Sir,

Establishment of site-specific Multidisciplinary Tumor Boards (MDTs) is the task which can be regarded as our first endeavor towards achieving an optimal management plan for our cancer patients. The development of consensus opinion in a multidisciplinary setting in itself is an important step towards better health care of our patients. Now, the next step is, introduction and implementation of quality in these MDT site-specific tumor boards.

At the second stage of this endeavor, we can learn from our colleagues who are already involved in this process since many years. A literature search of peer-reviewed observational studies, addressing this very subject, would be a useful step towards getting a clearer understanding of quality implementation. All aspects of quality in healthcare are being touched and addressed with thorough deliberations in this regard. Quality manpower, methodology and measurement of performance of these tumor boards are documented in governmental and organizational papers. Just to quote an example, we wish to mention a document published by the National Cancer Action Team in the United Kingdom.1 This document narrates the characteristics of an effective MDT. Taking it as a baseline guide, we have gone through the UK Department of Health’s Manual of Cancer Services.2 Then, there are number of studies which are being conducted in order to look further into the decision-making processes of site-specific tumor boards. Here, we would like to remind our readers that we are quoting facts from policy documents, which are a published in a country where these MDT meetings are a mandatory part of their healthcare system. These countries have not stopped after the establishment of these MDT tumor boards; but, they are now closely monitoring the influences of these boards by studying various quality indicators.3 Qualitative analysis of methodology followed in boards leading to a consensus opinion-building is now the topic of greater interest worldwide.4

In Pakistan, we are in the initial phase of establishment of these site-specific tumor boards; therefore, today, we have an opportunity to learn from other countries’ experience and incorporate quality indicators in our system, as well. Our team had gone through some literature reviews and critical appraisals and we had tried to learn from our colleagues’ experiences, who are involved in cancer care in countries like UK, USA, Canada, Turkey, Saudi Arabia, UAE, etc. We had tried to document our own experiences in our local journals with an intention to share our learning points.5,6

This is now high time for all those colleagues, who are involved in one way or the other in cancer care, to channel all their energies towards the implementation of highest quality standards in site-specific tumor boards.

REFERENCES


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