

Multidisciplinary Team Planning for Patients with Head and Neck Cancer



Thomas D. Shellenberger, DMD, MD^{a,*},
Randal S. Weber, MD^b

KEYWORDS

- Head and neck cancer • Multidisciplinary care • Tumor board • Quality indicators
- Cancer outcomes • Quality of life • Integrated delivery of health care

KEY POINTS

- The multidisciplinary planning conference is a critical point in the evaluation and management of patients with head and neck cancer in determining outcome and quality of life.
- The management of patients with head and neck cancer is complex and dictates the care of a multidisciplinary team for optimal results.
- The head and neck multidisciplinary team ensures the complete evaluation of patients before beginning treatment.
- The head and neck multidisciplinary team improves the accuracy of diagnosis and staging of patients on which to base the most appropriate treatment.
- The head and neck multidisciplinary team improves the outcomes of treatment by following the best available evidence through clinical practice guidelines and treatment algorithms, and by engaging in clinical research trials.

Quia parvus error in principio magnus est in fine. (A small error at the outset is a large one in the end)

—St Thomas Aquinas, *On Being and Essence*¹

At no point in the evaluation and management of a patient with cancer are the details so important in determining the outcome of treatment as at that moment when the multidisciplinary team, known as the tumor board, first meets to discuss the case. At the treatment planning conference, team members present comprehensive information about each patient: the pathologic diagnosis, disease stage, performance status, psychosocial

conditions, and (perhaps most important of all) the patient's intentions. They seek the expertise of team members across a range of disciplines. They consider evidence-based strategies, evaluate guidelines, and review the inclusion criteria of clinical trials. After careful consideration, they reach a consensus on the goals of treatment. Their effective communication across medical specialties initiates coordinated, continuous care. Owing to the complexity of their care, optimal treatment of patients with head and neck cancer depends on a multidisciplinary team approach. Because even a small error can become a big one, the tumor board is a critical determinant of the outcome of treatment. The consequences of

Disclosure: The authors have nothing to disclose.

^a Division of Surgical Oncology, Banner MD Anderson Cancer Center, 2946 East Banner Gateway Drive, Suite 450, Gilbert, AZ 85234, USA; ^b Department of Head and Neck Surgery, University of Texas MD Anderson Cancer Center, 1515 Holcombe Boulevard, Unit 1445, Houston, TX 77030, USA

* Corresponding author.

E-mail address: Thomas.Shellenberger@bannerhealth.com

Oral Maxillofacial Surg Clin N Am 30 (2018) 435–444

<https://doi.org/10.1016/j.coms.2018.06.005>

1042-3699/18/© 2018 Elsevier Inc. All rights reserved.

any errors made in diagnosis, staging, or any of the other important factors that determine the outcome of cancer care are magnified along the course of treatment. Given that effective communication is essential to the proper function of the team, only a multidisciplinary team approach can offer the best chances of getting it right from the start.

A well-functioning multidisciplinary team ensures complete assessment of the patient before treatment. The team approach also improves the accuracy of diagnosis and staging on which treatment is based and directs treatment to the identified goals from the outset. The result is a plan of care offering the best chances for cure by adhering to evidence-based approaches and practice guidelines. At the same time, treatment-related morbidity can be reduced by addressing patient function and quality of life. Moreover, the multidisciplinary team brings a unified voice to the treatment plan on behalf of the patient. The team stands united for the purpose of achieving the common goals of oncologic results, preserving or restoring of function, and the relieving suffering. When these goals are discussed at the outset of treatment, the team has the best chance of arriving at a patient-centered, personalized, efficient, and value-driven plan of care. Considering the impact of cancer treatment on daily function and quality of life, its financial burdens, and the disappointing outcomes of secondary treatment of recurrent cancer, the best chance for a favorable outcome is clearly the first chance, with definitive initial therapy.²

This article discusses how multidisciplinary teams coordinate the complex care of patients with head and neck cancer. It outlines the rationale for multidisciplinary care with a focus on the specific needs of patients with head and neck cancer and describes how multidisciplinary teams function. It also reviews the research on the impact of multidisciplinary care on diagnostic and staging accuracy, patient outcomes, the management of treatment-related adverse events, adherence to evidence-based guidelines, and recruitment into clinical trials.

THE COMPLEXITY OF CARE

Getting it right from the start begins with a deep appreciation of the complexity of caring for patients with head and neck cancer. That complexity lies in the variety of head and neck cancers, the paucity of level I evidence from randomized trials, the frequent use of multimodal treatment of head and neck cancers, and the diversity of surgical demands. Moreover, the effects of head and neck

cancer and its treatment on bodily form and function, and therefore quality of life, add to the unique challenges of this disease. Thus, the complexity of head and neck cancer demands a multidisciplinary approach to meet the goals of individual patients.

Malignancies of the head and neck differ from other cancer types in their heterogeneity and their rarity. The overall incidence and prevalence of head and neck cancers is low in most countries. In 2017, some 63,030 new cases of oral cavity, pharyngeal, and laryngeal cancers were estimated to occur, accounting for about 3.7% of new cancer cases in the United States.³ Thus, malignancies of the head and neck comprise a small fraction of the whole cancer landscape, especially compared with breast, prostate, lung, and colorectal cancers. Importantly, head and neck cancer is not a single disease but a group of diseases that differ in their site of origin, cause, and histology. The treatment, prognosis, and quality of life of a patient with a T2 cancer of the oral cavity and a patient with a T2 cancer of the larynx can differ dramatically, as can those of patients with oropharyngeal cancers related to human papilloma virus and oropharyngeal cancers related to smoking or those of patients with squamous cell carcinoma and those with mucoepidermoid carcinoma of the base of the tongue. The great burden of morbidity and mortality imposed by head and neck cancer demands the optimal care of patients from the time of diagnosis through the end of life. According to statistics of the National Cancer Database, the overall survival for stage IV cancers of the head and neck remains less than 50% at 5 years.⁴

Clinical trials have improved the treatment of cancers that are more homogeneous and more prevalent than head and neck cancers. The design, execution, and interpretation of high-quality prospective trials by expert panels with multidisciplinary members have led to the development of evidence-based strategies and guidelines that have improved the treatment of many cancer types. However, high-quality evidence from randomized controlled trials of head and neck cancer treatments is lacking because of obstacles in enrolling adequate numbers of patients in centers where trials are available. As a result, treatment decisions for individual patients often rest on the practitioner's experience and skill set, personal bias and philosophy, and the availability of resources at the treatment center.

Unlike patients with most other types of cancer, most patients with head and neck cancers are treated with multiple modalities, including surgery, radiation, conventional chemotherapy, and more

Download English Version:

<https://daneshyari.com/en/article/11022400>

Download Persian Version:

<https://daneshyari.com/article/11022400>

[Daneshyari.com](https://daneshyari.com)