

NET MDT referral proforma (v1)

Please send referral proforma to Christie MDT team: the-christie.MDT@nhs.net

Please also send:

- recent relevant clinic letter
- local histology report
- local imaging reports
- operation note or endoscopy reports if applicable

Referrals made without the accompanying relevant documents will be subject to delay in processing.

<p>Patient details</p> <p>Name:</p> <p>Address:</p> <p>Date of birth: Gender:</p> <p>NHS No:</p> <p>Local hospital number:</p>	<p>Referring details</p> <p>Referring Consultant:</p> <p>Referring Hospital:</p> <p>Name of Keyworker (if appropriate):</p> <p>MDT review priority: Standard / Urgent / Target 31/62 (please highlight)</p>															
<p>Primary disease site:</p> <p>Ki-67 (or MIB1), if known:</p>																
<p>Reason for discussion</p> <p>Please indicate by highlighting one option below (of either diagnosis & staging or management following or during treatment)</p>																
<p>Diagnosis & staging (pre-treatment) – Please highlight one option below</p> <p>How did the patient present? Please select the closest option:</p> <ul style="list-style-type: none"> <input type="radio"/> To GP (or hospital) with symptoms possibly related to this cancer <input type="radio"/> To GP (or hospital) with symptoms probably unrelated to this cancer <input type="radio"/> As an emergency admission possibly related to this cancer <input type="radio"/> As an emergency admission probably unrelated to this cancer <input type="radio"/> Asymptomatic or screening <input type="radio"/> Not known to me 	<p>Management following or during treatment – Please highlight one option below</p> <p>Assessment and management following primary treatments</p> <ul style="list-style-type: none"> <input type="radio"/> Following primary surgery alone <input type="radio"/> Following previous systemic treatment <p>Management of possible recurrent disease or toxicity</p> <ul style="list-style-type: none"> <input type="radio"/> Possible recurrent or progressive disease <input type="radio"/> Cause of new symptoms <input type="radio"/> Discussion about further treatment options <p>Other</p> <ul style="list-style-type: none"> <input type="radio"/> Other: 															
<p>Eastern Co-operative Oncology Group Performance status: Mandatory field</p>																
<p>Comorbidities:</p>																
<p>Clinical details (including presenting symptoms)</p>																
<p>Pathology for review</p> <p>Specimen (biopsy/ resection):</p> <p>Collected Date:</p> <p>Hospital:</p> <p>Lab no.:</p> <p><small>*Please ensure that a copy of the local pathology report is submitted to the Christie MDT coordinator with this proforma to facilitate Christie pathology review*</small></p>	<p>Radiology for review</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Modality (CT/ MR/ Nuc Med)</th> <th style="width: 20%;">Scan date</th> <th style="width: 50%;">Trust performed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Modality (CT/ MR/ Nuc Med)	Scan date	Trust performed												
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<p>Please indicate email address to send MDT outcome to:</p>																
<p>I wish to attend the MDT remotely: Yes / No</p> <p><small>The MDT is held Fridays @ 8 a.m. if you wish to attend remotely please indicate here and our MDT coordinator will confirm the date to attend. Remote participation instructions are below.</small></p>																

- (1) Once a referral for discussion at the NET MDT has been made, the relevant imaging and histology reports and proforma will be uploaded to The Christie web portal.
- (2) A pathology review will be requested (where pathology is available). No review is possible for cytology samples.
- (3) Imaging will be uploaded, where appropriate.
- (4) Discussion will take place in a Friday a.m. NET MDT meeting when all of the above processes are complete.

This may take a number of weeks (particularly if pathology review is required), so that an informed opinion can be given.

Please share this information with your patient, so that they are aware of the wait that may be involved in providing an opinion.

The outcome of the NET MDT discussion will be sent to you once this has taken place.

If you wish to attend the MDT remotely, please follow the instructions below:

Link to dial in:

<https://meet.yhteled.nhs.uk/webapp/?conference=581682>

Please open link on your internet browser (Chrome is the optimal browser), then enter your name and press CONNECT.

Please join as a guest. Select ALLOW for microphone +/- camera and click CLOSE.

We ask that all remote participants mute their microphones when not speaking to avoid audio feedback or interference.

It is the responsibility of the referring clinician to action the recommendations of the NET MDT, including appropriate referrals.