With increasing complexity of diagnostic and treatment options physicians commonly seek the input and advice of colleagues from their own or another specialty. An example is the management of a patient with advanced lung cancer. The patient initially presents to a primary care physician who identifies a lung lesion possibly with hilar lymphadenopathy and pleural effusion. A biopsy reveals the diagnosis of lung cancer. The primary care physician will consult with his medical oncology colleague who might present the patient in a local multidisciplinary tumor board comprised of colleagues from medical oncology, radiation oncology, radiology, pathology, and thoracic surgery. The multidisciplinary team will discuss whether additional workup such as biopsy of hilar lymph nodes and/or pleural fluid collection for pathology is necessary and which treatment option(s) should be considered.

Multidisciplinary teams or teams of physicians from various subspecialties are increasingly formed to discuss individual patients or groups of patients with neoplastic or non-neoplastic diseases to jointly identify the optimal management of these patients. These teams might be comprised of local physicians in the case of hospital's tumor boards, or physicians from one country such as the RYTHMIC network. RYTHMIC is the French network for thymic epithelial tumors that discusses the vast majority of these tumors that occur nationally in a multidisciplinary tumor board (1). Many teams are international such as the AME Esophageal Cancer Collaborative Group, the AME Lung Cancer Collaborative Group, the AME Thoracic Surgery Collaborative Group and the International Thymic Malignancy Interest Group (ITMIG). These international multidisciplinary teams (iMDTs) are the focus of this book. These teams are powerful as they are in general comprised of specialized physicians that have a particular interest in a specific disease. These teams are especially important for rare diseases such as thymic epithelial tumors as many hospitals lack the expertise in these entities. For instance, ITMIG is comprised of medical oncologists, pathologists, radiation oncologists, radiologists, and thoracic surgeons all of whom have an interest in the diagnosis, management, and pathogenesis of thymic epithelial tumors. Tumor boards of ITMIG are held on a regular basis at which a case of a thymic epithelial tumor is presented by a treating physician followed by the review of radiology images by a radiologist and pathology slides by a pathologist. With that information, thoracic surgeons, medical oncologists and radiation oncologists discuss optimal management strategies based on their experience and current literature. Two examples of ITMIG tumor boards are presented in this book.

In addition to providing their expertise for patient management, some iMDTs establish large international databases of diseases. For instance, ITMIG established a large database of thymic epithelial tumors. These databases allow the study of a relatively high number of cases of rare diseases. Furthermore, international research studies can be performed which for instance led to a large molecular analysis of thymic epithelial tumors (2). Moreover, international surveys can be conducted that might identify regional differences in the disease and its management.

This book collected compelling examples that highlight the importance of iMDTs. This work might stimulate further worldwide collaborations to enhance the management and ultimately wellbeing of our patients.

References

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