It Takes a Village: The Importance of Multidisciplinary Care

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KEYWORDS

• Integrated patient care unit • Multidisciplinary teams • Tumor board

KEY POINTS

- Multidisciplinary teams are the functional unit of cancer care.
- Integrated patient care units optimize the ability to deliver efficient, value-driven care.

The complexity of cancer care in the 21st century mandates the input of a spectrum of health care providers to achieve the best possible outcomes. Complex disease management is best delivered by a defined team of physicians organized into an integrated patient care unit (IPU). The IPU is the optimal organizational structure to deliver evidence-based, efficient, and value-driven care.

As an entity, head and neck cancer represents a wide variety of anatomic tumor subsites with varied biologic properties and etiologies. The care philosophy and typical comorbidities for a patient with early stage laryngeal care can be dramatically different than that for a patient with an advanced stage Epstein-Barr virus–positive nasopharyngeal carcinoma or an intermediate stage human papilloma virus–positive tongue base cancer. The importance of a dynamic multidisciplinary tumor board cannot be underemphasized. It has the capacity to minimize duplication associated with patient assessment (eg, imaging), expand the capacity for collaborative research, support enrollment in clinical trials, and allow for a unified voice in a patient's care plan.

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As care has become more patient centric, we have learned that each patient is unique in their outcome priorities with respect to survival, quality of life, duration of treatment, and side effects. Patients come to us seeking knowledge, direction, and refuge. They come from every social class, and every age group. Thus, they come to us "speaking innumerable languages" and we must be able to communicate effectively on every front. The care of the patient with head and neck cancer is no longer involves solely resecting a tumor or offering the latest in immunotherapy. The care of the patient with head and neck cancer is the art of caring for the whole patient: multimodal care involving surgery, systemic therapy, radiation, medical management of comorbidities, aesthetic considerations, nutrition, pain management, and psychosocial support.

As referenced in the title proverb, a medical "village" or IPU functions best when it unites for a common goal of optimal oncologic results while reducing functional deficits and minimizing suffering. This article highlights the team approach to head and neck cancer care, multidisciplinary teams (MDTs) that come together as an IPU to provide coordinated care for the patient with head and neck cancer from diagnosis, tumor board discussion, and treatment recommendations through therapy, recovery, and posttreatment surveillance. At its foundation, the MDTs function to present a unified voice in the plan of therapy in the heterogeneous and multifaceted disease process that is head and neck cancer. As anyone who cares for cancer patients can attest, "If you take care of cancer, sometimes you win and sometimes you lose; if you take care of the patient, you always win."

MEMBERS OF THE MULTIDISCIPLINARY TEAM

The diagnosis of head and neck cancer most often occurs outside of the head and neck surgery clinic. Patients are commonly referred from primary care physicians and dentists who discover lesions on physical examination. Radiologists may detect suspicious masses incidentally on imaging for other reasons. Head and neck surgeons often make the final diagnosis of cancer through appropriate history taking, physical examination, diagnostic evaluation, and ultimately staging of disease.

The tumor board is a multispecialty group of experts in their respective disciplines who meet at scheduled intervals to discuss each individual patient. **Fig. 1** presents the large number of potential roles involved in head and neck cancer care.[1] The core members are head and neck surgeons, radiation oncologists, medical oncologists, head and neck radiologists, and pathologists. The "leader" of the team is frequently the head and neck surgeon, because most patients are evaluated and diagnosed by these specialists initially.[2] For decades, radiation therapy has been typically used in the adjuvant setting after surgery, but with the advent of refined techniques of photon and particle beam therapy (protons) based therapy, such as intensity-modulated radiation therapy, radiation has assumed a primary treatment modality role for several indications. Radiation in combination with chemotherapy as a means of treatment escalation has gained widespread use in organ-sparing approaches. Selecting the right treatment, for the right indications, and for the right patient with the goal of maximizing survival and preservation of function is the essence of multidisciplinary care.

For a tumor board to function smoothly, participation from disciplines beyond medical oncology, radiation oncology, and otolaryngology–head and neck surgery is necessary. Ensuring punctual scheduling of pretreatment interventions, such as dental extractions and gastrostomy tube placement for selected patients, is critical to facilitate the timely administration of integrated care of the whole patient.

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