Dr. Ghassan K. Abou-Alfa: iMDT is a precious and great channel for building relationships to learn from each other

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Expert's introduction

Dr. Ghassan Abou-Alfa (*Figure 1*) specializes in hepatocellular cancer as a member of Memorial Sloan Kettering. He received his MD degree in American University of Beirut and served on the faculty of the Department of Medicine in Yale University School of Medicine before he joined Memorial Sloan Kettering Cancer Center and Joan & Sanford I, Weill Medical Scholl at Cornell University in 2001. Dr. Abou-Alfa also received his MBA from Columbia University in 2016.

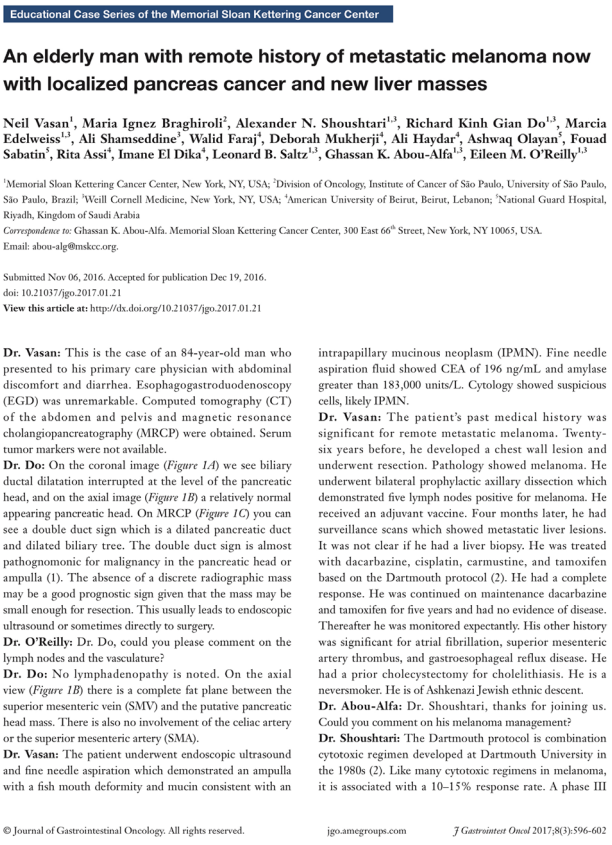
Dr. Abou-Alfa's research is dedicated to finding novel therapies and improving the effectiveness current therapies for hepatocellular carcinoma, cholangiocarcinoma, and gallbladder cancer, while continuing to understand the basic mechanisms of the disease and its therapies. Dr. Abou-Alfa has many publications in the field of hepatocellular carcinoma. He led on many occasions, international teams of investigators, and published the first report on the effective role of the novel agent sorafenib in the treatment of primary liver cancer and recently reported with colleagues from throughout the world, the positive outcome of the study he chaired on cabozantinib in the treatment of hepatocellular carcinoma in the *New England Journal of Medicine*. Dr. Abou-Alfa serves as the Chair of the National Cancer Institute (NCI) Task Force for Hepatobiliary Cancers, and is the President-Elect for the International Society of Gastrointestinal Oncology. Dr. Abou-Alfa chairs the hepatocellular carcinoma subgroup of the Alliance cooperative group, and is a cadre member of both the gastrointestinal cancers and pharmacogenomics and population pharmacology committees. Dr. Abou-Alfa serves as the chair the medical/scientific board of the Cholangiocarcinoma Foundation and the Blue Faery Liver Foundation, and also serves on the National Medical Advisory Committee of the American Liver Foundation. Dr. Abou-Alfa who has lectured worldwide on the subject on gastrointestinal malignancies, is also a strong advocate for raising awareness and support for improving the outcome of patients with these diseases, and enhancing oncologic education worldwide.

Figure 1 Dr. Ghassan Abou-Alfa.

Editor's note

The multidisciplinary team (MDT) discussion has earned increasing popularity for the complex needs asking for the coordination of health and social care. In response to this complexity, relational coordination, the concept of International Multidisciplinary Team (iMDT) is put forwarded.

We had the great honor to invite Dr. Ghassan K. Abou-Alfa from Memorial Sloan Kettering Cancer Center, to have an interview with us on his experience and thoughts of clinical and academic importance of iMDT.



Educational Case Series of the Memorial Sloan Kettering Cancer Center

An elderly man with remote history of metastatic melanoma now with localized pancreas cancer and new liver masses

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Dr. Vasan: This is the case of an 84-year-old man who presented to his primary care physician with abdominal discomfort and diarrhea. Esophagogastroduodenoscopy (EGD) was unremarkable. Computed tomography (CT) of the abdomen and pelvis and magnetic resonance cholangiopancreatography (MRCP) were obtained. Serum tumor markers were not available.

Dr. Do: On the coronal image (*Figure 1A*) we see biliary ductal dilatation interrupted at the level of the pancreatic head, and on the axial image (*Figure 1B*) a relatively normal appearing pancreatic head. On MRCP (*Figure 1C*) you can see a double duct sign which is a dilated pancreatic duct and dilated biliary tree. The double duct sign is almost pathognomonic for malignancy in the pancreatic head or ampulla (1). The absence of a discrete radiographic mass may be a good prognostic sign given that the mass may be small enough for resection. This usually leads to endoscopic ultrasound or sometimes directly to surgery.

Dr. O'Reilly: Dr. Do, could you please comment on the lymph nodes and the vasculature?

Dr. Do: No lymphadenopathy is noted. On the axial view (*Figure 1B*) there is a complete fat plane between the superior mesenteric vein (SMV) and the putative pancreatic head mass. There is also no involvement of the celiac artery or the superior mesenteric artery (SMA).

Dr. Vasan: The patient underwent endoscopic ultrasound and fine needle aspiration which demonstrated an ampulla with a fish mouth deformity and mucin consistent with an intrapapillary mucinous neoplasm (IPMN). Fine needle aspiration fluid showed CEA of 196 ng/mL and amylase greater than 183,000 units/L. Cytology showed suspicious cells, likely IPMN.

Dr. Vasan: The patient's past medical history was significant for remote metastatic melanoma. Twenty-six years before, he developed a chest wall lesion and underwent resection. Pathology showed melanoma. He underwent bilateral prophylactic axillary dissection which demonstrated five lymph nodes positive for melanoma. He received an adjuvant vaccine. Four months later, he had surveillance scans which showed metastatic liver lesions. It was not clear if he had a liver biopsy. He was treated with dacarbazine, cisplatin, carmustine, and tamoxifen based on the Dartmouth protocol (2). He had a complete response. He was continued on maintenance dacarbazine and tamoxifen for five years and had no evidence of disease. Thereafter he was monitored expectantly. His other history was significant for atrial fibrillation, superior mesenteric artery thrombus, and gastroesophageal reflux disease. He had a prior cholecystectomy for cholelithiasis. He is a neversmoker. He is of Ashkenazi Jewish ethnic descent.

Dr. Abou-Alfa: Dr. Shoushtari, thanks for joining us. Could you comment on his melanoma management?

Dr. Shoushtari: The Dartmouth protocol is combination cytotoxic regimen developed at Dartmouth University in the 1980s (2). Like many cytotoxic regimens in melanoma, it is associated with a 10–15% response rate. A phase III

Figure 2 Educational Case Series of the Memorial Sloan-Kettering Cancer Center in the *Journal of Gastrointestinal Oncology* (http://jgo.amegroups.com/index).

Interview

Educational Case Series of the Memorial Sloan-Kettering Cancer Center and case consultation

Since 2015, Dr. Ghassan K. Abou-Alfa has launched a special column Educational Case Series of the Memorial Sloan-Kettering Cancer Center in the *Journal of Gastrointestinal Oncology* (http://jgo.amegroups.com/index) (*Figure 2*). This case series is published in the form of dialogue, which presents a lively MDT discussion.

"*More than ten years ago, we have launched and established few regular conferences with other institutions to present and discuss specific medical cases to learn from. Experts from Memorial Sloan-Kettering Cancer Center attend the conferences to discuss and comment on the selected cases, with the purpose of educating our fellows as well as fellows and junior faculty from other institutions. These very successful conferences had also led and helped establishing and developing new relationships among the faculty from the different institutions,*" Dr. Abou-Alfa, "*We discovered in no time that publishing the cases and discussions has good educational and learning value. The launch of Educational Case Series of the Memorial Sloan-Kettering Cancer Center in the Journal of Gastrointestinal Oncology (JGO) is a significant effort we are all proud of. The publication of this case series in JGO helped further the connectivity and access among our colleagues at Memorial Sloan Kettering and the institutions in China. This helped share with the world how we treat patients. This opportunity is a very precious and great channel for building relationships.*"

"*Before launching the Educational Case Series of Memorial Sloan-Kettering Cancer Center in JGO, we published case reports in other journals, e.g., Gastrointestinal Cancer Research (GCR)*" Dr. Abou-Alfa, "*we have already published more than or close to thirty cases.*"

Why Dr. Abou-Afla strives for this?

"*The vision of our Physician-In-Chief Dr. José Baselga, to help expand our understanding and care for cancer patients globally, reflect on the opportunity to discuss complex cases and provide guidance and sometimes help care for those patients. This adds to the tremendous opportunity this provides for the young faculty and fellow to learn to start writing their own manuscripts and benefit from this hands-on experience in writing. This will also ensure that our colleagues and us remain connected through the regular conferences, and help enhance further interaction and cooperation opportunities among our institutions, e.g., visiting faculty, workshops, and meetings.*" Dr. Abou-Alfa said.

"*This also has taught us that perspectives and care methodologies may differ. We share with the world how we treat patients at Memorial Sloan Kettering, but also learn how things are done in China or other parts of the world. Case reports and case consultation are great opportunity to learn from each other. We do appreciate that things can be handled differently and appreciate what we can learn from each other.*"

iMDT corner

A MDT approach is considered best practice in the treatment planning and care for patients, specially for patients with cancer. At the end of 2016, a conversation between Mr. Stephen Wang, the founder of AME Publishing Company and Dr. Jianfei Shen, the physician of Taizhou Hospital of Zhejiang Province, Wenzhou Medical University was a starting point of a new program, iMDT. It is an updated version of MDT. All the discussion with experts worldwide ultimately will be expanded into a manuscript published in one of journals under AME. So

iMDT Corner

Multidisciplinary team approach on a case of bilateral tension pneumothorax

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Case presentation

A 63-year-old male patient was admitted to a local hospital with a four day history of bilateral chest tightness and pain without any recognizable cause. The symptoms worsened after physical activities, along with shortness of breath. At hospital admission, bilateral tension pneumothorax was diagnosed and emergency bilateral closed-chest drainage was performed; however, the symptoms did not improve. Patient was then he transferred to the Department of Cardiothoracic Surgery of Taizhou Hospital of Zhejiang Province for further evaluation and treatment.

The patient had a history of chronic obstructive pulmonary disease (COPD) for 3 years but had no history of hypertension, coronary artery disease, or tuberculosis. The patient was non-smoker and did not consume alcohol. He did not work as pastor or miner and he was not exposed to any chemical substance. During physical examination, the pulse rate was 105 beats per minute, body temperature was 36.5 ℃, the respiratory rate (RR) was 25 breaths per minute, blood pressure 139/87 mmHg, body height 172 cm, and body weight was 46 kg. Orthopnea was diagnosed. Crepitus was palpable over his limbs, neck, chest wall, and scrotum. Tympany was heard during percussion in both lungs. Respiratory breath sounds were decreased, while no obvious dry or moist rales were heard. The cardiac rhythm was regular, and no obvious pathological murmur was noticed. Computer tomography (CT) at admission revealed bilateral pneumothorax, massive air accumulation in the subcutaneous tissues of the neck, mediastinum, chest wall/abdominal and pelvic walls, and both scrotums, minor bilateral pleural effusion, and patchy opacities in both lungs (*Figure 1*). Routine blood testing was performed: white blood cells (WBC), 8.2×109/L; hemoglobin (Hg), 131 g/L; neutrophil granulocyte ratio (N%), 92.2%; and absolute neutrophil count (ANC), 7.6×109/L. Arterial blood gas was analyzed: pH, 7.39; PO_2, 88 mmHg; and PCO_2, 44 mmHg.

After admission to the hospital, the both chest tubes were placed under 2–5 kPa suction. At rest, the patient had an obvious air leak from both chest tubes. Cefoxitin combined with levofloxacin was given IV for antimicrobial

Figure 3 iMDT corner in *Journal of Thoracic Disease* (http://jtd.amegroups.com/article/view/20854/html).

far, the iMDT corner in *Journal of Thoracic Disease* was launched (*Figure 3*) and two articles featuring the iMDT case discussion have been published. For the journal's international readership of *JTD*, more experts will benefit from the comprehensive and thoughtful discussion. Meanwhile, the articles are translated into Chinese, disseminated via WeChat public code, a popular social media in China. All the contents could be accessible to more Chinese doctors as well.

What is the clinical and academic importance of the iMDT platform respectively?

Dr. Abou-Alfa, "*It is a great opportunity to build and promote relationships, enhance potential cooperation for academic work, research, and patient care. This may also help develop workshops, courses, and conferences collaboratively.*"

"*No doubt that the International Multidisciplinary Consultation has a tremendous and important value. Physicians being in the US, China or anywhere else, of course are very pound and would speak up how they like to do things. It is very important for us to learn from each other to better understand how things are done. There are many other channels for us to keep track of the latest developments of medicine in China, and iMDT is one of them. It is a great warmup for other potential opportunities. This is a great introduction for potential further collaboration among physicians to care for patients, and learn from each other through collaborative conferences, courses, workshops.*"

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Footnote

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