A National Multidisciplinary Team: a UK Perspective

Graeme Poston
Professor of Hepatobiliary Surgery
Aintree University Hospital
Liverpool L9 7AL, UK

Multidisciplinary team (MDT) working has been a legal requirement for the treatment of cancer patients in the UK for the last 10 years. In 2011 the National Institute of Health and Clinical Excellence recommended that patients with advanced (Stage 4) colorectal cancer should be managed by designated specialised MDTs set up specifically for this purpose (NICE CG131: Guidance for the Management of Colorectal Cancer, nice.org). In 2013 the responsibility of delivering such care fell to the Specialised Commissioning Board of NHS England who defined the service as follows to cover a population of a minimum of 2, and ideally 3 million people:

**Multidisciplinary Team (MDT) membership:**

The hepatobiliary and pancreas MDT should have multidisciplinary teams who have the appropriate training, experience and resources to treat the relevant area(s) of HPB services.
- Dietician
- Gastroenterologist
- Hepatologist
- Histopathologists
- Nuclear medicine
- Oncologist
- Pathologist
- Radiologist (Diagnostic and Interventional)
- Radiotherapist
- Specialist nurses
- Surgeon

The MDT members must hold specific and relevant training, expertise and experience to the relevant HPB condition. The MDT must have agreed formal links; clinical policies and care pathways with the relevant cancer networks. It is essential that the full membership of the MDT has minuted discussion of all new cases.

With specific regard to colorectal liver metastases, the following recommendations were made:
Secondary liver tumours - colorectal

Colorectal cancer (CRC) secondary tumours in the liver are one of the most common of liver tumours. Imaging, using computerized tomography (CT) and magnetic resonance imaging (MRI), is performed in most local hospitals, but decisions on surgery and interventional radiology will be taken by the specialist liver centre multidisciplinary teams in line with NICE Guidance on Colorectal Cancer (CG131, 2011) and NICE Quality Standards for colorectal cancer (2012). Chemotherapy can be given locally according to cancer network guidelines.

Subsequently, the National Cancer Action Team issued the following recommendations with regard to activity in secondary and tertiary care centres:

The Radical Management of Liver Metastases

For the radical management of liver metastases, their diagnosis is the responsibility of the colorectal or other site specific MDT. The specified three levels of care apply as follows:

*Level one care:*

This needs:
- Case discussion at the treatment planning meeting of the specialist HPB MDT.
- Treatment plan (decision on suitability for radical treatment) by the specialist HPB MDT.
- Treatment delivery under the care of a core member of the specialist HPB MDT.
- Treatment delivery in the specialist HPB MDT’s named single site for that treatment.

Level one care consists of:
- Tumour surgical resection (open and laparoscopic).
- Open, laparoscopic, percutaneous and endoscopic tumour ablation.
- Percutaneous interventional procedures including SIRT and portal vein embolisation.

*Level two care:*

This needs:
- Case discussion at the treatment planning meeting of the specialist HPB MDT.
- Treatment plan (decision on suitability for radical treatment) by the specialist HPB MDT.
• The authorised personnel responsible for the treatment and the allowed site or sites of treatment delivery to be restricted to only certain ones agreed in the network patient pathways.

Level two care consists of systemic treatment and radiotherapy as part of the radical management of liver metastases.

Level three care:

This is not strictly applicable as this is radical management, but the issue is dealt with by the policy for all scans showing liver predominant metastatic colorectal cancer to be sent for opinion to the specialist HPB MDT.

References

• NICE (2001) ‘Improving outcomes on upper GI cancers, NICE Cancer Service Guidance’
• NICE TA176 (2009) ‘Use of cetuximab in first line treatment of unresectable kras wild type liver limited metastatic colorectal cancer’
• NICE Clinical Guideline (CG)131 (2011) ‘Guidance on the management of colorectal cancer’
• Guidance on commissioning cancer services: Improving outcomes in upper gastro-intestinal cancer, the manual. (Note: this includes pancreatic cancer), Department of Health (2001)
• Association of Upper Gastrointestinal Surgeons, 2010. Guidance on minimum surgeon volumes
• Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland, (AUGIS), Provision of Services Document, 2011
• NICE Quality Standard (QS)20 (2012), colorectal cancer