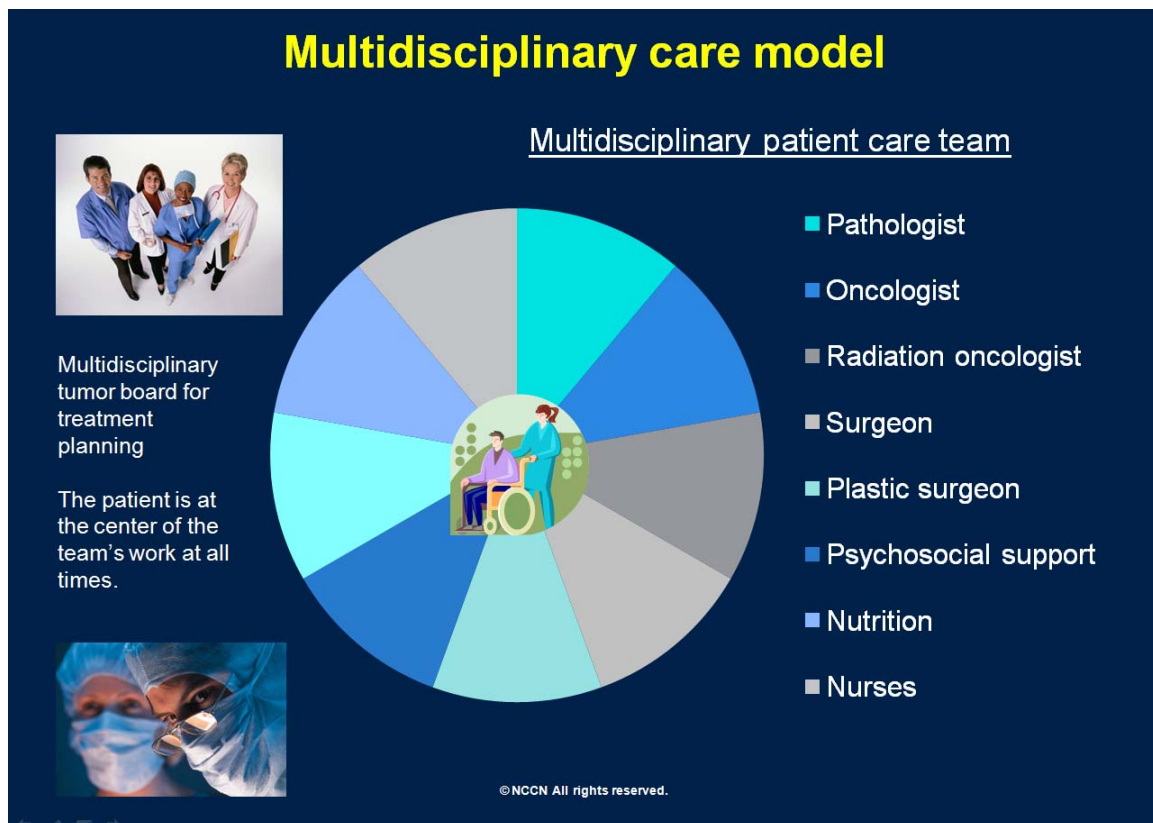


An Employer's Guide to Cancer Treatment & Prevention



Multidisciplinary Cancer Teams

In a multidisciplinary care model, the patient is at the center, with all applicable care providers and specialists coming together around the patient. The process begins with the multidisciplinary tumor board, which evaluates the individual patient's situation and treatment options, and helps to ensure that treatment recommendations are based on multiple perspectives, not just that of one specialist.



Participation on the tumor board by a pathologist—preferably one who specializes in the patient's type of cancer - helps ensure that treatment recommendations are made based on a precise interpretation of the pathologic diagnosis, including identification of biomarkers and mutational status of tumor.

In a multidisciplinary patient care team model, the primary treating physician – often the oncologist – is able to confer with subspecialists in real time to facilitate coordinated,

patient-centric care. The multidisciplinary team of experts (medical and surgical specialists, nurses, therapists, the psychosocial support team, etc.) identifies and addresses problems before they become more difficult and costly to treat. Large medical centers, particularly academic cancer centers, have a radiation oncologist, radiation physicist and dosimetrist on-site during treatment to ensure patient safety and proper calibration of equipment, accurate calculation of dosage and radiation therapy technique. They also have expert pharmacists and computerized prescription order entry to ensure accurate medication and patient safety.

Real-time collaboration between the surgeon and pathologist during and after surgery provides important benefits in this multidisciplinary model. Real time collaboration isn't feasible when tissue is sent out to a pathologist in a different location or at a national laboratory. Having the pathologist review intraoperative frozen sections while the patient is still in surgery helps ensure that the surgeon has obtained clean surgical margins, which can prevent local recurrence, especially in head and neck cancer, sarcoma, melanoma and breast cancer.

Participation of the pathologist during sentinel node biopsy (e.g., breast cancer or melanoma) helps ensure adequacy of node dissection to find micrometastases. Adequate lymph node dissection is also essential to ensure accurate staging (e.g., esophageal, breast, colon and rectal cancers).