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# Multidisciplinary Cancer Care

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# Outline

- Rationale for a multidisciplinary care team
- Challenges to engaging the patient with the team model
- Maintaining the team structure in unique circumstances

# Team Members

Providers interacting with the patient	<ul style="list-style-type: none"><li>• Oncologists (medical, surgical, radiation)</li><li>• Other cancer-focused specialist (GI, pulm)</li><li>• Primary care/other established providers</li></ul>
Providers behind the scenes	<ul style="list-style-type: none"><li>• Pathologists</li><li>• Radiologists</li></ul>
Support Staff	<ul style="list-style-type: none"><li>• Midlevel providers and nursing staff</li><li>• Nutritionists</li><li>• Pain specialists</li><li>• Genetic counselors</li><li>• Social workers</li></ul>



# Balancing Act

## Benefits

## Challenges

Each element of care has a dedicated manager

Overwhelming

- Just diagnosed with cancer!

Allows creation of longitudinal plan upfront

- Patient feels they “have a plan”

Need to be ready for the patient in advance

Allows for more interaction with the medical team

Introducing patient to the team concept and to the members

# Before the first patient visit

- Are the right providers seeing the patient?
  - Medical versus Surgical?
    - If multiple providers, can this be anticipated?
  - If subspecialized, is patient scheduled with providers who treat their cancer?
- Who gets the complete records?
  - Staff of first physician to see the patient?
  - Navigator may be helpful in this setting

**Q: Who owns, coordinates the pre-visit process?**

# Introducing the team concept

- Present concept at *each* provider's first encounter
- Then reinforce
  - Reference discussions about the patient to the patient that members have had

**Q: Strategies for building patient confidence that providers interacting, and not treating in a vacuum?**

# Introducing the team!

- Introduce members at early visit even if not active in care just yet
- Team will mean multiple visits = frustrating

**Q: Strategies to limit too many visits?**

**Multidisciplinary clinics? Coordinated visits on same day?**

# Helping the patient navigate the team

- Not each team member is appropriate to address each issue

**Q: How do you help the patient understand this?  
What are ideal ways to pay the question forward  
without punting?**

- Help the patient understand “behind the scenes”  
(Tumor board, etc)

**Q: Make it a point to explain what was discussed?**



# Unique Challenges

- Knowing who is in charge
- Supporting teams inter-institutionally
- Having incomplete teams

# One chef in the kitchen

- Important that the patient knows who this is at any given time
  - Reassuring, especially when they have questions
- May change during course of care
- Sometimes there are >1 at once (eg: chemoRT)
  - Need close communication, and to let patient know they are communicating

**Q: How to keep team members in a passive role an acknowledged part of the patient's team during these times?**

# Inter-institutional Teams

- What mechanisms for maintaining communication?
  - Tumor Board Call-In?
- Careful not to limit to one institution
  - Don't repeat consults, procedures inhouse unnecessarily

# Holes in the team

- Have someone assigned to the task?
  - Example: no nutritionist, so does surgery manage tube feeds?
- Can each others groups assist?
  - Example: if medicine has a gap in social work, can surgery's social worker fill in?

**Q: How to keep tasks from getting lost in the mix when no one owns them?**

# Surveillance

- Be clear which provider assumes this role
- With patient and with each other

**Q: Role for survivorship plan? How to maintain passive presence of members not actively involved in surveillance?**

# Questions & Discussion

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