

Thoracic Multidisciplinary Cancer Conferences: Jewish General Hospital, Montreal, QC

Thoracic MCCs were implemented as part of the Lung Cancer Program at the Jewish General Hospital (JGH) to properly coordinate and offer patients the best treatment management. During an interview in December 2005, Dr. David Small (Pulmonologist) provided information regarding the functionality of the Thoracic MCC, in a large centre such as the JGH. Dr. Agulnik (Pulmonologist), provided an update regarding the status and functionality of Thoracic MCCs at JGH.

MCC Characteristics	Description
Meeting Format	<ul style="list-style-type: none"> Weekly MCCs that are two hours in length
Attendance	<ul style="list-style-type: none"> MCCs are in attendance by pulmonologists, oncologists, pathologists, radiation oncologists, thoracic surgeons, nuclear medicine physicians, and nurses Dieticians, physiotherapists, psychologists and social workers are invited to attend Clinical trials study coordinators are also invited to attend
Case Review	<ul style="list-style-type: none"> Physicians contact the MCC Coordinator to put patients on the list for discussion Cases are presented by the treating physician Priority of MCC case presentations are: <ul style="list-style-type: none"> A patients - All new patients B patients - Re-review of patients due to an issue that has arisen or if changes need to be made to the treatment plan C patients - Hospitalized patients Pathology, radiologic scans and PET scans are reviewed during the MCC
Coordinator	<p>The MCC Coordinator:</p> <ul style="list-style-type: none"> organizes the MCC generates the list of patient cases to be discussed gathers patient charts and collects additional information relevant to the MCC such as imaging materials (scans, x-rays, etc.) contacts the pathologist or nuclear medicine physician ahead of time in cases where a review of pathology or PET are required types physician dictations pertaining to the patient treatment plan and verifies that all consultations mentioned during MCC are sent off
Documentation	<ul style="list-style-type: none"> Treatment plans are formed during the MCC A note describing the treatment plan is sent to the referring physician (s) and is placed in the patient chart
Equipment	<ul style="list-style-type: none"> The conference room is equipped with a computer and overhead projector. A microscope is used by a pathologist and is projected onto a large flat screen monitor Videoconferencing technology is available and is in use by other disease sites
Data Tracking	<ul style="list-style-type: none"> A pulmonary oncology database is maintained, which is used extensively for research purposes (e.g. retrospective chart review studies) The data based is used to review patient information such as treatment plans, responses, tumour measurements, etc. Information is entered into the database for each patient as the case is being reviewed
Physician Education	<ul style="list-style-type: none"> Physicians receive credits for MCC participation
Strengths & Challenges	<p>Strengths:</p> <ul style="list-style-type: none"> Multidisciplinary participation is strong, with consistent availability of pathology to review slides, nuclear medicine physician to review PET and radiation oncology to provide an opinion Participants meet on occasion to discuss the functionality of the MCC and suggestions for change <p>Challenges:</p> <ul style="list-style-type: none"> Uploading CT scans is often slow and so IT is an area for improvement
Future Steps	<p>Future steps involve:</p> <ul style="list-style-type: none"> Looking at more effective ways to create the patient note, which is currently dictated by the physician, typed by the coordinator and then reviewed by the physician Using dictation software on a trial basis