

## **The Multidisciplinary Clinic for Prostate Cancer Patients at Milan Istituto Nazionale dei Tumori: the organizational model**

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Prostate cancer is one of the most frequent cancers in men living in developed countries. In Italy 43,000 incident cases, 9,200 deaths and 174,000 prevalent cases were estimated in 2005.

Prostate cancer patients might be addressed to different therapies (surgery, external radiotherapy, brachytherapy, hormonal therapy, chemotherapy, observational strategies and, in selected settings, cryotherapy and HIFU), which may cause different side effects that impact on the quality of life significantly. Prostate Program at Fondazione IRCCS Istituto Nazionale Tumori, activated in September 2004, re-arranged experimental and clinical research on prostate cancer within a disease-focused frame.

With respect to clinical research, priorities were the constitution of a Multidisciplinary Team (MDT) able to address all the different aspects of prostate cancer diagnosis, treatment and follow up, and the work out of institutional diagnostic, therapeutic and observational guidelines to create a common language and working methodology.

The MDT currently includes: the Prostate Program Director, 6 part-time urologists, 3 full-time prostate-dedicated radiation oncologists, 2 part-time

medical oncologists, 2 prostate-dedicated psychologists, 2 part-time prostate-dedicated palliative care experts (on demand), 1 prostate-dedicated research fellow specialized in radiation oncology, 1 prostate-dedicated research fellow specialized in medical oncology, 3 prostate-dedicated research fellows specialized in psychology.

The Team also includes as core members: 1 full-time project manager, 1 full-time secretary, 1 part-time data entry, 1 part-time data manager, 2 part-time uro-pathologists, 2 part-time immunologists, several ancillary capabilities such as laboratory and radiology (magnetic resonance, computed tomography, ultrasonography, nuclear medicine).

The Multidisciplinary Clinic was started in March 2005 and is organized as follows:

- the clinic – every Friday from 8 am to 1 pm: a urologist, a radiation oncologist, a medical oncologist and a psychologist synchronously examine 10 prostate cancer patients;
- the clinical case discussion - every Monday from 1 pm to 3 pm: the MDT discusses the cases examined on the previous Friday to share the decisions, to formulate individualized therapeutic or observational strategies, and to evaluate adherence to institutional diagnostic and therapeutic guidelines; the multispecialistic team also discusses particularly challenging cases seen monodisciplinarily.

Patients' data are entered in e-Prostate, an electronic medical record developed in collaboration with Istituto Trentino di Cultura.

From March 2005 to December 2009, 1747 multidisciplinary clinics have been performed.

Since its start our organizational model has been characterized by a high level of dynamicity and flexibility.

A Steering Committee composed of the Prostate Program Director, the project manager, the senior urologist, the senior radiation oncologist, the senior medical oncologist and the senior psychologist, deals with relational problems within the MDT and introduces organizational changes in the work flow.

A full-time secretary is in charge of checking the clinic lists weekly, contacting patients to confirm the appointment, and re-organizing the clinic list in case of special or urgent requests.

A quality assurance assessment during the clinical case discussion checks the quality of information offered to patients and the quality of care provided by the multidisciplinary team.

In our experience the multidisciplinary approach to prostate cancer has proved successful to deal with the complexity of the disease.

Patients and their significant others receive adequate information on the disease, on all the possible therapeutic or observational strategies, on their related side effects and on rehabilitation procedures, reporting the good feeling of being taken care of by a team and of having an administrative go-to person for any need.

Patients also benefit from the psychological counseling in the decision making phase.

The MDT agrees on treatment and observational strategies, manages complex cases inter- and multidisciplinarily and shares responsibility on critical issues like comorbidities or exclusion from protocols. At the same time, the MDT takes advantage from the presence of the prostate-dedicated psychologists who add their know how to the evidence-based specialistic approach, thus helping accept patients as the combination of body and mind and consider education-related and cultural factors as important as clinical ones. It is a fact that in both the clinic and the case discussion setting, multidisciplinary working implies a challenging dynamism of the patient-doctor relationship but also of the doctor-to-doctor relationships and allows a continuous improvement of the multispecialistic knowledge.

It must be underlined however that in our experience the synchronous participation of different specialists in the clinic does not guarantee the success of the multidisciplinary approach. The clinical case discussion is as fundamental for our working inter- and multidisciplinarily as examining prostate cancer patients collegially.

## References

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