

Teamwork is essential for success. Medicine is not immune of this fact, and oncology is particularly dependent on a multi-disciplinary approach.

In the standard understanding of multi-disciplinary team (MDT) approach, constituting a robust interaction and discussion among specialists of different disciplines, including medical oncology, surgery, and radiation oncology. Further extension of such interactions is needed. Pathology and radiology are not unidirectional services. The back and forth discussions are critical to help reach a consensus regarding the diagnosis and extent of disease. Novel approaches including neo-adjuvant and conversion therapies as exemplified by Snyder *et al.* requires planning (1). No specialty can perform in isolation. It has been shown that patients with primary liver cancer hepatocellular carcinoma (HCC) who are evaluated by different disciplines including surgery, transplant, hepatology, interventional radiology, and oncology among others for sure would fare a better outcome (2).

Multi-disciplinary team approach goes well beyond the therapeutic and interventional standard disciplines as beautifully exemplified by Li *et al.* (3). The integration of psychological, psychiatric, and social support is key.

This complex need for management is even more critical as we are all moving into the international healthcare. Specific challenges include language and time difference barriers.

MDT work should not be exclusive to patient care, and sure should expand further into the research and development arenas. At Memorial Sloan Kettering, Disease Management Team (DMT) for different cancers or diseases meet weekly and sometimes more than once weekly, to discuss clinical cases. In addition, these DMTs will commit time for a research meeting where novel research projects are discussed and planned collaboratively. Interestingly any new proposed clinical trial has to be reviewed and approved by the DMT even though it may not be a multi-disciplinary clinical trial. For example, a systemic therapy clinical trial for metastatic disease requires the review and input of surgical colleagues. This is further exemplified in regular international videolinked multi-disciplinary conferences e.g. in HCC where experts and disciplines from several international institutions convene and discuss a certain case and learn from each other. MSK has proudly been conducting such efforts with China, and Republic of Korea for a while!

## References

1. Snyder A, Kemeny N, Shamseddine A, et al. Liver-directed conversion therapy in metastatic colon cancer. *J Gastrointest Oncol* 2015;6(3):322-8.
2. Gish RG, Marrero JA, Benson AB. A multidisciplinary approach to the management of hepatocellular carcinoma. *Gastroenterol Hepatol (N Y)* 2010;6:1-16.
3. Li D, Abou-Alfa GK, Viny AD, et al. "This is not me": patient, family, cultural and clinician considerations in cases of severe cancer-related debility. *J Gastrointest Oncol* 2015;6:589-93.



**Ghassan Abou-Alfa, MD, MBA**

Attending,  
Memorial Sloan Kettering Cancer Center;  
Professor,

Weill Medical College at Cornell University, New York, NY, USA