Multi-Disciplinary Tumor Boards: "Imaging is Emerging"

Multidisciplinary Tumor Board (MDT) meetings, sometimes also referred to as multidisciplinary tumor conferences, or multidisciplinary tumor boards, are conducted to involve clinicians from all concerned specialties to discuss diagnostic and treatment options for patients diagnosed with cancer.[1] Such meetings are considered integral part of comprehensive oncological care provision. However, in the developing countries, we are not fully tuned into this important component of good clinical practice (GCP) which is definitely influencing our overall care outcomes. This is the time for medical community engaged in cancer management globally to acknowledge the fact that that cancer management is not a single person's job.[1] Medical and radiation oncologists, pathologist, oncological surgeons, radiologist and nuclear physicians are the integral part of the MDT. The pathologist-radiologist correlation helps in better tumor staging whereas surgeon-oncologist correlation results in improved treatment plan. With the advent of hybrid imaging like PET/CT and PET/MR, role of imaging has considerably increased. In fact these hybrid imaging are considered as standard of care in management of many tumor like lymphoma. Hybrid imaging undeniably contributes in staging, restaging, response evaluation, prognostication and early detection of tumor recurrence. It is a known fact that based on findings of hybrid imaging, down or upstaging in tumor has been observed in a sizeable portion of patients which indeed helps to modify the treatment strategies accordingly. Their role has also become more important in response evaluation due to introduction of many tumoristatic therapies where metabolic response is the harbinger of response as compared to tumoricidal treatment where a change in anatomic size is the response evaluation parameter. Imaging persons now also have better liaison with radiation oncologists by providing information about metabolic tumor volume and image guided radiation therapy (IGRT).

A large body of data have concluded that these meetings significantly contribute to the better treatment outcomes for patients[2,3,4] an important question that needs to be addressed is whether it is really necessary to discuss all cancer patients in MDT meetings before embarking on the first management, considering the increased prevalence of cancers all over the world and the increasing time required to discuss relevant tumor cases in these meetings.[5] In American Society of Clinical Oncology 2014 meeting (ASCO 2014) a commentary is being made mentioning the role of Tumor Boards in service settings where resources are limited. Authors from Lebanon, Harvard, USA and SussexUniversity, United Kingdom are suggesting that tumor boards may help overcome these limitations.[6] But we must be cognizant of the fact that success of such meetings is integrated with sincere and invaluable participation from all stakeholders.

To summarize, MDT meetings play a very important role in better treatment of the cancer patients in significant number of cases at various tumor sites because members from different specialties augment each other's interpretations. The pathologist-radiologist correlation helps in better tumor staging whereas surgeon-oncologist correlation results in improved treatment plan. Discussing increased number of cases with more attendance improves the outcome of these meetings. In current era role of radiologists and nuclear physicians has considerably increased due availability of hybrid imaging like PET/CT and PET/MR. It is therefore recommended that all tumor cases be discussed in MDT meetings regardless of site, staging and grading. It will also play a beneficial role in improving academics and research work.We are hoping to see establishment of Multi-Disciplinary Tumor Boards in all institutes of Pakistan where cancer care is being provided.[7]

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