

The role of multidisciplinary team meetings in optimal management of complex dermatology: a novel concept?

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Dear Editor,

We would like to draw the attention of the dermatological fraternity to the concept of multidisciplinary team meetings. This concept, although novel in dermatology, has been in vogue for optimal oncological management in various premier cancer set-ups worldwide. Multidisciplinary Team Meetings (MDTs) or tumour boards are a group of dedicated personnel aimed at optimising the management of cancer patients in an integrated manner, so as to standardize care, to ensure timely and appropriate attention from skilled professionals, and to enable patients to receive the best levels of management in a consistent manner¹. The team usually comprises surgeons, oncologists, radiologists, pathologists, nurses, and an MDT co-ordinator².

We as clinical dermatologists are quite often faced with perplexing situations where an accurate diagnosis can be difficult and we have to tread the edge of a precipice so as to initiate optimal and timely management. In such situations, for example, Steven-Johnsons Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), pemphigus, leprosy, tuberculosis, and various drug reactions with systemic manifestations, the need for an MDT becomes sacrosanct. A Dermatology Board or MDT is ideally composed of a clinical dermatologist, pathologist, radiologist, plastic and reconstructive surgeon, oncologist, microbiologist, dermatology nurses as well as an MDT co-ordinator. Lamb et al² assessed MDT related variables like the quality of presented information, case positioning, timing, team size, member's contribution to discussion as well as the ability to reach clinical decisions in the only prospective study to quantify the efficacy of MDT meetings to date; this study laid the foundation for sequencing and structuring of MDTs.

Ke et al attempted to assess the cost effectiveness of MDT meetings but could not reach a decisive result due to the lack of evidence as well as a high degree of bias³.

MDTs provide a forum for shared decision

making particularly for complex cases, which helps to attain a holistic approach to patient management. Not only can clinical evaluation be done, but the subsequent rehabilitation aspect can also be looked into at the very outset. The frequency of these board meetings could be individualised as once a week or bi-weekly, taking into account the case load or patient population in attendance at the out-patient departments. Hence, it can be safely stated that the concept of "MDTs in Complex Dermatology" can be borrowed from the oncological fraternity and incorporated into the institutional dermatology practice with immediate effects to achieve maximal output in a minimal time frame.

Priyanka Aggarwal, MD

Yugal Kishore Sharma, MD

Department of Dermatology, Dr D Y Patil Medical College & Research Centre, Pune, India

Corresponding Author:

Priyanka Aggarwal, MD

Department of Dermatology, Dr D Y Patil Medical College & Research Centre, Pune, India

Email: priyanka.sehgal85@yahoo.com

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