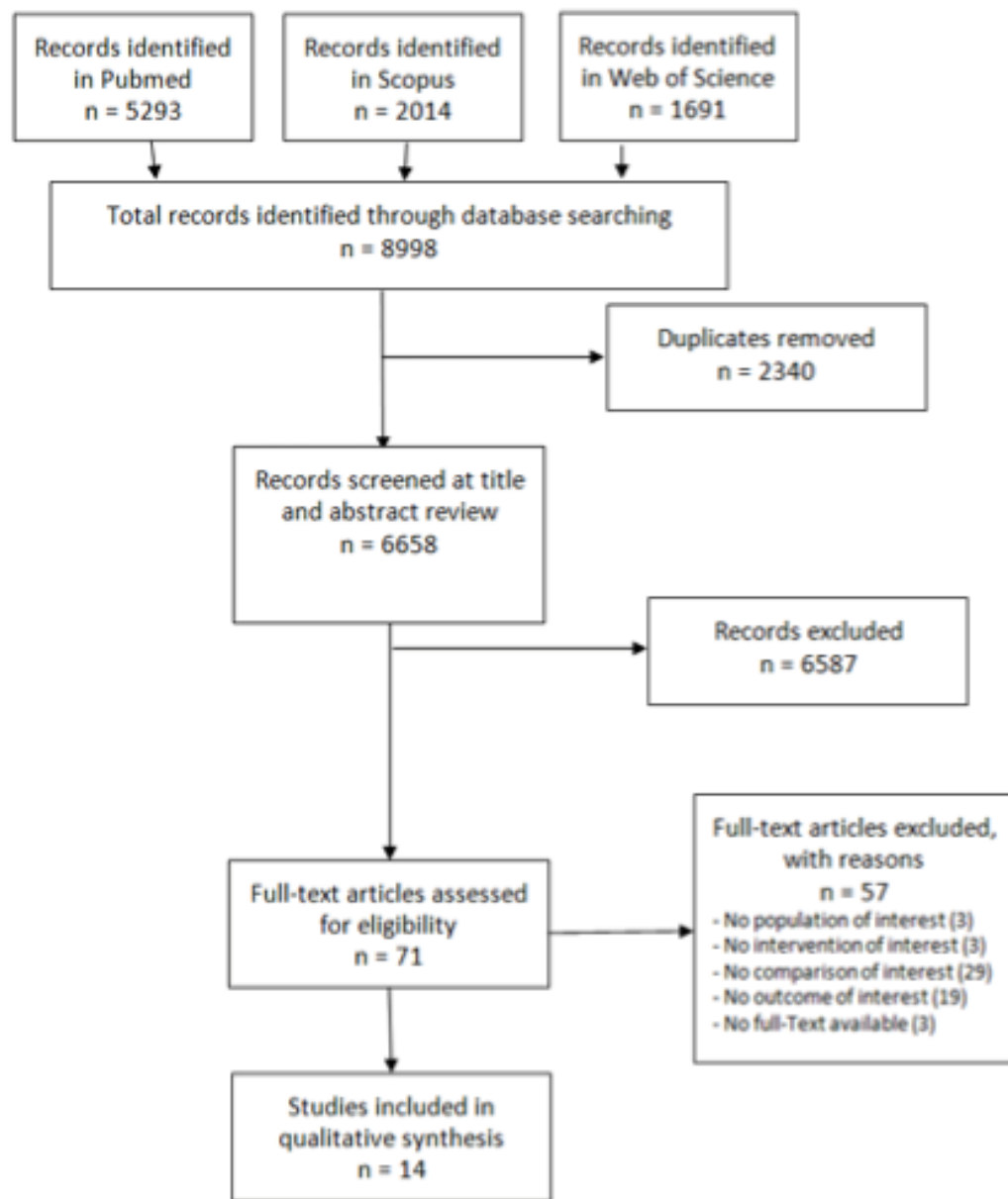


Figure 1. PRISMA flowchart of the included studies.



Systematic Review

The Impact of Tumor Boards on Breast Cancer Care: Evidence from a Systematic Literature Review and Meta-Analysis

Andrea Di Pilla ^{1,2}, Maria Rosaria Cozzolino ³, Alice Mannocci ⁴, Elettra Carini ⁵, Federica Spina ⁶, Francesco Castrini ², Albino Grieco ², Rosaria Messina ², Gianfranco Damiani ^{2,7} and Maria Lucia Specchia ^{1,2,*}

Tumor board



Systematic Review

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Mortalidade por CA mama:

HR 0,86 (0,81-0,92)

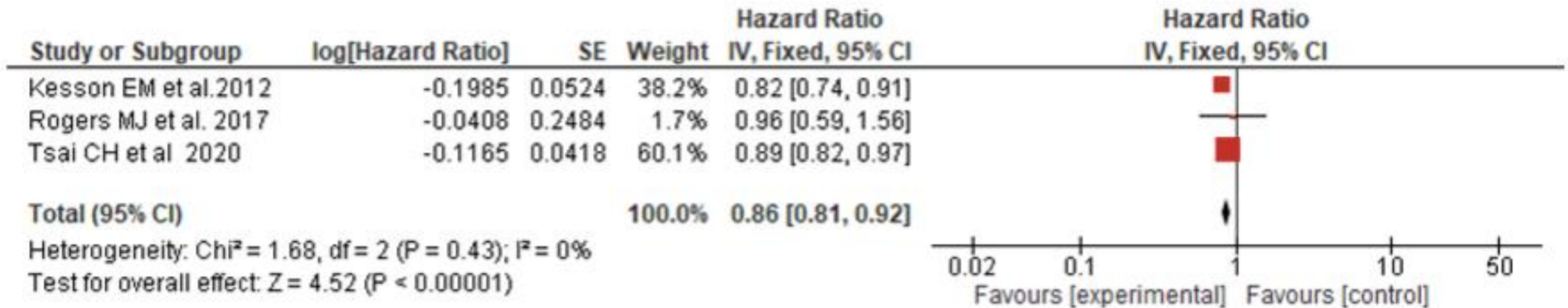


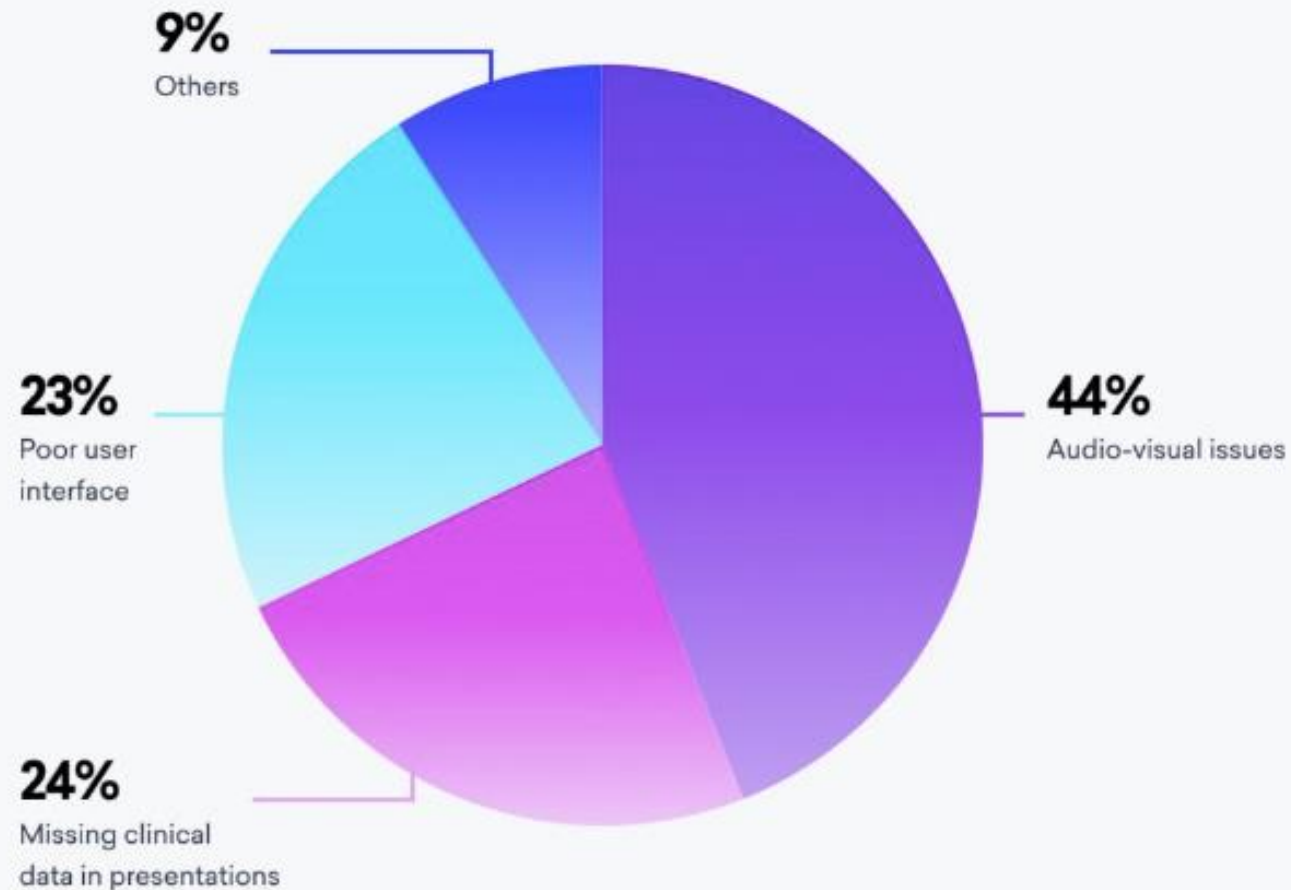
Figure 2. Forest plot of adjusted HRs for breast cancer mortality among patients enrolled (experimental) vs. not enrolled (control) in MTBs [16,20,23].

Tumor board digital



Tumor board digital

What is the most significant challenge in the virtual tumor meetings you have attended?



Tumor board: barreiras

Barriers and facilitators to provide multidisciplinary care for breast cancer patients in five Latin American countries: A descriptive-interpretative qualitative study

Carlos Barrios,^a Guillermo Sánchez-Vanegas,^{b,f*} Cynthia Villarreal-Garza,^c Andrés Ossa,^d Milton A. Lombana,^e Angélica Monterrosa-Blanco,^b Ana S. Ferrigno,^c and Carlos Alberto Castro^{b,f}

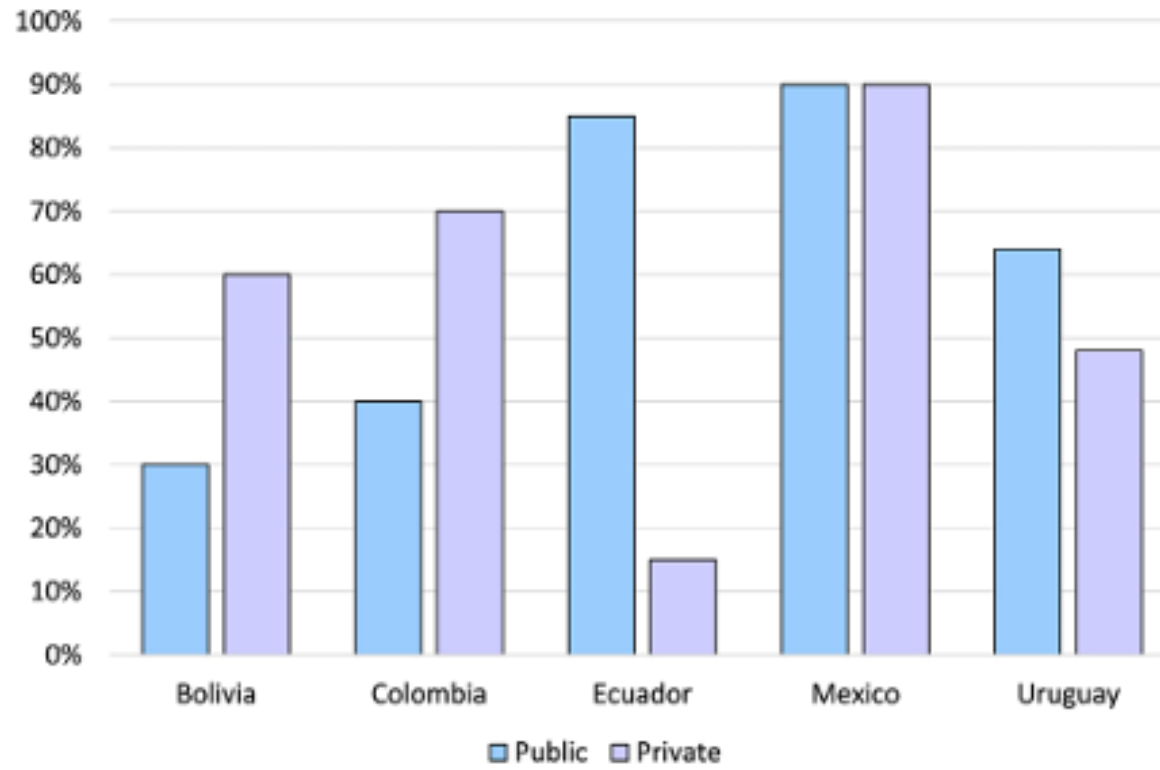


Figure 2. Estimated access to MDC according to the type of healthcare system and country [also see Supplementary Material 4].

Tumor board: desafios

Implementing multidisciplinary tumor boards in oncology: a narrative review

Max S Mano^{*1,2}, Fadi T Çitaku² & Paul Barach^{2,3,4}

¹Grupo Oncoclínicas, São Paulo, Brazil

²Academy of Leadership Sciences Switzerland, Switzerland

³Wayne State University School of Medicine, Children's Hospital of Michigan, 3901 Beaubien Blvd, Detroit, MI 48201, USA

⁴Interdisciplinary Research Institute for Health Law & Science, Sigmund Freud University, Vienna, Austria

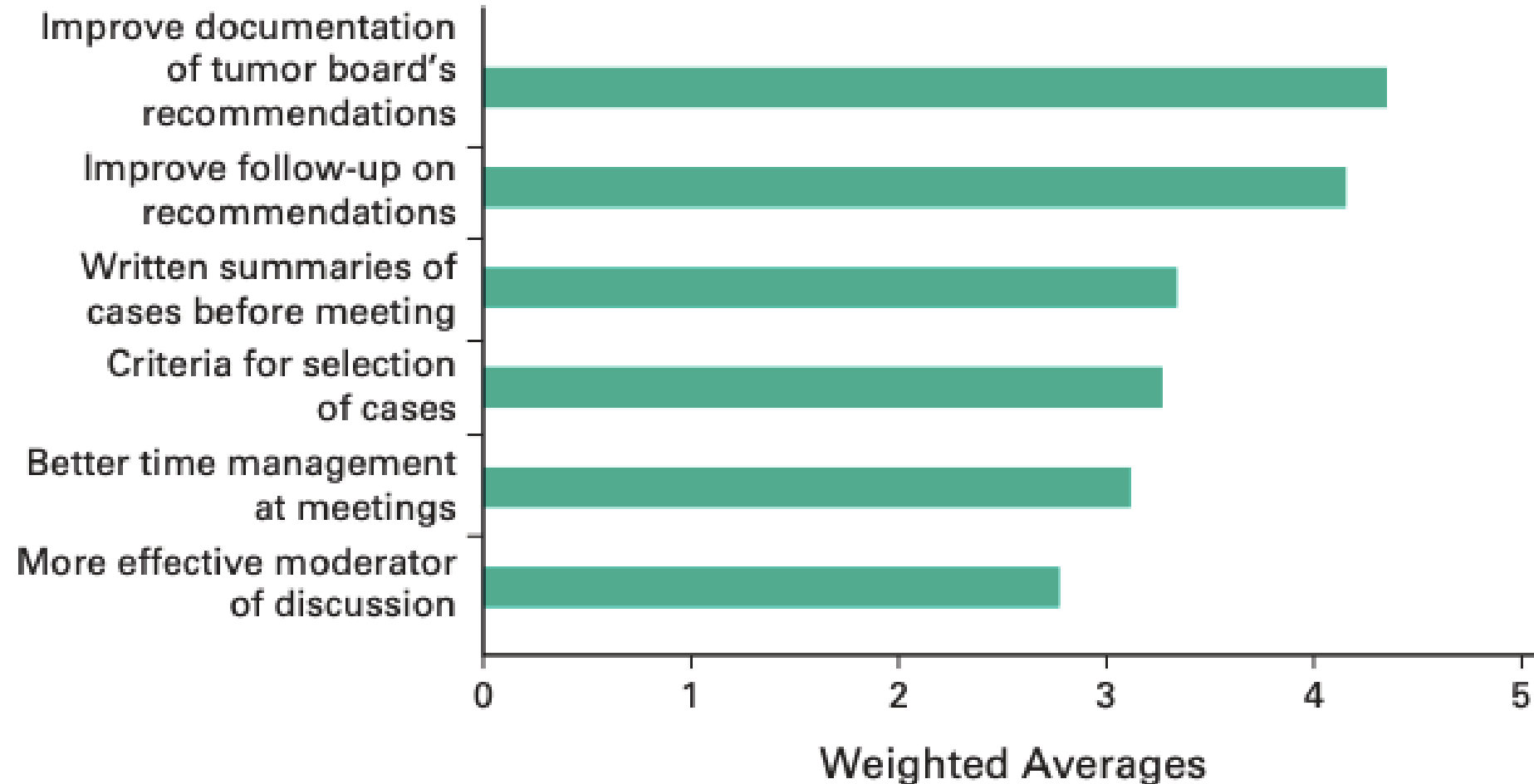
*Author for correspondence: Tel.: +55 113 067 5400; max.mano@medicos.oncoclinicas.com

Table 1. Challenges and solutions of multidisciplinary tumor boards.

	Potential problem	Potential solutions	
1.	The institution has no established treatment guidelines; in this case, greater difficulty in reaching decisions is anticipated.	Efforts should be made to jointly develop an institutional treatment guideline or adopt one of the many publicly accessible guidelines. Leaders will need to work hard to mediate the discussions in a manner that will lead to meaningful decisions.	
2.	The persistent hierarchic nature of many medical departments, especially when the most senior physicians are also the chairs of the MTBs, can inhibit the free expression of opinions and disagreements.	Alternatives include rotating the chairmanship across the various specialties or considering a nonvoting chair with sufficient skills and legitimacy to conduct an open debate.	[55,56,70,73]
3.	Poor emotional management of disagreements among team members leads to an unfavorable and tense atmosphere.	The group leader is ultimately responsible for managing people. It is recommended that they be present at most meetings, which is particularly important during the implementation phase.	[56,75]
4.	Decisions tend to be taken without the presence of the stakeholder (the patient), who has no opportunity to clearly express his or her point of view. This is aggravated when the physician in charge of the patient is not present in the meeting, a situation that has the potential to lead to ambiguous and not patient-centered decisions.	Avoid discussing cases when the physician who knows the patient is absent because they will be the only representative of the patient's point of view. A more controversial though not unreasonable approach is granting the patient the right to attend the meeting and present his or her concerns and point of view in person.	[47,48,52,53,55]
5.	Representative bias, for instance, if for a particular reason one specialty is over- or underrepresented, a bias in the decision could arise.	Establish a minimum number of specialists for a meeting to be considered valid.	[46]
6.	Limited access to MTBs in remote regions and nonacademic centers.	Consider alternatives such as the use of telemedicine resources and partnerships with academic centers.	[76–78]
7.	Low representation and/or active participation of nonmedical staff.	Stimulate active participation of nonmedical staff. Physicians should be educated to respectfully listen to their opinions and consider their points of view.	[15,46]
8.	Unclear if MTB discussions are protected from legal discovery. In the case of litigation, who is accountable? All MTB members or the treating physician(s)?	In order to be defensive, MTBs must be well-structured, have balanced representativeness, include accurate clinical information and properly document the decisions in a legally valid place (e.g., the patient chart). If the treating physician decided not to adhere to the MTB decision, the reason must be properly documented.	

Tumor board: como otimizar

Rank the following suggestions (1 = most useful; 6 = least useful) to improve the efficiency of tumor boards:



Tumor board

Tumor Boards: Optimizing the Structure and Improving Efficiency of Multidisciplinary Management of Patients with Cancer Worldwide

Nagi S. El Saghir, MD, FACP, Nancy L. Keating, MD, MPH, Robert W. Carlson, MD, Katia E. Houry, MD, and Lesley Fallowfield, DPhil, BSc

Desfechos positivos dependem de:

Qualidade dos profissionais

Escolha e preparação dos casos

Definição do formato e estrutura da reunião

Liderança

Interação entre especialistas

Nem sempre a dinâmica do time é harmônica

Tumor board: indicadores

Table 1. Examples of universal measures that can be used by multidisciplinary tumor board (MTB) to assess quality

Measure Category	Example	Definition
Organizational	MTB meeting compliance Physician attendance—per specialty Number of cases presented	Adherence to noncancellation of MTB Track of physicians' attendance in the assigned MTB Total number of cancer cases presented in MTB
Process	Percentage of new cases presented Adherence to guidelines Change in disease management Change in radiology findings Change in staging determination Change in pathology findings Adherence to TB recommendations	Percentage of newly diagnosed cases presented in MTB Percentage of MTB recommendations adhere to the disease guidelines Percentage of cancer cases with change in management after presentation in MTB Percentage of cases with change in radiologic/pathologic finding and stage after MTB discussion Percentage of compliance with MTB recommendations and reasons for noncompliance
Outcome	Time-to-start treatment Disease-free survival Overall survival	Time interval to start definitive treatment after decision to treat Time interval after treatment completion without signs of recurrence Time interval from the diagnosis date until death
Balancing	Staff satisfaction Patient satisfaction Cost and expenses Publications	Satisfaction level of staff concerning TB functions and its impact on patient care Level of patient satisfaction concerning care management due to cases presented in MTB Cost involved in MTB function Number of publications initiated from the MTB

Tumor board: implementação

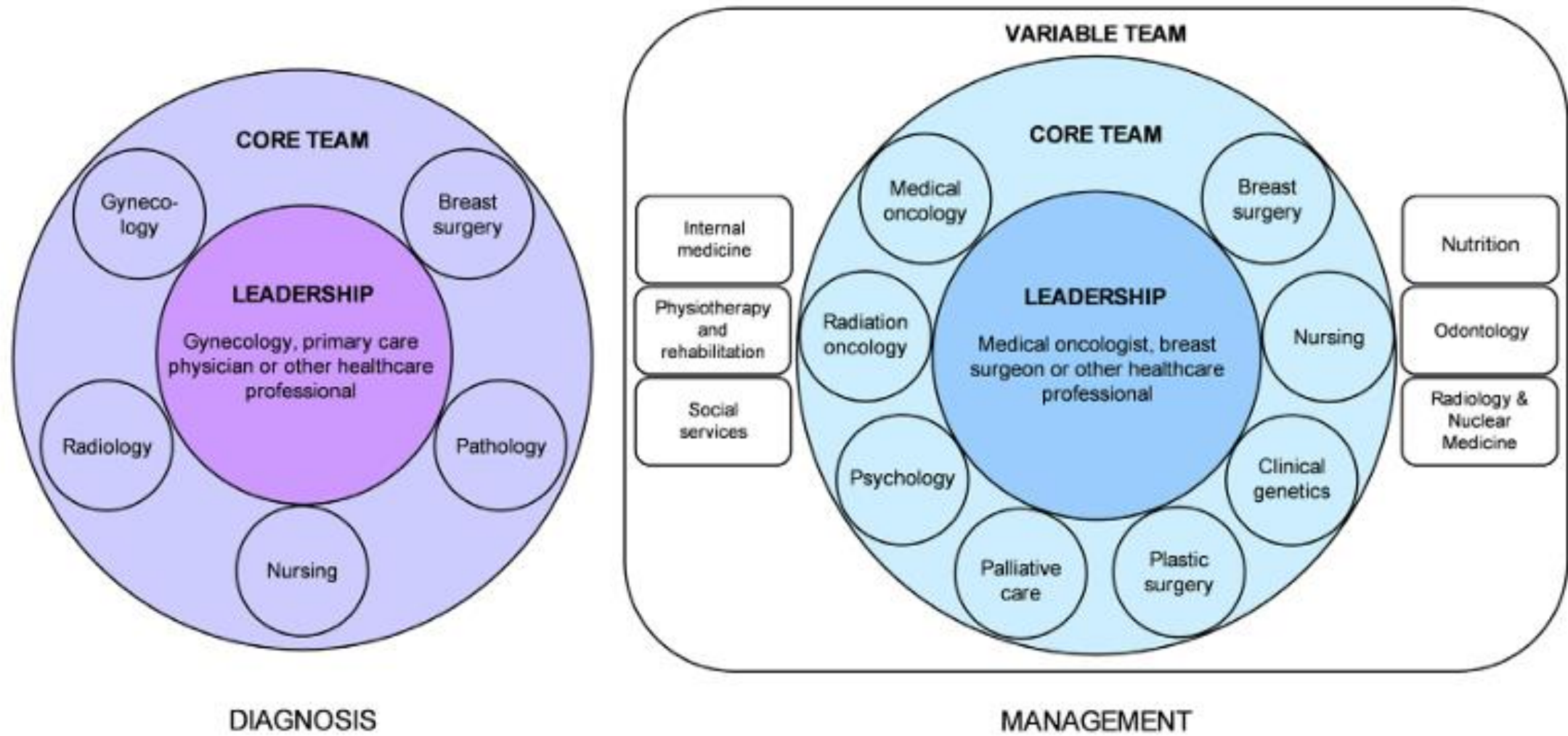


Figure 1. Proposed composition of MDC teams according to the management stage.

Obrigada!

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