

Tumor Board

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A treatment planning approach in which a number of doctors who are experts in different specialties (disciplines) review and discuss the medical condition and treatment options of a patient. Also, called a **multidisciplinary opinion**.

In cancer treatment, a tumor board review may include that of a medical oncologist (who provides cancer treatment with drugs), a surgical oncologist (who provides cancer treatment with surgery), a radiation oncologist (who provides cancer treatment with radiation), a radiologist, and a pathologist.

Why do we need a tumor board?

For the patient

Diagnosis dilemma: Sometimes, there is confusion in diagnosis of the disease. It could be due to the disease itself where taking a biopsy can be impossible or difficult/dangerous, or due to lack of facilities in taking biopsy. Whatever the reason, the patient and the family are obviously not happy. Different doctors' suggestion along with well meaning relatives/friends advice usually does not help except in causing more confusion.

Treatment dilemma: More choices mean more confusion. Instead of simple surgery, radiotherapy and chemotherapy, now we have hormonal, target and combination therapies. The choices may be, instead of full surgery, partial surgery with radio-chemo therapy or chemotherapy first and surgery or radio-chemotherapy only verses surgery. Evidence based results may show all to be equally sound treatment but then each individual may require personalized treatment according to his health and the stage of the disease. So, all the doctors visited may give advice for different courses but are good treatments. This only confuses the patient and the family who may be looking for the best or cheapest or less harmful ones. Beside the various suggestions from the doctors, the added well meaning advices from so called close relatives/friends add to more trauma of the mind by causing more confusion.

Advice from different doctors: The patient and their families sometimes clutch small straws in the hope that their disease is not cancer. This leads them to visit doctors after doctors looking for that small hope. Visiting more than one doctor

can cause confusion. Even a very well meaning doctor can cause confusion because of his specialty, expertise and knowledge. Not that it would be the wrong advice, but it could be different from one the other doctor would have given.

Trust: The well meaning so called close friends always shows how well one of the patients got (so called) wrong diagnosis or wrong treatment here and got better when one went abroad. They would not know or ignore the cases that have travelled and got the worse part of deal by going abroad. He is also not much concerned about the money that has to be spent, the difficulty of getting a sick person abroad and staying there. He would also be least bothered that now a day, most of the diagnosis and treatment can be done in Nepal with equal success rate as abroad.

For the doctors: The choices of treatment can be confusing for the doctors too. The diagnosis may not be possible but patient may require the treatment urgently. Sometimes, counseling the patient and the family to the course the doctor plans can be difficult, so a concurrence of opinion can help him counsel better and with confidence.

These are some of the reasons for a tumor board. Actually, a tumor board should be in all institutions but due to small number of specialist in individual hospitals, it may not be very fruitful. Thus, this tumor board is conducted once a month (second Saturday of the Nepali calendar) and the participating doctors are from all specialties and hospitals in Nepal, in practice from Kathmandu.

Any doctor or a patient can send the difficult cases to the tumor board secretariat and it will be circulated to the specialists and if required, placed in the board meeting and the answers given later. Any consultants, who think they can contribute, can also contact the tumor board secretariat to know the venue and the time.

The Tumor Board Secretariat:

Nepal Cancer Relief Society

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