L'Approccio Multidisciplinare: una Necessità Irrinunciabile per la Gestione del Paziente con Tumore della Testa e Collo

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Università Cattolica S.Cuore – Rome

Accredited Center
2008-2011



ECCO 16

The European Multidisciplinary Cancer Congress

Integrating basic & translational science, surgery, radiotherapy, medical oncology & care

STOCKHOLM, 23-27 SEPTEMBER 2011



ESTRO 30

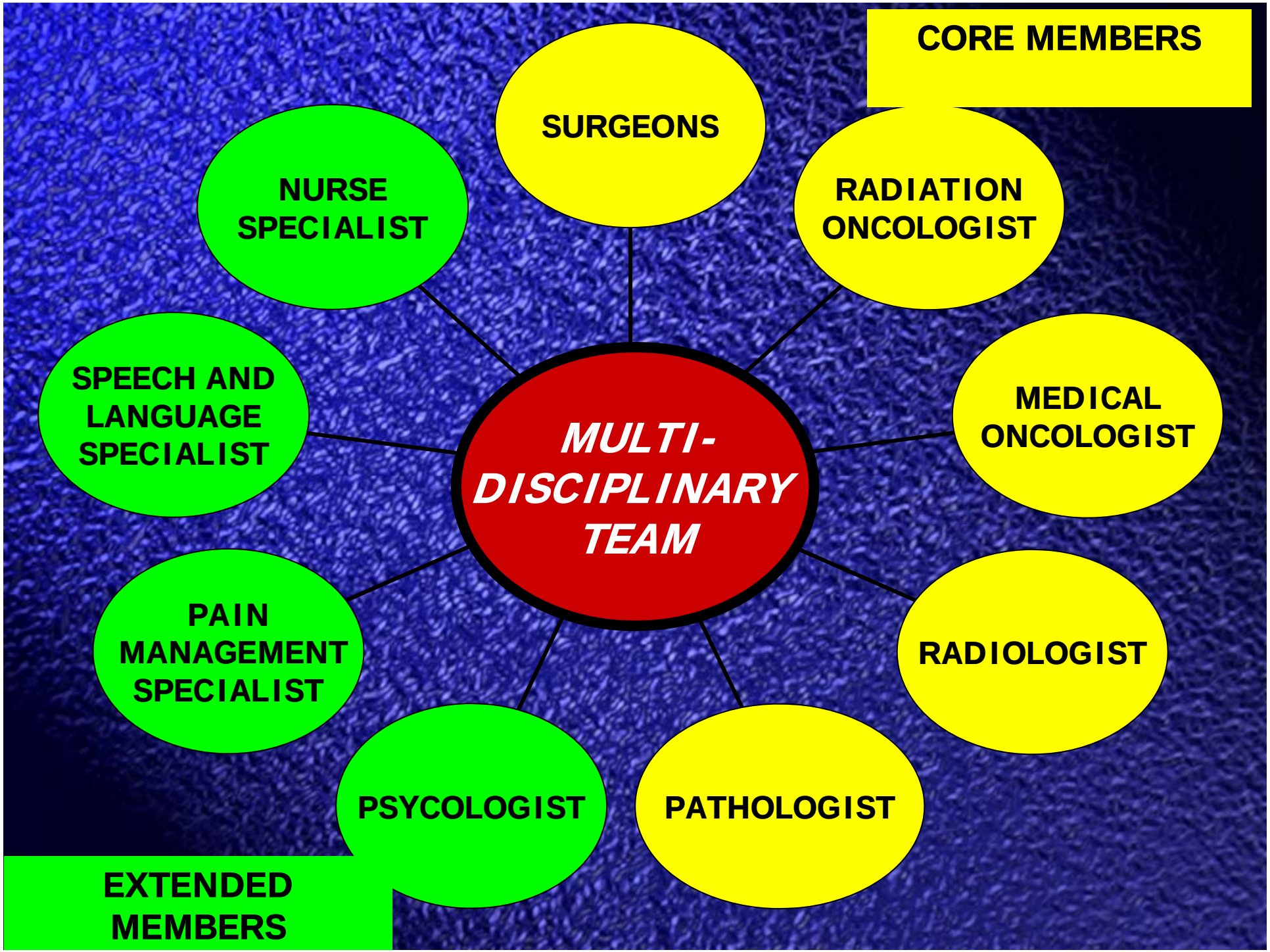
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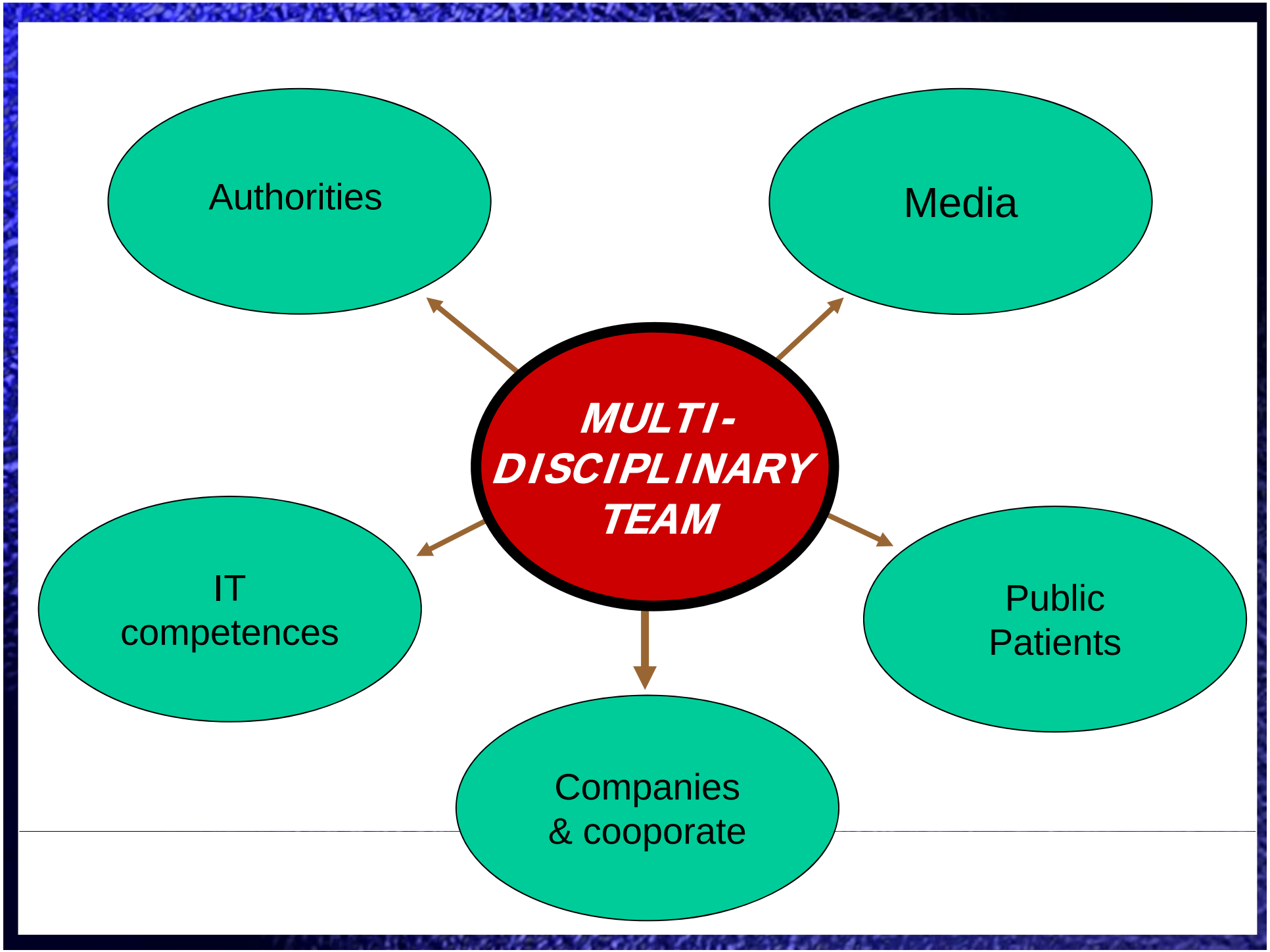
esso

EACR European Association for Cancer Research

European Oncology Nursing Society

SIOPE

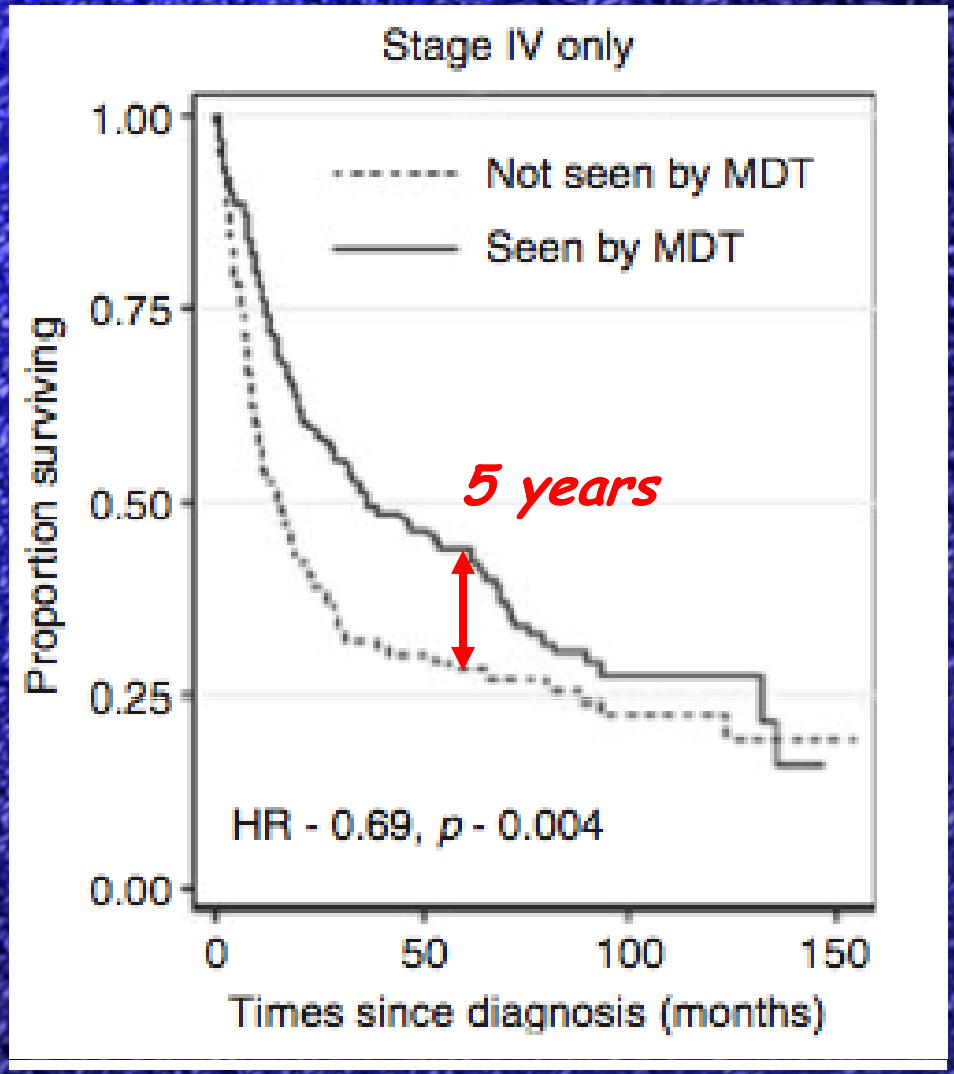

CORE MEMBERS
SURGEONS
NURSE SPECIALIST
RADIATION ONCOLOGIST
SPEECH AND LANGUAGE SPECIALIST
MULTI-DISCIPLINARY TEAM
MEDICAL ONCOLOGIST
PAIN MANAGEMENT SPECIALIST
RADIOLOGIST
PSYCOLOGIST
PATHOLOGIST
EXTENDED MEMBERS


Authorities
Media
MULTI-
DISCIPLINARY
TEAM
IT
competences
Public
Patients
Companies
& cooporate

MULTIDISCLIPLINARY TEAM

- Improved consistency, continuity, coordination and cost-effective care
- Improved COMMUNICATION between health professional
- Increased RECRUITMENT into clinical trials
- Improved CLINICAL OUTCOMES

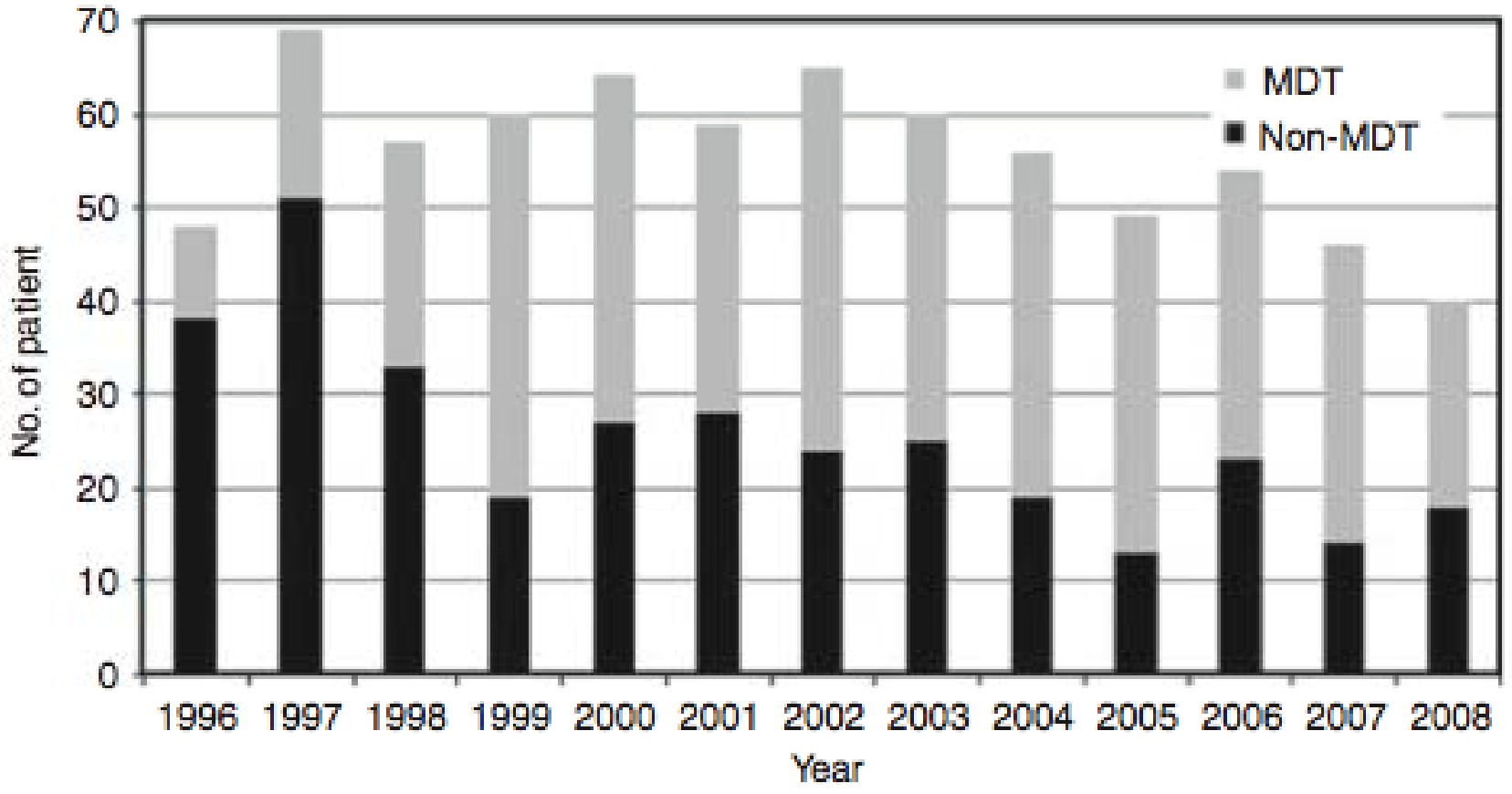
MULTIDISCLIPLINARY TEAM



Friedland PL et Al - BJC - 2011

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726 patients



Friedland PL et Al - BJC - 2011

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	Seen at MDT		Difference between MDT and non-MDT	Difference in survival
	No (%)	Yes (%)	P	P
Tumour site				
Oral cavity	49 (14.8)	92 (23.3)	0.003	0.761
Oropharynx	74 (22.3)	116 (29.4)	0.03	0.665
Nasopharynx	17 (5.12)	11 (2.78)	0.103	0.044
Hypopharynx	16 (4.82)	13 (3.29)	0.295	<0.001
Larynx	93 (28.0)	90 (22.8)	0.106	0.048
Nasal cavity/sinus	42 (12.7)	39 (9.87)	0.237	0.01
Salivary glands	36 (10.8)	25 (6.33)	0.029	0.012
Other	5 (1.51)	9 (2.28)	0.446	0.174
Total	332 (100)	395 (100)		



Friedland PL et Al - BJC - 2011

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	Seen at MDT		Difference between MDT and non-MDT	Difference in survival
	No (%)	Yes (%)	P	P
Treatment modality			<0.001	
Chemotherapy only	2 (0.87)	2 (0.76)	0.862	0.009
Surgery only	31 (13.4)	42 (16.0)	0.562	0.08
Radiotherapy only	120 (52.0)	83 (31.7)	<0.001	0.028
Radiotherapy+ chemotherapy	27 (11.7)	28 (10.7)	0.002	0.572
Radiotherapy+ chemotherapy+surgery	16 (6.9)	18 (6.9)	0.868	0.189
Synchronous chemotherapy	35 (15.2)	89 (34.0)	<0.001	0.039
Total	231 (100)	262 (100)		



Friedland PL et Al - BJC - 2011

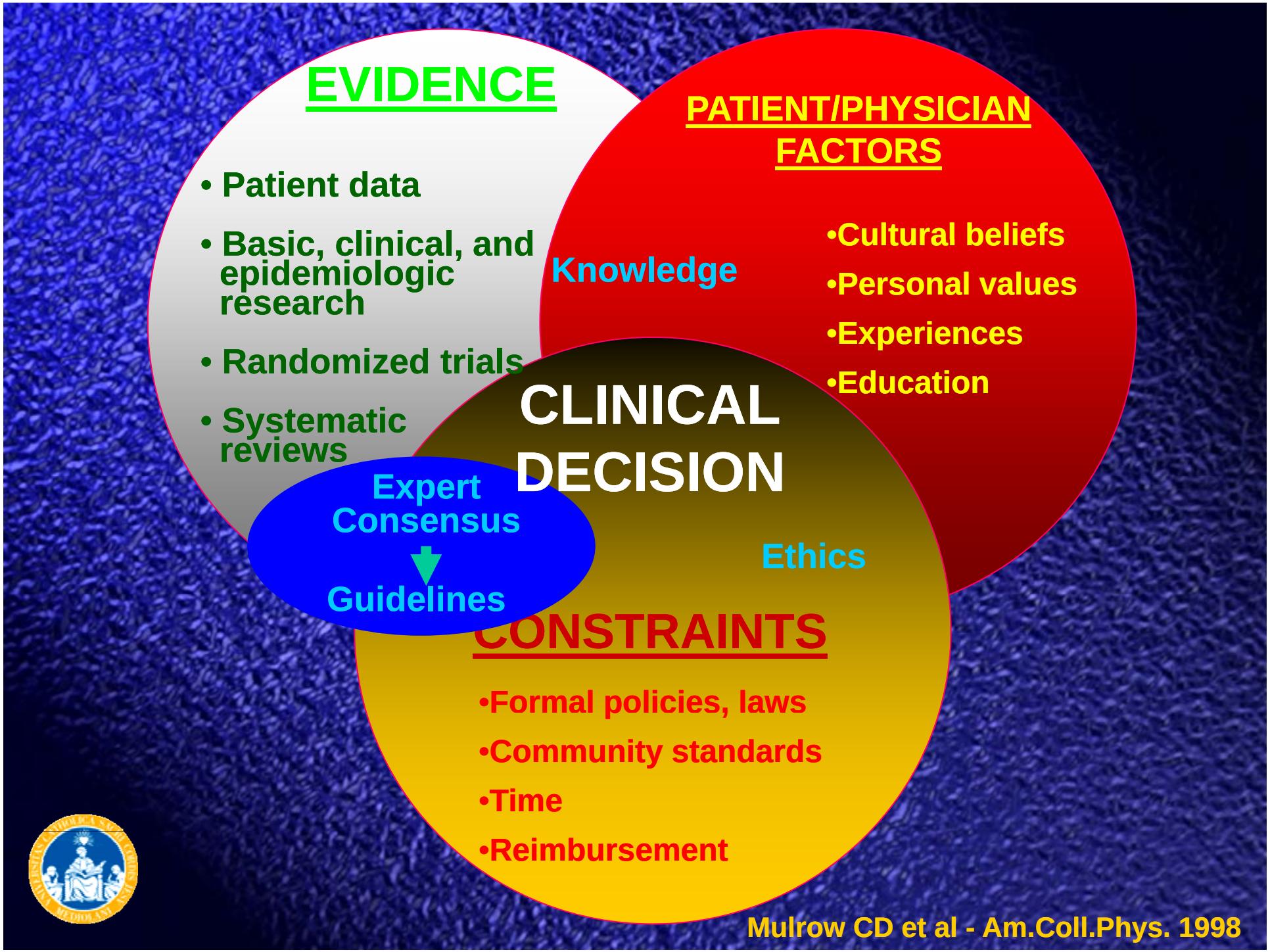
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ELSEVIER
American Journal of Otolaryngology–Head and Neck Medicine and Surgery 31 (2010) 261–265
www.elsevier.com/locate/amjoto

Influence of audit on clinical practice: multidisciplinary team data documentation for cutaneous head and neck malignancy

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Apostolos Karkanevatos, MPhil, FRCS (ORL-HNS)
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Received 7 October 2008

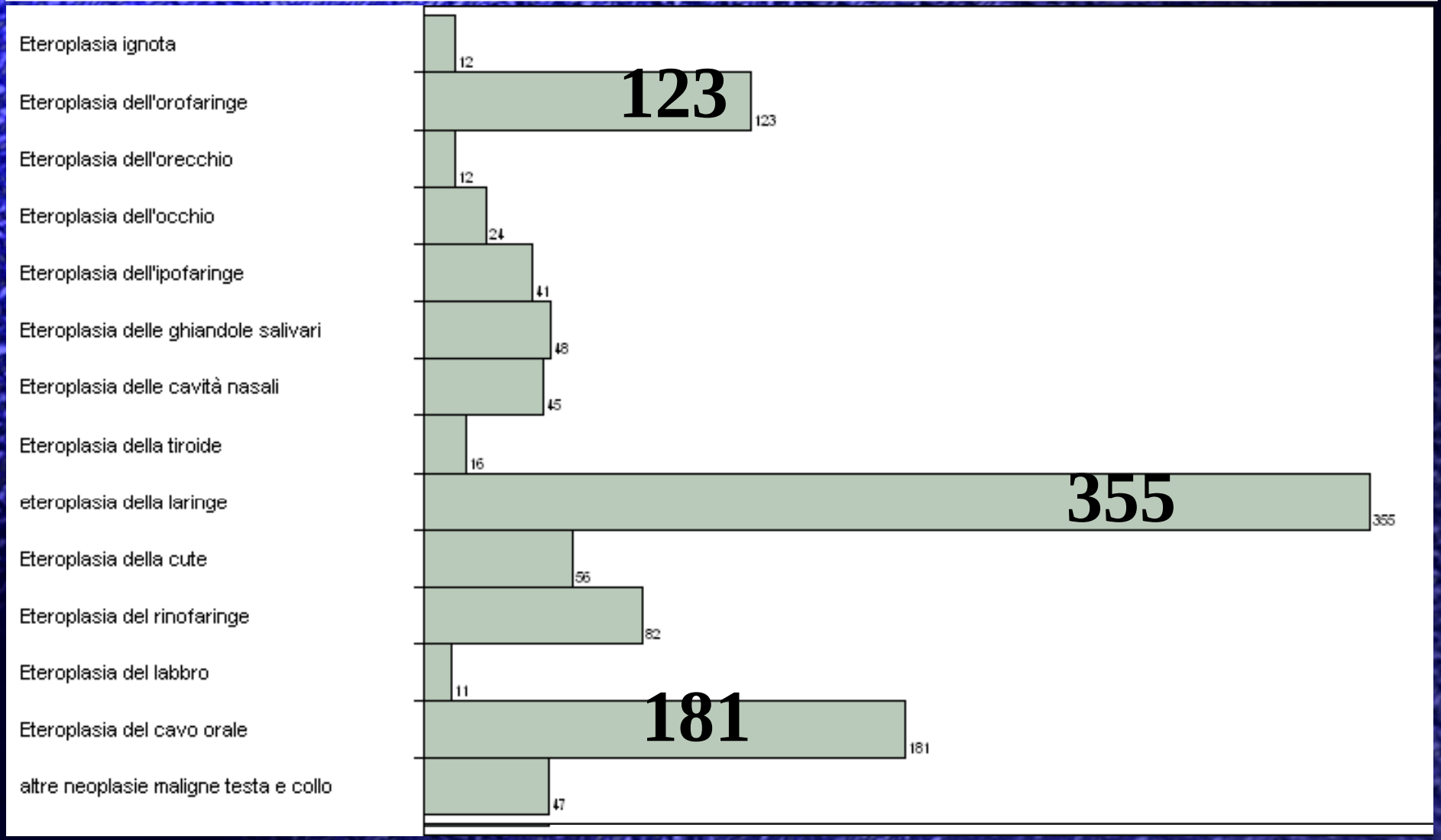
Conclusions: The data documentation for head and neck cutaneous lesions has significantly improved after the implementation of an MDT-approved data collection standardized proforma. This has resulted in improved patient quality of care and progression on appropriate management plans.
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EVIDENCE
• Patient data
• Basic, clinical, and epidemiologic research
• Randomized trials
• Systematic reviews
PATIENT/PHYSICIAN FACTORS
•Cultural beliefs
•Personal values
•Experiences
•Education
Knowledge
CLINICAL DECISION
Expert Consensus
Guidelines
Ethics
CONSTRAINTS
•Formal policies, laws
•Community standards
•Time
•Reimbursement
Mulrow CD et al - Am.Coll.Phys. 1998

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Da ottobre 2005 a novembre 2010 sono stati valutati collegialmente 1053 patienti con neoplasia della testa e del collo.



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Joint clinic: twice a week

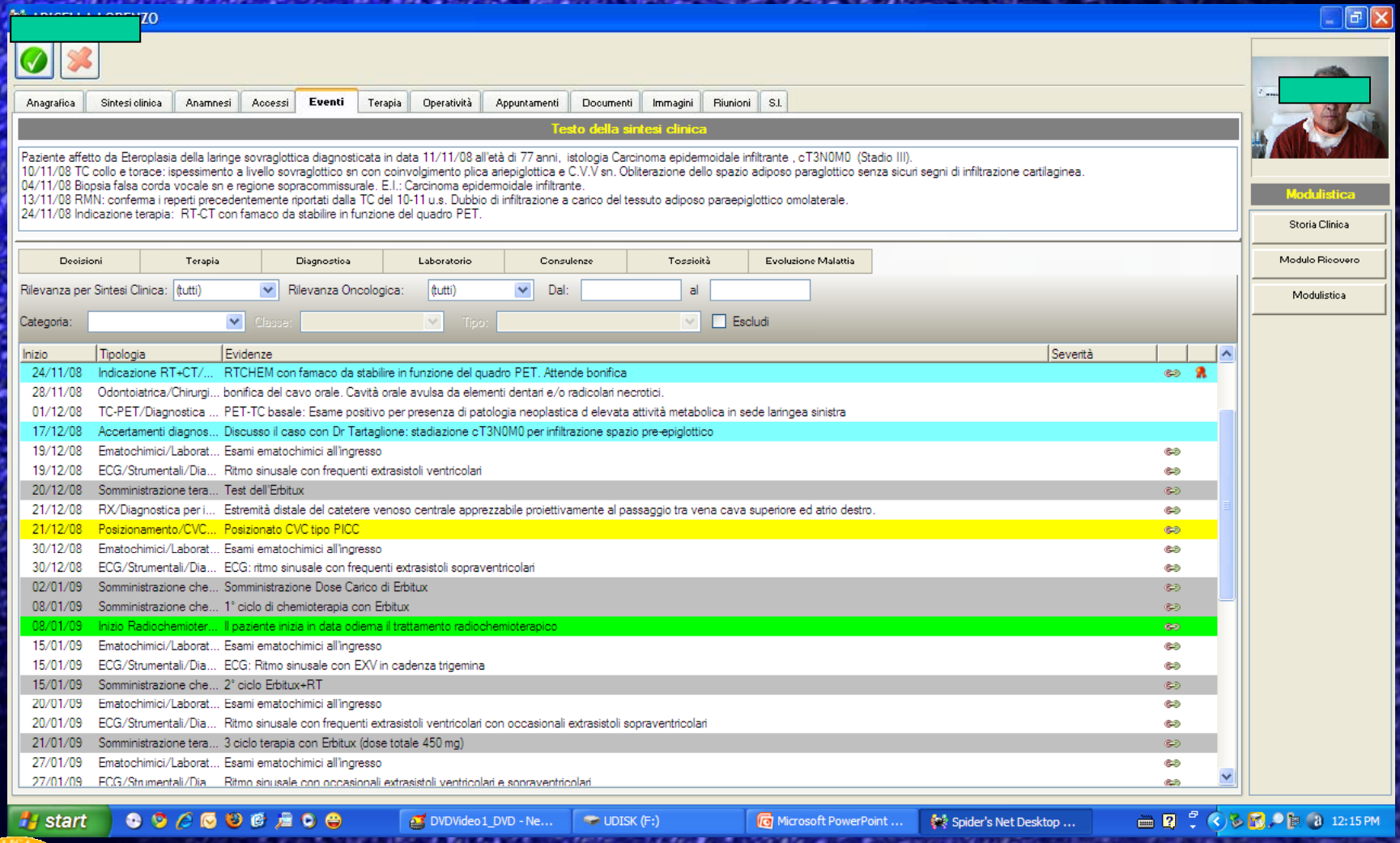


Joint follow-up

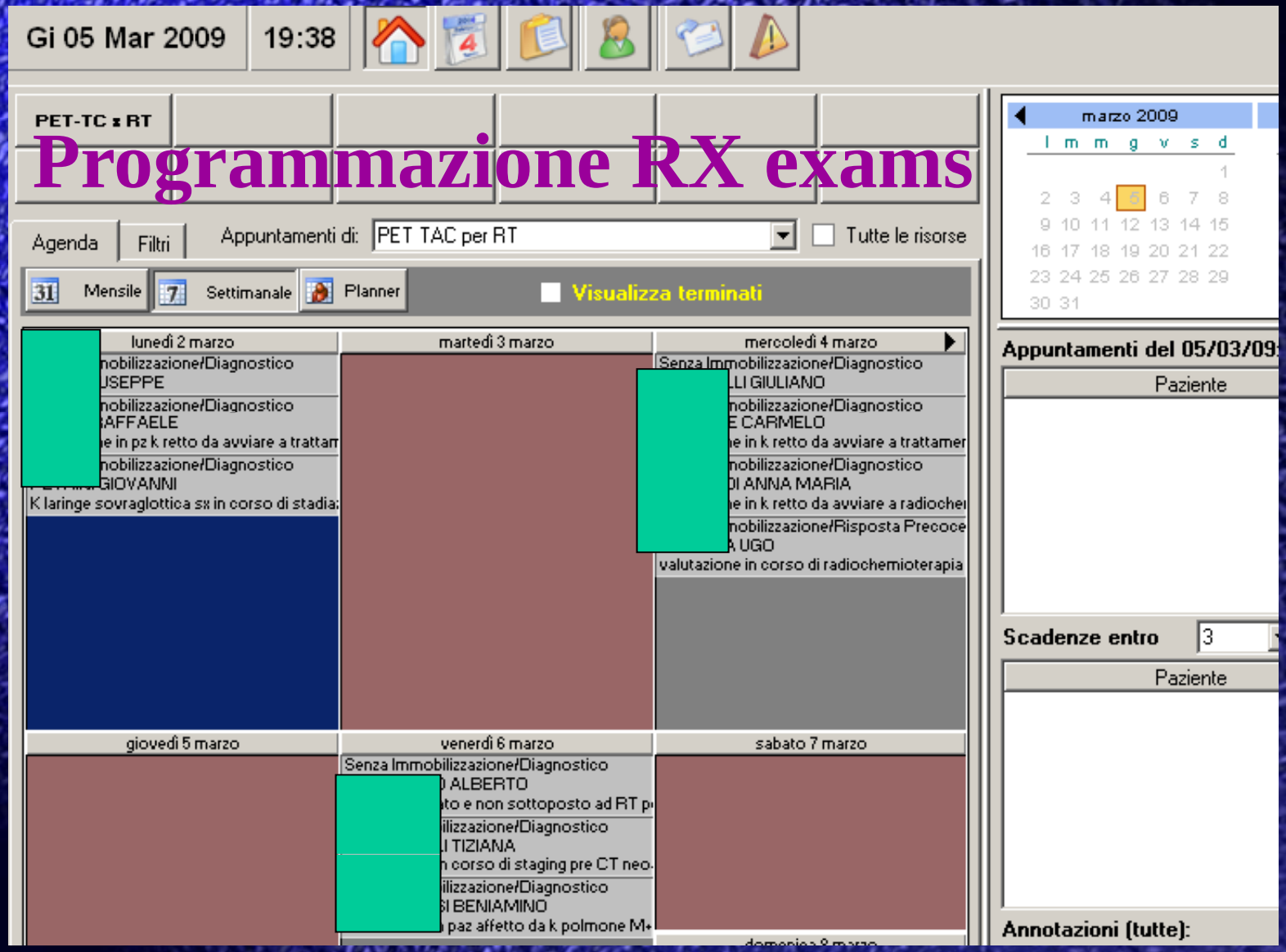


Joint RX discussion

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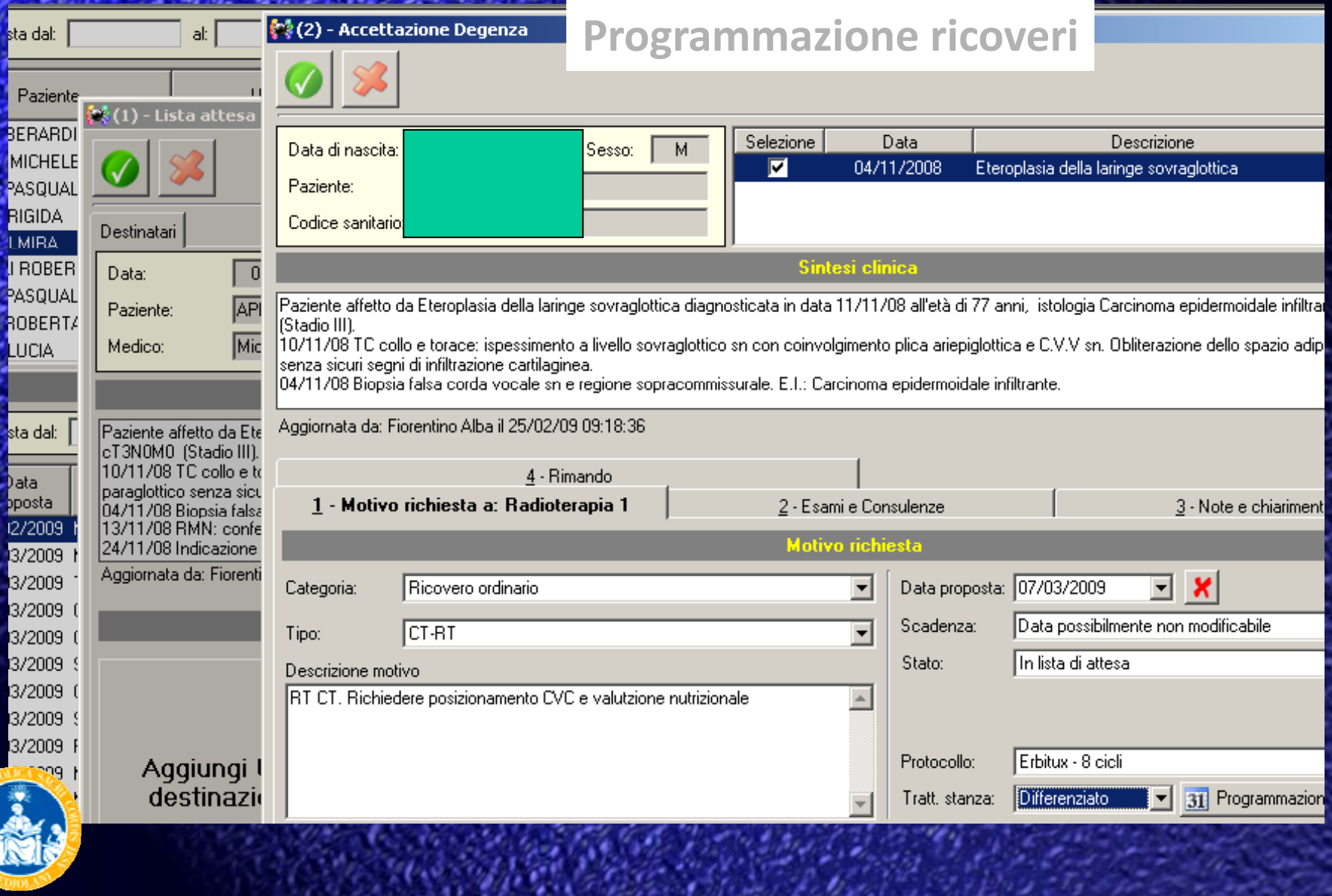


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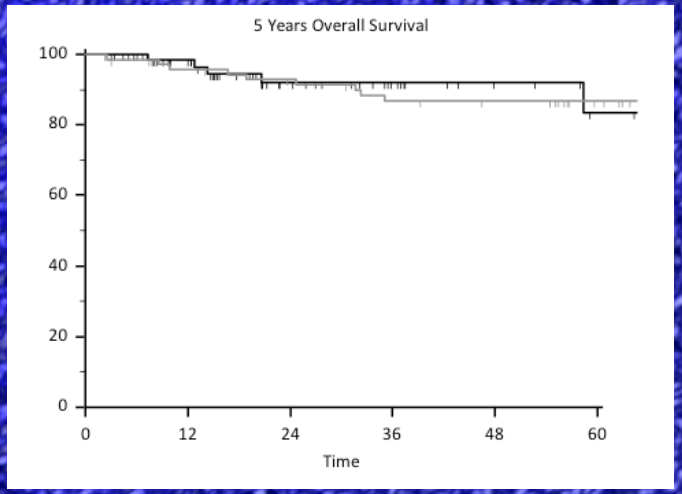


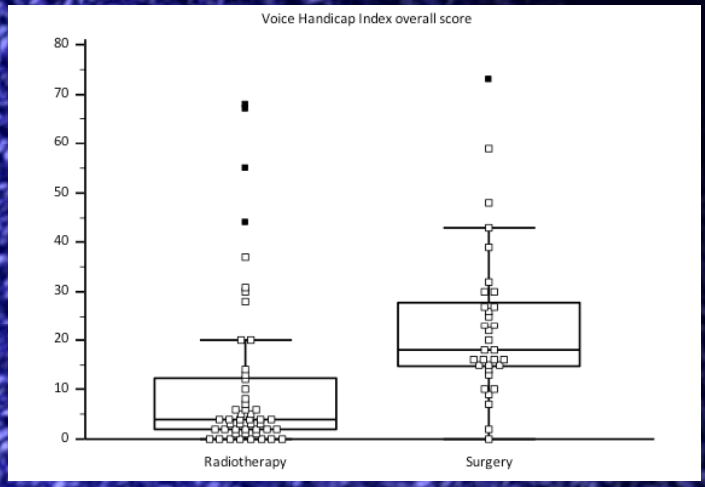
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Programmazione ricoveri



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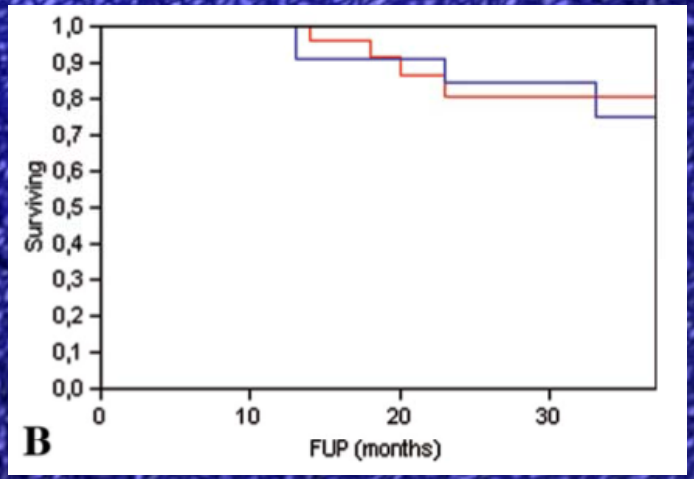




SVV

Glottic cancer

Voice Handicap index



Oropharynx

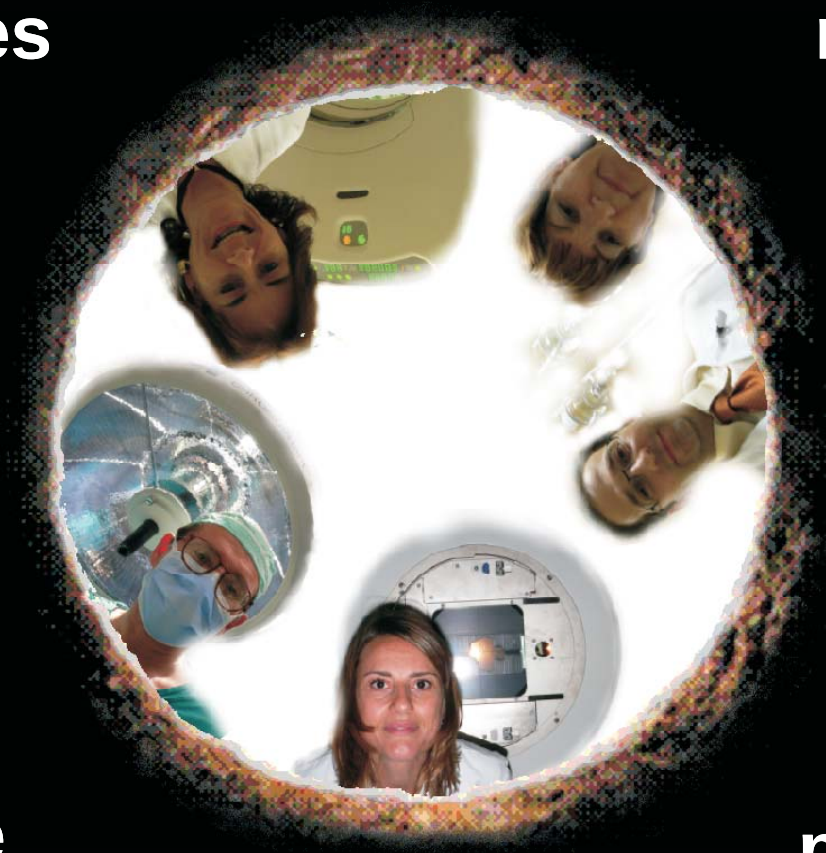
Dinapoli N, Paludetti G, Valentini V, Almadori G et al – Stralent – 2010

Bussu F, Paludetti G, Valentini V, Almadori G et al – Head & Neck - 2011

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Written guidelines

Periodical meetings



Common data base

QA procedures