

## Improving the Efficiency of Breast Multidisciplinary Team Meetings: A Toolkit for Breast Services

### Appendix 3: Breast MDT Disciplines Feedback Surveys (2018-19)

#### Survey of breast multidisciplinary team clinicians regarding MDTMs

An online survey of all clinical groups involved in breast care attending multidisciplinary team meetings (MDTMs) was undertaken. Surgeons (n=154) and nurses (n=80) were contacted via the Association of Breast Surgery; Radiology team members (n=135) via the British Society of Breast Radiology (83% Radiologists); Pathologists (n=144) via the Association of Breast Pathology, the Royal College of Pathologists and participating pathologists of the national EQA scheme. Oncologists (n=202) were approached via the UK Breast Cancer Group (46% Clinical Oncologists, 46% Medical Oncologists).

The results of the survey questions are as follows:

DIAGNOSTIC BIOPSIES					
<i>Should all patients undergoing needle biopsy (either at screening assessment or in a symptomatic clinic) or open surgical diagnostic biopsy be formally discussed at a MDT meeting?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	73	77	78	67	46
No	24	19	16	28	43
Not certain	3	4	6	5	10
<i>Does your discipline need to be present for that discussion?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	91	71	90	71	31
No	7	21	16	26	61
Not certain	2	8	4	3	8
Commentary					
For all of the disciplines involved in breast cancer diagnosis more than two thirds feel that all diagnostic biopsies should be formally discussed at a MDTM with their discipline represented. The majority of Oncologists (who are not involved in diagnosis per se) who gave an answer think that all diagnostic biopsies should be discussed but that they do not need to be represented at those discussions.					

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NEWLY DIAGNOSED CANCERS					
<i>Should all newly diagnosed breast cancer cases be formally discussed at a MDT meeting before commencement of treatment?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	89	98	90	88	88
No	10	1	6	10	11
Not certain	1	1	4	2	1

  

<i>Does your discipline need to be present for that discussion?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	99	100	84	73	63
No	1	-	11	21	36
Not certain	-	-	5	6	1

NEOADJUVANT TREATMENT	
The Oncologists only were asked a supplementary question:	
<i>Does an Oncologist need to be present at a MDTM to discuss newly diagnosed breast cancer cases where neoadjuvant treatment is being considered as an option?</i>	
Yes	No
98	2
<b>Commentary</b>	
All disciplines strongly agree that all newly diagnosed breast cancer cases should be formally discussed at a MDTM. A large majority of all disciplines feel that they should be represented at those discussions. The vast majority of Oncologists feel that they need to be represented if neoadjuvant treatment is being considered as an option.	

POST-OPERATIVE CANCERS					
<i>Should all breast cancer cases undergoing surgery be formally discussed at a MDT Meeting following surgery?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	90	99	92	87	87
No	8	-	4	12	12
Not certain	2	1	4	1	1

  

<i>Does your discipline need to be present for that discussion?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
Yes	97	100	59	79	85
No	2	-	24	16	15
Not certain	1	-	16	5	-

  

<b>Commentary</b>
All disciplines strongly agree that all breast cancer cases undergoing surgery should be formally discussed at a MDTM following surgery. Whilst a majority are in favour, fewer (59%) Radiologists feel that they need be represented at those discussions compared with other disciplines.

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<b>BREAST CANCER RECURRENCE</b>					
<i>Should all breast cancer cases of recurrent breast cancer be formally discussed at a MDT Meeting?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
<b>Yes</b>	95	99	88	80	78
<b>No</b>	3	-	3	14	21
<b>Not certain</b>	2	1	9	6	1

  

<i>Does your discipline need to be present for that discussion?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
<b>Yes</b>	69	98	75	66	93
<b>No</b>	20	1	12	28	5
<b>Not certain</b>	11	1	13	6	1

  

<b>Commentary</b>					
<i>All disciplines strongly agree that all cases of recurrent breast cancer should be formally discussed at a MDTM. At least two thirds of all disciplines feel that they need to be represented at those discussions.</i>					

<b>PROPOSAL TO TRANSFORM MDTMS</b>					
<i>If the necessary administrative/data support was available would you be in favour of a system where only a small number of selected cases are formally discussed at MDT Meetings, the majority of cases being placed on pre-agreed, recognised treatment algorithms/pathways?</i>					
%	Surgeons	Nurses	Radiologists	Pathologists	Oncologists
<b>Yes</b>	38	39	51	61	36
<b>No</b>	44	20	23	26	49
<b>Not certain</b>	18	41	26	13	15

  

<b>Commentary</b>					
<i>More than half of the radiologists and pathologists were in favour of the proposed system. A majority of surgeons and oncologists did not, however, support the proposed system. There were more 'not certain' replies (range 13-41%) for this question than for others perhaps indicative of the lack of detail regarding the proposals at the time of the survey.</i>					

### Summary of survey results

The survey results appear to confirm that the majority of clinicians in all disciplines involved in breast care see benefit in discussing the care of breast patients at all key points in the pathway (diagnostic breast biopsy, new cancer diagnosis, post-surgery, at recurrence of breast cancer) at a MDTM. Some survey results suggest that individual disciplines feel that they may not need to be present for all types of case discussion.

There is some support, but also uncertainty, about the proposals for MDTM transformation/ streamlining. Of note, those involved most directly in clinical care (surgeons, oncologists and nurses) are less in favour of an algorithmic approach with the exclusion of discussion on some patients (less than half of those who answered with certainty), than those with a greater focus on diagnosis (i.e. radiologists and pathologists) in whom only about one quarter were opposed to this change. This is not surprising since we currently do not have an evidence-base around streamlining and how it would affect care. Until such evidence-base around streamlining is built, it is expected that those most directly involved in clinical care will approach streamlining with caution.