



Special Report

A Special Project of the Clinical Programs and
the Program in Evidence-based Care, Cancer Care Ontario (CCO)
Developed by the Expert Panel on Multidisciplinary Cancer Conference (MCC) Standards, CCO

Multidisciplinary Cancer Conference Standards

*F. Wright, C. De Vito, B. Langer, A. Hunter,
and the Expert Panel on the Multidisciplinary Cancer Conference Standards*

Report Date: June 1, 2006

Special Report Multidisciplinary Cancer Conference Standards will permanently stand
as **CURRENT** from its original publication date.

The full MCC Standards report is comprised of 3 sections
and is available on the CCO website (<http://www.cancercare.on.ca>)
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Section 1: Standards

Section 2: Evidentiary Review

Section 3: Standards Development and External Review - Methods and Results

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Special Report: Section 1

Multidisciplinary Cancer Conference Standards

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QUESTION

What are the standards for the structure and function of a multidisciplinary cancer conference in Ontario?

SCOPE OF STANDARDS

Multidisciplinary care is the hallmark of high-quality cancer management and is demonstrated in activities such as multidisciplinary consultation and clinics, morbidity and mortality conferences, and multidisciplinary cancer conferences. The crucial element is the multidisciplinary cancer conference (or tumour board), which is defined as a regularly scheduled multidisciplinary conference. The intent of the multidisciplinary cancer conference (MCC) is to prospectively review individual cancer patients and make recommendations on best management, keeping in mind that individual physicians are responsible for making the ultimate treatment decision. All cancer patients in Ontario, independent of their geographic locale, should have the opportunity to have their case reviewed in an MCC.

Cancer Care Ontario's (CCO) Expert Panel on Multidisciplinary Cancer Conference Standards (Appendix 1, Section 3) has produced standards to guide the development of MCCs, taking into account the different circumstances in regional centres and in community hospitals of various sizes. The Standard report identifies the following components as key to the structure and function of an MCC:

Protocol or Mandate

The MCC has the following primary and secondary functions:

- **Primary function:**

- Ensure that all appropriate diagnostic tests, all suitable treatment options, and the most appropriate treatment recommendations are generated for each cancer patient discussed prospectively in a multidisciplinary forum.
- **Secondary functions:**
 - Provide a forum for the continuing education of medical staff and health professionals.
 - Contribute to patient care quality improvement activities and practice audit.
 - Contribute to the development of standardized patient management protocols.
 - Contribute to innovation, research, and participation in clinical trials.
 - Contribute to linkages among regions to ensure appropriate referrals and timely consultation and to optimize patient care.

MCC Cases

- New cancer cases, inpatient and ambulatory, and the proposed treatment plan should be forwarded to the MCC Coordinator.
- Not all cases forwarded to the MCC Coordinator need to be discussed at the MCC.
- The individual physician and the MCC Chair can determine which cases are discussed in detail at the MCC.
- Other cases (e.g., recurrent or metastatic cancer) can be forwarded to the MCC Coordinator for discussion, at the discretion of the individual physician.

Meeting Format

- MCC discussions should occur at regularly scheduled intervals. Depending upon the size of the centre, the MCC should meet for a minimum length of one hour and a frequency of at least every two weeks to ensure timely prospective patient case review.
- Input should be encouraged from all members of the multidisciplinary team.
- Attendance should be recorded at each meeting and can be used for continuing professional development credit.
- The confidentiality of all information disclosed at these meetings is to be maintained by all participants.

Team Members

- Each MCC should have a designated Chair and a Coordinator (with designated backups) responsible for overall conference management and the individual meeting process.
- A representative from medical oncology, radiation oncology, surgery/surgical oncology, pathology, diagnostic radiology, and nursing should be present to provide the complete range of expert opinion appropriate for the disease site and appropriate for the hospital.
- An MCC meeting should be attended by clinicians and other health professionals who are directly involved in the presented patients' care.
- In those hospitals that do not have all the needed specialists in-house, linkages can be made through teleconferencing or videoconferencing so that participants from multiple hospitals and specialties can meet together in a 'virtual' MCC.
- Other MCC participants will be determined by the patient case(s) presented at a meeting and can include the primary care physician; social services, pharmacy, nuclear medicine, genetics, dentistry, nutrition therapy, physical/occupational therapy, pastoral care, pain/palliative care, mental health, clinical trials, and data management representatives; and fellows, residents, and other health care students.
- Industry representatives (or members of the general public) should not attend the MCC, in order to maintain patient confidentiality and ensure unbiased case review.

- Patients or their representatives should not attend the MCC, to ensure unbiased case review.

Roles & Responsibilities

- **Individual physicians or delegate:**
 - Responsible for discussing the treatment options and conclusions, as discussed at the MCC, with the patient and making the ultimate treatment recommendations.
 - Commit to attend MCC meetings and to send new cancer cases from their practice, as well as any other cancer cases (e.g., recurrent cancer) that would benefit from discussion by the MCC.
 - Responsible for forwarding new cancer cases to the MCC Coordinator and communicating the relevant patient information, including radiology and pathology, and the specific issue to be discussed by the multidisciplinary team, prior to each meeting.
 - Responsible for presenting the patient case at the MCC (or sending a delegate to present) and maintaining patient confidentiality.
 - Responsible for providing expert opinion from their area of expertise.
 - Responsible for entering the MCC recommendations, the physician-patient discussion regarding the MCC recommendations, and the patient's final decision about their treatment into the medical record.
- **Multidisciplinary Cancer Conference Chair/Facilitator (may or may not be a physician):**
 - Accountable to the head of the hospital cancer program.
 - May delegate/rotate the running of the MCC and other responsibilities.
 - Responsible for:
 - ♦ The actual running of the MCC.
 - ♦ Ensuring that all forwarded cases that have been selected for presentation are discussed within the allotted time.
 - ♦ Encouraging the participation of all MCC members.
 - ♦ Ensuring patient confidentiality is maintained by reminding participants of privacy issues and permitting only appropriate attendance.
 - A designate should be assigned in case the Chair is unavailable.
- **Multidisciplinary Cancer Conference Coordinator (usually not a physician):**
 - The key individual who ensures the continuity of the MCCs.
 - Responsible for the administrative management and individual meeting functioning. The following roles and responsibilities include those that can be specific to the Coordinator or that can be delegated to other core members or associated support staff:
 - ♦ Meeting—preliminary organization:
 - * Create the list of patient cases, based on the cases forwarded by individual physicians.
 - * Book meeting, set up meeting room, and ensure availability/functioning of all necessary equipment.
 - * Notify all core members, invite guests, and post in-hospital meeting notice.
 - * Ensure all relevant up-to-date patient information, particularly slides and all imaging (including related electronic imaging), are entered in the computer prior to the meeting.

- * Track minimum data requirements, such as how many cases were forwarded to and how many were discussed at the MCC by disease site.
- A designate should be assigned in case the Coordinator is unavailable.

Institutional Requirements

- MCC Coordinator—an essential individual, the ‘glue’ that ensures the continuity of the MCC.
- Dedicated meeting room with adequate facilities.
- Projection equipment for displaying x-rays and pathology slides.
- Secure, interactive computer systems with:
 - Scanning, storing, and computer-generated image display capabilities.
 - Videoconferencing and teleconferencing equipment.
 - Information technology (IT) support.

Terms of Reference for the Multidisciplinary Cancer Conference

Each participating institution should have in place a written protocol, encompassing the following:

- The MCC mandate specific to that institution.
- The health care professional membership, including the core members and disciplines and their roles and responsibilities.
- Meeting format, frequency, time length, and attendance.
- Communication flow.
- How patient confidentiality will be maintained in the selection and review of patient cases and the maintenance of patient case files.

COMMENT

Cancer Care Ontario is aware of the substantial resource implications for implementing MCCs and recognizes that a stepwise approach to implementation will be undertaken at most centres. The regional cancer programs, based on the Local Health Integration Networks (LHINs) or established referral patterns, should use the MCCs to facilitate consultation and appropriate referral, focussing on the concept of patient-centered care so that patients can be treated close to home when such treatment is available or have timely referral to a regional centre when appropriate. The realization of that objective will be made possible by the development of regional MCCs where physicians from community hospitals can attend MCCs at regional centres or specialists from regional centres can attend MCCs in community hospitals, facilitated through the use of videoconferencing.

Different health care facilities will have a different constituent membership for their institution's MCC and may discuss patient cases with varying levels of complexity. Consequently, some MCCs may meet more frequently than others, and some may be more disease site-specific than others (e.g., a melanoma or head and neck MCC).

In addition, although not all components of an MCC, such as videoconferencing equipment or a patient database, may be in place, this fact should not be considered an impediment to establishing an MCC. As well, if an urgent case needs to be discussed in an MCC forum, a backup option such as an email discussion (with anonymous patient information) among the MCC members can be generated so that timely patient care and patient confidentiality will not be compromised.

DEVELOPMENT OF THE MULTIDISCIPLINARY CANCER CONFERENCE STANDARDS DOCUMENT

Evidence about MCCs was gathered through a literature search and an environmental scan of Internet documents from organizations and hospitals with active multidisciplinary cancer conferences or multidisciplinary panels similar in structure and function to MCCs. Members of Cancer Care Ontario's Expert Panel on Multidisciplinary Cancer Conference Standards reviewed that evidence. The Expert Panel included representatives from surgical oncology, medical oncology, radiation oncology, surgical pathology, diagnostic imaging, nursing, palliative care, social work, and regional planning; a Director of Clinical Oncology Systems; Regional Vice Presidents; Cancer Care Ontario Program Coordinators and a Provincial Head, a Program Director, a Program Manager, and a Clinical Council member; and methodologists.

The Panel developed the standards, using a combination of descriptive evidence and existing recommendations from other jurisdictions, and incorporated expert opinion based on experience and consensus.

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