A case-based case for an adolescent multidisciplinary team in an adult oncology unit

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The setting

A clinical oncology unit at a tertiary hospital in KwaZulu Natal. The unit is geared towards adult patients with solid-organ cancers but cares for patients from 12 years old. It covers a vast and predominantly rural area and provides cancer care for a population of over 3.5 million people. Over 1300 new patients are seen per year, of whom about 2% are classified as "adolescents and young adults".

Why are AYAs different?

Biological

- Worse clinical outcomes & lack of improvement
- Incidence
- Tumour biology
- Fertility issues
- Clinical trial involvement

Systems-related

- Fragmented nature of care, few in dedicated AYA units.
- Unique legal position
- Professional duty of care
- Transitioning of care

Personal

- Communication needs
- Information needs
- Developmental stage
- Body image
- Importance of peer group
- Perception of future

The multidisciplinary team (MDT)

- International best practice for cancer care
- Fundamental component of palliative care
- Improved diagnosis & staging, effects treatment decisions (Pillay et al, 2015); improved symptom assessment (Brock, Wolfe & Ullrich 2018)
- Improves communication between healthcare workers regarding end of life issues
- Higher intensity teamwork: (Tremblay et al, 2017)
  - Positive patient perceptions (quality of interprofessional communication, person-centered responses, continuity of care).
  - No difference in results of care.
- Cochrane review (2017) of interventions to improve interprofessional collaboration: insufficient evidence, so minimal guidance.
- Evidence predominantly from developed countries & dealing with adult patients

Who is an adolescent/young adult (AYA)?

WHO: (adolescent) 15 – 19 years
UN: (youth) 15 – 24 years
Greys Hospital: 12 – 24 years (pragmatic)

Adolescence represents a "continuum of development" from 13 – 23 years (Hollis and Morgan, 2001). All aspects of maturity need to be recognized including psychological, emotional, physical and intellectual spheres.

MDT and the interdisciplinary team

- Different ways of looking at the interaction between members and definition of goals
- Scarce resource
- An MDT may imply professionals work largely independently but with a common goal.
- Pragmatic response within resource constraints
- Step towards greater collaboration

Ultimately

Experience and theory dictate interdisciplinary collaboration is crucial for optimal care but the empirical evidence to inform and guide this is lacking, especially in resource-constrained or developing environments.

Case 1

A 16 year old girl from a rural area was referred to oncology with a T4N1M0 renal cell carcinoma. Surgical treatment was ultimately not an option due to the local extent of the disease and no systemic anticancer therapies are available for renal cell carcinoma in our setting.

These challenges were compounded by the family's impoverished economic situation. They wanted to minimize visits to our centre and we thus relied heavily on the less specialised local care services.

This case highlighted the importance of efficient mobilisation of services and co-ordination with professionals not only from other departments but other institutions. This process was streamlined due to existing referral channels and relationships within an AYA MDT as well as easy identification of which referrals needed to be made within our centre and which should be at local levels.

Case 2

A 12 year old boy that was known to our unit with osteosarcoma represented post adjuvant chemotherapy with respiratory distress due to pleural effusions and lung metastases.

His final admission to the oncology ward involved whole brain radiotherapy. The treatment made him significantly unwell and he struggled to make optimal use of his sessions with the psychologist and social worker. The family misunderstood the intent of his treatment and did not want to discuss his prognosis. Disclosure to the patient was problematic.

This case highlighted the need for an AYA MDT to:

- Ensure age-appropriate and ethical practice
- Minimize treatment toxicity
- Communicate consistent messages to the patient and family, especially regarding difficult topics like truth telling, treatment outcomes and life expectancy.

The broader team

Specifics as required by the patient and dictated by resources

Conclusion

The MDT is a crucial but under-researched aspect of adolescent cancer and palliative care. AYA care is significantly different from both younger child and adult services – especially in an adult unit. The MDT has been shown to improve diagnosis and staging of cancers, improve patient-perceived outcomes, impact on treatment decisions and increase interprofessional communication in developed world adult cancer or palliative care. The two cases discussed illustrate the potential benefits of the coordinated but pragmatic implementation of MDT principles in a resource limited setting. Holistic patient care, particularly regarding communication, is improved and negative outcomes like lack of support for the patient and family and collusion or miscommunication may be mitigated.

References

Brock KE, Wolfe J, Ullrich C. From the child's world to clinical intervention: novel, new, and innovative approaches to symptoms in pediatric palliative care. Cjildren 2018; 5: 45
Hollis R, Morgan S. The adolescent with cancer – at the edge of no-man's land. Lancet Oncology 2001; 2: 43 – 48
Reeves S, Pelone F, Harrison R, Goldman J, Zwarenstein M. Interprofessional collaboration to improve professional practice and healthcare outcomes (review). Cochrane Database of Systematic Reviews 2017; 6. Art. No.: CD000072
Pillay D, Wootten AC, Crowe H, Corcoran N, Tran B, Bowden P, Crowe J, Costello AJ. The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: a systematic review of the literature. Cancer Treatment Reviews 2016; 42: 56-72
Tremblay D, Roberge D, Touati N, Maunsell E, Berbiche D. Effects of interdisciplinary teamwork on patient-reported experience of cancer care. BMC Health Services Research 2017; 17: 218-229.
Zebrack B, Isaacson S. Psychosocial care of adolescent and young adult patients with cancer and survivors. Journal of Clinical Oncology 2012; 30: 1221-1226.