# Multi-Disciplinary Meeting (MDM)

## What is it?

“A regular meeting of various medical specialists with expertise in the diagnosis and management of cancer, in order to facilitate best practice management of patients with cancer” (from the Victorian Government definition). Think of it like the members of your grant proposal where multiple chief investigators bring different expertise to the party; MDMs bring different specialists to the fore to manage patient treatment plans.

## Who attends an MDM?

Key attendees include:

* Medical oncologist – specialist doctor with expertise in delivering systemic cancer treatment eg chemotherapy, targeted therapy eg PARP-i, immunotherapy
* Radiation oncologist – specialist doctor with expertise in delivering radiation cancer treatment Surgical oncologist – specialist surgeon with expertise in operating on cancer patients
* Pathologist – specialist doctor with expertise in histopathology and often molecular pathology of cancer Radiologist – specialist doctor with expertise in interpreting anatomical imaging of a patient with cancer
* Nuclear Medicine Physician – specialist doctor with expertise in interpreting functional imaging of a patient with cancer

## What patients are discussed at an MDM?

Commonly discussed patients may fall into one or more of these categories:

* seen for the first time at insert organisation name
* those with difficult diagnostic or management problems, for the latter where there is often no/little clinical data to guide management
* patients seen by one specialist who need the services of another specialist eg surgical oncologist referring patient to medical oncologist
* patients being considered for surgery for cure, to ensure there is no contraindication to surgery on anatomical or functional imaging

## What happens at an MDM?

1. A patient’s clinical course is presented
2. Relevant anatomical/functional imaging is reviewed by radiologist/nuclear medicine physician Relevant biopsy is reviewed by pathologist
3. Specialists with relevant expertise give their opinion
4. The consensus decision from the MDM is recorded

### Pro tips:

* A good time to ask your friendly facilitating doctor any clarifying questions is on the walk from the MDM to the clinic
* Think of the PET scan (functional imaging) as a whole body immunostain

# Outpatient Clinic

## What is it?

Where a patient meets a doctor to discuss the diagnosis or management of their cancer. Common scenarios you may encounter include:

* a patient with a new diagnosis of cancer
* a patient undergoing cancer treatment who is being reviewed for side effects
* a patient who is being followed up after the completion of cancer treatment
* a patient with symptoms from their cancer who requires management
* a patient who is being offered a clinical trial (‘experimental treatment’)

## Who attends outpatient clinics:

* Medical/Radiation/Surgical oncologists
* Doctors training to be one of the above Palliative care physicians
* Nurse specialists Dietitians

## Process:

The patient is asked prior to meeting you if they are happy to have a scientist observe while they are seen in clinic.

Once they consent, you are able to observe the consultation

If you feel uncomfortable at any point, please excuse yourself from the room, and debrief with the doctor afterwards

# Ward Rounds

## Team:

* Trainee specialist doctor (registrar)
* Junior doctor (resident)
* There are 4 teams, each responsible for several cancers (eg Team 3 = breast and skin cancers)

## Process:

The team sees inpatients every day, usually in the morning.

A medical oncologist accompanies the team insert number of times a week, usually on insert days of the week .

Cancer patients in hospital are usually either too sick to be managed at home or require inpatient administration of chemotherapy. Some inpatients are admitted for end-of-life care.

# Phase 1 Trial Clinic

## What is it?

Phase 1 trials test new cancer treatments for tolerability in human patients, sometimes for the first time. These treatments include immunotherapy-based treatments eg various checkpoint inhibitors, immunomodulatory agents, and targeted treatments eg KRAS G12C inhibitors

**Phase 1 trial meetings:**every insert day at insert time (various locations)

* -new trials being considered for the phase 1 portfolio are presented and discussed
* -patients coming to the clinic are presented: suitable phase 1 trials are identified

**Phase 1 trial clinics:**take place from insert day to insert day in insert location

* -new patients being considered for a Phase 1 trial
* -patients on a Phase 1 trial being monitored for side effects