Driving quality cancer care in Asia

Mapping barriers and opportunities in implementing and strengthening a multidisciplinary approach to cancer care in Asia

Executive Summary
30 July 2021
Overview

Improving the quality and standards of patient-centred cancer care is a leading ambition shared by cities across the C/Can network of cities. The path to achieving this ambition is unique to each city, in consideration of the city’s existing capacities and local needs.

However, two common needs have been identified by all C/Can cities as priority drivers of quality cancer care: (1) the participation of multidisciplinary teams (MDTs) and (2) the development of resource-appropriate guidelines for priority cancers.

As part of C/Can’s response to these needs, C/Can in collaboration with Asia Cancer Centres Network Alliance (ANCCA), National Cancer Center Japan and Tata Memorial Hospital, launched a three-part discussion series taking place July to September 2021, which aims to support healthcare professionals across Asia to harness these two opportunities to improve cancer care at a regional and city level.
Introduction

The first discussion held on 30 July brought together perspectives from international and local leaders with experience to share learnings on improving and strengthening the MDT approach management for cancer care in the region.

This Executive Summary offers highlights of the discussions that took place.

Topics and speakers:

**Technical support needed for a multidisciplinary approach:**
Josep Ma. Borras, Director, Catalan Cancer Strategy

**ASCO MCMC’s training for a multidisciplinary approach:**
Dr. Simon Hughes, International Education Steering Group Chair, ASCO (American Society of Clinical Oncology)

**How MDT planning works at the Tata Memorial Hospital: during and after COVID:**
Dr CS. Pramesh, Director, Tata Memorial Hospital

**Challenges and experiences of a MDT approach at the National Cancer Center Singapore (NCCS):**
Prof. William Hwang, Director, NCCS

**Moderator:** Dr Rolando Camacho, Global Technical Lead, City Cancer Challenge
Experiences and knowledge of a MDT approach among participants

The 90 minute online discussion was attended by 112 participants from 21 countries, representing healthcare institutions, the private sector, government organisations, and civil society.

Participants from Asia

- Malaysia
- Mongolia
- Indonesia
- Myanmar
- Philippines
- Japan
- Singapore
- Cambodia
- Uzbekistan
- India
- Brunei Darussalam
- Bangladesh
- Thailand
- Korea

Over half (64%) of the participants indicated that their organisation uses a MDT approach, however, more than 30% rated their knowledge of creating and implementing a MDT as low to very low. Thirty-six percent considered their knowledge as average.

The start of the discussions also invited participants to interact through an online poll, asking participants what they considered as the biggest challenge when implementing or strengthening a multidisciplinary approach in their institution.

Of the 46 participants who responded to the poll, “inadequate communication between team members” (26.1%) and “lack of workforce resources” (21.7%) were considered the biggest challenges faced in implementing or strengthening MDT practice in their institutions.

Figure 1: Poll results: Participants’ biggest challenges when implementing or strengthening a MDT approach
Discussion Summary:

The importance of MDT care
As part of his introductory remarks, Dr. Rolando Camacho highlighted the importance of MDT care and emphasised that patients deserve the involvement of a multidisciplinary team in the treatment decision making process.

New aspects of MDT care
The session’s opening presentation offered a look at the newer dimensions in MDT care, including:

- psychosocial aspects
- quality of life
- patients’ rights and empowerment
- comorbidities and
- survivorship.

Prof. Borras discussed the opportunities that these new dimensions bring to help improve quality care, which is more tailored to individuals and more effective in addressing patient needs and improving outcomes.

Developing skills and leadership through MDT training
Dr. Simon Hughes’ presentation offered a thorough insight into ASCO’s Multidisciplinary Cancer Management Course (MCMC) approach, including the training’s emphasis on mentoring and leadership skill development, the collaboration between local and international teams in providing hands-on training for setting up, assessing and evaluating local tumor boards, as well as how they function within organisations.

Communication to enhance MDT care practice
In his experience as Director of Tata Memorial Hospital in India, Dr CS Pramesh shared the advantages of virtual solutions to sustain and enhance MDT case discussion and care practice, particularly during the COVID-19 pandemic. Dr. Pramesh also emphasised the need for communication between members of the disease management group to enhance the implementation of MDT care practice.

Cross functional teams
In sharing his experience leading the National Cancer Center Singapore, Prof. William Hwang stressed the importance of developing cross functional teams across different institutions, HR management and leadership to sustain the MDT care practice.

Voices from the Field
The last part of the discussion invited two experts from the field to share their experiences.

With two routine MDT meetings conducted every week at the University Malaya Medical Center, Prof. Nur Aishah Taib, Consultant Breast Surgeon highlighted the importance of administrative support for successful implementation of MDT meetings. Prof. Taib also shared her experience of MDT practices and its benefits, including: enhancing the cancer cancer network at a city level, following guidelines and delivering patient centered care where the patients are confident about treatments.

Dr. Bayarsaikhan, Deputy Director of the National Cancer Center in Mongolia shared his own insights into MDT practice in Mongolia. In Mongolia, tumor boards are organised only for complicated and challenging cases, limited by a major challenge of a lack of trained human resources and a well organised team.
Questions and Answers:
In a highly engaging conclusion to the session, participants posed wide-ranging questions to the panelists which led to a dynamic discussion.

The difference between tumor board meetings and multidisciplinary units for cancer care (Prof. Josep Ma Borras)

- Tumor board meetings help coordinate the process of care and the clinical decision-making among all the professionals involved whereas;
- Multidisciplinary units are disease focused, and generally manage the process or the pathway of the patient in the hospital and at times between hospitals, as well as developing the organisation of affordable care along with capacity management of the process.

The application process of MCMC (Dr. Simon Hughes)

- The application to the MCMC training is through a simple online application process that requires a letter of recommendation from the society or institute that is applying, as well as providing practical information such as language, targeted audience, number of attendance and draft programme for funding.

How to manage MDT discussion in a setting with a high number of patients and limited number of oncologists and other specialists to be a part of MDT (Dr. CS Pramesh)

- A more selective approach is suggested to start with, where only the complex clinical situations are discussed if the resource is limited at the given point of time; as more experts become available over the years, more patients could then be discussed.
- A supportive administration is always helpful and leadership is critical.

Regulations for referral from one centre to a larger centre (Prof. William Hwang)

- It would be difficult to set a definite regulation. It should be decided by the receiving physician and the receiving team who will usually triage the decision.
- However, in some cases such as pediatric oncology, the referral system should be regulated because in such a case, the MDT care would be the best practice for helping the patients.

Evaluating projects: how to objectively measure their success (Prof. Josep Ma Borras)

- If there is no cancer registry or quality assurance measures, the projects in such a setting should be measured by the things that they implement (process indicators) and it was suggested that the projects set the tools to measure it.
The full recording of the session can be viewed online here.

The Driving Quality Cancer Care in Asia series continues with two further sessions on how cities can lead the development of resource-appropriate guidelines for the management of patients with invasive breast and cervical cancers.

To find out more about C/Can in Asia, please contact C/Can’s Regional Director for Asia, Dr Aung Naing Soe at aungsoe@citycancerchallenge.org

About City Cancer Challenge

City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. C/Can leads a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions.

The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.

C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss foundation in January 2019.

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