

Multidisciplinary Cancer Conferences (MCCs): Disease Site Attendance Criteria and Patient Discussion Guidance

Background: In 2009 the Multidisciplinary Cancer Conference (MCC) Project team at Cancer Care Ontario surveyed the Program in Evidence Based Care (PEBC) Disease Site Groups (DSG) to gather their opinion on: (a) what disciplines are essential to participate in specific disease site MCCs and (b) which patients should be discussed at an MCC. A guidance document was created to provide assistance regarding these two aspects of MCCs. As MCCs have evolved and we move towards the vision that all Ontario patients have access to high-quality multi-disciplinary case review, it is important to ensure that appropriate disciplines continue to provide expert opinion for all disease site MCCs. To ensure that the list of required disciplines to attend MCCs is still “current”, this information was updated in 2013.

Purpose: To educate and offer guidance regarding performance management (disease-site specific health professional attendance criteria for MCCs) and advice on which patient types/cases would benefit from a MCC discussion.

Process: Program in Evidence-Based Care (PEBC) Disease Site Groups (DSG) were asked to review and comment on the advice they initially provided regarding which disciplines should attend a MCC. The DSGs commented on whether disciplines should be added or removed from the current disease site attendance list. The list of proposed patients to consider for MCC discussion was not reviewed. Outcomes did not result in any changes to the required discipline attendees. The responses will be used to calculate MCC concordance across the province.

Disease Site	Required Discipline MCC Attendance	Disease Site MCC Criteria	Suggested Attendees	Proposed Patients to Consider for MCC Discussion
Breast	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p style="text-align: center;">(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing (Advanced Practice, Homecare) • Social Work • Genetics • Pharmacy • Familial Oncology Program • Clinical Trials Associate • Family Medicine • Oncology Trials Representative • GP Oncologist 	<ol style="list-style-type: none"> 1. Newly diagnosed, unusual breast cancer patients (e.g. LABC, 2nd primary) 2. Newly diagnosed metastatic disease 3. Recurrent breast cancer patients
CNS/PNS*	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist and/or a Neuro-oncologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator 	<ul style="list-style-type: none"> • Rehabilitation • Social Work • Residents • Medical/Other students 	<ol style="list-style-type: none"> 1. Complex or unusual cases requiring multidisciplinary discussion (e.g. skull based, new glioma, recurrent)

	<ul style="list-style-type: none"> • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing (Clinical Trials) 	<p>primary brain tumors, metastatic disease)</p> <ol style="list-style-type: none"> 2. Clinical trials eligible 3. All pediatric CNS/PNS cancer patients
Gastrointestinal (GI - Luminal)	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing • Interventional Endoscopist • Residents, Fellows • Gastroenterologists • Pharmacists • Dieticians • Social Work 	<ol style="list-style-type: none"> 1. New patients where management does not fit clearly into existing guidelines 2. New problems (i.e. recurrence) where management does not fit clearly into existing guidelines 3. Combined modality patient: esophageal, gastroesophageal, pancreas, rectal 4. Uncertainty in pathology: histology, stage 5. Synchronous CRC and/or potentially resectable liver mets/ pulmonary/ extranodal disease 6. Non-cancer related patient factors
Gynaecology	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist◊ • Radiation Oncologist • Pathologist • Radiologist <p>◊Following the release of the <i>Organizational Guideline for Gynecologic Oncology Services in Ontario</i>, a medical</p>	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing • Clinical Trials Associate • Trainees • Genetics • Social Work • Chemotherapy Pharmacist 	<ol style="list-style-type: none"> 1. New diagnosis of invasive cancer 2. Unique/unusual pathology 3. Complex recurrence 4. Review of decisions/ pathology from catchment area 5. Review of protocols, update of literature

	oncologist is now required at gynaecology MCCs			
Genitourinary (GU)	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing • Social Work • Clinical Trials Coordinator • Palliative Care • Primary Care • Bioethics • Chaplaincy • Oncology Pharmacist 	<ol style="list-style-type: none"> 1. All new or recurrent testicular cancer cases 2. Locally advanced/muscle-invasive urothelial cancers 3. Uncommon tumor types (for example: adrenal, small cell, penile, GU sarcomas, neuroendocrine, urothelial squamous cell carcinoma or adenocarcinoma) 4. High risk prostate cancer, especially if surgery contemplated 5. Specific difficult patient issues affecting delivery of standard treatments
Hematology: Leukemia (AML, ALL, CML)	<ul style="list-style-type: none"> • Medical Oncologist/ Hematologist • Pathologist/ Hematopathologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 2 disciplines <p>(Total criteria score out of 6)</p>	<ul style="list-style-type: none"> • Nursing • Radiation Oncologist • Radiologist • Pharmacist • Cytogeneticist/Molecular Genetics • Transplant Coordinator 	<ol style="list-style-type: none"> 1. Relapsed leukemia when consideration is being given to a stem cell transplant 2. Other cases less priority, including all relapsed cases or all new cases, unless there is something unique in the pathology or interpretation that requires group discussion 3. CML patients who are receiving therapy other than imatinib

Hematology: Lymphoma/ Myeloma/CLL	<ul style="list-style-type: none"> • Medical Oncologist/ Hematologist • Pathologist/ Hematopathologist • Radiation Oncologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 3 disciplines <p>(Total criteria score out of 7)</p>	<ul style="list-style-type: none"> • Nursing (Nurse Practitioner) • Pharmacist • Radiologist 	<ol style="list-style-type: none"> 1. Cases with difficult pathology/staging information in terms of reviewing the pathology/ staging and making treatment recommendations 2. Cases with relapsed lymphoma where transplantation is being considered (in many centres, patients on the transplant list are discussed, but perhaps not in as wide a group as for a MCC, but MCC criteria may be fulfilled in most circumstances) 3. Unusual or rare cases for general educational value and to provide treatment recommendations (could be either lymphoma or myeloma) 4. All new cases of lymphoma (lower priority and not feasible for most centres) 5. All new cases of myeloma (lower priority and not feasible for most centres)
HNK	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing • Clinical Trials • Dentistry • Oral Surgery • Speech Language Pathology • Social Work 	<ol style="list-style-type: none"> 1. All head and neck patients 2. Recurrent disease/complex patients 3. Advanced local disease/ treatment options 4. Rare tumors/ breadth of expertise
Hepatobiliary (HPB)	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review 	<ul style="list-style-type: none"> • Nursing • Gastroenterologist 	<ol style="list-style-type: none"> 1. New patients where management does not fit

	<ul style="list-style-type: none"> • Radiation Oncologist • Pathologist • Radiologist <p><i>Note: HPB surgeons and interventional radiologists required to attend</i></p>	<ul style="list-style-type: none"> • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Residents, Fellows • Nutritionists • Pharmacists 	<p>clearly into existing guidelines</p> <ol style="list-style-type: none"> 2. New problems (i.e. recurrence) where management does not fit currently into existing guidelines 3. Pancreas, uncertain histology, stage, neuroendocrine 4. Pancreas resected 5. Hepatoma if local vs. systemic discussion 6. Any biliary or gallbladder 7. Gastrointestinal stromal tumor (GIST)
Lung	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 4 disciplines <p>(Total criteria score out of 8)</p>	<ul style="list-style-type: none"> • Nursing • Pathologist • Social Work • Respiriologist • Radiation Therapist/Planner • Palliative Care • Residents 	<ol style="list-style-type: none"> 1. Patients who require tri-modality therapy (i.e. resectable Stage IIIA non-small cell lung cancer – NSCLC) 2. Medically inoperable patients with NSCLC who may benefit from RT or stereotactic radiation treatments 3. Uncommon cancers or tumors that require multidisciplinary care (for example: thymomas, mesotheliomas) 4. Patients with esophageal cancer that require tri-modality therapy 5. Interesting cases that bring out an important clinical lesson

Melanoma	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 4 disciplines <p>(Total criteria score out of 8)</p>	<ul style="list-style-type: none"> • Nursing • Dermatology 	<ol style="list-style-type: none"> 1. Locally advanced disease: palpable nodes, in-transit disease, metastatic disease (complicated ones) 2. Sentinel node positive patients 3. High risk thin melanoma <1mm – to discuss sentinel node 4. Atypical spitz nevi 5. Positive margins – wide excision
Ophthalmology*	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 3 disciplines <p>(Total criteria score out of 7)</p>	<ul style="list-style-type: none"> • Nursing 	<ol style="list-style-type: none"> 1. New patients 2. Patients with disease progression, untreated 3. Patients, treated, with disease progression 4. Changes in therapy standards 5. Novel therapies
Sarcoma	<ul style="list-style-type: none"> • Surgeon • Medical Oncologist • Radiation Oncologist • Pathologist • Radiologist 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 5 disciplines <p>(Total criteria score out of 9)</p>	<ul style="list-style-type: none"> • Nursing • Physiotherapist • Rehabilitation Medicine • Pharmacy • Clinical Trials • Patient Coordinators/ Nursing Liaisons 	<ol style="list-style-type: none"> 1. All osteosarcoma and Ewings sarcoma 2. All high grade, deep sarcoma patients for whom a decision for adjuvant chemotherapy may be especially considered except those with small superficial low-grade lesions 3. All early-stage sarcoma (soft-tissue) patients, pre-operative
Thyroid	<ul style="list-style-type: none"> • Surgeon • Radiation Oncologist or Endocrinologist or Nuclear Medicine • Pathologist 	<ul style="list-style-type: none"> • Minimum monthly MCCs • Prospective case review • Chair • Coordinator • 3 disciplines 	<ul style="list-style-type: none"> • Radiologist • Medical Oncologist • Nursing • Nuclear Medicine • Nuclear Medicine Technologist 	<ol style="list-style-type: none"> 1. Advanced stage/ complex treatment options 2. Recurrent disease/ roll of adjuvant therapy 3. Rare pathologies/ various treatment expertise and

		(Total criteria score out of 7)	• Dietician (as required)	options
Other MCCs				
Palliative**	<ul style="list-style-type: none"> • Medical Oncologist • Radiation Oncologist • Palliative Physician 	<ul style="list-style-type: none"> • Weekly/biweekly MCCs • Prospective case review • Chair • Coordinator • 3 disciplines <p>(Total criteria score out of 7)</p>	<ul style="list-style-type: none"> • Surgeon (as required) • Pathologist (as required) • Radiologist (as required) • Family Physician (as required) 	1. Complex palliative patients
Notes:				
* As there is no disease site group for CNS/PNS and Ophthalmology, MCC Chairs at different institutions were contacted for their feedback regarding MCC attendance criteria and recommended patients for discussion.				
** Attendance criteria and guidance for patient discussion for Palliative MCCs has been established by corresponding with the hospital that has recently implemented these MCCs.				