

# Breast cancer multi-disciplinary team meetings: are patients receiving the treatment recommended?

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## Background:

Breast cancer is the most common cancer in women with an estimated 2.3 million new cases diagnosed worldwide each year. (1) In the last five years, the role of the multidisciplinary team (MDT) meeting has increased in the management of breast cancer in South Africa. Benefits of an MDT include appropriate use of restricted resources, prevention of overtreatment and guideline based treatment for patients. Whilst MDT meetings should form part of the standard of care for breast cancer patients, they are not. To our best knowledge, there is no South African literature assessing the concordance of treatment recommended in the MDT meeting and the actual primary treatment received by the patient.

## Objective:

To retrospectively assess the concordance of the treatment recommended during the Tygerberg hospital (TBH) MDT meeting with the primary treatment received by the patient with breast cancer during a 12 month period (1 July 2021 to 30 June 2022).

## Methods:

Retrospective data was collected for the 1 year time period 1 July 2021 to 30 June 2022. This data was extracted from CloudVein, NHLS and Tygerberg ECM, where the recommended treatment from the MDT was recorded, and where the primary treatment received by the patient was correlated against. All breast cancer patients from the drainage areas (Paarl hospital, Karl Bremmer hospital, Khayelitsha District hospital, Worcester hospital) and patients primarily seen at Tygerberg hospital are discussed at the MDT meetings held at TBH.

All adult patients (18 years or polder) discussed at the MDT in this time period were included, and patients known to the breast unit with recurrent breast cancer and patients with incomplete data (treatment received is unknown) were excluded. We also excluded patients that were for palliative care as it is not possible to know if they receive the palliative care recommended.

## Results:

Of a sample size of 614 patients, 58 were excluded based on above, with the sample size reduced to 556 patients. 488 received primary treatment concordant to that recommended in the MDT, 68 were discordant with an overall 88% concordance.

Treatment Recommended	Number recommended	Number received	Concordance
Chemotherapy	244	214	88%
Upfront surgery	188	176	94%
Endocrine therapy	76	69	91%
Radiotherapy	33	20	61%
>1 therapy	15	9	60%
Best Medical therapy	-	-	-
Total	556	488	88%

## Conclusion:

An overall concordance of 88% was attained which is in keeping with concordance in first world countries.(8)The rate of discordance appears to increase as the stage increases. Reasons for discordance were not explored in this study and could perhaps be explored in future studies. We hope this study provides evidence recommending an MDT to form part of the standard of care for breast cancer patients, both in the private and public sector. Study limitations: it is not always possible to know reason for discordance, we accept there may be a variance in results and data was captured as accurately as possible.

Conflict of interest: nothing to declare.  
Approved by ethics committee with HREC ID 26626

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