

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/the-value-of-multidisciplinary-teams-in-nsclc-care-plans/10296/>

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The Value of Multidisciplinary Teams in NSCLC Care Plans

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

This is Dr. Matt Birnholz coming to you from the ReachMD Studios. On this episode, we caught up with Dr. Edward Kim, Chair of Solid Tumor Oncology and Investigational Therapeutics at Levine Cancer Institute. Dr. Kim spoke with us about the important role multidisciplinary teams have in tackling NSCLC. Here's what he shared from his office in Charlotte, North Carolina.

Dr. Kim:

Treatment of patients with cancer, especially lung cancer, requires a team more than ever. With patients who have advanced non-small cell lung cancer, your team comprises of your medical oncologist, your pulmonologist, your pathologist, your radiologist, and even your molecular pathologist if further tests have to be done. This is because the treatment has become complex. It's not just based on histology—and that we need to have multiple folks involved to determine the best strategy to treat patients, especially based on biomarkers.

When we look at the other stages of lung cancer, especially the early-stage and the stage III setting, the multidisciplinary team also includes surgical oncology and radiation oncology. This has especially been shown recently as the treatment paradigm in stage III has changed now to add immunotherapy. This type of treatment needs to be initiated as soon as possible after concurrent chemoradiation, and it's essential that the radiation oncologist and the medical oncologist are on the same page so that treatment can be administered quickly after radiation completes. Having members of the team such as surgical oncologists, radiation oncologists and medical oncologists need also the support of our molecular pathologists, our interventionalists, such as pulmonologists and radiology, in order to best establish a treatment paradigm for these patients.

Additional teammates down the road also include those members of a molecular tumor board or also involved in genomics as the services are expanding, our treatment options are expanding, and this is all better for patients, but the teams will need to coordinate with larger teams and more members as our care becomes more complex.

Dr. Birnholz:

That was Dr. Edward Kim on the power of a multidisciplinary approach to NSCLC. For ReachMD, I'm Dr. Matt Birnholz. Thanks for listening.

Announcer:

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