

TUMOR BOARD- Historical Perspective and Functionality at Dr. Akbar Niazi Teaching Hospital, Islamabad

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In 1975, a multidisciplinary approach to cancer care was first described, but its formal clinical implementation began in 1997¹. Before that, it was used for educational purpose in USA. In time, it became a routine, and the majority of cancer plans and clinical practice guidelines made the establishment and expansion of tumor boards one of the main goals. Tumour Board or Multidisciplinary meetings are now considered to be gold standard approach for cancer care. Cancer care is a complicated process that requires professionals with complementary skills to work together to share the most recent evidence and establish their expertise by constantly exchanging information.

Tumor Boards (TBs) are MDT meetings where oncological patient care is the focus. They could also be referred to as Multidisciplinary Cancer Conferences (MCC) as an opportunity to discuss cancer patients' diagnosis and treatment².

The disease-focused tumor board is a procedure that gives patients admittance to multidisciplinary care in a manner that streamlines reconciliation & coordination, and gives an ideal patient encounter. It also helps in continuity of care and streamlining resources for improved management strategy. Generally, professionals eligible to participate as members of the TB are medical and radiation oncologists, cancer surgeons, radiologists, pathologists, advanced nurse practitioner, nuclear medicine specialists, palliative care doctors, pharmacist and psychologist.³ Additional personnel with a background in advance management such as genetics counsellors, nutritionists, plastic surgeons, urologist and neurosurgeons may also be sorted out in case of pertinent matter under discussion and expert opinion can be taken.

Previously, individual consultations were done trailed by advancement of greater gatherings that gave the idea and growth of the board. In the past, individual consultations were followed by the creation of larger meetings that gave rise to the tumor board concept. Teams that focus on all aspects of cancer care, including rehabilitation, psychosocial needs,

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DOI: <https://doi.org/10.35787/jimdc.v12i4.1098>

and long-term care, have become increasingly common in TBs over time. Additionally, members of the TB share clinical responsibility and treatment decisions.

Patients with cancer can be discussed either prospectively or retrospectively⁴. The collaborating specialists are formally gathered at scheduled times in a prospective TB to discuss diagnosis, develop plans for future treatment and management, and review individual cancer patients using an evidence-based approach.

The retrospective approach involves a multidisciplinary discussion of cases with an educational goal to determine, in an effort to inform and educate treating physicians and improve care for future cases, whether the decisions made for the patient's management were optimal⁵.

Dr. Akbar Niazi Teaching Hospital is a budding hospital with promising patient care in which Tumor Board meetings officially began in November 2021. Currently, weekly or fortnightly tumor board meetings are structured with almost 45 meetings conducted till now and hundreds of cases being treated under care of surgical and medical oncology, after meticulous and in-depth discussion and thorough evaluation in these meetings. This is a milestone achieved, being a portal unbolted for cancer research and registry. It is also a pace towards operative oncology although an inception but having humongous impact over the future advancement and expansion of this flourishing institute.

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