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Coordination & Collaboration: Implementing a Multidisciplinary Lung Cancer Program

Announcer:
You're listening to Deep Breaths: Updates from CHEST on ReachMD. The following episode is part of a 4-part educational campaign brought to you by CHEST in collaboration with AstraZeneca.

Here's your host, Dr. Gerard Silvestri, MD, Hillenbrand Professor of Thoracic Oncology of the Division of Pulmonary and Critical Care Medicine at the University of South Carolina.

Dr. Silvestri:
Welcome. Managing lung cancer requires coordinating and collaborating with multiple medical specialties throughout a patient's cancer journey. But implementing a multidisciplinary lung cancer program could and should lead to improved evidence-based treatments, streamlined diagnostic processes and increased patient satisfaction.

Welcome to Deep Breaths, Updates from Chest on ReachMD. I'm Dr. Gerard Silvestri and joining me, today, is Dr. Katie Sears, a physician scientist with a focus on lung cancer. She's an Assistant Professor of Medicine and Co-director of both the Lung Cancer Research Program and the Indiana University Simon Cancer Center and Pulmonary Oncology Clinic at the Richard L. Roudebush VA Medical Center at the Indiana University School of Medicine.

Dr. Sears:
Hi, Dr. Silvestri. Thank you for having me on this program. Before we get started, I need to say that everything that I state here or imply is my belief and does not represent the beliefs or positions of the Veterans Health Administration.

Dr. Silvestri:
Great. Well, let's get started, Katie and you know, one of the things I've always been impressed about is the multidisciplinary approach that we have used in lung cancer far longer than many other sub-specialties within pulmonary and other sub-specialties. Considering the multiple medical sub-specialties involved in managing lung cancer patients can benefit from this multi-disciplinary care. What do you think should be included in that multidisciplinary team? Or who, in fact?

Dr. Sears:
Yeah, thanks, Gerard. Yeah. The typical components of a multidisciplinary lung cancer team, I think, we all are very familiar with. So, I would say traditionally, this has included a medical oncologist, pulmonologist, thoracic surgeons, radiation oncologists, radiologists, and pathologists. And I would say that most would agree that palliative care representation is a part of multidisciplinary lung cancer care, as well. But I think as lung cancer management as you, kind of alluded to, has become increasingly complex. The role of other supportive services and a multidisciplinary team has really become clear. For instance, in some programs, pulmonologists who take care of cancer, especially those who are really sub-specialized in lung cancer management perform their own advanced bronchoscopic procedures, but I know it's increasingly common in hospital systems to have interventional pulmonologists that are required for some, if not all, diagnostic bronchoscopic techniques and, of course, for interventional endobronchial therapeutic procedures. So, if this is the case at someone's hospital system, you would obviously want representation from interventional pulmonology in your multidisciplinary care meetings and clinics. And then others who should be involved, certainly cancer care coordinators, case managers, social workers, they really are critical and extremely helpful to streamline patient care and identify patient needs that might not be immediately clear on a clinical evaluation by a specialist. I would say, nursing, research nurses, nutritionists, and psychiatrists or psychologists are incredibly helpful to get involved early in multidisciplinary care discussions, particularly as many of our patients struggle with unintentional weight loss, weight loss with procedures, depression, anxiety, and then I think a couple of areas that maybe don't get talked about as much,

aligning smoking cessation or tobacco treatment specialties within your institution in the multidisciplinary process is really important because we know that patients benefit from quitting smoking, not just before their lung cancer is diagnosed, but of course, after their lung cancer is diagnosed, before surgery or any interventions. And then, more recently with the increasing use of lung cancer screening, we and others have really been integrating the lung cancer screening team as a part of our multidisciplinary discussions. And then I don't think you can discount family members and their importance in patient care and management. You know, while we may not list them as a part of our multidisciplinary lung cancer team, I would say, and I'm sure you'd agree that for most patients, they play a critical role and, in some cases, even more, critical in the decision-making than the patients themselves and certainly they're very necessary to ensure the patient's well-being and compliance with, procedures and diagnostics.

Dr. Silvestri:
For those just tuning in, you're listening to Deep Breaths, Updates from Chest on ReachMD. I'm Dr. Gerard Silvestri and I'm speaking with Dr. Katie Sears about developing a multidisciplinary care approach to managing lung cancer. So, that makes me wonder about my next question, which is, how do you suggest getting the support of the different specialties involved? Sort of, what tricks have you, perfected in making sure that the people you need—doesn't matter who they are, but give me an example of how you get them to the table?

Dr. Sears:
I think the good thing is, as clinicians, obviously we all go into medicine because we want to provide our patients the best care. So, I haven't really found that it's a problem getting other sub-specialties interested in becoming part of a multidisciplinary team. I think, like most things, the devil is in the details, right? So, different specialties have different requirements within their groups and we often don't know what those are right? So subspecialists have different RVU targets, different hours, or different requirements that we wouldn't even think of and of course, this depends, and it changes between institutions and hospitals. So, all of this makes it really complex and I think it requires a lot of organization and coordination and if that isn't there, even those who are really well-meaning may not be able to participate or may not be able to participate to the degree that's really needed to have an impactful, multidisciplinary team for lung cancer management. So, I think you've hit it on the head. I think the most important thing is to have champions, right? So, this is both clinical champions, so, those clinicians or group of clinicians who really have that kind of purpose involved, and of course, some degree of knowledge, right, and a desire to do this. But I think what you really said is true. It has to do with having someone that can really coordinate all of this. A coordinator or navigator, or a group of them, right, who share this responsibility. Someone who has good organizational and communicational skills, who is identified in that position so it's not, it's obvious why they're going to different sub-specialties and asking them to do things. I think this has been best modeled in tumor boards, obviously. They've been around longer and in some institutions are very well-established, now, particularly those that already have to submit a cancer registry or have a multidisciplinary cancer management. And I would say most places that do this have some sort of tumor board, formal or informal. So, start there, expand and modify your needs definitely identify available resources and what's needed to support the multidisciplinary group, and then decide from there how you're going to set up your tumor boards and your multidisciplinary clinics to really provide this multidisciplinary care.

Dr. Silvestri:
That's wonderful. That leads me into my last question Katie, which is, as you look ahead, what kind of developments do you think could be on the horizon as a result of you know adopting this multidisciplinary approach?

Dr. Sears:
So, where I think it's going, I'm excited to see the increased involvement in pulmonary medicine within lung cancer diagnosis and management. You know I think when I was a fellow and maybe you'd agree with this when we talked about lung cancer it was kind of, like this 'OK well, you diagnose it and then you pass it off, right? And in reality, as pulmonologists, we are the gatekeepers for our lung cancer patients in making sure that not only they have a good initial impression of their lung cancer and get great information, but that we are really navigating them through the next specialty and the next steps and so we are the gatekeepers to that, so it makes perfect sense for us to be integrally involved in a multidisciplinary lung cancer team. I think the most exciting things from a pulmonary perspective is how much more we can offer, that's in diagnosis, of course, where we traditionally have been involved. In our multidisciplinary groups, we as pulmonologists are really being pushed beyond that to have these longer-lasting relationships with patients who may need evaluation in the future for possible recurrences, to get them back in quickly, for treatment-related side effects, things like radiation pneumonitis, or sarcoid-like reactions or these COP or hypersensitivity pneumonitis-like reactions to immune checkpoint inhibitors. I mean, it's really rewarding for me to be able to see these patients again in the setting of their cancer treatment, and from the patients, we hear how comforting it is to know that the pulmonologist or the specialist you're training is a familiar face or someone that's been involved in the team the whole time, who's been kept abreast in what's going on in your care. And I think that helps both the pulmonologist and the patient. In addition, I would say that it's really exciting to see how technology has gotten better. A lot of

tumor boards are moving to virtual tumor boards, and as much as I am tired, like everyone else, of virtual everything with this past year I think as a bonus, it really has improved our ability and made it much smoother and much cleaner to go ahead and have these types of virtual meetings, which can help smaller programs, smaller hospitals, more rural patients and underserved patients and really open up things like clinical trials and these advanced personalized treatments and we're even having a discussion about them early on. So, for instance, before a patient will even get a biopsy, we're thinking about what kind of treatment that patient might benefit from, what type of biopsy might give us enough tissue to be able to give them that treatment. And what kind of location, organ they might need that biopsy from. So, we're thinking about that even from the beginning and I think it opens us up to really exciting things, not just to give our patients the best care, but to improve our education in the area, to really help to know what's available out there as, like I said, lung cancer is so quickly advancing, so that's really where I see all of this going. It's, it's really an exciting time.

Dr. Silvestri:
Well, that's just wonderful. I think all those things are incredibly important and exciting and one thing we haven't mentioned, which I'm going to close on is having this team together, really decreases the time between when a patient is first told they might have cancer until they receive their first treatment. If you have this group together, you can streamline how quickly their tests get done and in what order, and I can tell you, I think a lot of people believe the most psychologically harrowing time for a cancer patient is maybe right before they die. It's actually not, studies have shown that the most psychologically damaging time is between when someone's told they may have cancer and when they receive their first treatment, so it's incredibly important. There are so many meaningful benefits that could result from a multidisciplinary lung cancer program, so to that end, it is imperative that the pulmonologist once they make the diagnosis, rapidly refer the patient to an oncologist. And with that in mind, I want to thank my guest, Dr. Katie Sears for joining me to discuss implementing a multidisciplinary approach to managing lung cancer. Dr. Sears, it was such a great joy for me to have you on this program.

Dr. Sears:
As always, Dr. Silvestri, it's been my pleasure talking to you. Thank you.

Announcer:
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