

Thoracic Multi-Disciplinary Team Meeting: Referral to MDT & meeting proforma

This form can be used by thoracic teams across Greater Manchester to ensure optimal MDT working in line with the GM standards described in '*Effective working in a Lung Cancer MDT - A charter*'. This form can be used as both a referral mechanism and for documenting the MDT discussion & outcomes. It can also be used as a framework to measure existing referral mechanisms and MDT proformas (e.g. electronic forms) against to ensure they meet the information set out in this form. This will ensure appropriate & efficient listing and effective MDT discussion

Patient Details

Name:

DOB:

NHS No:

Hospital No:

Referrer Information

Referring Team:

Responsible Clinician:

Contact details:

Key Worker:

Contact details

Date of referral:

Should the patient be listed at the end of the MDT? Yes No (tick box)

If yes, why?

Patient has been referred for treatment via the streamlined protocol pre-MDT

Patient has died and requires cancer system registration

WHO Performance Status*:

Select from drop down

Clinical frailty score (≥65yrs):

Select from drop down

Working Diagnosis:

GM Diagnostic Standards of Care Group
(1-5) or N/A

Current Clinical Staging:

T N M

Diagnostic Standards of Care have been completed and results are available for discussion
 (if it hasn't, please provide information as why an MDT discussion is required)

Group 1	Group 2	Group 3	Group 4	Group 5
PET-CT	PET-CT	PET-CT	PET-CT	Pathology Results
ppo-FEV1	EBUS	EBUS	EBUS	Renal function
ppo-DLCO	CT Brain	MR Brain	MR Brain	
	ppo-FEV1	ppo-FEV1	FEV1	
	ppo-DLCO	ppo-DLCO	DLCO	
		Renal function	Renal function	

Confirm the additional tests have been completed and results available for discussion **if indicated**:

- Shuttle walk test or six-minute walk test *if under consideration for surgical resection*
- Echocardiogram if >70yo, murmur, abnormal ECG, IHD, valve disease, ?pneumonectomy *if under consideration of surgical resection*

Please provide any reasons why an MDT discussion should occur if the minimum dataset and investigations have not been completed:

Smoking status:

Never smoked (<100 cigarettes) Light ex-smoker (<20 pack years) Current/ ex-smoker

Referred to a tobacco dependency treatment team? Yes No N/A

Seen by tobacco dependency treatment team? Yes No N/A

Does the patient have any psycho-social needs that require consideration? Yes No

Does the patient have wishes that need to be taken into consideration? Yes No

Additional Information:

Has the patient completed an impact statement? *(Document any which may affect treatment decisions)*

Yes No N/A

Additional Information:

Has the patient completed a Holistic Needs Assessment Yes No

Additional Information:

Please provide any additional relevant information here?

Thoracic Multi-Disciplinary Team Meeting Proforma

Section 1: To be completed prior to the MDT meeting

Presenting symptoms & history:

Co-morbidities:

Physiology:

FEV1 (%):	ISWT (m):
DLCO (%):	6MWT (m):
ppo-FEV1 (%):	Creatinine:
ppo-DLCO (%):	eGFR:

Echocardiogram:

Section 2: To be completed during the MDT meeting

Date of MDT:

Presenting clinician:

Responsible consultant:

Summary of radiology:

CT:

PET:

Brain Imaging:

Other:

Summary of pathological results:

MDT agreed diagnosis:

MDT agreed staging: *Select from drop downs*

Tick here if lung cancer staging not applicable

T:

N:

M:

Overall Stage:

Summary of MDT discussion:

Describe any further actions required:

MDT Treatment Recommendations: (Tick all that apply)

Surgical resection		Radiotherapy		SACT		Other	
VATS lobectomy	<input type="checkbox"/>	SABR	<input type="checkbox"/>	Palliative chemotherapy	<input type="checkbox"/>	Active surveillance	<input type="checkbox"/>
Open lobectomy	<input type="checkbox"/>	Conventional radical XRT	<input type="checkbox"/>	Palliative immunotherapy	<input type="checkbox"/>	Best supportive care	<input type="checkbox"/>
Complex lobectomy	<input type="checkbox"/>	High grade palliative XRT	<input type="checkbox"/>	Palliative chemo-IO	<input type="checkbox"/>	Specialist palliative care referral	<input type="checkbox"/>
Bilobectomy	<input type="checkbox"/>	Palliative XRT	<input type="checkbox"/>	Palliative TKI	<input type="checkbox"/>	Tobacco dependency referral	<input type="checkbox"/>
Pneumonectomy	<input type="checkbox"/>	Sequential chemoradiotherapy	<input type="checkbox"/>	Other palliative SACT	<input type="checkbox"/>	Prehab4cancer referral	<input type="checkbox"/>
Wedge resection	<input type="checkbox"/>	Concurrent chemoradiotherapy	<input type="checkbox"/>	Adjuvant chemotherapy	<input type="checkbox"/>	One-stop lung cancer clinic	<input type="checkbox"/>
Rigid bronchoscopy	<input type="checkbox"/>	Radiofrequency ablation	<input type="checkbox"/>	Adjuvant immunotherapy	<input type="checkbox"/>	Photodynamic therapy	<input type="checkbox"/>
Surgical airway management	<input type="checkbox"/>	Adjuvant radiotherapy	<input type="checkbox"/>	Adjuvant TKI	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Mediastinoscopy	<input type="checkbox"/>			Other adjuvant SACT	<input type="checkbox"/>		
VATS pleural biopsy	<input type="checkbox"/>			Neoadjuvant chemotherapy	<input type="checkbox"/>		
Trimodality CRS	<input type="checkbox"/>			Neoadjuvant IO	<input type="checkbox"/>		
				Other neoadjuvant SACT	<input type="checkbox"/>		