Facilitating Conversations in the Oncology Multidisciplinary Team

Early Identification of Patients for Neoadjuvant and Adjuvant Therapy

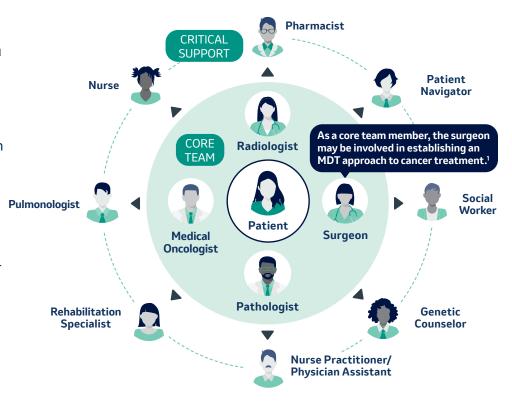


As part of the core team, you may play a critical role in establishing a multidisciplinary team (MDT) approach to cancer treatment.¹

In collaboration with your MDT, you can continue to identify patients who are eligible for neoadjuvant and adjuvant therapy. ^{2,3} An MDT approach to treatment may improve communication among the care team prior to and following surgery. ^{2,4,5}

The MDT approach encourages multiple health care providers and patients to collaborate on treatment decisions throughout the course of cancer care.^{6,7} The MDT could involve one or many of the specialties represented on the right.^{1,4,5,8,9} For example, a medical oncologist could be brought into an MDT to discuss whether a patient is eligible for systemic therapy.⁹

The Composition of an MDT Can Vary Based on the Tumor Type^{1,4,5,8,9}



Cancer Care Can Be Improved With a Multidisciplinary Team Approach^{6,7}



 The interdisciplinary communication and education facilitated by an MDT can promote patient-centered decision-making and thus potentially improve coordination and continuity of patient care.¹⁰



- MDTs can provide a means of addressing comorbidities and include prehabilitation and rehabilitation services in a patient's care plan.⁴
- Collaboration among specialists facilitates the interplay of various treatment modalities, such as surgery, systemic therapy, and radiotherapy.^{10,11}
- The MDT may also incorporate tumor boards or direct consultations among specialists.11



- The decision to use neoadjuvant or adjuvant therapy can be made by an MDT prior to surgery and in conjunction with treatment guideline recommendations.^{2,3}
- Continue to collaborate with your MDT to identify patients eligible for neoadjuvant and adjuvant therapy.^{2,3}



Multidisciplinary Team Meeting Considerations

Consider embedding these select characteristics of high-performing multidisciplinary teams and tumor boards throughout your assessment of your patients with cancer^{11,12}:

Team

- Established team with diverse expertise and specializations
- Established leadership (eg, MDT or tumor board chair)
- Teamwork and culture (eg, trust and constructive discussion)

Logistics

- Schedule and regularly attend tumor board meetings
- Ensure appropriate meeting room, technology, and equipment are ready for the team to facilitate hybrid collaboration
- Prepare in advance and keep organized during meetings
- Coordinate patient services post meeting

Patient-Centric Decision-Making

- Local mechanisms in place to identify all patients who require MDT discussion
- · Patient-centered care

Governance

- · Data collection during team meetings
- Audit of outcomes (eg, patient experience surveys)
- Funding and resources

Some topics to discuss during conversations with your MDT¹³⁻¹⁶:



Patient's personal data



Histological analysis



Patient preference



Medical history



Lab test and imaging results



Potential risk factors or complications



Present medical conditions



Diagnosis and clinical staging



Treatment and care plan

MDT = multidisciplinary team.

1. Berardi R et al. Cancer Manag Res. 2020;12:9363–9374. 2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Breast Cancer. V4.2025. National Comprehensive Cancer Network. April 17, 2025. Accessed April 17, 2025. nccn.org 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Non-Small Cell Lung Cancer. V8.2025. National Comprehensive Cancer Network. August 15, 2025. Accessed August 20, 2025. nccn.org 4. Association of Community Cancer Centers. Optimal care coordination model for lung cancer patients on Medicaid: environmental scan. 2016. accc-cancer.org/docs/projects/pdf/occm-environmental-scan-highlights-for-lung-cancer-patients-on-medicaid.pdf?sfvrsn=c1cc4dbf_0 5. Hardavella G et al. Breathe. 2020;16(4):200076. 6. Cain H et al. Clin Oncol (R Coll Radiol). 2017;29(10):642-652. 7. Shao J et al. Curr Oncol. 2019;26(3):e385-e387. 8. Taplin SH et al. J Oncol Pract. 2015;11(3):231-238. 9. Levit LA, Balogh EP, Nass SJ, Ganz PA, eds. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. The National Academies Press; 2013. 10. Harshman LC et al. Clin Genitourin Cancer. 2018;16(3):213-218. 11. Charara RN et al. J Glob Oncol. 2017;3(3):242-249. 12. Soukup T et al. J Multidiscip Healthc. 2018;11:49-61. 31. ESMO checklist: breast cancer patient related treatment workflow. European Society for Medical Oncology. Published October 2021. Accessed July 9, 2025. 14. Brown GTF et al. BMC Cancer. 2022;22(1):286. 15. Lamb BW et al. Ann Surg Oncol. 2012;19(6):1759-1765. 16. Lamb BW et al. Ann Surg Oncol. 2021;28(12):7577-7588.

