

Creating a Successful Multidisciplinary Breast Cancer Conference

by TinaMarie Bauman, RN, MSN, OCN®, and Patti A. Jamieson-Baker, MSSW, MBA

Women diagnosed with breast cancer are deluged with information, which can be both overwhelming and confusing. The diagnosis of breast cancer is difficult to absorb and alters a woman's life forever. Because decisions regarding treatment and surgical options must be made while the patient is still trying to come to grips with her diagnosis, panic and withdrawal can result.

To help patients through this difficult stage, the breast care program at The Cancer Institute at Alexian Brothers Hospital Network in Hoffman Estates, Ill., uses a multidisciplinary breast conference. Through the conference, patients newly diagnosed with breast cancer have access to a team of highly qualified healthcare providers. Experts in breast surgery, pathology, medical oncology, radiation oncology, diagnostic radiology, plastic surgery, nursing, research, counseling, and physical therapy comprise the multidisciplinary cancer team. Patients are not alone during the frightening days immediately after their diagnosis, but are part of this team focused on making the individualized treatment process as smooth as possible.

Alexian Brother's multidisciplinary breast cancer conference dovetails nicely with the overall goal of its breast care program, which is to offer a woman with breast cancer the best care and education possible during the entire course of her treatment and recovery. Patients have unlimited access to information on breast cancer and breast cancer therapies, and the program also supports its patients' emotional, social, and spiritual growth. A variety of supplementary therapies and services are available to enhance quality of life at all stages of disease.

HOW THE CONFERENCE WORKS

The patient with breast cancer is introduced to her multidisciplinary team at the conference at which her case is presented. She hears the opinion of medical specialists, is able to ask them questions, and leaves the conference able to make informed and active choices about her future treatment.

In addition to an individual treatment plan, the team also performs an overall risk evaluation. The patient's family history and other risk factors are analyzed and the patient may be referred for genetic testing and counseling. Even if patients are not candidates for genetic testing, prevention strategies and opportunities to participate in prevention trials are discussed.

The multidisciplinary conference was organized by Alexian Brothers' breast health specialist, an experienced oncology nurse, and began in 2001 when the comprehen-

sive breast care program was fully implemented. The breast health specialist coordinates the conference and ensures that all necessary films, slides, and reports are available at the appropriate time. The surgeons on the team, who bring data on one or two patients to each meeting, usually present the cases. Pathology slides are viewed, which educates the patient as well as the other physicians, and the opinions of all the professionals present are solicited as an ideal treatment plan is formed.

The first step in creating a successful multidisciplinary conference is establishing a regular meeting time and making sure the right people are invited to come. The patient's referring physician, surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, reconstructive surgeons, breast health specialists, clinical research nurses, and social workers should always be present. Chaplains, rehabilitation program representatives, and lymphedema specialists may also be able to contribute. A physician, patient, and/or staff member can initiate a conference. There are two scheduled meetings per week and they are cancelled if there is no patient to be presented at a conference.

At Alexian Brothers, the professional team usually meets for 10 to 15 minutes to reach a consensus on medical management prior to the arrival of the patient. Then the surgeon or breast health specialist introduces the patient and her family to the team, and the team members talk to the patient about the roles they want to play in her treatment. Time is reserved for patient questions, but the patient makes the final decision on treatment when she goes to her primary care physician's office after the conference and conducts a more detailed discussion in private.

Patients who participate in the multidisciplinary conference say they are empowered by the experience. The patient can have her conference either before or after her surgery. There are advantages to both choices. Patients with positive biopsies who have their conference before surgery can discuss surgical and reconstruction options, but adjuvant treatment plans are usually made after surgery when more definitive information on tumor histology, tumor margins, and lymph node status is available. Post-surgical conferences involve discussions about chemotherapy, radiation therapy, hormonal therapy, and clinical trials.

At a postoperative conference, the surgeon generally moderates, telling the team how the patient presented and describing her past medical history and recent surgical treatment. The radiologist displays and discusses the mammography films that were taken before and after surgery,

and the pathologist presents and interprets the tissue slides.

Technical information, such as tumor characteristics, surgical margins, and other prognostic factors are explained to the patient so she can make the most informed choices possible. Having the patient be an active listener while a support person (often a family member or friend) takes copious notes has been found to work the best. Tape recording is not permitted unless prior approval has been received from all the physicians present.

The breast health specialist dictates the report on the multidisciplinary conference and sends the report to the patient, all the specialists who were present, and the healthcare providers who will be treating the patient in the future.

The breast health specialist also serves as the patient's reference person and care coordinator after the conference. The specialist's job is to make sure that any tests that were ordered during the conference are set up and carried out, and to answer any questions the patient has about the

information presented at the conference. The specialist also gives the patient a business card in case she or her family members have questions in the future.

The success of our multidisciplinary conference is primarily due to the cooperation and support of the hospital's physicians, professional staff, administration, and breast center task force. Patients leave the conference with an enormous amount of valuable information about their diagnosis and treatment plan. Perhaps even more importantly, the patients report feeling less stress, less anxiety, and less turmoil and a high degree of satisfaction about their care. ❏

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MULTIDISCIPLINARY PHYSICIAN CONFERENCES ENHANCE PATIENT CARE

by Ron Deisher, MPAH

Author's note: When this article was written in early 2003, the following information was accurate. Since then, Health Midwest has been purchased by HCA and The Cancer Institute has become a program of the St. Luke's Health System. The coordinated, multidisciplinary breast care conferences and breast centers continue.

The Cancer Institute in Kansas City, Mo., an integral part of Health Midwest and St. Luke's/Shawnee Mission Health System, operates specialty care units on several campuses throughout the Kansas City metropolitan area. More than 5,100 new cancer cases are diagnosed and treated within our system each year, including more than 900 breast cancers. The number of breast cancers diagnosed has more than doubled since we opened our two breast health centers with their screening mammography programs. The Breast Center of Johnson County at the Nall campus in suburban Overland, Kans., and the Center for Breast Care at the Wornall campus in Kansas City, Mo., have significantly improved the way we are able to care for the women of our community.

Weekly prospective multidisciplinary conferences to formulate treatment plans for newly diagnosed breast cancer patients predate the centers and were one of the earliest and most important services offered in the breast centers.

All the physician specialists involved in the diagnosis and care of breast cancer patients, nurses, and other healthcare professionals attend the conferences. The meetings are coordinated by our oncology nurse specialists, who also act as patient advocates and help women with breast cancer navigate through our system of cancer care. In concert with the cancer registrars and the patient's physicians, the nurse secures the necessary records and diagnostic information for a

good comprehensive patient-care review conference.

The presenting physician is usually a surgeon, but most physicians attending the conferences participate in the group discussion and offer specialty observations and recommendations to produce the most accurate and best treatment plan possible.

The breast care conferences united our physicians and encouraged the commitment and involvement necessary to establish the breast centers. Physicians have supported the meetings from the beginning, citing their educational and patient-care benefits and the value of sharing information and expertise with colleagues. We also found that the conferences were even more eagerly attended when we dedicated part of one meeting per month to either presenting new innovations in breast cancer care or a review of current diagnostic and treatment regimens.

The conferences have been such an asset to our breast cancer programs that we recently started a similar group to review the care of newly diagnosed lung cancer patients.

Amie Jew, MD, one of the breast surgeons involved in the start up of these conferences, said she believes the multidisciplinary conferences truly elevate the level of care the breast centers can provide. "As the treatment for breast cancer patients becomes more complex, it takes a multidisciplinary team, an orchestrated approach, and comprehensive programs to achieve the best outcomes for our patients. The journey becomes rewarding when all physicians can come together to inspire each other and collaborate for the benefit of our patients." ❏

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