



Nervous system tumors as subject of multidisciplinary oncological consult

Laurens Dobbels^{1,2} · Bernard Hanseeuw³ · Ludo Vanopdenbosch⁴ · Anne Sieben⁵ · Patrick Cras⁶

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The necessity of a multidisciplinary approach in oncological treatment stems from the inherent complexity of cancer and the diverse range of expertise required for optimal patient care. In Belgium, the structured framework of the Multidisciplinary Oncology Consultation (MOC) allows this joining of expertise in the treatment for a newly diagnosed oncological condition. Yet, recently, a clear yet controversial stance by the national insurer RIZIV-INAMI draws an unyielding line of refusing reimbursement for a ‘benign’ central nervous system (CNS) tumor. This bureaucratic decision, based on the strict definition of oncology, thus excludes a MOC on a ‘benign’ CNS tumor from reimbursement. In the WHO classification of central nervous system tumors, the distinction between ‘benign’ and ‘malignant’ tumors is not even made. All CNS tumors can indeed infiltrate the surrounding brain. The RIZIV, as the guardian of public funds, chooses to direct its limited budget towards the most threatening forms of cancer. Although the need for multidisciplinary care in

CNS tumors is not denied, it is considered outside the strict parameters of the MOC scheme. Thus, patients are faced with a system that, while rational in allocating resources, sometimes seems to ignore the nuanced needs of individual patients.

Refusing reimbursement for MOCs in cases of so called ‘benign’ CNS tumors, such as meningiomas or astrocytomas, is unacceptable due to several critical factors that impact patient care and outcomes. The main argument of RIZIV-INAMI is that these ‘benign’ tumors are not considered true ‘cancer’ or of ‘oncological’ nature. This is absolutely erroneous, as brain cancer is a complex group of diseases characterized by the uncontrolled growth of abnormal cells within the brain.

Malignant primary brain tumors such as glioblastoma often originate from an initially ‘benign’ astrocytoma. While these tumors may be classified as ‘benign’, their management often requires a complex, coordinated approach that necessitates the expertise of multiple specialists. Meningiomas, even when histologically benign, need an advanced molecular characterization that requires a multidisciplinary consultation in order to tailor therapy [1]. They can be in critical brain areas, causing substantial neurological deficits. The decision regarding surgical intervention, the extent of resection, and the necessity for adjuvant therapies requires careful consideration by a team of experts, including neurosurgeons, oncologists, radiologists, neuropathologists and neurologists.

Secondly, the long-term management of these tumors often involves ongoing monitoring and potential interventions. Even after initial treatment, patients may experience recurrence or develop new symptoms that require reassessment and adjustments to their care plan. A multidisciplinary approach ensures that all relevant factors are considered, leading to more informed and effective management strategies [2].

Thirdly, the impact of these tumors on a patient’s quality of life cannot be underestimated. Benign tumors can

✉ Patrick Cras
patrick.cras@uantwerpen.be

¹ Department of Neurology, Imelda Hospital, Imeldalaan 9, B-2820 Bonheiden, Belgium

² University Hospitals Leuven, 49 Herestraat, Leuven, Leuven 3000, Belgium

³ Department of Neurology, Cliniques Universitaires St Luc, and Institute of Neuroscience, 53 Avenue Mounier, 1200 UCLouvain, Brussels, Belgium

⁴ Department of Neurology, AZ Sint Jan Brugge, Ruddershove 10, B-8000 Brugge, Belgium

⁵ Department of Pathology, Faculty of Medicine and Health Sciences, Antwerp University Hospital and Born Bunge Institute, University of Antwerp, Drie Eikenstraat 655, B-2650 Edegem, Belgium

⁶ Department of Neurology, Faculty of Medicine and Health Sciences, Antwerp University Hospital and Born Bunge Institute, University of Antwerp, Drie Eikenstraat 655, B-2650 Edegem, Belgium

cause significant physical and emotional distress, affecting cognitive function, motor skills, and overall well-being. A multidisciplinary consultation allows for a comprehensive assessment of the patient's needs and the development of a tailored care plan that addresses both the medical and psychosocial aspects of their condition.

Furthermore, the argument that reimbursement should be denied based solely on the histological classification of “benign” disregards the dynamic and often unpredictable nature of these tumors. Some benign tumors can exhibit aggressive behavior or undergo malignant transformation, necessitating a proactive and vigilant approach to management. A multidisciplinary consultation provides a platform for ongoing assessment and the timely identification of any changes that may require intervention.

Finally, the Belgian Cancer Registry collects data equally on benign and malignant tumors of the nervous system.

In essence, denying reimbursement for multidisciplinary consultations in cases of ‘benign’ CNS tumors undermines the principles of patient-centered care and evidence-based medicine. It fails to recognize the complexity of these cases and the importance of a coordinated, team-based approach to ensure optimal patient outcomes.

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Declarations

Competing interests The authors declare no competing interests.

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