

Title:

10-Year Experience of the First Dedicated Breast Cancer Multidisciplinary Team in Zimbabwe

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Background:

The complexity of breast cancer management necessitates a coordinated, multidisciplinary approach. In April 2014, the first dedicated Breast Cancer Multidisciplinary Team (MDT) was established to improve diagnostic accuracy, treatment planning, and patient outcomes for breast cancer patients in Zimbabwe.

Aim:

To report on the 10-year experience of the breast cancer MDT in Harare, highlighting its impact on patient management and multidisciplinary collaboration.

Materials and Methods:

A **retrospective descriptive review** of MDT meeting minutes and outcome forms from **April 2014 to April 2024** was conducted.

Setting: Private and public sector cancer care providers participating in monthly MDT meetings in Harare.

Inclusion criteria: All breast cancer patients discussed at the MDT within the study period.

Exclusion criteria: Non-breast cancer cases.

Data collected: Number and demographics of patients discussed, tumour histology, size, stage, grade, lymphovascular invasion (LVI), lymph node involvement, receptor status (ER/PR/HER2), and MDT-driven changes in management plans.

Analysis: Descriptive statistics (frequencies, means, medians).

Ethical approval: This was a retrospective audit of anonymised data; formal ethics approval was not required as per local institutional guidelines.

Results:

Preliminary analysis of MDT meeting records from 2015 to 2025 suggests consistent multidisciplinary attendance, with each meeting attended by at least one oncologist, breast surgeon, radiologist, pathologist, and mammographer.

Data collection is currently ongoing, with variables under review including patient age, histological subtype, tumour size, stage and grade, presence of lymphovascular invasion, hormone receptor status, and changes in management plans following MDT discussions. The introduction of outcome forms in 2018 and local breast cancer treatment guidelines has improved the completeness and consistency of data capture. Final results will include trends in disease characteristics, treatment recommendations, and MDT impact on care planning across the 10-year period.

Conclusion:

The breast cancer MDT has matured into a robust collaborative platform over the past decade, significantly influencing treatment pathways and improving clinical governance. Its establishment marks a critical step forward in the structured management of breast cancer in Zimbabwe.