

CONTENTS

Tapping Broader Expertise

BY CHARLOTTE HUFF

Not all multidisciplinary programs are created equal. And some cancer patients can't easily access multidisciplinary care, in which a cross-section of clinical experts from different specialties design and coordinate a patient's treatment plan.

So how can patients better understand and, ideally, expand the level of expertise involved in their care? They should begin by asking questions—pointed questions, says Joseph Simone, MD, director of the University of Florida Shands Cancer Center. Don't be shy, he stresses. "Patients won't ask questions because they feel like they are dependent and don't want to offend their doctor."

Don't assume that a surgeon or oncologist has the requisite expertise, Simone says. Ask how many relevant surgeries he or she has performed in the past year. If someone has been diagnosed with a rare cancer, they should query their medical oncologist in a similar vein, he says.

And not all tumor boards operate the same, Simone says. Patients can ask how often a tumor board meets and whether it specializes in their cancer or reviews a broader range of malignancies. Another question: which specialists regularly attend? Leadership also matters. A strong and respected leader can help resolve disagreements about patient treatment, Simone says.

Even if tumor board review isn't routine, a patient can request that their case be presented, says Michael Sabel, MD, associate professor of surgery at the University of Michigan Medical School.

Patients also can cobble together their own more informal team of expertise, several physicians suggest. CT scans and other imaging tests, as well as tissue samples and other types of pathology, can benefit from a second pair of eyes, Sabel says. "If you have a doctor that gets offended or upset that you want a second opinion, that's not the doctor for you," he says. "Especially for something like treating cancer, which is so complex."

The Michigan surgeon was involved with an analysis of 149 breast cancer cases referred to the academic center's multidisciplinary board for a second opinion. A review of pathology led to a change in surgical management 9 percent of the time,

according to the results, published in 2006 in the journal *Cancer*. A review of imaging tests similarly triggered a change in surgical management 11 percent of the time.

Consulting other specialists doesn't necessarily mean that patients will change their primary doctor. But it can provide additional options, explanations, and an added layer of confidence during a highly stressful and uncertain time, physicians say.

And don't use a racing clock as an excuse not to get solid answers, says Robert Dillman, MD, executive medical and scientific director of the Hoag Cancer Center in Newport Beach, California. "When someone is diagnosed with cancer, patients tend to think everything is an emergency," he says. "But it's not. There is an urgency, but there is also usually time to get other opinions."