Surgeon vs. multidisciplinary tumor board decisions: Experience from a tertiary care hospital in Pakistan

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Introduction

Cancer's prevalence in Pakistan underscores the complexity of its management, necessitating alliance across departments. While multidisciplinary tumor board meetings are emerging globally for their benefits, their execution is not followed in Pakistan. **This single-center prospective study aims to compare the decisions made by multidisciplinary tumor boards (MDTs) versus individual surgeon decisions, and to assess the extent of variation between the two decisions.**

Methodology

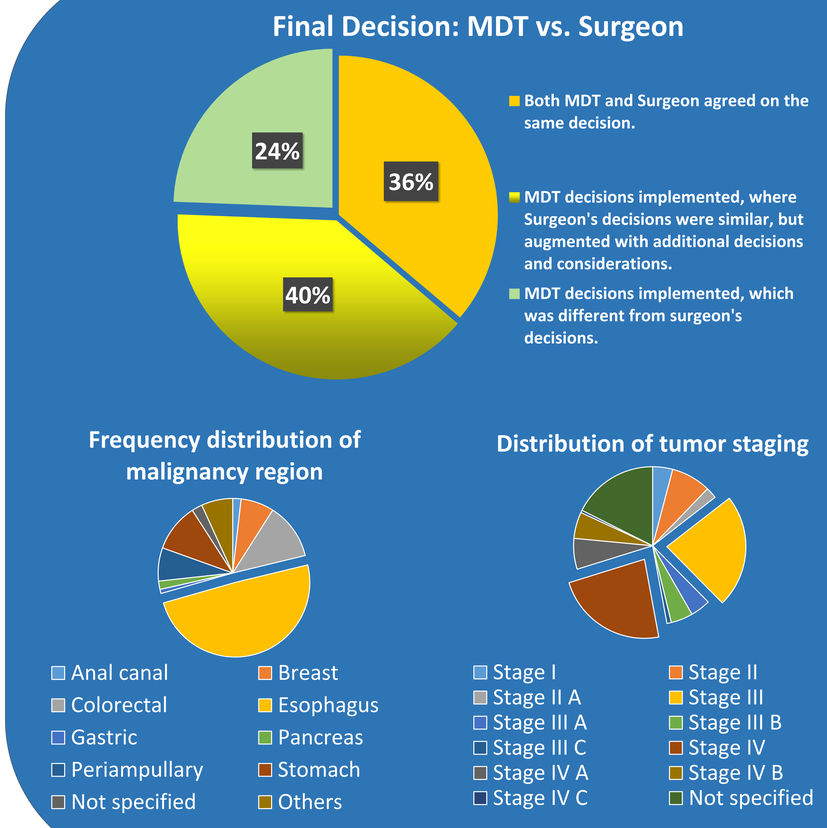
IRB Approval & Prospective Analysis (Dec 2021- Jul 2023)

Data collection for all cancer cases discussed at MDTs **(n=221)**

Data Analysis

Evaluation of final made decision

Results



Discussion

- The implementation and decisions of MDTs have shown a positive influence, as demonstrated by **Basendowah et al. (2021).** In comparison to the findings of **Henner et al. (2015) and Hagen et al. (2011),** where recommendations differed from the initial plan in **26%** and **34%** of EC patients respectively, our study revealed a **24%** variance between the final decision of the MDT and the initial treatment plan proposed by the surgeon in our cohort. This suggests a consistent trend across studies, highlighting the significant impact of MDT decisions on treatment planning in EC cases.

- The implementation of recommended treatment plans in the majority of cases **87.2%** occurred post-MDT, as evidenced by **Kreidieh and Tfayli (2023).** In contrast, **Henner et al. (2015)** reported a higher implementation rate of MDT recommendations, with **97%** of patients following the proposed plans. Interestingly, in our study, the implementation of recommended treatment plans was **100%** post-MDT, and subsequent follow-up indicates that MDT decisions were implemented in **100%** of the cohort.

Conclusion

In conclusion, our study reveals a diverse range of agreements between MDTs and surgeons in treatment decision-making of EC. While 36% of cases showed alignment between MDT and surgeon decisions, in 40% of cases, MDT decisions were implemented with additional considerations. Notably, 24% of MDT decisions diverged from those of the surgeon, highlighting the importance of the nuanced and collaborative nature of treatment planning. Importantly, our findings demonstrate a high implementation rate of MDT recommendations, with 100% post-MDT implementation of the recommended treatment plans.