





Streamlined pre-MDT referral proforma:

Surgical referral in stage I/II NSCLC with excellent physiological reserve.

- Patients that fulfil the criteria as set out in the MDT charter should be referred to the thoracic surgical team without waiting for MDT discussion.
- This proforma should accompany any referral
- The patient should be listed for MDT where an abbreviated discussion can occur if the patient has already been referred and meets the criteria. The abbreviated discussion should include;
 - The eligibility for pre-MDT referral
 - The TNM staging

Patient Details

Name:

DOB:

MDT agreement with referral

MDT minutes are sent to the treating team)

Additional comment:

 Please note it is the referrer's responsibility to ensure all criteria are met and the referrer should be aware that referral outside of the set criteria may potentially lead to delays in the patient's pathway.

Referrer Information

Responsible Clinician:

Referring Team:

NHS No:	Contact details:		
Hospital No:	Key Worker:		
	Contact details:		
	Date of referral:		
Please tick to confirm all of the follow	ing critoria have been mot:	Yes	No
Please tick to confirm all of the following criteria have been met:		163	INO
Stage I/II NSCLC			
Pathologically confirmed NSCLC			
Post-operative predicted FEV1 & DLCO >40%			
Shuttle walk or 6-minute walk test >400m			
Performance status 0/1			
Clinical frailty score ≤3			
All investigations complete in line with GM Diagnostic Algorithms and GM Lung Cancer Referral SOP (including CT brain in stage II, EBUS if any thoracic lymph node >1cm in short axis)			
The patient is aware of this referral and aware that it has been made before an MDT discussion. This means there is a small chance the management plan may change, and this will be communicated to the patient following the MDT by the referring team.			
Planned MDT discussion date (Please note it is the responsibility of the referring team to ensure the			