

Effective Practices in Bladder Cancer Care: MULTISPECIALTY CLINICS

Multidisciplinary care in the form of multispecialty bladder cancer clinics, has been shown to improve disease assessment and treatment recommendations for patients with bladder cancer, and increase patient access to specialty treatment and coordinated care.^{1,2} While insufficient clinic space, funding, staff, and time are common barriers to implementing a multidisciplinary clinic in community cancer settings,³ members of the Association of Community Cancer Centers (ACCC) are creatively addressing some of these barriers.

Vanderbilt Ingram Cancer Center Nashville, Tennessee

Vanderbilt-Ingram Cancer Center is a designated National Cancer Institute (NCI) comprehensive cancer center with a wide catchment area that includes Tennessee, Mississippi, Alabama, Georgia, Virginia, Kentucky, and beyond. Nancy B. Davis, MD, Vice President for Cancer Care Network and Strategy at Vanderbilt University Medical Center, is a medical oncologist in the Division of Hematology/Oncology whose focus is on using a multidisciplinary care model to treat patients with bladder cancer at the Multidisciplinary Genitourinary Cancer Clinic. The considerable clinic space available at one of Vanderbilt's sites in Nashville enables patients to see clinicians from multiple specialties (including medical oncology, radiation oncology, and urology) on the same day. *"You can come and see all of us at the same time,"* says Dr. Davis. *"We know you're coming, and we have all the information we need to discuss the best options for each patient."*

At weekly clinics, nurse navigators meet patients diagnosed with bladder cancer to gather their information and collate tests and imaging. The bladder cancer team internally reviews this information for each patient (who may already be staged) and discusses potential treatment options before meeting with patients. *"Once a diagnosis is made, typically the patient's case is brought to the weekly tumor board to get input about whether they are a candidate for standard-of-care neoadjuvant cisplatin-based chemotherapy, if it's muscle invasive, if not, why not?"* asks Dr. Davis, explaining how clinicians at Vanderbilt arrive at the most promising treatment regimen. She says it is essential to ask the right questions: *"Is there a trial available for the patient who is eligible? What about the frail patient who'd be at higher surgical risk? Is triple therapy with radiation and chemotherapy an option?"*

This approach allows the team to collaboratively formulate an individualized treatment plan and address supportive care needs to manage the consequences of treatment. For example, chemotherapy or surgery can bring on menopausal symptoms or erectile dysfunction from changes in hormone levels or gender specific radical cystectomy, respectively. If surgery is warranted, the treatment team connects patients with the ostomy teaching team to prepare patients for the new responsibilities they must assume. Patients who live at a distance from the cancer center may be connected to local providers to receive coordinated care.

Mission Medical Oncology Asheville, North Carolina

Coordinating care for patients with bladder cancer who live at a distance from the clinic is a common challenge. Chelsea Osterman, MD, a genitourinary cancer specialist at Mission Medical Oncology in Asheville, North Carolina, established a multispecialty clinic that serves oncology patients, including those with bladder cancer. Prior to assuming her role at Mission Medical, Dr. Osterman was a fellow at the University of North Carolina Chapel Hill, where she practiced in a multidisciplinary clinic similar to the cancer center at Vanderbilt. Like Vanderbilt, Mission Medical's model enables patients to see multiple specialists during one visit. The model also enables specialists to review patient biopsies and imaging in real-time. Studies have shown that this model contributes to a more collaborative interpretation of findings, increases the likelihood that providers will recommend patients for further evaluation, and broadens the recommendations that providers make for treatment to include neoadjuvant chemotherapy, bladder preservation treatment, and chemoradiation.¹⁰ This one-stop shop is also more convenient and accessible for patients who live at a distance from the cancer center.

At Mission Medical, Dr. Osterman works alongside a urologist and a radiation oncologist who serve patients residing in western North Carolina (a large rural area). Many of Dr. Osterman's patients live far from the clinic, work long hours in multiple jobs, and have extensive family obligations. Accordingly, Dr. Osterman is streamlining the scheduling process to minimize patient time off from work and reduce the need for multiple clinic visits.

This streamlining also provides a framework that supports shared decision-making. As soon as a patient is referred to the

Multidisciplinary Bladder Cancer Clinic Models

There are several models of multidisciplinary bladder cancer clinics. The models support simultaneous consultation with urologic, medical, and radiation oncology specialists as well as wound ostomy and continence nurses, physical and nutritional therapists, oncology social workers, and clinical trial coordinators.³

Models include one or more of the following:

- Same day sequential appointments with urology, medical oncology, pathology, and radiation oncology
- Sequential appointments with different specialties on different days
- Concurrent appointments in which one time slot is attended by multiple providers
- Corridor or email curbside consults among specialty providers

clinic, Dr. Osterman prioritizes shared decision-making. Staff initiate discussions with patients about the pros and cons of potential treatment options and direct patients to sources of reliable information, such as those offered by the Bladder Cancer Advisory Network.

“During my conversations with a patient, I assess whether they are a cisplatin candidate, determine if they are a surgical candidate, and talk to them about the gold standard of neoadjuvant chemotherapy followed by surgery, versus a bladder-sparing approach with chemoradiation,” explains Dr. Osterman. *“I present all options and have patients meet with both urology and radiation oncology so they can go into a lot more detail about all options.”*

Dr. Osterman emphasizes the benefits of multidisciplinary care at Mission Medical. When multiple specialists are in the same building, and the care model is based on collaboration, the patient becomes the center of care decisions. Care coordination becomes natural, allowing for rapid, real-time discussion about individual patients. *“We all work in the same building,”* says Dr. Osterman. *“The coordination of care is literally me going down-stairs and talking to the other specialists in person.”*

The above-mentioned clinics are just a couple of examples of how specialty services can be integrated to improve patient care and health outcomes. With a multidisciplinary team approach, patients and providers are able to have open communication about any potential benefits and risks associated with treatment options. ACCC’s Multidisciplinary Bladder Cancer program highlights additional strategies for improving care and reducing disparities for patients with bladder cancer.

References

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