

Translation of Lung Multidisciplinary Team Meeting Recommendations into Clinical Practice

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BACKGROUND

- Multidisciplinary team meetings (MDM) are now routine in modern oncology management.
- The benefits of MDMs have been established including
 - ✓ reduced time to treatment¹,
 - ✓ improved adherence to guidelines^{2,3},
 - ✓ and increased treatment utilisation⁴.

AIM

- Measure the proportion of clinically implemented MDM recommendations from the Lung MDM,
- Identify reasons for discordance with recommendations,
- Identify factors associated with the delivery of discordant care.

METHODS

- A retrospective audit of patients discussed at the weekly Lung MDM at Liverpool and Macarthur Cancer Therapy Centres between 01/02/2017-31/07/2017 was conducted.
- MDM documentation was sourced from the Oncology Information System (OIS) MOSAIQ®, and reviewed for quality and completeness.
- Multivariable logistic regression analyses were used to identify any factors associated with translation of MDM recommendations into clinical practice.

RESULTS

- 144 patients were identified from the OIS appointment scheduler with Lung MDM presentation and analysed.

Demographics	N	%	Disease	N	%
Gender			Primary Cancer		
Male	90	62.5	Lung	127	88.2
Female	54	37.5	Other	10	6.9
Age Group			Not confirmed	7	4.9
<60	24	16.7	TNM Stage Group		
60-69	48	33.3	Stage I	34	23.6
70-79	47	32.6	Stage II	14	9.7
80+	25	17.4	Stage III	39	27.1
CALD Status			Stage IV	46	31.9
CALD	60	41.7	Unknown/NA	11	7.6
Non-CALD	84	58.3	ECOG		
SES IRSD Quintile			0 to 1	118	81.9
Q1 (Most Disadv)	34	23.6	2	19	13.2
Q2	65	45.1	3 to 4	7	4.9
Q3	24	16.7	SCS Comorbidity		
Q4	20	13.9	None	11	7.6
Q5 (Least Disadv)	1	0.7	Score 1 to 9	87	60.4
			Score 10+	46	31.9

Tables 1&2. Demographics and Disease characteristics of Lung MDM cohort

- Complete concordance between patient management and Lung MDM recommendations occurred in 73% of cases discussed
- Non-concordance was most often due to patient or clinician decision
- No factors tested were associated with discordant management

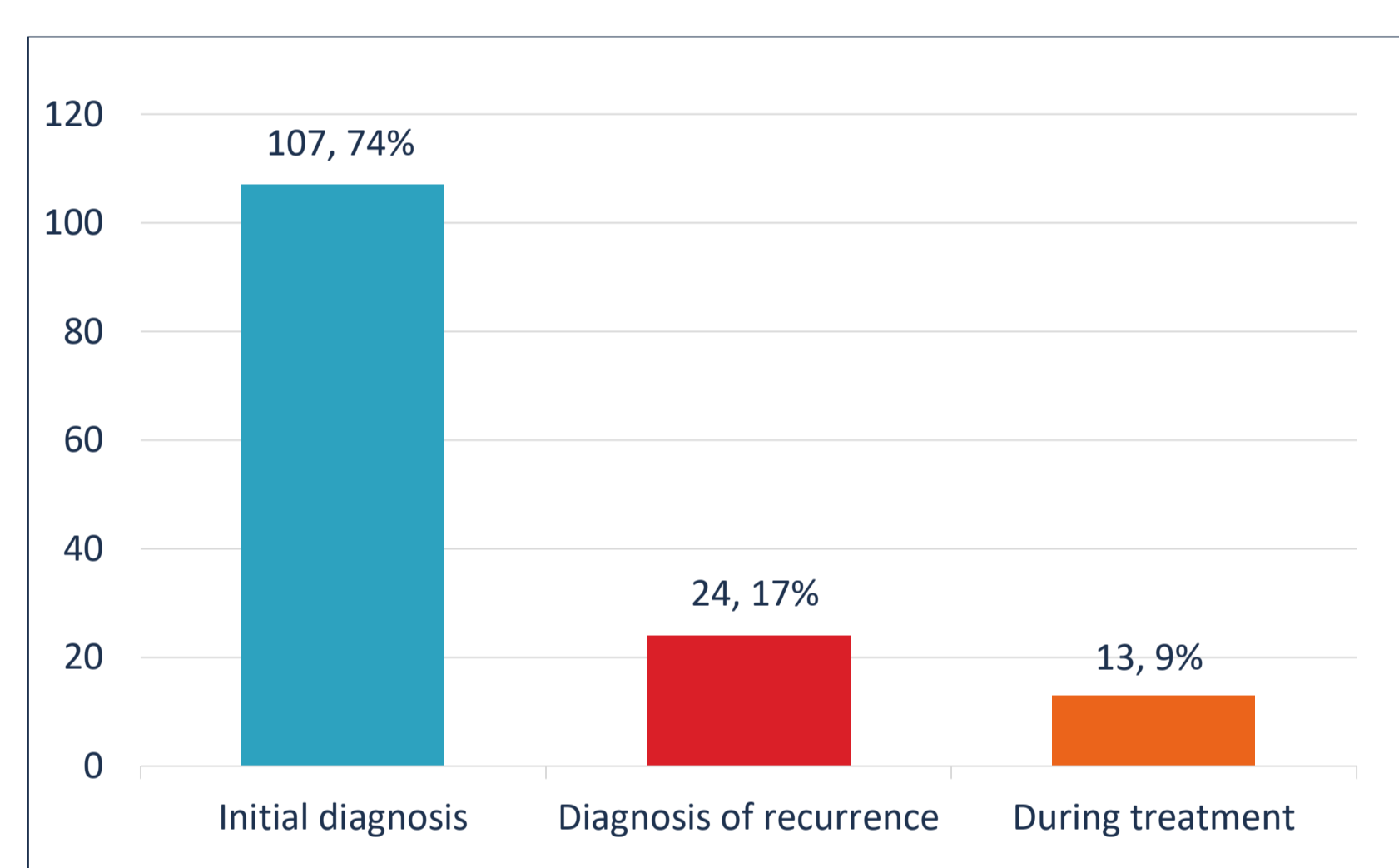


Figure 1. Reason for MDM Presentation

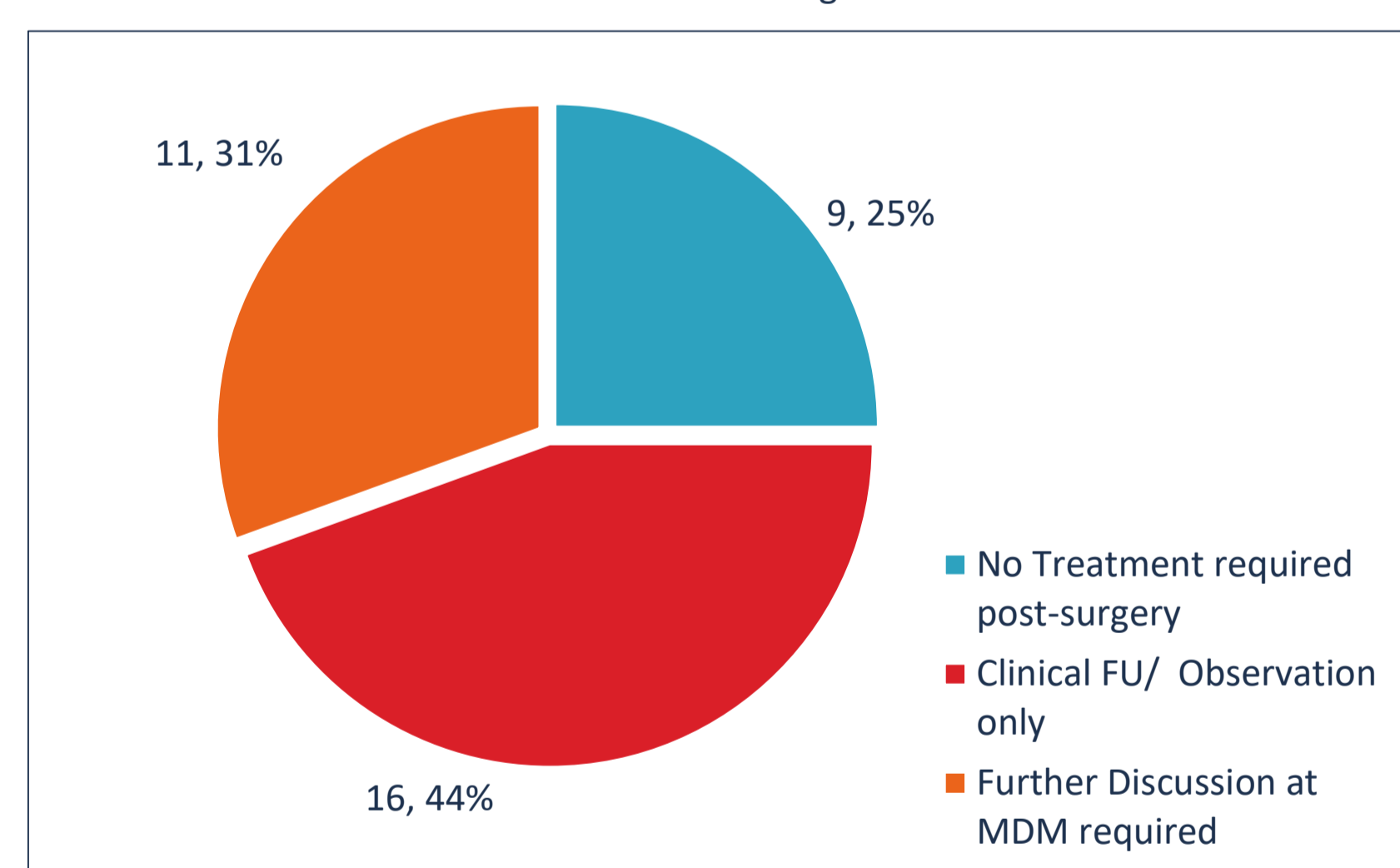


Figure 2. Scenarios where no treatment was recommended at MDM

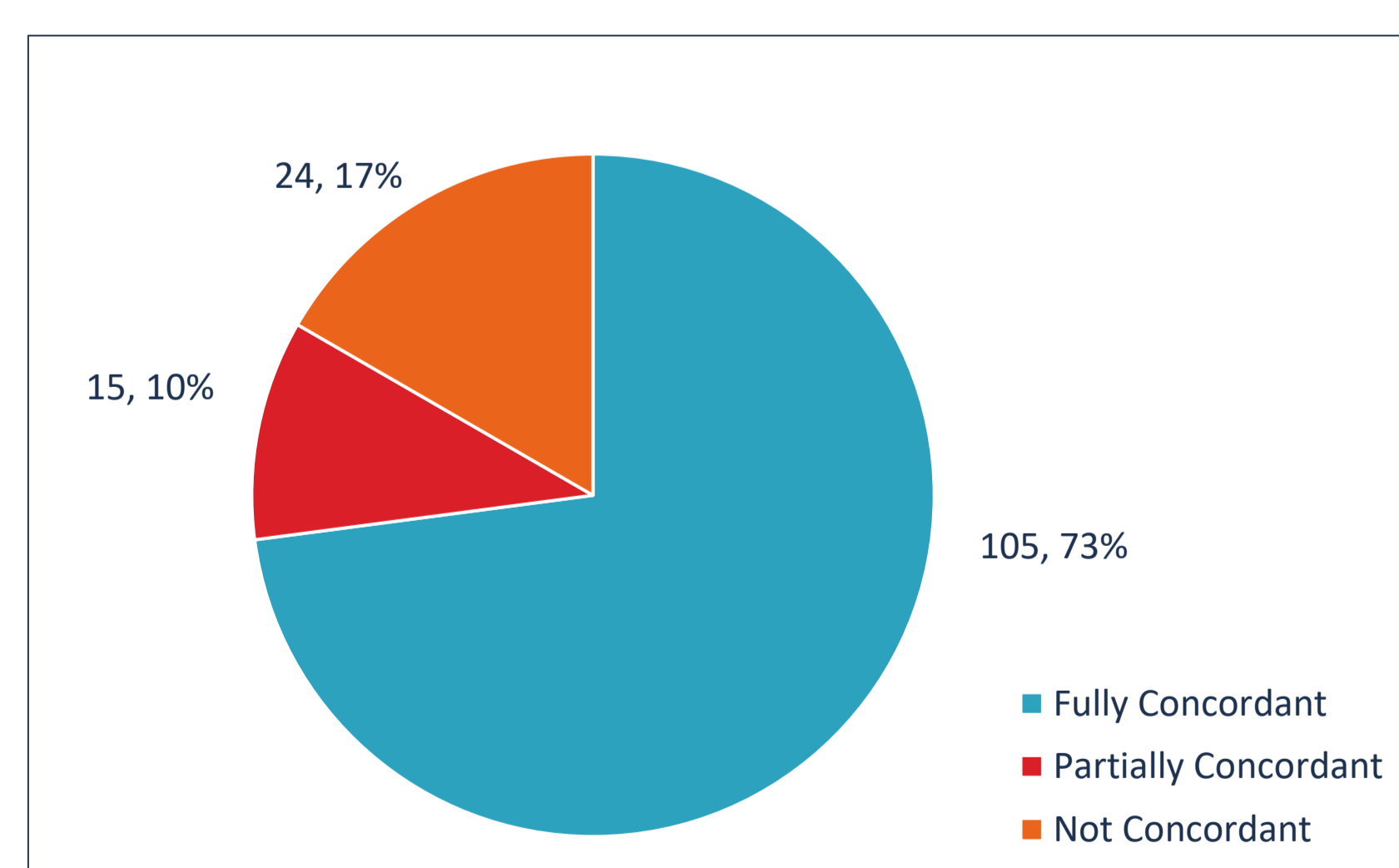


Figure 3. MDM Recommendation Concordance

- No patient or tumour factor was found to be associated with the receipt of discordant management (univariate or logistic regression testing)

Treatment Recommended	N	%
Surgery	26	18.1
Surgery or SABR	5	3.5
Radiotherapy	51	35.4
Systemic Therapy	60	41.7
Palliative Care	11	7.6
No Treatment	36	25.0

Table 3. MDM Recommended Treatment Modalities

Reasons for Discordance	N	%
Comorbidity	3	7.7
Change in Performance or Stage	7	17.9
Clinician Decision (other than above)	7	17.9
Patient Decision	8	20.5
Other Reasons	2	5.1
Unknown reason	12	30.8
Total	39	100.0

Table 4. Reasons for Discordance

- Most commonly recommended treatment combinations:
 - Concurrent Chemoradiation (n=19, 13.2%)
 - Palliative Chemotherapy (n=18, 12.5%)
 - Surgery alone (n=18, 12.5%)
- Most commonly discordant treatment recommendations:
 - Concurrent Chemoradiation (n=6, 15.4%)
 - Palliative Radiation + Chemotherapy (n=5, 12.8%)
 - Surgery alone (n=4, 10.6%)
- Comparable published data describes concordance rates between 63-72%^{5,6}.

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