

The impact on clinical practice of the newly introduced neuro-oncology multidisciplinary discussion (MDM) framework.



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Introduction

Year 2018 marked the creation of the Centro Oncologico Specialistico di Neuro-oncologia della Svizzera Italiana (CNSI) and the MDM has become the main means of monitoring both the yearly number of neuro-oncology cases and of associated clinical activity. However, a lack of relevant clinical information at the time of MDM discussion may negatively affect the choice of therapeutic options. We therefore set out to compare the three different MDM platforms used by the CNSI since 2014.

Methods

Three clusters of cases were identified, based on the MDM platform used for discussion:

- Sharepoint 02.09.2014-08.05.2018
- BoardMng 15.05.2018-29.09.2020
- MDM-EOC 06.10.2020-25.04.2023

Evaluated variables: percent of re-discussions (=cases of same patient/cases discussed), average-discussion per patient (=cases discussed/single patients) and of structured fields versus free text.

Results

Figure 1: Cases and patients discussed at the board

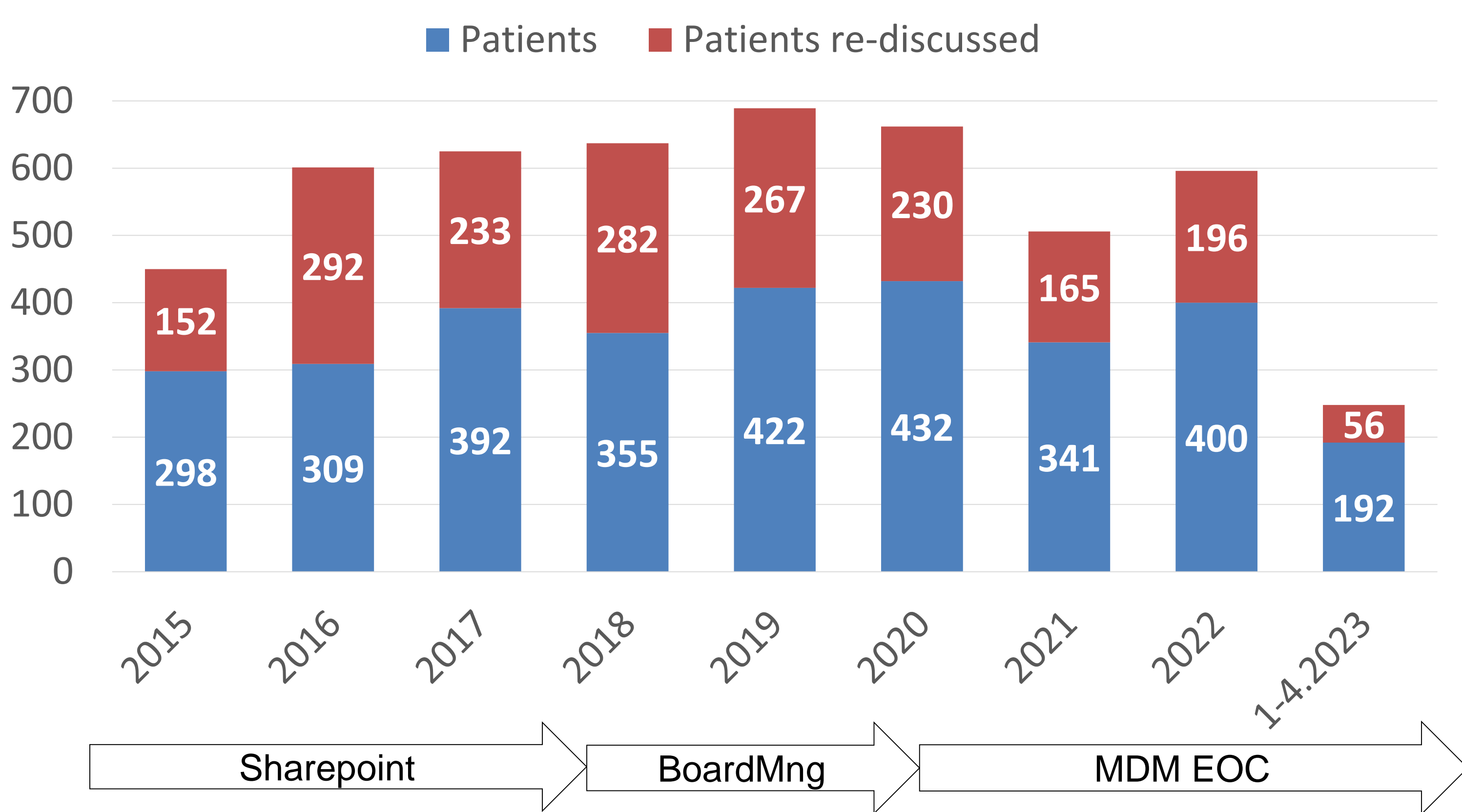
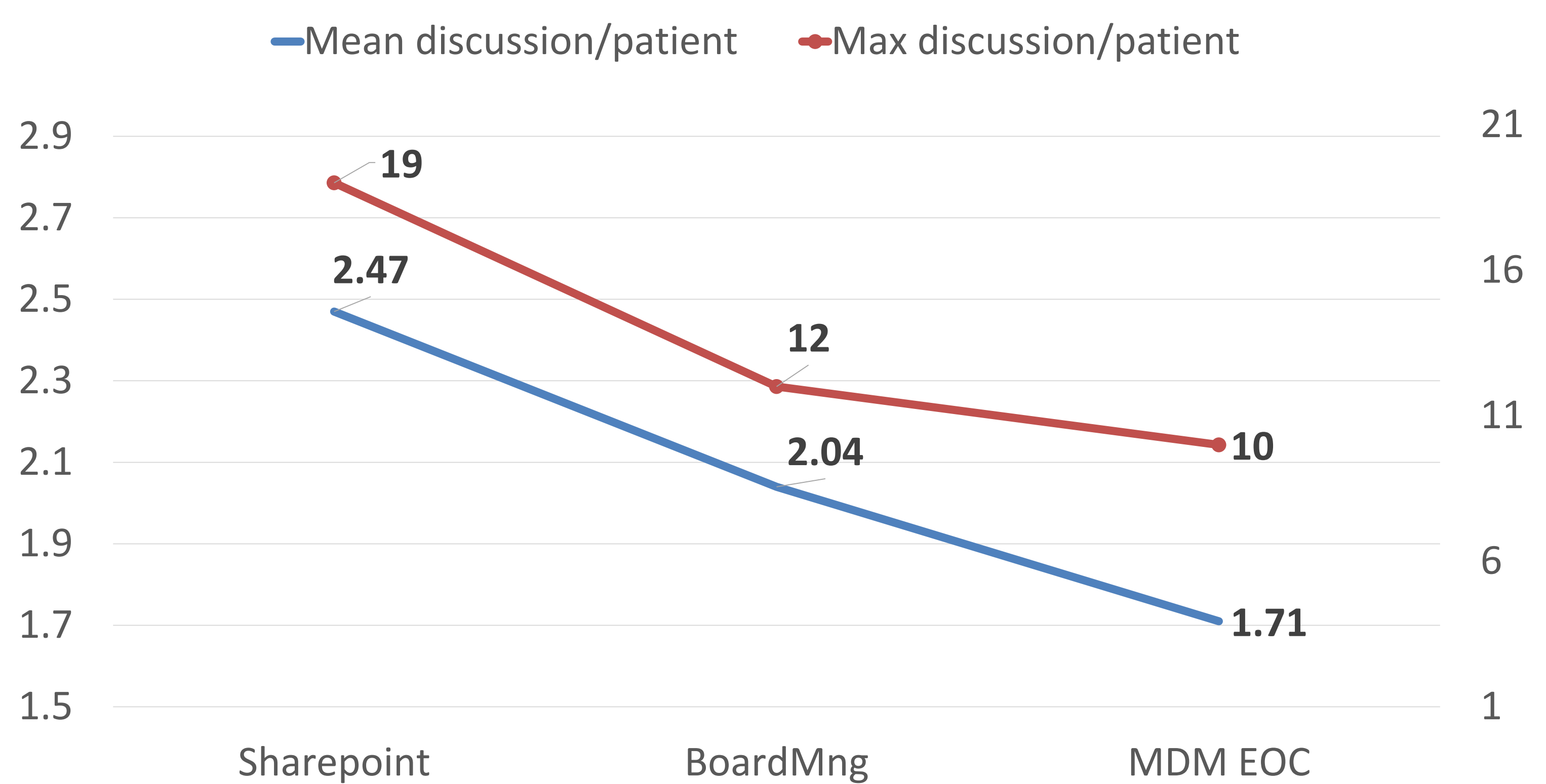


Figure 2: Mean and Max discussions per patient



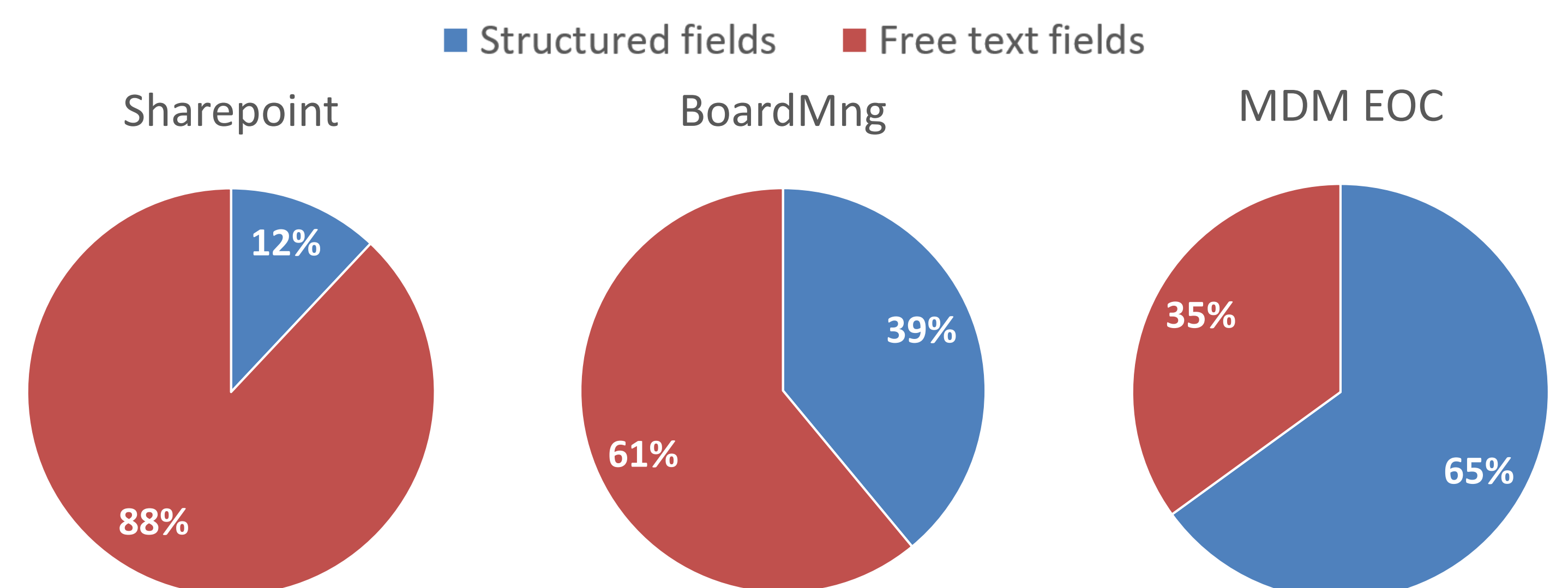
According to the criteria used, we observed an increase in the number of patients discussed at the MDM CNSI (Figure 1). The number of mean discussions per patient decreased from 2.47 to 1.71 times and the maximum number of discussions per patient decreased from 19 to 10 (Figure 2), thereby progressively reducing the number of unnecessary re-discussions (Figure 3). The quality of the information available has improved with the increase in structured fields from 12% to 62% (Figure 4). As a consequence, the resultant deepened insight into the patient's health has led to a more medical and nursing taking care, positively impacting on the choice(s) of therapy, and helping to provide more accurate criteria for the inclusion of patients in clinical trials.

Further actions for future improvement of these discussion platforms will be discussed.

Figure 3: Table with comparative results

	Sharepoint	BoardMng	MDM-EOC
Period in months	44	28	30
Total cases discussed	2086	1595	1221
Cases/month	47	57	41
Re-discussions	60%	51%	41%
Mean-discussion/patient	2.47	2.04	1.71
Max discussion/patient	19	12	10
>= 3 discussions	20%	16%	8%
Structured fields	12%	39%	65%

Figure 4: Proportion of structured fields



Conclusions

We observed an increase in the number of patients discussed at the MDM CNSI and an improvement in the quality of available information, reflected in the five-fold increased use of structured fields. This in turn was felt to positively impact the discussion regarding therapeutic options, for example, by helping to provide more precise criteria for the inclusion of patients in clinical trials.