



## Letter to the Editor

## A global call for increased interdisciplinary oncologic education

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## Dear Editor,

We thank you for the opportunity to comment on the article titled “Interdisciplinary training for cancer specialists: The time has come” by O’Higgins et al. [1]. We commend the authors on bringing to the forefront a deficiency in interdisciplinary education among current oncology trainees. Previous work by our group has revealed similar deficiencies in the curricula of United States oncology trainees. In 2013, we distributed a web-based survey to oncology trainees across the country with the amount of formal education received by trainees outside their oncologic discipline shown in Fig. 1 [2]. At that time, we sought to create greater awareness of this issue and outline several important consequences for health care systems if not addressed by training programs.

Optimal delivery of cancer therapy requires coordination across disciplines. However, as O’Higgins et al highlight, there may be limited scope and value of multidisciplinary meetings if a mutual understanding between all oncologic specialties is absent. For example, oncologists may underutilize certain treatment modalities if their understanding of each therapy’s indications, benefits, and complications is limited as shown by a survey of surgeons underutilizing adjuvant breast radiation therapy [3]. O’Higgins et al also highlight how optimal sequencing of treatment requires an understanding of other disciplines. An example is provided by a

study in which the most common challenge reported by approximately 30% of radiation oncologists was failure to be included in the treatment decision process early enough for breast cancer patients [4].

An important question is how to best implement interdisciplinary education into the current oncology training system. O’Higgins et al suggest spending a period of time training in or observing various disciplines, with the goal of meeting pre-defined competencies. Our findings support using different teaching modalities, including lectures vs. rotations vs. tumor board attendance vs. workshop vs. other methods, depending on which subject is being taught and which audience is present [2]. An important approach to implementing interdisciplinary education may also include a look beyond traditional teaching methods such as one study reporting on the use of an interactive board game while on surgery clerkships to reinforce a multidisciplinary approach to cancer treatment [5]. Finally, improving interdisciplinary education may also require improvement of communication skills training, which has been shown to be deficient in oncology training programs, and must logically be in place for successful interdisciplinary work [6].

Enhanced interdisciplinary education will ideally result in greater understanding and improved communication between oncologic disciplines, more timely and appropriate referrals, greater consensus at multidisciplinary tumor boards, and ultimately improved patient outcomes. We hope the important work by O’Higgins et al will inspire future efforts to examine the most effective methods to educate trainees across oncologic disciplines.

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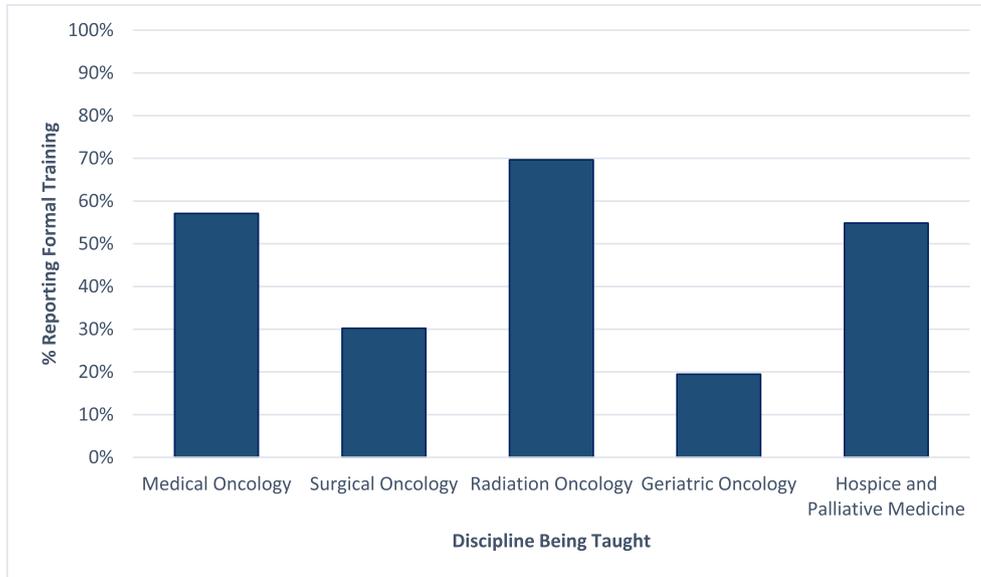


Fig. 1. Amount of formal education received about each oncologic specialty as reported by trainees outside of that specialty.

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