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# Global quantitative assessment of multidisciplinary team (MDT) care in early-stage NSCLC

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## Background

MDT care is increasingly important in the evolving early-stage (stg) NSCLC treatment (Tx) landscape. We report results from a global, quantitative, online survey of physicians on MDT access and dynamics in stg I–IIIB NSCLC Tx.

## Methods

Physicians from 11 countries who managed ≥5 patients (pts) with stg I–IIIB NSCLC (AJCC 8$^{th}$ ed.) in the year prior to screening (2024), had practiced ≥3 years, were licensed and board certified/eligible, and spent >60% (community) or >30% (academic) time in clinical practice were invited to complete an online survey.

## Results

529 physicians (176 oncologists, 146 surgeons, 84 pulmonologists, 69 radiation oncologists, 54 pathologists) from Brazil (n=50), Canada (20), Germany (59), Italy (56), Japan (56), Mexico (30), Spain (60), Switzerland (14), Turkey (51), UK (53) and US (80) completed the survey; 242 (45.7%) vs 287 (54.3%) worked in academic vs community settings. Most reported lung-cancer-specific MDT meetings but 18.0% reported non-cancer-type-specific meetings (highest in Japan, US and Brazil, and community vs academic settings). 37.2% stated MDT care was used in all pts with early-stg NSCLC (highest in UK [69.8%]). 74.5% stated MDTs met at least weekly and 49.7% reported discussions lasting 30–60 minutes. Most (86.8%) reported MDTs that included ≥5 specialties; roughly half reported final Tx decisions were made jointly. Cases less likely to be discussed at MDT meetings included those with tumours localised within the lung or at very early disease stg (reported by 33.6%) and those needing immediate Tx (39.9%). Factors most reported as top 3 drivers of MDT success included multispecialty representation (reported by 67.7%), availability of complete diagnostic information (51.6%) and effective communication (42.9%), while lack of complete diagnostic/biomarker information (50.9%) and delayed referral between centres (31.2%) were most reported as top 3 barriers. Country-level results will also be reported. Almost all (96.6%) physicians agreed MDT discussions have a somewhat to substantial level of benefit on outcomes.

## Conclusions

This global survey suggests physicians recognise the benefit of MDTs for early-stg NSCLC Tx. In an increasingly complex Tx landscape, remaining barriers to MDT success must be addressed.

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## Legal entity responsible for the study

AstraZeneca.

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## Disclosure

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