Multi-disciplinary team (MDT) approach for esophageal cancer patients in NTWC

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Introduction
Cancer of oesophagus is the 10th commonest cause of cancer-related death in Hong Kong

Objectives
MDT approach is initiated to provide comprehensive and holistic care for esophageal cancer patients

Methodology
MDT, including surgeons, specialty nurses, oncologists, anesthesiologists, intensivists, physiotherapists, clinical psychologists, dietitians and social workers, was formed in NTWC to manage patient with esophageal cancer. Patients who suffer from alarming symptoms (e.g. dysphagia), have a fast track referral and assessment in surgical SOPD. OGD (oesophagostroduodenoscopy) will be arranged in the next available endoscopy session and pre-operative imaging, including EUS and CT, is arranged as soon as possible. Dietitians and clinical psychologists will provide nutritional and psychological support. Referral to dietitians is made once there is endoscopic diagnosis. Social workers will also look into any financial/social problems of these patients. Treatment plan is formulated in MDT clinic by surgeons and oncologists. Physiotherapists provide pre-operative education, post-operative chest physiotherapy and mobility training. After surgery, patients are cared in ICU. Bronchoscopy is done on day 1 and when needed. Patients will be transferred back to general ward once they are stable. After discharge, patients are reviewed in the MDT clinic again for
adjuvant therapies. SOMIP (Surgical Outcome Monitoring & Improvement Program) of esophagectomy results in NTWC (2010-2013) were reviewed and compared with overall HA esophagectomy results.

**Result**
Results: Throughout the years, around 1/3 of esophageal cancer patients received surgery. Others received supportive treatment due to poor pre-morbid status, patients’ wishes or advanced disease state. 29 patients received esophagectomy from 7/2010 to 6/2013. 30-days mortality for esophagectomy in TMH is 0 % (overall HA mortality rate for esophagectomy: 2010-2011: 1%, 2011-2012: 6.2%, 2012-2013: 3.1%). Morbidity rate is 24.1%. Overall HA morbidity rate was ~50% (2010-2011: 58%, 2011-2012: 53%, 2012-2013: 57.1%). Overall results are compatible with international standard. Conclusion: Multi-disciplinary approach is crucial in treating patients with esophageal cancer. Different specialties participation is important to provide satisfactory results.