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The Role and Benefits of the Multidisciplinary Team in Triple-Negative Breast Cancer

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Dr. Mamounas:
Hello, I am Dr. Terry Mamounas, and I am a Surgical Oncologist at the Orlando Health Cancer Institute in Orlando, Florida.

Today I am joined by Dr. Joyce O'Shaughnessy, who is the Celebrating Women Chair in Breast Cancer Research at the Baylor University Medical Center, and Chair of the Breast Cancer Program, at Texas Oncology, US Oncology, in Dallas, Texas. Dr. O'Shaughnessy will help us review the role and the benefits of the multidisciplinary team in caring for patients with triple-negative breast cancer.

Joyce, on behalf of Merck, I would like to welcome you and thank you for your participation. I'm looking forward to an informative discussion.

Dr. O'Shaughnessy:
Thank you, Terry. I'm glad to be here.

Dr. Mamounas:
Let's take a look at the topics we will be covering today. First, we will briefly go over some key facts about triple-negative breast cancer (or TNBC). Then we will take a closer look at the structure and function of the multidisciplinary team (or MDT). And finally, we will briefly review the benefits of multidisciplinary care for patients with TNBC.

Okay, let's jump right in. Joyce, can you remind our audience about some key facts concerning triple-negative breast cancer?

Dr. O'Shaughnessy:
Sure, Terry. As you know, breast cancer is the second most common cancer and the second leading cause of cancer death in women in the United States.

Triple-negative breast cancer, or TNBC, specifically, accounts for 10% to 20% of breast cancer diagnoses and is characterized by the absence of estrogen receptors, progesterone receptors, and excess expression of human epidermal growth factor receptor 2, or HER2 protein. This is also why TNBC is considered one of the harder-to-treat types of breast cancer, since it does not respond to hormonal and HER2-targeted treatments.

Dr. Mamounas:
Right. I want to come back to the prognosis in a minute, but before we do that, are there some patients who are at high risk for TNBC?

Dr. O'Shaughnessy:
Yes, that's a great question. Younger, premenopausal women, and Black and Hispanic women are more commonly diagnosed with TNBC.

Dr. Mamounas:
I see. Thank you for that overview, Joyce. You mentioned that TNBC is considered a hard-to-treat subtype. Can you tell us a bit more

about the pathology and the prognosis relative to other breast cancer subtypes?

Dr. O'Shaughnessy:
Absolutely. Well, first of all, TNBC is considered one of the harder-to-treat breast cancer subtypes because it does not respond to hormonal therapy or HER2-targeted treatments.

Additionally, TNBC has been associated with distinct tumor pathology and patterns of recurrence compared with other types of breast cancer. These include larger size and higher grade tumor pathology at diagnosis, as well as increased likelihood of distant recurrence.

As a result, TNBC is associated with lower survival rates compared to other breast cancer subtypes.

Dr. Mamounas:
You mentioned that patients with TNBC often present with a higher grade tumor pathology at diagnosis. How often is this disease diagnosed in earlier stages? Can you help us understand how that can impact disease prognosis?

Dr. O'Shaughnessy:
Sure, Terry. And that's a great question because for patients diagnosed with TNBC, the 5-year relative survival rates are 91.2% for those with localized disease, 65.4% for those with regional disease, and 12.2% for those with distant disease at diagnosis.

As with most cancer types, earlier stage at diagnosis is associated with higher 5-year relative survival rates, and this is also true for TNBC.

It's important to note that many patients with TNBC are diagnosed with early-stage disease, which allows their care teams to consider a wider range of treatment options and to strive for the best possible outcomes.

Dr. Mamounas:
That's a great point, and it brings us to the focus of our discussion today: The value of multidisciplinary teams (or MDTs) and how collaborating with our care partners as part of a team can improve the care we provide for our patients with triple-negative breast cancer. Let's start by taking a look at the structure and function of these teams.

In contemporary practice, breast cancer patient care requires the expertise of a wide range of specialists. Can you tell us a bit about the different specialists you expect to see as part of a multidisciplinary team, especially as it relates to the care of patients with TNBC?

Dr. O'Shaughnessy:
Sure. The exact composition of the team can vary from institution to institution, but most of the multidisciplinary teams involved in the care of patients with TNBC include surgical oncologists, medical oncologists, radiation oncologists, pathologists, radiologists, and breast care nurses.

The team can also include other specialists, such as pharmacists, reconstructive surgeons, nurse navigators, genetic counselors, clinical trials coordinators, or psychologists and social workers, although these specialties are represented less frequently.

Dr. Mamounas:
How does the team make clinical decisions and formulate a treatment plan in practice?

Dr. O'Shaughnessy:
Good question! So, effective communication among the members of the team is key. Most multidisciplinary teams have weekly in-person or virtual meetings after diagnosis and before and after initiation of a particular treatment.

Meetings are run by a designated or rotating chairperson, and if there is no consensus on treatment recommendations, the final decision is most commonly reached by a majority vote, or, if needed, by the designated or rotating chairperson. Of course, this requires participation from all members, and the MDT recommendations are then implemented by the treating physician.

Dr. Mamounas:
Agreed. Can you walk us through some of the benefits of multidisciplinary care?

Dr. O'Shaughnessy:
Of course. Overall, there is consensus within the field that multidisciplinary teams improve decision making and implementation of evidence-based treatment decisions, based on consistent adherence to national and local guidelines.

Other important benefits include better coordination and continuity in patient care, with increased awareness of services available, efficient referrals, optimization of resources, and more efficient use of time. All of these factors are also associated with improved overall quality of treatment.

Dr. Mamounas:
Those are great points. It's also worth mentioning that multidisciplinary care can enhance both provider and patient satisfaction and confidence in treatment decisions.

Thank you, Joyce. This was a great discussion.

Dr. O'Shaughnessy:
My pleasure, Terry; it was great being here with you.

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