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RESEARCH ARTICLE

Knowledge and Satisfaction of Medical Staff Regarding the Multidisciplinary Tumor Board at Treichville University Hospital

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Abstract

Background: Multidisciplinary Tumor Board (MTB) meetings are a key step in cancer management. They foster collegial decision-making and promote the harmonization of medical practices. In Côte d'Ivoire, although MTBs have been organized since 2021 at Treichville University Hospital, their impact on healthcare professionals has not yet been evaluated.

Objective: To assess the level of knowledge and satisfaction of medical staff regarding the oncology MTB at Treichville University Hospital.

Materials and Methods: This was a descriptive cross-sectional study conducted among 128 physicians over a period of approximately two months, from February 3 to April 9, 2024.

Results: Residents in specialization represented 65.6% of respondents, with a median professional experience of 4 years. The majority (97.7%) had heard of MTBs, and 79.2% had already participated in one. For 85.9% of participants, the frequency of meetings was satisfactory, and 73% wished to attend regularly. However, 35% felt that the cases were insufficiently prepared, and 49% were dissatisfied with the number of specialists present. The guidelines used were mostly foreign (52%), and 29.3% considered the meeting environment inadequate. Despite these limitations, 72% found the discussions relevant and 70% were satisfied with the decisions made.

Conclusion: MTBs are generally well perceived by the surveyed healthcare professionals. However, efforts are needed to improve case preparation, strengthen multidisciplinary, adapt guidelines to the national context, and optimize the logistical conditions of meetings. Promoting MTBs as both a decision-making and educational tool appears essential to improving cancer care in Côte d'Ivoire.

Keywords: Multidisciplinary Tumor Board, Oncology, Knowledge, Satisfaction, Abidjan

Introduction

Cancer represents a major public health problem, with incidence and mortality rates steadily increasing worldwide and in Côte d'Ivoire [1]. Its management requires close multidisciplinary coordination, as any failure in this organization may compromise patient outcomes [2]. Given the complexity of therapeutic options and the need for collective decision--making, the Multidisciplinary Tumor Board (MTB) has emerged as a central tool for guiding diagnostic and therapeutic strategies [3, 4]. In many countries, particularly in Europe and the United States, MTBs are regulated by national guidelines and are subject to regular evaluation [5-7]. In Africa, similar initiatives have been reported in Morocco and Madagascar [5, 8]. In Côte d'Ivoire, there is currently no legal framework governing MTBs, but since 2021 regular meetings have been initiated at Treichville University Hospital. A preliminary report has been presented, but it did not address the perception or level of satisfaction of participating healthcare professionals [9]. In this context, the present study aims to assess the knowledge, participation, and satisfaction of medical staff regarding oncology MTBs at Treichville University Hospital.

Materials and Methods

Study Design

We conducted a descriptive cross-sectional multicenter study over a period of approximately two months, from February 3 to April 9, 2024, involving medical staff engaged in the management of solid tumors.

Eligibility Criteria

All physicians involved in the management of solid tumors and registered on the virtual exchange platforms of the oncology MTB at Treichville University Hospital were included.

Study Variables

The Parameters Assessed Included

Socioprofessional data**:** workplace, function within the department, years of specialization, previous professional training, and sector of activity.

Level of involvement in cancer management**:** patient follow-up, participation in tumor-specific therapeutic decision-making within their departments, and decisions regarding surgical management of tumors (excluding emergencies).

Knowledge and perception of the oncology MTB at Treichville University Hospital**:** prior awareness of MTBs, previous participation, general perception, perceived usefulness, opinion on meeting frequency, preferred day and time, attendance frequency, satisfaction with meeting venue, and evaluation of discussion quality.

Data Collection Tools and Procedures

A closed-ended questionnaire was designed using the KoboCollect platform (version v2023.2.4). A survey link was generated and disseminated through three main channels: the virtual MTB platform of the oncology department, physicians' emails from the MTB mailing list, and physical sharing of the link.

This was a self-administered electronic questionnaire. Participation was voluntary, free of charge, and strictly anony-

mous. The link was active from February 3 to April 9, 2024, and four reminders were sent during this period to optimize participation. The questionnaire was configured to allow only one submission per respondent.

Data Analysis

All data were analyzed using KoboCollect. Categorical variables were presented as frequencies and percentages, while quantitative variables were expressed as medians.

Ethical Considerations

This study was conducted with the prior approval of the Medical and Scientific Director of Treichville University Hospital. Participation of physicians was voluntary, free, and anonymous. Data collection involved no risk to participants, and no identifying information was recorded. Informed consent was deemed obtained through the voluntary completion and submission of the online questionnaire.

Results

Socioprofessional Characteristics

The study included a total of 128 healthcare professionals. Residents in specialization represented the largest group (65.6%), followed by medical specialists (33.6%). Most respondents were from the Department of Medical Oncology (45.3%), followed by Gynecology-Obstetrics (10.1%), Digestive Surgery (9.3%), and Urology (8.6%). In addition, 75.8% of participants were working at Treichville University Hospital. More than half (52.8%) had previously completed professional training in a discipline related to oncology? The median duration of experience in the specialty was 4 years, ranging from 0 to 27 years. Socioprofessional characteristics are summarized in Table 1.

Knowledge and Practice Regarding the Multidisciplinary Tumor Board (MTB)

Among the 128 participants, 98% had already heard of MTBs, and a majority (108 participants, 84.4%) had previously attended at least one meeting. Regarding participation frequency, 73% reported attending MTBs regularly, while 25% participated only when they had a case to present. With respect to decision-making, 81% of respondents stated that therapeutic decisions were generally made after structured discussions with other specialists. In terms of perception, 98.4% considered that MTBs contribute to better therapeutic decision-making, and 67.9% also viewed them as having medico-legal value. Characteristics related to knowledge and practice regarding MTBs are presented in Table 2.

Satisfaction with the oncology MTB at Treichville University Hospital

Most respondents (85.9%) reported being satisfied with the frequency of MTBs. However, only 39.2% felt that cases were adequately prepared or selected in advance, while 35.2% considered case preparation insufficient. Regarding sources of decision-making, 93.8% reported using international or foreign guidelines, and 45.4% relied on their own clinical experience. Discussions were judged relevant by 73.2% of participants, and 69.5% declared themselves satisfied with the decisions made during the meetings. Concerning meeting composition, 50.5% felt that the quorum achieved was satisfactory.

Table 1: Sociodemographic and Professional Characteristics.

Variables		Number	%
Professional status (n = 128)	Residents in specialization	84	65.6
	Specialists	43	33.6
	General practitioners	1	0.8
Specialty (n = 128)	Medical oncology	58	45.3
	Gynecology and obstetrics	13	10.1
	Digestive surgery	12	9.3
	Urology	11	8.6
	Anatomical and cytological pathology	7	5.5
	Otorhinolaryngology	6	4.7
	Medical and interventional imaging	6	4.7
	Stomatology and maxillofacial surgery	5	3.9
	Radiotherapy	3	2.3
	Others	7	5.5
Workplace (n = 128)	Treichville University Hospital	97	75.8
	Other public hospitals	18	14.1
	Private hospitals	13	10.1
Oncology training / internship(n = 128)	Yes	66	52.8
	No	59	472

Others: Traumatology, Internal Medicine and Geriatrics, Ophthalmology, Gastroenterology

Table 2: Knowledge and practice regarding the Multidisciplinary Tumor Board (MTB) at Treichville University Hospital.

Variables		Number	%
Prior awareness of MTBs (n = 128)	Yes	125	98
	No	3	2
Previous participation in an MTB (n = 128)	Yes	108	84.4
	No	20	15.6
Frequency of participation in the MTB at Treichville (n = 128)	Regularly	92	73
	Only when I have cases to present	32	25
	No opinion	4	2
Usual mode of therapeutic decision-making (n = 126)	During MTB	102	81
	Collegial decision	22	17

	Individual decision	2	2
Perceived usefulness of the MTB (n = 128)	Therapeutic decision support	126	98.4
	Medico-legal interest	87	67.9
	Training and updating of knowledge	3	1.85
	Care safety improvement	2	0.07

MTB: Multidisciplinary Tumors Board

Table 3: Satisfaction Regarding the Multidisciplinary Tumor Board (MTB) at Treichville University Hospital.

Variables		Number	%
Perception of MTB meeting frequency (n = 128)	Appropriate frequency	110	85.9
	No opinion	11	8.6
	Inadequate frequency	7	5.5
Quality of case preparation (n = 97)	Adequately prepared in advance	38	39.2
	Insufficiently prepared in advance	34	35
	No opinion	25	25.8
Type of guidelines used (n = 97)	Western or foreign guidelines	91	93.8
	Personal clinical experience	44	45.4
	National guidelines	41	42.3
Relevance of discussions (n = 97)	Yes	71	73.2
	No	25	25.8
	No opinion	1	1
Satisfaction with decisions made (n = 95)	Yes	66	69.5
	No	6	6.3
	No opinion	23	24.2
Perception of quorum (n = 97)	Satisfactory	49	50.5
	Unsatisfactory	48	49.5

Discussion

Limitations

This study has several limitations. The voluntary and non-random sampling may have introduced self-selection bias, limiting generalizability. The questionnaire was not pilot-tested, which could affect data reliability.. Finally, variability in exposure to MTBs across institutions may have influenced participants' knowledge and satisfaction.

Our study highlighted the level of knowledge and satisfaction of medical staff involved in cancer care regarding the Multidisciplinary Tumor Boards (MTBs) organized by the oncology department of Treichville University Hospital.

Socioprofessional Characteristics of Respondents

During the study period, 128 physicians completed the questionnaire. All specialties involved in cancer management participated. Besides oncology, the most represented specialties were gynecology, digestive surgery, and urology, consistent with the incidence of cancers in Côte d'Ivoire [1]. The majority of participants were residents in specialization (65.6%), followed by specialists (33.6%). This predominance of junior doctors may be explained by their strong presence on the MTB virtual platform and by the educational role of these meetings. Indeed, MTBs are widely recognized as privileged opportunities for continuing medical education, not only for senior physicians but also for trainees. They foster knowledge-sharing, clinical experience exchange, and critical discussion, thereby enhancing learning in real-life settings [6, 10]. Like hospital staff meetings and simulation-based learning, MTBs are increasingly integrated into modern medical training curricula [5]. They also promote professional values and ethics, strengthening diagnostic, therapeutic, and decision-making skills [11, 12].

The median professional experience of respondents was 4 years, reflecting the large proportion of residents. This profile underscores the attractiveness of MTBs for younger practitioners seeking continuing education. Although most respondents were based at Treichville University Hospital, about one-quarter worked in other institutions. Their involvement reflects the openness of MTBs to professionals from other centers, both nationally and internationally, thereby extending the dissemination of best practices beyond the host institution.

Knowledge and Practice Regarding MTBs

Although 98% of respondents were aware of MTBs, they were not systematically used for therapeutic decision-making outside emergency contexts. About 20% indicated that decisions were still sometimes taken within the same specialty, outside a structured framework. This gap between awareness and systematic implementation may be linked to organizational barriers, despite strong evidence of MTBs' positive impact on care quality [2, 5, 12]. Strengthening their integration into all non-urgent decisions remains essential in line with best clinical practices.

Regular attendance, reported by 73% of respondents, reflects good engagement. However, 25% participated only when they had a case to present, suggesting that MTBs may still be perceived as case validation meetings rather than as forums for collective learning and clinical monitoring. Similar observations have been reported in Maghreb countries, where attendance is often conditional on personal involvement in a clinical case [3].

Moreover, MTBs were recognized as medico-legal tools by 67.9% of respondents, highlighting their role in ensuring traceability of therapeutic decisions. Almost all participants (98.4%) acknowledged their contribution to improved therapeutic decision-making, in line with findings from Descotes et al. in France [12] and Ettalibi in Morocco [6], who emphasized their role in legitimizing and sharing clinical reflection. Thus, beyond their operational purpose, MTBs emerge as spaces for shared clinical reasoning, enhancing therapeutic optimization, medico-legal accountability, and quality of care [14].

Satisfaction with MTBs at Treichville University Hospital

Overall, MTBs were positively perceived. Most respondents (85.9%) found the meeting frequency satisfactory, reflecting an appropriate balance with medical activity.

Nevertheless, shortcomings were identified. Fewer than 40% considered case preparation adequate, while 35% deemed it insufficient. This limitation can reduce the quality of discussions and rigor of therapeutic decisions. Prior validation of cases by the organizing team could improve meeting efficiency [3,6].

Regarding decision-making references, 93.8% reported using international guidelines, while 45.4% relied on personal clinical experience. Ideally, MTB recommendations should be based on recognized guidelines national, regional, or international [8,9]. However, exclusive reliance on foreign guidelines may be inappropriate for local realities. Complex cases, such as advanced chemotherapy lines or atypical synchronous cancers, often require decisions beyond guidelines, underscoring the need for contextual judgment [13]. The development of national guidelines adapted to the Ivorian context therefore appears to be a priority for harmonizing practices.

Despite these limitations, 73.2% judged the discussions relevant, and 69.5% were satisfied with the decisions taken, reflecting the expertise of participating physicians.

Finally, quorum remains an issue (49.5%) felt that the composition of MTBs was insufficient. Multidisciplinary representation is essential to ensure the validity of decisions [3, 6]. The lack of certain specialties at Treichville University Hospital such as neurosurgeons or radiotherapists combined with logistical constraints (e.g., unsuitable schedules), may explain these gaps. Remote participation is already available and represents a strength to overcome geographic barriers. However, it does not fully compensate for the absence of certain expertise, highlighting the need to strengthen inter-institutional coordination and involve additional specialties.

Conclusion

This study highlights good knowledge and an overall positive perception of Multidisciplinary Tumor Boards (MTBs) among healthcare professionals at Treichville University Hospital. It confirms their dual role as both decision-making and educational tools in cancer management. However, several limitations persist, particularly regarding case preparation, the availability of certain specialties, and the absence of national guidelines, which restricts the contextualization of clinical decisions.

To optimize the effectiveness of MTBs, it is necessary to strengthen their organization, broaden multidisciplinary participation, and develop national oncology guidelines. Their formal institutional recognition and regular evaluation represent essential levers to improve the quality of care and address the specific challenges of the Ivorian context.

Conflict of Interest

The authors declare that they have no conflicts of interest**.**

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Not applicable.

Competing Interest Statements

The authors declare that they have no competing interests.

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Data Availability Statement

The datasets generated and/or analysed during the current study are available from the corresponding author upon reasonable request. No access restrictions apply.

Author Contribution Statements

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