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SHORT COMMUNICATION

City Tumour Board Karachi: An innovative step in multidisciplinary consensus meeting and its two years audit

Asghar Hussain Asghar,¹ Ahmed Nadeem Abbasi,² Abid Jamal,³ Ghulam Haider,⁴ Sadia Rizvi⁵

Abstract

Management of cancer patients is a team work which usually comprises of surgeons, oncologists, radiologists, pathologists, psychiatrist, nutritionist and a nurse. Any patient who is suffering from any tumour needs a multimodality meeting as cancer treatment is not a single persons job. Most of the time, it is difficult to get the whole team together for a plan discussion due to their busy schedule. This problem was overcome by starting a tumour board meeting early morning of Sunday in Karachi which was named "City Tumour Board (CTB) Karachi". Its first meeting was held on Sunday March 28, 2010 and since then it takes place regularly fortnightly. Till March 2012, 44 sessions were conducted and total 264 cases were discussed. Here we present an audit of these two years. On average, in 60% of cases, tumour was up (36%) or down staged (12%) while in 52% of cases the stage remained unchanged. In 70% of cases (inclusive of above 60%), initial treatment plan was changed after discussion in the tumour board. This data signifies the importance of tumour board especially in a Pakistani setup where patient and even referring persons are not well aware of this disease and its outcome.

It is advisable that every case should be discussed in tumour board before embarking on any treatment so that the best treatment plan can be given. It is also important that all relevant specialists should be present in the tumour board when planning for any treatment.

Keywords: Tumour board, Multidisciplinary cancer meeting, Multimodality team approach.

Report

Tumour Boards are multidisciplinary forums used to discuss a patient's diagnosis and the most appropriate treatment options available.^{1,2} In these meetings, physicians and allied health care professionals involved in

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the care of cancer patients present and discuss their cases with reference to radiology, pathology, patient history and current treatment options. It is not known when the first tumour board was started and which hospital took the lead. However, multidisciplinary meetings of medicine and surgical allied were being conducted in many institutions. Tumour boards are a part of teaching and training of junior colleagues as well. In almost all good hospitals of Pakistan, these boards are being run very regularly. These are the weekly, fortnightly or monthly meetings. In some hospitals, these are site specific while in others, a general tumour board is being held regularly.³ Due to improvement in diagnostic facilities and awareness in the public, flux of cancer patients has increased significantly especially in cases of breast, and head and neck cancers. Recently published article on the multimodality meeting for hepatocellular carcinoma further emphasized the role of tumour board in its management.⁴ Therefore, it is needed that a general tumour board must be conducted in almost all hospitals where oncology is being practiced.

What was the need of a city tumour board in Karachi and why was it named so? It was being observed for many years that most of the surgeons, physicians and oncologists could not attend any tumour board due to their busy schedule of surgery and outpatient department (OPD). It was also seen that no tumour board was being run in some hospitals due to unavailability of an oncologist. Considering these issues, an innovative step was taken by the senior colleagues in the field of oncology and surgery that a tumour board should be started in which all could participate. It should be held on a day when everyone was free, fresh and easily available. It should also be non-institutional, non-political and in the central part of the city just to have easy access for everyone. A room was hired in central Karachi where the first tumour board was conducted and it was named "City Tumour Board (CTB) Karachi" as it was for the whole city of Karachi not for any single hospital or institute. It was started on Sunday March 28, 2010 and was planned to continue fortnightly. Total 37 consultants from different specialties participated in that meeting (Figure-1). Since then, it is being run regularly. This activity starts at 8 am



Figure-1: First meeting of city tumour board held on Sunday March 28, 2010.

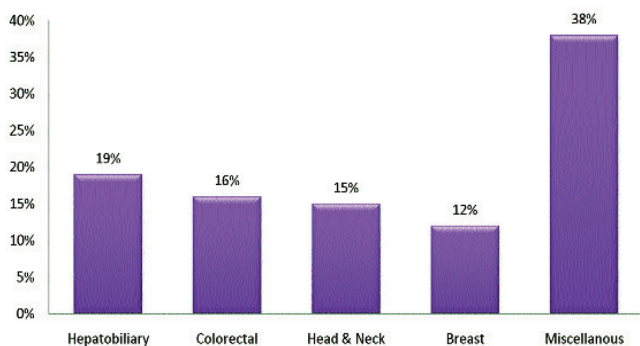


Figure-2: Chart showing different types of cancer cases discussed in two years.

and finishes by 9:30 am. Till March 2012, 44 boards have been conducted and total 264 cases discussed. Here we are presenting its two years results.

In these 264 patients, 67% were male and 33% were females. Most of the cases were from general surgery and head and neck surgery. Few cases were from gynaecology and urology departments. Cases distribution is shown in Figure-2. On average, in 60% of cases, tumour was up (36%) or down staged (12%) while in 52% of cases there was no change in stage. In 70% of cases (inclusive of above 60%), initial treatment plan was changed after discussion in tumour board. This data signifies the importance of tumour board especially in Pakistani setup

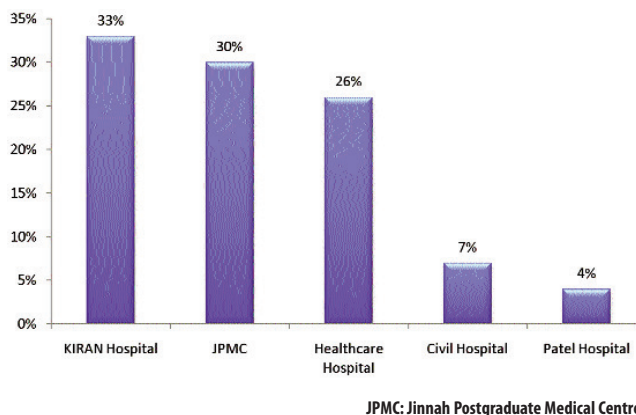


Figure-3: Percentage of cases presented by different hospitals in last two years.

where patient as well as referring persons are not well aware of this disease and its outcome.

An extensive literature search failed to shown any publication on tumour board meeting results from Pakistan. Our observation therefore represents the results from a single centre.

Most of the cases were brought from public sector hospitals. This could be the reason that no formal general tumour board is being run in these hospitals. Mainly cases were brought from KIRAN and JPMC hospitals. A figure 3 is showing the pattern of different hospitals participation in CTB meetings.

Conclusion

We suggest that each and every case should be discussed in tumour board before starting any treatment so that the best treatment plan could be instituted. This is also important that all relevant specialists must be present in tumour board when planning the treatment.

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