

Filling the Void: The Need for Psycho-Oncology Multidisciplinary Tumour Boards in Hospitals across Pakistan

Alisha Saleem^{1*}, Ashar Masood Khan¹, Sheikh Muhammad Ebad Ali² and Ahmed Nadeem Abbasi³

¹Department of Medicine, Dr. Ziauddin Hospital, Karachi, Pakistan.

²Resident Medical Officer of Oncology, Aga Khan University, Karachi, Pakistan.

³Professor of Oncology, Aga Khan University, Karachi, Pakistan.

*Corresponding Author

Alisha Saleem, Intern, Department of Medicine, Dr. Ziauddin Hospital, Karachi, Pakistan.

Submitted: 2023, Oct 01 ; Accepted: 2023, Oct 21 ; Published: 2023, Oct 30

Citation: Saleem, A., Khan, A. M., Ali, S. M. E., Abbasi, A. N. (2023). Filling the Void: The Need for Psycho-Oncology Multidisciplinary Tumour Boards in Hospitals across Pakistan. *Int J Cancer Res Ther*; 8(4), 170-171.

Abstract

Cancer care has evolved to encompass emotional well-being, yet a crucial gap exists in Pakistan's hospitals: the absence of Psycho-Oncology Multidisciplinary Tumour Boards. By integrating psycho-oncologists, psychologists, and social workers into tumor boards, we aim to address the emotional and psychological dimensions of cancer alongside medical treatments. This holistic approach seeks to improve treatment adherence, quality of life, and overall patient outcomes. The initiative also aims to destigmatize mental health discussions and provide comprehensive support, recognizing the socioeconomic challenges associated with cancer diagnoses in Pakistan. Establishing these boards is positioned as a strategic investment in patient-centered and comprehensive cancer care.

Abbreviations

MTB: Multidisciplinary Tumor Board

Multidisciplinary Tumor Boards (MTBs) have gathered cancer specialists for collaborative case discussions since around 1997. This approach, though challenging, improves care coordination, decision-making, and communication, benefiting patients, professionals, and healthcare systems in oncology [1,2]. Subsequently, there has been a consistent increase in adopting the multidisciplinary approach. And it has evolved to foster greater collaboration, addressing all aspects of cancer treatment, from long-term care to psychological well-being and rehabilitation [3].

Cancer's global impact is rising, with growing cases and fatalities annually. Patients at all stages often experience social, emotional, and psychological challenges, causing worry, anxiety, depression, and uncertainty— affecting a significant portion, ranging from a third to half of all patients [4]. Psychological support improves coping, reduces distress, and enhances treatment decisions. Addressing patients' psychosocial needs boosts quality of life. A recent study showed consistent distress screening and support reduced emergency room visits and hospital admissions by 18-19% in local oncology centers [5]. Furthermore, in a randomized trial, the combination of initial distress screening and referrals to pertinent psychosocial resources led to reduced distress levels after

three months. This outcome differed from cases where screening occurred without subsequent referrals [6].

Psycho-oncology professionals, trained to address the unique needs of cancer patients, contribute to the multidisciplinary tumor board's efforts. In 1997, the National Comprehensive Cancer Network introduced guidelines for healthcare professionals to identify and treat psychosocial distress in cancer patients [7].

Although psychosocial oncology research is mostly from advanced nations, it's essential to acknowledge its impact on patients in less developed countries. Psychosocial care not only enhances quality of life but also reduces the financial burden on healthcare systems, a critical goal for both developing and developed nations [4]. In Pakistan, psycho-oncology is in its early stages, with few hospitals offering structured services. The prevalence of psychiatric and psychological issues among cancer patients is high, attributed to stigma, lack of awareness, and cultural norms. Extensive stressors, coupled with a diminishing urban family support system, contribute to the heightened occurrence of psychiatric problems. Rising stress levels, especially among those with cancer, underscore the urgent need for robust psycho-oncology services in both public and private cancer centers nationwide.

In countries like Pakistan, it's vital to include psychologists in MTBs

for holistic cancer care. The 2009 Basic Plan for Cancer Control prioritises addressing physical symptoms and psychological support from treatment's outset. Providing emotional care for patients and families is essential. Psychologists and psycho-oncologists are anticipated to play a larger role in future cancer and palliative care [8]. The psychological health of patients may be prioritised and successfully handled within a multidisciplinary approach by bridging this gap, which can be performed by healthcare professionals.

Declarations

Conflict of interest

None.

Funding disclosure

None.

Acknowledgements

Not applicable

Authors' Contributions: AS & SMEA conceived the idea of manuscript. AS,AMK, SMEA performed the literature search. AS and AMK wrote the manuscript. SMEA & ANA performed revision and supervised the project. ANA read and approved of the final manuscript.

References

1. Forrest, L. M., McMillan, D. C., McArdle, C. S., & Dunlop, D. J. (2005). An evaluation of the impact of a multidisciplinary team, in a single centre, on treatment and survival in patients with inoperable non-small-cell lung cancer. *British journal of cancer*, 93(9), 977-978.
2. Specchia, M. L., Frisicale, E. M., Carini, E., Di Pilla, A., Cappa, D., Barbara, A., ... & Damiani, G. (2020). The impact of tumor board on cancer care: evidence from an umbrella review. *BMC Health Services Research*, 20, 1-14.
3. Fennell, M. L., Prabhu Das, I., Clauser, S., Petrelli, N., & Salner, A. (2010). The organization of multidisciplinary care teams: modeling internal and external influences on cancer care quality. *Journal of the National Cancer Institute Monographs*, 2010(40), 72-80.
4. Carlson, L. E., & Bultz, B. D. (2003). Benefits of psychosocial oncology care: Improved quality of life and medical cost offset. *Health and quality of life outcomes*, 1, 1-9.
5. Zebrack, B., Kayser, K., Bybee, D., Padgett, L., Sundstrom, L., Jobin, C., & Oktay, J. (2017). A practice-based evaluation of distress screening protocol adherence and medical service utilization. *Journal of the National Comprehensive Cancer Network*, 15(7), 903-912.
6. Carlson, L. E., Groff, S. L., Maciejewski, O., & Bultz, B. D. (2010). Screening for distress in lung and breast cancer outpatients: a randomized controlled trial. *Journal of Clinical Oncology*, 28(33), 4884-4891.
7. Lazenby, M., Tan, H., Pasacreta, N., Ercolano, E., & McCorkle, R. (2015). The five steps of comprehensive psychosocial distress screening. *Current oncology reports*, 17, 1-5.
8. Iwamitsu, Y., Oba, A., Hirai, K., Asai, M., Murakami, N., Matsubara, M., & Kizawa, Y. (2013). Troubles and hardships faced by psychologists in cancer care. *Japanese Journal of Clinical Oncology*, 43(3), 286-293.

Copyright: ©2023 Alisha Saleem, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.