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The influence of multidisciplinary team meetings on treatment decisions in muscle invasive bladder cancer: A nationwide study in the Netherlands

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Background

Despite all efforts, the prognosis for patients with muscle invasive bladder cancer (MIBC) is still poor. Since centralization of care, the multidisciplinary team meeting (MDTM) is essential to oversee all treatment options and determine the optimal treatment plan. We aimed to investigate the impact of being discussed in a MDTM and the role of MDTM factors on receiving treatment with curative intent.

Methods

Data of patients with potential curable MIBC (cT2-4a N0/X-1 M0), with an urothelial cell carcinoma component, diagnosed between November 1, 2017 and October 31, 2019, were selected from the nationwide population-based Netherlands Cancer Registry (BlaZIB study). Multilevel logistic regression was used to examine the association between MDTM factors and curative treatment advice and receipt (i.e. radical cystectomy with or without neoadjuvant chemotherapy, chemoradiation, brachytherapy or external beam radiotherapy). All analyses were adjusted for sex, age, WHO performance status, Charlson comorbidity score and stage.

Results

Of the 1,763 patients, 1,552 (88%) were discussed in a MDTM. Performance status (WHO 1-2) and high age (>80 years) were significantly associated with not being discussed ($p < 0.0001$). Of the patients discussed and not discussed, 68% and 28% received treatment with curative intent, respectively. Being discussed in a MDTM was significantly associated with a higher likelihood of undergoing a treatment with curative intent (OR: 3.9, 95% CI 2.5-6.0), as was the presence of a representative of hospital performing cystectomy in a MDTM (OR: 1.64, 95% CI 1.13-2.38). Presence of a representative of an academic center was associated with a higher receipt of chemoradiation (OR: 1.91, 95% CI 1.11-3.30), but not with other treatments with curative intent.

Conclusions

For patients with MIBC, age and performance status were associated with a patient's chance of being discussed in a MDTM. Patients who were discussed in a MDTM were more likely to receive treatment with curative intent, especially when a representative of hospital performing cystectomy was present. Therefore, we recommend to discuss every patient in a well-represented MDTM.

Clinical trial identification

NL8106.

Legal entity responsible for the study

BlaZIB study Group.

Funding

Dutch Cancer Society.

Disclosure

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