Received: 28 Mar 2023 | **Accepted:** 12 June 2023 **Genel Tıp Derg. Volume** 33/**Issue** 4 (August), 430-433
DOI: 10.54005/geneltip.1271115

ORIGINAL ARTICLE

Opinions of Turkish Physicians About the Participation of Patients and/or Patient Caregivers in Multidisciplinary Tumor Boards; A Survey Study From Tertiary Center in Konya

Türk Hekimlerin Hastaların ya da Yakınlarının Multidisipliner Tümör Konseyine Katılımlarıyla Ilgili Düşünceleri; Konya'da 3. Basamak Bir Hastaneden Anket Çalışması

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Note: The study will be presented as oral abstract in 10th national Congress of Turkish Society of Medical Oncology

How to cite ?

Eren O. Ö. , Çağlayan M. , Körez M. K. Opinions of Turkish Physicians About the Participation of Patients and/or Patient Caregivers in Multidisciplinary Tumor Boards; A Survey Study From Tertiary Center in Konya. Genel Tıp Dergisi. 2023; 33(4): 430-433.

ABSTRACT

Objective: Multidisciplinary management is very important component of treatment of cancer. Multidisciplinary tumor boards (MTBs) provide the chance for shared-decision making in this complex type of disease. The participation of patients or caregivers in MTBs is a contentious issue and is not common in Turkiye. In this study we aimed to determine what Turkish physicians participating MTBs in Selcuk University Faculty of Medicine think about the participation of patients and caregivers in MTBs.
Method: The study was conducted in Selcuk University Faculty of Medicine in August 2022. The physicians that accepted to participate completed a 9-item questionnaire. The relationships between the participants' sociodemographic characteristics and their questionnaire responses concerning MTBs were analyzed using Pearson's chi-square test or the Fisher-Freeman-Halton test.
Results: No statistically significant correlation was found between the socio-demographic characteristics of the participants and the opinions of cancer patients or their relatives about their participation in multidisciplinary tumor boards. 50 % of the participants do not approve participation of patient or caregivers in MTBs. 35 % of participants approved the participation of both in the MTBs. 4.4 % of participants approved only the participation of caregivers whereas only the 8.9 % of medical oncologist approved only the participation of patients in tumor board.
Conclusion: Among 45 Turkish physicians in a tertiary care center, half of the participants did not approve of the participation of patients or caregivers in MTBs. The major reason for this lack of approval was the fear that patients and caregivers would not understand medical terminology which might lead to misunderstanding by patients or caregivers.

Keywords: Cancer, multidisciplinary tumor board, physicians.

ÖZ

Amaç: Multidisipliner tümör konseyleri (MTK) kanser hasta bakımının önemli bileşenlerinden biridir. MTK bu kompleks hastalığın tanı ve tedavisinde ortak karar verme fırsatı sağlar. Hasta ya da yakınlarının MTK'e katılımı tartışmalı olup Türkiye' de sıklıkla katılım olmamaktadır. Bu çalışmadaMTK'e katılan Türk hekimlerinin hastaların ya da yakınlarının MTK'ne katılımlarıyla ilgili düşüncelerinin saptanmasını hedefledik.
Yöntem: Bu çalışma Ağustos 2022'de Konya Selçuk Üniversitesi Tıp Fakültesinde yapılmıştır. Katılmayı kabul eden hekimlerin 9 soruluk bir anketi doldurmaları istendi. bir anketi sosyodemografik özellikleri ve ankette verdikleri yanıtları Pearson'ın ki-kare testi ve Fisher-Freeman-Halton testi ile analiz edildi.
Bulgular: Katılımcıların sosyodemografik özellikleri ve ankette verdikleri yanıtları hastaların ve yakınlarının multidispliner tümör konseyine katılımları hakkındaki görüşleri arasında istatistiksel olarak anlamlı bir ilişki saptanmadı. Katılımcıların % 50'si hasta ya da yakınlarının MTK'e katılımlarını onaylamamaktadır. Katılımcıların % 35'i hasta ve yakınlarının katılımını onaylamaktadır. Katılımcıların %4.4'ü sadece hasta yakınlarının katılımını onaylarken, katılımcıların % 8,9'u sadece hastaların katılımına olumlu bakmaktadır.
Sonuç: 3. Basamak bir hastanede çalışan 45 Türk hekimi arasında yapılan çalışmada, katılımcıların %50'si hasta ya da yakınlarının MTK'e katılımlarını onaylamamıştır. Bu onaylamamanın ana gerekçesi hasta ve yakınlarının tıbbi terminolojiyi yanlış anlama korkusudur

Anahtar kelimeler: Kanser, multisipliner tümör konseyi, hekimler

Background

Multidisciplinary tumor boards (MTBs) are important component of cancer patient care (1,2). MTBs provide effective communication between medical professionals when discussing patient data. MTBs are known to increase patient survival; however, they are not uniformly implemented, particularly in developing countries (3,4,5). Patient and caregiver participation in MTBs can improve communication in MTBs. This can provide the opportunity to review the findings of medical history and physical examination (6). Patient expectations can be discussed directly with them, which can lead to making more humane decisions related for patient care. Participation of patients and caregivers in MTBs is uncommon in Turkiye. In the present study, we aimed to determine the opinion of Turkish physicians about the participation of patients and caregivers in MTBs.

Peer-Review: Double anonymized - Two External
Plagiarism Checks: Yes - iThenticate
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Materials and Methods

A 9-item questionnaire was distributed to physicians participating MTBs in Selcuk University Faculty of Medicine during August 2022. The first 6 items were designed to collect participant demographic data and the last 3 items were designed to determine the participants' opinions about the participation of patients and caregivers in MTBs. The participants could select only one answer option for all items, except item 8. The questionnaire is presented in the appendix. The Ethics Committee of Selcuk University School of Medicine approved the study protocol. Verbal consent of the participants was also obtained before filling the questionnaire form.

Statistical analysis

Statistical analysis was performed using R v.3.6.0 (The R Foundation for Statistical Computing, Vienna, Austria; https://www.r-project.org). Descriptive statistics are presented as frequency (n) and percentage. Relationships between the participants' sociodemographic characteristics and the questionnaire items about MTBs were analyzed using Pearson's chi-square test or the Fisher-Freeman-Halton test. In addition, 2 ratio Z-tests were used for pairwise comparison of the parameters that were determined significant as a result of the two other tests. For all analyses the level of statistical significance was set at $P = 0.05$

Results

The study included 45 physicians, 13 of whom were female and 32 were male. In all, 70 % of the participants were aged <50 years old. The characteristics of participants are shown in table1.

There was not a significant correlation between participant sociodemographic characteristics, and their opinions about cancer patient and caregiver participation in MTBs (Table 2) or their opinions about the benefits and drawbacks of cancer patient and caregiver participation in MTBs (Table 3) ($P > 0.05$ for all). The major drawbacks for participation of patients and caregivers in MTBs according to the participants were their probable misunderstanding of medical terminology (62%), followed by MTBs member emotional stress caused by their participation (13 %).

In all, 11% of the participants did not think MTBs offer any benefits, so they did not make any more comment on the issue. Among the participants, 50 % did not approve of the participation of patients or caregivers in MTBs. 35 % of participants approved the participation of both in the MTBs. 4.4 % of participants approved only the participation of caregivers whereas only the 8.9 % of medical oncologist approved only the participation of patients in tumor board.

The relationship between the participant sociodemographic characteristics and their answers to the questionnaire item concerning how the arrangement should be if patients and/or their caregivers participate in MTBs are shown in table 4. While 40 % of the participants thought that physicians should first talk among themselves and make decisions related to patient care, and then report and discuss their decisions with the patient and/or their caregivers, 53 % of the participants thought that physicians should first talk among themselves, but not make any definitive decisions until consulting with the patient and/or their caregivers. There was not a significant relationship between the other sociodemographic characteristics of the participants and their answers to the questionnaire item concerning how the arrangement should be if patients and/or their caregivers participate in MTBs.

Table 1. Demographical characteristics of the participants

Characteristics	**Participants (*n*=45)**
Age	
30 – 40 years	18 (40)
40 – 50 years	14 (31.1)
50 – 60 years	12 (26.7)
60 – 70 years	1 (2.2)
Gender	
Female	13 (28.9)
Male	32 (71.1)
Academic title	
Fellowship	3 (6.7)
Assistant Professor	12 (26.7)
Associated Professor	13 (28.9)
Professor	17 (37.8)
Years in Profession	
Less than 5 years	2 (4.4)
5 – 10 years	17 (37.8)
10 – 15 years	10 (22.2)
15 – 20 years	6 (13.3)
20 – 25 years	6 (13.3)
25 – 30 years	4 (8.8)

Table 2. Opinions of participants on the issue

Characteristics	**Participants (*n*=45)**
Participation of patients or caregivers in MTBs	
No MTBs	5 (11.1)
Yes both	16 (35.6)
No both	17 (37.8)
Yes patients only	4 (8.9)
Yes caregivers only	2 (4.4)
Opinion of oncologist on participation of patients or caregivers in MTBs	
Right decision	10 (22.2)
Humanly decision	6 (13.3)
Misunderstanding	28 (62.2)
Organisation of MTBs	
From beginning	2 (4.4)
After discussion	18 (40)
Before decision	24 (53.3)
Second opinion on participation	
Right decision	1 (2.2)
Humanly decision	4 (8.9)
Misunderstanding	5 (11.1)
Emotional stress	6 (13.3)

Table 3. Comparison between the demographical characteristics of the participants and their opinions

Participation of patient or care givers in MTBs						
Variables	No mtd (*n*=5)	Yes both (*n*=16)	No both (*n*=17)	Yes patients only (*n*=4)	Yes caregivers only (*n*=2)	*p*-value
Specialty						.836
Surgeon	3 (16.7)	7 (38.9)	6 (33.3)	1 (5.6)	1 (5.6)	
Others	2 (7.7)	9 (34.6)	11 (42.3)	3 (11.5)	1 (3.8)	
Specialty						.367
Oncology + Surgeon	1 (5.3)	5 (26.3)	9 (47.4)	3 (15.8)	1 (5.3)	
Others	4 (16)	11 (44)	8 (32)	1 (4)	1 (4)	

Table 4. Comparison between the demographical characteristics of the participants and opinions on organization of mtb

Organisation of MTBs				
Variables	From beginning (*n*=2)	After discussion (*n*=18)	Before decision (*n*=24)	*p*-value
Specialty				.437
Surgeon	1 (5.9)	5 (29.4)	11 (64.7)	
Others	1 (3.7)	13 (48.1)	13 (48.1)	
Specialty				.876
Oncology + Surgeon	1 (5)	9 (45)	10 (50)	
Others	1 (4.2)	9 (37.5)	14 (58.3)	

Discussion

In recent years developments in cancer care have been occurred at a dizzying pace. Patients with cancer now have multiple options in terms of both diagnosis and treatment. Physicians discuss and make a final decision concerning cancer treatment while participating in MTBs. Patient-centeredness is the main concept to the organization of MTBs. The clinical role of MTBs should be improved within cancer care (7,8). Patients can feel distressed due to lack of their involvement in MTBs. Patient participation in MTBs can lead to more patient-centered decisions by directly addressing patient expectations, which may also lead to more humane decisions (8,9). Patient participation in MTBs can lead to more radical interventions or a more palliative approach than is achievable without their participation. Lack of information on the comorbidities of cancer patients may lead to inappropriate decisions. Conversely, information of presence of comorbidity may lead to a more conservative and less effective treatment recommendations by physicians. Hubbard et al. reported that most of the patients with cancer desired to be involved in the decision-making process about their disease (10).

Communication with caregivers is very important for patients with cancer in Turkiye. Medical oncologists are still faced with difficulties, particularly when discussing the prognosis with patients. In most cases, patients prefer not to be informed about the reality of advanced-stage cancer; therefore, caregivers are usually informed instead of patients.

Patient and caregiver participation in MTBs is uncommon in Turkish medical oncology practice. Our findings indicate that almost half of Turkish physicians in Selcuk University Faculty of medicine approve of patient or caregiver participation in MTBs. This opinion remained consistent despite age, academic title, experience in the profession, and gender. 50% of the physicians in the present study did not approve of patient or caregiver participation in MTBs. The most commonly reported drawback of their participation was fear that they would misunderstand medical terminology, followed by emotional stress experienced by physicians due to their participation. However, discussion of complex cases in MTBs is speculated to mitigate negative emotional burden on treating physicians (11). Participation of patients in MTBs and presenting their concerns or point of view in person may decrease the chance of making non-patient centered decision (12,13). This type of organization may also increase patient's satisfaction (10,14).

There is no consensus concerning whether all patients or caregivers are suitable for participation in MTBs, which social, economic, and cultural factors are associated with patient and caregiver suitability for participation in MTBs, and whether it is ethical to discuss and make treatment decisions in the absence of the patient. Almost 40% of the surveyed physicians reported that they only wanted to meet a patient or caregiver after MTBs thoroughly discussed the case, and about 50 % reported that they wanted to meet a patient or caregiver before making final treatment decisions. What remains unknown are the opinions of patients and caregivers concerning their participation in MTBs, as well as which patients and caregivers would be eager to participate in MTBs. We think this lack of data needs to be addressed by subsequent research.

Conclusion

The present findings show that nearly half of physicians approve of patient or caregiver participation in MTBs. The major reasons for disapproval are the fear that they will misunderstand medical terminology and the emotional stress their participation will cause on physicians.

Statements & Declarations:

Funding: The authors declare that no funds, grants, or other support were received during the preparation of this manuscript."

Competing interests: The authors have no relevant financial or non-financial interests to disclose.

Ethics approval and consent to participate: Selcuk university, Faculty of Medicine Local Ethics Comittee has aprroved the study with the reference number of 2021/471 on 26th, October 2021. Verbal consent from

the study participants was approved by the comittee. All methods were carried out in accordance with relevant guidelines and regulations in the "Ethics approval and consent to participate" section of the Declarations.

The concept of the study wad prepared by Orhan Önder Eren. Muslu Kazım Korez and Orhan Onder Eren contributed to the design of the study. Supervision was performed by Muslu Kazım Korez. Material, data collection and processing was done by Muslu Kazım Korez ,Orhan Önder Eren and Melek Çağlayan . Analysis and interpretation of data was performed by Orhan Önder Eren and Muslu Kazım Korez. Manuscript was eriten by Orhan Onder Eren and critical review was performed by Muslu Kazım Korez.

All authors (OO. E, M.Ç, MK. K have revised the results and approved the final manuscript.

The authors declare no competing interest

Author Contributions: Concept – OO.E, Design – OO.E,MK.K, Supervision – MK.K, Materials – M.Ç, OO.E, Data Collection and/or Processing – MM.K,M.Ç,OOE, Analysis and/or Interpretation – MK.K,OO.E., Writing Manuscript – OO.E., Critical Review – MK.K.

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