

**Multi-disciplinary tumour board establishment through a medical undergraduate's perspective**

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*Dear Editor,*

The idea of tumour boards in cancer care started in the 1960s<sup>1</sup> and has paved its way into the modern healthcare system steadily and has even been made mandatory in a number of health-care settings worldwide. A multi-disciplinary tumour board is a team of physicians and allied healthcare workers sitting together to discuss and reach a consensus regarding the management of oncological patients. Throughout the globe, the importance of tumour board in optimizing cancer-care has been established and in many places, tumour boards are entrusted to develop local guidelines for management, yet, our government hospitals are lagging behind.

International Agency for Research on Cancer (IARC) and Global Cancer Observatory report occurrence of 148,000 new cancer cases per year (excluding NMSC) in our country as of 2012.<sup>2</sup> Government hospitals bear much of this burden because a substantial part of the population cannot afford the hefty cost cancer treatment entails in private settings<sup>3</sup> and as such, tumour boards become a necessary practice in these hospitals.

Multi-disciplinary tumour boards have been shown to influence decision making in cancer management leading to changes in treatment strategies.<sup>4</sup> A 2 years' experience from our very own city reported that of 60% of the 286 cases discussed, 36% of the tumours were up staged and 12% were down-staged. Out of these, the initial treatment plan was changed after discussion in the tumour board in 70% cases.<sup>5</sup> Furthermore, tumour boards are a platform of mutual learning, are instrumental in ensuring adherence to international established guidelines and provide a platform of shared responsibility in decision making.<sup>6</sup> In most oncology institutes, there are sub-specialty tumour boards like breast, genitourinary, colorectal, gynaecologic and lung cancers. There are now molecular and genetic tumour boards as well discussing the treatment options as per molecular markers or genetic analysis.<sup>7</sup>

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We believe that awareness and knowledge regarding tumour boards is still embryonic among doctors, medical students and in patients, majority of whom belong to low socio-economic standing and are undereducated. We also think that it is our duty as doctors to acquire new scientifically proven clinical methods to provide holistic care to our patients. There are however issues of ego, overconfidence or lack of confidence and non-adherence to international guidelines which inhibit people from attending and resist the establishment of tumour boards; plus, given the enormity of patients-to-doctors ratio, is the practice really possible? How long till every one of our patients gets their case discussed in a tumour board? Most humbly madam, we do not know but we think it is not necessary to answer these questions without first trying and implementing what other healthcare systems around the globe have equipped and then deciding how to fit it into ours.

Therefore, we think it is high time to establish multi-disciplinary tumour boards in our government hospitals, sensitize medical students and general public regarding the prospect. We, furthermore, propose that medical students take the onus onto their shoulders and establish student bodies which could serve to facilitate the establishment of tumour boards in their respective teaching hospitals by exchanging data between physicians and coordinating the logistics of the meeting. This will also create many opportunities for them, including academic aid, development of a sense of teamwork and improvement of their leadership and managerial skills.

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