PRISMA

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Multidisciplinary Team Decision-Making in Breast Cancer: Real-World Insights from the PRISMA Study

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Introduction

- Breast cancer (BC) treatment is increasingly complex, with a strong need for coordinated decision-making among specialists within multidisciplinary teams (MDTs).[1]
- In Portugal, the is a widespread adoption of MDTs dedicated to breast cancer.[2]
- Despite their critical role in optimizing patient care, limited data exist on the structure and functioning of BC MDTs in Portugal.

Objective

- Characterize the organization, composition, and operational practices of BC MDT meetings across various regions and healthcare sectors nationwide.

Methods and Materials

Multicentric, observational, mixed methods study to analyze multidisciplinary team practices from January 2022 to June 2023.

Qualitative data collection:

Delphi panel with healthcare professionals (HCPs) from the participating sites. Two rounds of anonymous voting were conducted from October 2024 to December 2024. Consensus was defined as ≥80% concordance among responses.

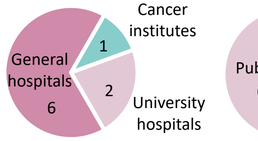
Quantitative data collection:

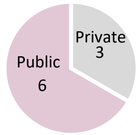
Cross sectional MDTs evaluation. Retrospective aggregated information from MDT meetings were collected.

Results

Quantitative data collection





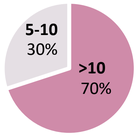


For how long MDT meetings are organized? **17 years** (9-50)

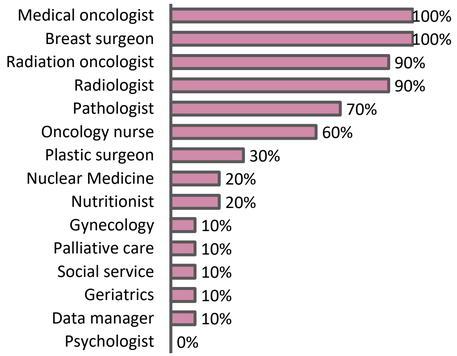
Number of meetings during the study period: **88 meetings** (69-218)

Average meeting duration: **2 hours** (1.0-5.5)

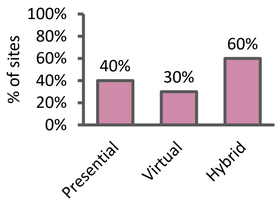
Number of team members



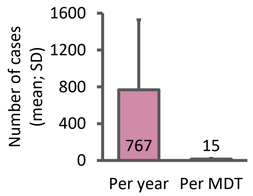
MDT composition



Type of meeting*

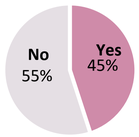


Cases discussed

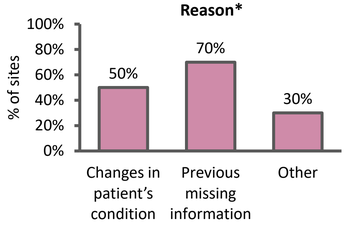


Cases re-discussed

Were cases re-discussed?

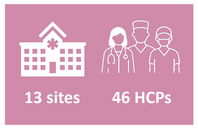


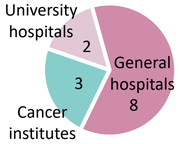
Reason*

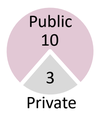


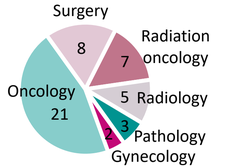
*Multiple options were possible

Qualitative data collection







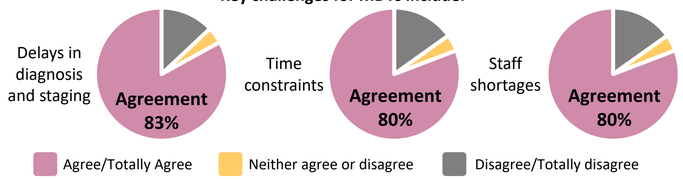


Breast Cancer MDTs should include core specialists and complementary members, who should be present whenever necessary.

MDT meetings crucial for delivering evidence-based, personalized treatment and minimizing patient care disparities.



Key challenges for MDTs include:



Conclusions

- In Portugal BC MDT meetings are well established and align with EUSOMA recommendations.[3,4]
- This study, through a mixed-methods approach, identified strengths and challenges in MDT practices. Experts emphasize MDTs critical role in ensuring evidence-based and patient-centered care.
- Findings support efforts to standardize and strengthen MDT functioning to ensure high-quality BC care nationwide.

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References: 1, Taylor C, Shewbridge A, Harris J, Green JS. Benefits of multidisciplinary teamwork in the management of breast cancer. Breast Cancer (Dove Med Press). 2013;5:79-85. Published 2013 Aug 30. doi:10.2147/BCTT.S35581. 2, Rego IB, Coelho S, Semedo PM, Cavaco-Silva J, Teixeira L, Sousa S, Reis J, Dinis R, Schmitt F, Afonso N, Fougo JL, Pavão F, Baptista Leite R, Costa L. 360 Health Analysis (H360)-A Comparison of Key Performance Indicators in Breast Cancer Management across Health Institution Settings in Portugal. Curr Oncol. 2023 Jun 23;30(7):6041-6065. doi: 10.3390/curroncol30070451. PMID: 37504311; PMCID: PMC10378695. 3, Rubio IT, Marotti L, Biganzoli L, et al. EUSOMA quality indicators for non-metastatic breast cancer: An update. Eur J Cancer. 2024;198:113500. doi:10.1016/j.ejca.2023.113500. 4, Biganzoli L, Cardoso F, Beishon M, et al. The requirements of a specialist breast centre. Breast. 2020;51:65-84. doi:10.1016/j.breast.2020.02.003

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