

Thoracic Multi-Disciplinary Team 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 to record the discussion and agreed diagnosis, staging and treatment recommendations or as a framework to measure existing MDT proformas (e.g. electronic MDT proformas) against to ensure they meet the information set out in this form. This will ensure standardised practice across Greater Manchester and fulfil the governance requirements of optimal MDT working

Section 1: To be completed prior to the MDT meeting

Patient Details

Name:

DOB:

NHS No:

Hospital No:

Date of MDT:

Presenting clinician:

Responsible consultant:

WHO Performance Status*:

Select from drop down

Clinical frailty score (≥65yrs):

Select from drop down

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

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"/>		