

References

- [1] Mohammed W, Hoskin P, Henry A, Gomez-Iturriaga A, Robinson A, Nikapota A. Short-term toxicity of high dose rate brachytherapy in prostate cancer patients with inflammatory bowel disease. *Clin Oncol* 2018;30:534–538.
- [2] Song DY, Lawrie WT, Abrams RA, Kafonek DR, Bayless TM, Welsh JS, et al. Acute and late radiotherapy toxicity in patients with inflammatory bowel disease. *Int J Radiat Oncol Biol Phys* 2001;51:455–459.
- [3] Pai HH, Keyes M, Morris WJ, Christie J. Toxicity after (125I) prostate brachytherapy in patients with inflammatory bowel disease. *Brachytherapy* 2013;12:126–133.
- [4] Yeh J, Lehrich B, Mesa A, Tran C, Barnes L, Long C, et al. Three-year outcomes of 324 prostate carcinoma patients treated with combination high-dose-rate brachytherapy and intensity modulated radiation therapy. *Transl Cancer Res* 2017;6:269–274.
- [5] Yeh J, Lehrich B, Tran C, Mesa A, Baghdassarian R, Yoshida J, et al. Polyethylene glycol hydrogel rectal spacer implantation in patients with prostate cancer undergoing combination high-dose-rate brachytherapy and external beam radiotherapy. *Brachytherapy* 2016;15:283–287.
- [6] Singh R, Jackson PS, Blake M, Cutlip J, Sharma S. Minimal rectal toxicity in the setting of comorbid Crohn's disease following prostate cancer radiotherapy with a hydrogel rectal spacer. *Cureus* 2017;9:e1533.
- [7] Vanneste BGL, Van Limbergen EJ, van de Beek K, van Lin E, Lutgens L, Lambin P. A biodegradable rectal balloon implant to protect the rectum during prostate cancer radiotherapy for a patient with active Crohn's disease. *Tech Innov Patient Supp Radiat Oncol* 2018;6:1–4.

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One Year of the Ocular Oncology Multidisciplinary Team Meeting – Has it Made a Difference?



Madam — Multidisciplinary team (MDT) meetings are the gold standard in the diagnosis and management of patients with cancer [1,2]. In September 2016, we established a weekly MDT meeting at our tertiary ocular oncology centre to discuss patients diagnosed with ophthalmic cancers. This involved specialist input from ophthalmology, radiology, pathology and oncology [3].

To assess the efficacy of this meeting, a retrospective case note review was carried out on patients discussed between September 2016 and August 2017. Data was collected on diagnoses made in clinic before the MDT meeting and changes in management after the MDT meeting. A random cohort of patients were also surveyed to determine their views on the MDT.

Over the 12-month period, 50 MDT meetings took place, in which 211 patients were discussed in 319 separate discussions. All core members of the MDT attended 86% of the meetings. Topics discussed included new presentation of ophthalmic cancers (36%, $n = 116/319$), disease progression (34%, $n = 107/319$), review of pathology or radiology reports (21%, $n = 66/319$) and discussion of ongoing management (9%, $n = 30/319$). Of 116 new patients, the clinical diagnosis was changed at the MDT meeting in six patients (5.2%). The MDT defined management plans in 143 cases (45%) and changed management plans in 16 of the 319 discussions (5%). Twenty-three patient surveys were obtained, of which 20 patients

(87%) were aware of the MDT process and 100% reported that it increased their confidence in their management plan.

In conclusion, the establishment of the weekly ocular oncology MDT meeting has proven to be effective in defining the management of patients with ophthalmic cancers and increasing their confidence in the overall care plan. As diagnosis was only revised in 5% of patients, it does not replace decisions made in the clinic. However, it has been instrumental in producing appropriate management plans with input from various specialties.

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References

- [1] Independent Cancer Taskforce. Achieving world-class cancer outcomes: a strategy for England 2015–2020. Available at: <http://bit.ly/1ldwf5W>. [Accessed 20 December 2018].
- [2] Ameratunga M, Miller D, Ng W, et al. A single-institution prospective evaluation of a neuro-oncology multidisciplinary team meeting. *J Clin Neurosci* 2018;56:127–130.
- [3] Ruhstaller T, Roe H, Thürlimann B, Nicoll JJ. The multidisciplinary meeting: an indispensable aid to communication between different specialities. *Eur J Cancer* 2006;42:2459–2462.

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