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What Is Meaningful Participation for Physical Therapists in Multidisciplinary Cancer Conferences and Tumor Boards?

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Tumor boards are multidisciplinary team meetings composed of providers from different specialties who collaborate to provide comprehensive cancer care. Although the term “tumor board” may be used commonly in practice, these meetings are often referred to as multidisciplinary cancer conferences (MCCs) within the literature and are referred to as such in this article. At this time, there is no current literature describing the role of physical therapists (PTs) and rehabilitation professionals as part of the MCC or multidisciplinary tumor boards. Yet, PTs are often included as part of this multidisciplinary team in cancer care. This inclusion has not completely shifted to be the standard of practice, although PTs have a unique understanding of the human movement system in the presence and absence of disease, which is needed to intervene with functional limitations, and improve the patient’s independence and quality of life (QOL). The purpose of this article is to define MCCs, the benefits and barriers to participation as PTs, and possible next steps for rehabilitation professionals.

MULTIDISCIPLINARY CANCER CONFERENCES AND TUMOR BOARDS

The purpose of MCCs is to develop a comprehensive cancer treatment plan for people with cancer and is typically used for more challenging and complex cases.¹ Various disciplines, including, but not limited to, medical oncologists, radiation oncologists, surgical oncologists, radiologists, pathologists, social workers, and PTs, participate in coordinating comprehensive care.² Participating members in an MCC will vary by the type of cancer that is being discussed. For example, a speech-language pathologist may be present at a head and neck MCC while gynecologists may regularly attend an MCC focusing on pelvic and abdominal cancers. MCCs are typically held weekly or biweekly and consist of a patient case review with discussion of patient management, diagnostics, and treatment.³ The American College of Surgeons’ Commission on Cancer (CoC) supports the use of MCCs as an essential component of cancer care in encompassing the full scope of providable services.⁴

Although the CoC recommends that rehabilitation providers be in attendance during the MCC, another organization, Cancer Care Ontario, strongly recommends PT attendance and participation in MCCs.^{4,5} Despite these recommendations, PTs have not been widely integrated within MCCs; this may be due to limited awareness of the PTs’ role in MCCs and limited preparation for meaningful participation by PTs.⁵ PT integration within MCCs may also be limited because of the variability in structure and organization of MCCs, which may contribute to irregular multidisciplinary participation.⁶

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THE PHYSICAL THERAPISTS' ROLE IN MULTIDISCIPLINARY CANCER CONFERENCES

To date, there have not been any studies to describe or define the role of the PT within MCCs. PTs possess specialized knowledge, training, and education to assess impairments related to cancer pathology and treatment side effects. Specifically, PTs are skilled in identifying and treating impaired range of motion, weakness, fatigue, and balance disorders, which can be resultant side effects from chemotherapy, radiation therapy, and surgical treatment.⁷ An indication for further evaluation by PTs may include patient or provider report of difficulty with physical performance or barriers to safe exercise performance.

In some MCCs, the patient and family are invited to attend or hear summative recommendations. During this visit, the PT may have the opportunity for direct interaction with the patient to provide screening, education, and referral to additional services, when indicated. Screenings may be highly variable based on the patient's cancer but may include common domains such as balance, gait speed, and fatigue. These baseline data can be used for early identification of emerging issues or to demonstrate a return to baseline after rehabilitation. Patients can also be educated on when symptoms may require further intervention and possible treatment by the care team (eg, lower-body weakness that does not resolve after cancer treatment is completed). In addition, it is within the PT's scope of practice to educate patients on referrals to other specialties and disciplines, depending on cancer diagnosis and possible side effects of treatment. Options for referral include abdominal and pelvic floor physical therapy for genitourinary and colorectal cancers, as well as speech-language pathology for head and neck cancers.

As PTs are exercise specialists, especially with those with physical, functional, or medical issues, they are well positioned to facilitate the performance of physical activity during cancer treatment. The American College of Sports Medicine (ACSM) Guidelines for Exercise and Cancer elaborate on the importance of physical activity and exercise as a risk-reduction option for cancer and recurrence, symptom reduction during treatment, and a mechanism for increasing cancer survival.⁸ However, exercise as an essential adjuvant to cancer treatment remains in the early stages of acceptance and formation.⁹ The inclusion of PTs in MCCs is one step toward preventing the omission of exercise as a critical part of the cancer treatment plan.

POTENTIAL BENEFITS TO PT INTEGRATION

In alignment with the prospective surveillance model and prevention-focused evaluation of physical rehabilitation needs, early involvement by PTs can reduce additional sequelae of impairments related to cancer pathology and treatment.¹⁰ A PT's involvement in the MCC can increase the number of people with cancer who are screened for rehabilitation needs. If identified

early, many of the functional limitations that patients develop as a result of cancer and its treatments can be addressed.¹¹

In 2018, the inaugural International Conference on Physiotherapy in Oncology brought forth themes for greater implementation and further advancement of oncology physical therapy. A notable theme was the decreased awareness of physical therapy services for patients within oncology care that results in a lower number of referrals to physical therapy.¹¹ An actionable step to remedy this disparity is to encourage PTs' regular participation in MCCs. The benefits of this are multifold in that other providers of the multidisciplinary team will be exposed to the role and benefits of physical therapy, allowing the opportunity for advocacy for the profession and increasing conversations about the patient's functional status and QOL. This also further highlights the PT's role in oncology care and emphasizes movement and physical activity as an essential component of comprehensive cancer care.

BARRIERS

It is important to be mindful of the potential barriers that exist within PTs' participation in MCCs. First, appropriately staffing and scheduling PTs to attend and participate in MCCs can be challenging, as the conferences often occur prior to the typical workday, resulting in a dilemma to participate in these events without compensation or MCCs occurring during direct patient care hours and the logistical and financial implications thereof. Critical issues may include salary cost considerations for nonbillable PT time and logistical and financial implications of MCC involvement during patient care hours. A recent survey by the APTA found that approximately 15% of PT time is spent providing unbillable or uncompensated care services (eg, MCCs) and 79% of respondents said that barriers to providing these services negatively impacted patient care.¹²

The authors are aware of several anecdotal reports where PTs have attended MCCs for years and had never said a word. This puts into question whether the PT's skills and knowledge are being fully leveraged. Although often unfounded, some PTs may not feel comfortable bringing up key issues even if they are material to the patient's treatment plan or QOL. The limited research in MCCs indicates the opposite may be true. In a qualitative study, Look Hong et al found that MCC "participants were more likely to attend and participate in MCCs if there was a diversity of clinical specialists and patient case topics."^{6(p65)}

CALL TO ACTION

As movement specialists, PTs must advocate to be an active and vital member of the oncology treatment team. Active multidisciplinary engagement from PTs promotes awareness among health care providers and educates patients about additional services to enhance meaningful participation in everyday life. As it relates to research, a

multisite qualitative analysis of PTs who have participated in MCCs and the perceptions of all involved would be a beneficial starting point for this needed scholarly line of inquiry and may lead to establishment of best practices for PT involvement in this team.

SUMMARY

PTs' participation in MCCs has not been widely studied and is likely underutilized despite the substantial evidence to support physical activity in cancer prevention, improving survival rates and QOL, and reducing negative side effects of treatment such as fatigue, pain, balance disorders, strength deficits, lymphedema, and functional limitations. With a PT present in these conferences, there is potential for advocacy for the profession to improve awareness of PT skills among patients and interdisciplinary team members, thereby improving patient access to these services. Therefore, it is essential for PTs to participate in MCCs to screen for physical limitations and provide patient education with the overall goal of increasing appropriate access and utilization of physical therapy services.

REFERENCES

1. Fox Chase Cancer Center. The important role tumor boards play in cancer care. <https://www.foxchase.org/blog/important-role-tumor-boards-play-cancer-care>. Published July 26, 2018. Accessed November 28, 2021.
2. August C, Speights VO. What is a tumor board? Expert Q&A. <https://www.cancer.net/blog/2017-07/what-tumor-board-expert-qa>. Published July 12, 2017. Accessed November 28, 2021.
3. El Saghir NS, Keating NL, Carlson RW, Khoury KE, Fallowfield L. Tumor boards: optimizing the structure and improving efficiency of multidisciplinary management of patients with cancer worldwide. *Am Soc Clin Oncol Educ Book*. 2014:e461-e466. doi:10.14694/EdBook_AM.2014.34.e461.
4. Commission on Cancer. *Optimal Resources for Cancer Care 2020 Standards*. Chicago, IL: American College of Surgeons; 2021:3-4.
5. Cancer Care Ontario. Multidisciplinary cancer conferences. <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/treatment/multidisciplinary-cancer-conferences?redirect=true>. Accessed November 28, 2021.
6. Look Hong NJ, Gagliardi AR, Bronskill SE, Paszat LF, Wright FC. Multidisciplinary cancer conferences: exploring obstacles and facilitators to their implementation. *J Oncol Pract*. 2010;6(2):61-68. doi:10.1200/JOP.091085.
7. Stefani L, Galanti G, Klika R. Clinical implementation of exercise guidelines for cancer patients: adaptation of ACSM's guidelines to the Italian model. *J Funct Morphol Kinesiol*. 2017;2(4):1-15. doi:10.3390/jfmk2010004.
8. American College of Sports Medicine. ACSM guidelines for exercise and cancer. <https://www.acsm.org/blog-detail/acsm-certified-blog/2019/11/25/acsm-guidelines-exercise-cancer-download>. Updated November 25, 2019. Accessed November 16, 2021.
9. Wolin KY, Schwartz AL, Matthews CE, Courneya KS, Schmitz KH. Implementing the exercise guidelines for cancer survivors. *J Support Oncol*. 2012;10(5):171-177. doi:10.1016/j.suonc.2012.02.001.
10. Stout NL, Binkley JM, Schmitz KH, et al. A prospective surveillance model for rehabilitation for women with breast cancer. *Cancer*. 2012;118(8)(suppl):2191-2200. doi:10.1002/cncr.27476.
11. Stuijver MM, Stout NL, Dennett AM, Speksnijder CM, Campbell KL. An international perspective on integrating physiotherapists in oncology care. *J Physiother*. 2019;65(4):186-188.
12. Bell A. Uncompensated care: an ongoing problem. <https://www.apta.org/apta-magazine/2021/10/01/uncompensated-care>. Published October 1, 2021. Accessed November 28, 2021.