



## Policy statement on multidisciplinary cancer care <sup>☆</sup>



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**Abstract Background:** Cancer care is undergoing an important paradigm shift from a disease-focused management to a patient-centred approach, in which increasingly more attention is paid to psychosocial aspects, quality of life, patients' rights and empowerment and survivorship. In this context, multidisciplinary teams emerge as a practical necessity for optimal coordination among health professionals and clear communication with patients. The European Partnership for Action Against Cancer (EPAAC), an initiative launched by the European Commission in 2009, addressed the multidisciplinary care from a policy perspective in order to define the core elements that all tumour-based multidisciplinary teams (MDTs) should include. To that effect, a working group conference was held in January 2013 within the EPAAC Work Package 7 (on Healthcare) framework.

**Methods:** The consensus group consisted of high-level representatives from the following European scientific societies, patient associations and stakeholders: European CanCer Organisation (ECCO), European Society for Radiology & Oncology (ESTRO), European Society for Medical Oncology (ESMO), European Society of Surgical Oncology (ESSO), International Society of Geriatric Oncology (SIOG), European Association for Palliative Care (EAPC), European Oncology Nursing Society (EONS), International Psycho-Oncology Society (IPOS), European Cancer Patient Coalition (ECPC), EuropaColon, Europa Donna - The European Breast Cancer Coalition, Association of European Cancer Leagues (ECL), Organisation of European Cancer Institutes (OECI), EUSOMA - European Society of Breast Cancer Specialists, European Hospital and Healthcare Federation (HOPE) and EPAAC Work Packages 5 (Health promotion and prevention), 7, 8 (Research), 9 (Information systems) and 10 (Cancer plans). A background document with a list of 26 core issues drawn from a systematic review of the literature was used to guide the discussion. Five areas related to MDTs were covered: care objectives, organisation, clinical assessment, patients' rights and empowerment and policy support. Preliminary drafts of the document were widely circulated for consultation and amendments by the working group before final approval.

**Results:** The working group unanimously formulated a *Policy Statement on Multidisciplinary Cancer Care* to define the core elements that should be implemented by all tumour-based MDTs. This document identifies MDTs as the core component in cancer care organisation and sets down the key elements to guide changes across all European health systems.

**Conclusion:** MDTs are an essential instrument of effective cancer care policy, and their continued development crucial to providing patients the care they need and deserve. While implementation must remain in local hands, European health systems can still benefit from having a basis for an effective multidisciplinary model of cooperation. This policy statement is intended to serve as a reference for policymakers and healthcare providers who wish to improve the services currently provided to the cancer patients whose lives and well-being depend on their action.

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**1. Introduction**

Optimal decision-making in the diagnosis, treatment and support of cancer patients is being increasingly associated with multidisciplinary teams (MDTs) [1]. Cancer care involves a growing number of specialists and health professionals as intervention areas expand to encompass psychosocial support, genetics and frailty aspects (among other areas) and consensus decisions are needed at all stages of care. As the care pathway becomes more complex, the potential for miscommunication, poor coordination between providers and fragmentation of services increases. This constitutes a challenge for patients and families as well as for caregivers.

MDTs were identified by the Lisbon roundtable (Portuguese European Union (EU) Presidency, 2007) as the

best approach to organising cancer care in a way that consistently brings together all healthcare professionals involved in cancer diagnosis and treatment [2], and the EU Parliament and Council has also expressed support for these teams as a way to cope with coordination and communication issues associated with the implementation of the European reference networks for rare diseases [3]. Likewise, several European cancer control plans stress the importance of multidisciplinary care, setting specific guidance for its implementation [4,5]. However, this prioritisation coexists with significant differences in performance, implementation and organisation of cancer care and access across countries [6,7] as well as in policy measures taken to promote this approach. While implementation must remain in local hands, European health systems can still benefit from having a basis for an effective multidisciplinary model of cooperation.

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