



The excitement of setting up the first tumor board – multi disciplinary team meeting in oncology at Kauvery hospitals

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Dear colleagues,

I have been given a wonderful opportunity by the management of our esteemed hospital to share my experience of setting up the Tumor Board in the Department of Oncology. At the outset, I would like to thank them for this opportunity and for the strong support I have received from senior doctors like Dr. Manivannan, Dr. Aravindan, Dr. Suresh, Dr. Iyappan and others in building the Department of Oncology from scratch.

When I joined this organization, I was given a blank canvass and the motivation to reach for the sky. Once the technical team was in place, treatment protocol took centre stage.

Having worked as a visiting consultant in various hospitals, I have always felt a lacuna in management of oncology patients. Unlike other streams Oncology entails a combination of multiple modalities of management. Patients are subjected to radiation therapy, chemotherapy and surgery in sequence or concurrently. To do this effectively there should be good communication between various consultants. Sometimes this works, but on many occasions, problems arise, which may or may not compromise patient care. Having attended various academic meets and interacted with the leading voices in oncology it became abundantly clear to me that the need of the hour is a tumor board or as the western world likes to call MDT multi-disciplinary team meeting.

The main advantage such a forum provides is a platform for open discussion. It brings together consultants from various specialities including non-oncology specialities like Radiology, Pathology, Gastroenterology, Pulmonology, Psychiatry, so on and so forth. The knowledge, experience and inquisitiveness that so many consultants bring to the table helps in fleshing out the treatment plan and contributes to a threadbare discussion of various pros and cons of different treatment options.

The final result of this discussion is presented to the patient as a board decision and implemented. Not only does this serve to provide the best treatment protocol to the patient, it also protects the primary consultant from any liability in today's litigious environment.

Armed with this knowledge I put up a proposal to senior management to start a tumor board in our institution, for which I received their whole hearted backing. With the

blessings of seniors and colleagues we had our first tumor board in the seventh floor auditorium of the main building. Prior to the first meeting, I approached a number of consultants from allied specialities and invited them to attend and contribute to the proceedings both in terms of knowledge sharing and presenting patients for discussion. I sat with my team of junior doctors and we prepared a list of patients to be discussed. Once we were prepared, with great hope we had our first meeting. At this event, it was heartening to note the good attendance, both by consultants and support staff. Everyone was very much invested in making the inaugural meet a grand success. We had an excellent discussion regarding management options for the patients we had put for discussion. After conclusion of the meeting, my team collated the discussion points and prepared a document listing discussion outcomes which I posted in the common online forum for ready reference.

Some teething problems arose, like integration of PACS into the discussion, we made a note of the issues that needed to be sorted out prior to the next meeting. I got feedback from visiting faculties on what was good and what could be improved. After brainstorming with colleagues, we came up with a plan to make a list of patients who would need to have their imaging discussed, my team would then inform the designated radiologist about the patients and from their side they would load the images into PACS and make it available during discussion. Having them walk us through the imaging findings and demonstrate them was a remarkable addition to the proceedings. It promoted a healthy discussion and debate.

We also added a virtual component to the meeting via zoom so that consultants who weren't on site, could join in.

At this point I should also thank the catering team who had hot refreshments available to us outside at the conclusion of the meet, it ensured that the discussion did not end inside the room and that It would continue outside while munching on snacks in a more informal environment. A big thanks to them for that.

Over the months we have grown from strength to strength and have consistently had a slate of 6–8 patients for discussion every week. As consultants have become more comfortable with the format, their participation in the discussion has increased and the exchange of knowledge has become tremendous.

Oncology is comprised of multiple modalities of management; it would not have been possible for me alone to determine treatment options. In this regard, I have to extend my deepest gratitude to Dr. Balaji, Dr. Anita Ramesh and Dr. Manikandan, and my colleagues in Oncology, for their stellar support and motivation. Without them it would not have been possible to make the tumor board what it is today.

Once the format became established in our institution, I started thinking of ways to improve it and expand it. I had a discussion with Dr. Iyappan and suggested that we bring other Kauvery centres into the fold. He gave his whole hearted approval and encouragement.

During this time Dr. Satish, a Radiation Oncologist working in Trichy reached out to me and spoke to me about a clinical leadership program they were trying to implement, through him I got introduced to Dr. Anis, a Surgical Oncologist working in the Trichy centre. Both of

them are doing remarkable work in developing Oncology services over there. I requested them to join our tumor board via zoom call, they gladly accepted my invitation and connected virtually with us. Their joining made our tumor board a multi-centre forum and since then they have regularly presented cases for discussion and actively participated in the discussion of Chennai centre cases. Recently we have also added consultants from Salem and Hosur to the forum.

My team and I are grateful for the participation of consultants from across the entire Kauvery network and I am humbled by their goodwill and kindness to make time to make the tumor board a success.

Going forward my vision is to motivate more consultants to utilize the tumor board services to have a discussion on treatment of their patients and also invite leading faculties from outside the Kauvery network based on the patient roster so that we can have their valuable inputs in the discussion.

In the past few months we have had short talks on this forum on varied topics like hyperbaric oxygen therapy and psycho oncology. In the future, we hope to have more consultants come up with talks in their area of interest which they feel maybe beneficial to their colleagues. As the Kauvery journal comes up, I also hope to associate the tumor board with it in some form so that we have a wider reach.

It has been a wonderful journey so far, and there are miles to go. I have been blessed to have received the warm support of colleagues and seniors and hope this will continue in the future too. I take this opportunity to welcome you all to our tumor board every Thursday at 2 pm either online or offline. Kindly join us, share your experience and your knowledge so that all of us our enriched and our patients benefit from this vast knowledge pool.

It is the vision of the management to make Kauvery an international brand. Let us work together to make this vision a reality.

Thank you once again.

Jai Hind