Guideline for Referral of Adults to the Specialist Neuro Oncology Multi Disciplinary Team

Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of change/ process</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>14.04.09</td>
<td>Version provided to the Cancer Network from the UHBFT Neuro Oncology MDT following three versions – discussed at NSSG in Jan 09.</td>
</tr>
<tr>
<td>0.2</td>
<td>26.06.09</td>
<td>Reformatted for consultation with authors.</td>
</tr>
<tr>
<td>0.3</td>
<td>24.07.09</td>
<td>With comments from the authors incorporated. To be presented at the NSSG for final approval in Sept 09.</td>
</tr>
<tr>
<td>0.4</td>
<td>10.09.09</td>
<td>Discussed and updated at meeting. To be circulated to members for final approval.</td>
</tr>
<tr>
<td>1.0</td>
<td>07.12.09</td>
<td>Approved following discussion and amendments.</td>
</tr>
<tr>
<td>1.1</td>
<td>21.04.10</td>
<td>Early review for changes to referral form contacts and to specify adults only.</td>
</tr>
<tr>
<td>2.0</td>
<td>02.06.10</td>
<td>Re-approved at the Guidelines Subgroup.</td>
</tr>
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Date Approved by Network Governance | July 2010

Date for Review | July 2013

Summary of changes between version 1 and version 2

Guideline amended to reflect ‘adults only’ and to update contact details and numbers for referral.

1. Scope of the Guideline

This guidance has been produced to support the following:
- The referral of all adult patients with suspected brain and other CNS tumours to the Specialist Neuro Oncology Multi Disciplinary Teams.

2. Guideline Background

There are Specialist Multi Disciplinary Teams for Neuro Oncology based at University Hospitals Birmingham NHS Foundation Trust (UHBFT; QEHB site),
University Hospitals Coventry and Warwickshire NHS Trust (UHCWT) and University Hospital of North Staffordshire NHS Trust (UHNST). This document outlines the procedures required to safely and appropriately manage referrals of patients with suspected brain and other CNS tumours (primary and secondary) to the specialist teams.

These guidelines are intended to support the referral process to the Specialist Neuro Oncology Multi Disciplinary Teams and identify patients suitable for surgery, radiotherapy or chemotherapy options and to facilitate a plan of care, follow on management and inclusion into clinical trials.

Information on the pathways can be found in the following appendices:-

Appendix 1 University Hospitals Birmingham NHS Foundation Trust
Appendix 2 University Hospitals Coventry and Warwickshire NHS Trust
Appendix 3 University Hospital of North Staffordshire NHS Trust.

Guideline Statements

3. Criteria for Referral

3.1 ALL adult patients with suspected PRIMARY brain and other CNS tumours should be referred to the Neuro Oncology MDT for discussion. Patients under the age of 16 years should be referred to Birmingham Children’s Hospital.

3.2 There is a group of patients with brain metastases needing consideration by a specialist Neuro Oncology MDT and the criteria below should be used to identify these:

a) Patients presenting with cerebral metastases as the first sign of malignant disease and where surgery is required to clarify the diagnosis.

b) Patients in whom imaging findings are in doubt following neuroradiological assessment.

c) Patients presenting with solitary metastases, who are otherwise fit, with a favourable prognosis (see 3.3 below) warranting consideration of neurosurgical intervention.

d) Patients with 1-3 cerebral metastases (newly diagnosed or recurrent) and a favourable prognosis.

e) Patients with symptomatic brain metastases that may benefit from palliative neurosurgical intervention, providing the prognosis warrants aggressive intervention (e.g. multiple metastases with a single component causing specific deterioration).

3.3 Favourable Prognostic Group criteria are adapted from recursive partitioning analysis performed on 1200 patients with brain metastases and are as follows:
3.4 Patients that fall outside these guidelines may still warrant more aggressive intervention. In this situation the referring clinician should discuss the patient with a member of the Neuro Oncology team.

4. Method of referral

   a) For UHBFT see Appendix 1
   b) For UHCWT see Appendix 2
   c) For UHNST see Appendix 3.

Monitoring of the Guideline
Implementation of the guidance will be considered as a topic for audit by the NSSG in December 2012.

References

Authors

Professor Garth Cruickshank  
Professor of Neurosurgery and Consultant Neurosurgeon

Dr Paul Sanghera  
Consultant Clinical Oncologist

Claire Goddard  
Macmillan Clinical Nurse Specialist in Neuro Oncology

Fred Berki  
Macmillan Clinical Nurse Specialist in Neuro Oncology

Juliet Connor  
Research Assistant to Professor Cruickshank
Approval Date of Network Site Specific Group: Date: July 2010
Approval Date of the Governance Committee: Date: July 2010

Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair
Name: Doug Wulff
Signature: Date: July 2010

Pan Birmingham Cancer Network Manager
Name: Karen Metcalf
Signature: Date: July 2010

Network Site Specific Group Clinical Chair
Name: Prof Garth Cruickshank
Signature: Date: July 2010
1. Meeting Details

The Neuro Oncology Multi Disciplinary Team meets every Tuesday from 12.30 p.m. – 2.30 p.m. in Lecture Theatre 4, 1st Floor, Education Centre, Queen Elizabeth Hospital, Birmingham. All those with patients to be discussed are invited to attend.

2. Responsibility of Those Making the Referral

PLEASE NOTE: IF A PATIENT’S CONDITION REQUIRES URGENT REFERRAL FOR NEURO ADMISSION OR NEURO OUT-PATIENT VISIT AT UHBFT IT IS THE RESPONSIBILITY OF THE REFERRER TO CONTACT THE NEURO SPR ON CALL, CONSULTANT NEUROSURGEON, NEUROLOGIST OR NEURO ONCOLOGIST AT UHBFT.

2.1 Complete Neuro Oncology MDTM Referral Form (appendix 1 page 4; please ensure all fields are completed or patient will not be discussed) and contact the MDT Co-ordinator*

Manjit Dhesi
Tel: 0121 204 1927 (internal 3127)
Email: Manjit.Dhesi@uhb.nhs.uk

AND Fax to the Cancer Gateway on 0121 460 5820.

2.2 Ensure all appropriate imaging is available on PACS, QEH Link or sent on disc to:-

Manjit Dhesi, New Cancer Services Office, North 3, Old Queen Elizabeth Hospital, Edgbaston, Birmingham, B15 2TH*

(please place any discs in box in MRI reporting room).

* Please note, the cut off time for referral is 12.00 p.m. on Monday for addition to the list for discussion at Tuesday 12.30 p.m. Multi Disciplinary Team meeting. Please ensure referrals comply with these guidelines. For urgent late referrals after 12.00 p.m. on Monday but before 12.00 p.m. on Tuesday, please contact Dr Allan Thomas (Consultant Neuro Radiologist) via switchboard (Tel: 0121 371 2000 – please ask to be put through to his mobile number) to upload images for discussion at 12.30 p.m. meeting. In the absence of Dr Thomas, please ask for the on-call Neuro Radiologist via switchboard.
2.3 Consultant / Team responsible for patient must send representative to MDTM to present clinical details from patient notes and access MDT discussion / decisions (i.e. register of attendance completed and notes provided by MDT Co-ordinator).

3. Responsibility of the MDT Co-ordinator

3.1 Actions by MDT Co-ordinator on Receipt of All Referrals to the Neuro Oncology MDTM

a) Log patient into system for next MDT discussion and data collection (Monday 12 noon cut off for Tuesday 12.30 p.m. MDTM)
b) Ensure imaging is available for all patients
c) Ensure referral form is fully completed by referring clinician.

3.2 Actions by MDT Co-ordinator Following the Neuro Oncology MDTM

a) Confirm key worker and responsible consultant are assigned for each patient by MDT
b) For Neuro QEH patients, inform GP of MDT decision within 24 hours and file copy of MDT proforma in patient notes
c) Provide MDT decisions to all clinicians who referred patients for discussion#
d) Contact local cancer MDT from which patient originates as they are developed (there will be one for each Cancer Network in the West Midlands; Pan Birmingham, Arden, Three Counties and Greater Midlands including North Staffordshire, South Cheshire, South Staffordshire and Shropshire area).

# Complex cases may require direct contact between medical professionals; if required, please contact Claire Goddard or Fred Berki, Macmillan Clinical Nurse Specialists in Neuro Oncology
Tel: Internal 14740; External 0121 371 4740
Email: Claire.Goddard@uhb.nhs.uk or Frederick.Berki@uhb.nhs.uk.
Pathway for Referral of Adults with Known or Suspected Brain and other CNS Tumours (including metastatic disease*) into the Neuro Oncology MDTM

ABNORMAL IMAGING

Is the patient a Neuro in-patient at QEH?

NO

Is the patient an in-patient at QEH but not neuro?

NO

Is the patient an in-patient at another hospital?

NO

Is the patient an out-patient?

YES

Does the patient require urgent referral for Neuro admission or Neuro out-patient visit at QEH?

YES

Referral will be made by the GP or Doctor or Consultant / Team responsible for the patient to the Neuro SpR on call, consultant neurosurgeon, neurologist or neuro oncologist at QEH

NO

The Doctor or Consultant / Team responsible for the patient will complete the referral form and send it to the MDT Co-ordinator at QEH

The referral will be accepted and admission / out-patient visit will be arranged

The Neuro QEH Consultant / Team responsible for the patient will complete the referral form and send it to the MDT Co-ordinator

The MDT Co-ordinator will add all patients to the MDT list for discussion and ensure imaging, pathology and clinical details will be available for the meeting

The list for discussion will be circulated to the core MDT members by the MDT Co-ordinator

All patients who have had biopsy / surgery for Brain and other CNS tumours at QEH since the last MDTM will be added to the MDT list by the Neuropathology Department

The list will be sent to the MDT Co-ordinator

For Neuro QEH patients, clinical information will be presented to the MDTM by the Consultant / Team responsible for the patient, using their notes. For non Neuro patients, clinical information will be presented to the MDTM on behalf of the Consultant / Team responsible for the patient, using details on the referral form

For Neuro QEH patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

*see guidelines on page 2 of 16

| see note on page 6 of 16 |

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ENDORSED BY THE CLINICAL GOVERNANCE COMMITTEE

S:\Cancer Network\Guidelines\Guidelines and Pathways by Speciality\Neuro Oncology\Current Approved Versions (Word & PDF)\Guideline for the Referral to Specialist Neuro Oncology MDT - version 2.0 (Re-distributed version) (2).doc
### Neuro Oncology MDTM Referral Form

Patient will **NOT** be discussed if Name, DOB and Address fields are not completed

#### Referring Trust

<table>
<thead>
<tr>
<th>HOEFT</th>
<th>New Cross</th>
<th>Walsall</th>
<th>Russell’s Hall</th>
<th>SWBH</th>
<th>Hereford &amp; Worcester</th>
<th>Stoke &amp; Stafford</th>
<th>Coventry &amp; Warwick</th>
</tr>
</thead>
</table>

Name and contact details of referring clinician(address/email/phone/fax)

Patient Hospital Number

**Referred to which Consultant at QEH…..**

<table>
<thead>
<tr>
<th>Date of MDTM (Every Tuesday)</th>
<th>Key Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt Name</td>
<td>Current Presenting Symptoms (including Dexamethasone Dose and response)</td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Pt Address</td>
<td></td>
</tr>
<tr>
<td>NHS No</td>
<td></td>
</tr>
</tbody>
</table>

**Investigations (including Imaging / Where / When)**

**Imaging on PACS /QEH Link /CD**

**Current WHO Performance Status**
- 0 Normal activity
- 1 Capable of light work
- 2 Self caring, up >50% of day
- 3 Limited self care, up <50% of day
- 4 In bed

**Details of Surgery (including where / when)**

**Details of Histology**

**Relevant Past Medical History** (including previous oncologist if applicable)

**For Metastatic Disease**
- Primary Site?
- Date of Original Diagnosis?
- Is primary site controlled? Yes / No
- Extra-cranial metastatic disease? Yes / No
- If Yes, is it controlled? Yes / No
- Symptomatic metastasis? Yes / No

**Details of Previous Radiotherapy** (start/end dates, dose and hospital)

**Details of Previous Chemotherapy** (drug, number of cycles/dates and hospital)

**With Concomitant Temozolomide** Y / N

**Reason for Referral / Question to be Discussed at Neuro Oncology MDTM**
Suggestion from MDTM (to be completed at MDTM)

Send to Fax 0121 460 5820 Cancer fax Gateway
and contact Manjit Dhesi x 3127 or 0121 204 1927

Please note cut off time for discussion is every Monday 1200hrs
Please contact Claire Goddard or Fred Berki (Clinical Nurse Specialists in Neuro-Oncology) on 0121 371 4740 between 3 p.m. and 4 p.m. on Tuesday post MDTM for results of the discussion.
1. **Meeting Details**

The Neuro Oncology Multi Disciplinary Team meets every Friday from 10.00 a.m. – 12.00 p.m. in Room 69, Clinical Sciences Building, University Hospitals Coventry and Warwickshire NHS Trust. All those with patients to be discussed are invited to attend.

2. **Responsibility of Those Making the Referral**

**PLEASE NOTE: IF A PATIENT’S CONDITION REQUIRES URGENT REFERRAL FOR NEURO ADMISSION OR NEURO OUT-PATIENT VISIT AT UHCWT IT IS THE RESPONSIBILITY OF THE REFERREER TO CONTACT THE NEURO SPR ON CALL, CONSULTANT NEUROSURGEON, NEUROLOGIST OR NEURO ONCOLOGIST AT UHCWT.**

2.1 Complete Neuro Oncology MDTM Referral Form (appendix 2 page 4) and send to Multi Disciplinary Team Co-ordinator*

Louise Smith  
Tel: Internal 26422; External 02476 966422  
Email: Louise.Smith3@uhcw.nhs.uk  
Fax: Internal 25265; External 02476 965265.

2.2 Ensure all appropriate imaging is available on PACS, University Hospital of Coventry and Warwickshire NHS Trust Link or sent on disc to:-

Phil Lindley, PACS Project Manager, ICT Services, Technology Centre, University Hospital of Coventry and Warwickshire NHS Trust, CV2 2DX.

* Please note, the cut off time for referral is 12.00 noon on Thursday for addition to the list for discussion at Friday 10.00 a.m. Multi Disciplinary Team meeting. Please ensure referrals comply with these guidelines. For urgent late referrals after 12.00 noon on Thursday but before 09.30 a.m. on Friday, please contact Louise Smith directly to upload images for discussion at 10.00 a.m. meeting.
2.3 Consultant / Team responsible for patient must send representative to MDTM to present clinical details from patient notes and access Multi Disciplinary Team discussion\decisions (i.e. register of attendance completed and notes provided by Multi Disciplinary Team Co-ordinator).

3. Responsibility of the Multi Disciplinary Team Co-ordinator

3.1 Actions by Multi Disciplinary Team Co-ordinator on Receipt of All Referrals to the Neuro Oncology MDTM

a) Log Patient into System for next MDT Discussion and Data Collection (Thursday 12.00 p.m. cut off for Friday 10.00 a.m. MDTM)
b) Ensure Imaging is available for all patients (discuss with Dr Adam Rennie in University Hospital of Coventry and Warwickshire NHS Trust MRI Dept; Tel: Internal 26300)
c) Ensure Referral Form is fully completed by referring clinician.

3.2 Actions by Multi Disciplinary Team Co-ordinator Following the Neuro Oncology MDTM

a) Confirm key worker and responsible consultant are assigned for each patient by Multi Disciplinary Team
b) For Neuro University Hospital of Coventry and Warwickshire NHS Trust patients, inform GP of Multi Disciplinary Team decision within 24 hours and file copy of MDT proforma in patient notes
c) Provide Multi Disciplinary Team decisions to all Clinicians who referred patients for discussion#
d) Contact local cancer Multi Disciplinary Team from which patient originates (there is one for each Cancer Network in the West Midlands; Pan Birmingham, Arden, Three Counties and Greater Midlands including North Staffordshire, South Cheshire, South Staffordshire and Shropshire area).

# Complex cases may require direct contact between medical professionals; if required, please contact Ian Edwards, Macmillan Clinical Nurse Specialist in Neuro Oncology
Tel: Internal 25326; External 02476 985326
Email: Ian.Edwards@uhcw.nhs.uk.
Appendix 2 – University Hospitals Coventry and Warwickshire NHS Trust (page 3 of 4)

Pathway for Referral of Adults with Known or Suspected Brain and other CNS Tumours (including metastatic disease*) into the Neuro Oncology MDTM

ABNORMAL IMAGING

Is the patient a Neuro in-patient at UHCWT?

NO

YES

All patients who have had biopsy / surgery for Brain and other CNS tumours at UHCWT since the last meeting will be discussed at the neuro-pathology meeting

Is the patient an in-patient at UHCWT but not neuro?

NO

YES

Is the patient an in-patient at another hospital?

NO

YES

Is the patient an out-patient?

NO

YES

Does the patient require urgent referral for Neuro admission or Neuro out-patient visit at UHCWT?

YES

Referral will be made by the GP or Doctor or Consultant / Team responsible for the patient to the Neuro SpR on call, consultant neurosurgeon, neurologist or neuro oncologist at UHCWT

The MDT Co-ordinator will add all patients to the MDT list for discussion and ensure imaging, pathology and clinical details will be available for the meeting

The referral will be accepted and admission / out-patient visit will be arranged

The Neuro UHCWT Consultant / Team responsible for the patient will complete the referral form and send it to the MDT Co-ordinator

The MDT Co-ordinator will circulate the list for discussion to the core MDT members by the MDT Co-ordinator

For Neuro UHCWT patients, clinical information will be presented to the MDTM by the Consultant / Team responsible for the patient, using their notes. For non Neuro patients, clinical information will be presented to the MDTM on behalf of the Consultant / Team responsible for the patient, using details on the referral form

For Neuro UHCWT patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

*see note on page 10 of 16

*see guidelines on page 2 of 16
# Neuro Oncology MDTM Referral Form

Patient will not be discussed if form is illegible. Please supply as much information as possible.

<table>
<thead>
<tr>
<th>Date of MDTM</th>
<th>Key Worker</th>
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<tbody>
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</table>

| Name and Contact Details of Referring Clinician (address / email / phone / fax number) | |
|--------------------------------------|-----------------
|                                      |                 |

<table>
<thead>
<tr>
<th>Patient Name, NHS Number, Address, Date of Birth, Contact Phone Number</th>
<th>Current Presenting Symptoms (including Dexamethasone Dose if applicable)</th>
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<thead>
<tr>
<th>Investigations (including Imaging / Where / When)</th>
<th>Current WHO Performance Status</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0 Normal activity</td>
</tr>
<tr>
<td></td>
<td>1 Capable of light work</td>
</tr>
<tr>
<td></td>
<td>2 Self caring, up &gt;50% of day</td>
</tr>
<tr>
<td></td>
<td>3 Limited self care, up &lt;50% of day</td>
</tr>
<tr>
<td></td>
<td>4 In bed</td>
</tr>
</tbody>
</table>

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<tr>
<th>Imaging on PACS / QEH Link / CD (please circle)</th>
<th>Details of Surgery (including where / when)</th>
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<tr>
<th>Details of Surgery (including where / when)</th>
<th>Details of Histology</th>
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<tr>
<th>Relevant Past Medical History (including previous oncologist if applicable)</th>
<th>For Metastatic Disease</th>
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<tr>
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<td>Primary Site?</td>
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<td>Date of Original Diagnosis?</td>
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<td></td>
<td>Is primary site controlled?</td>
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<td>Extra-cranial metastatic disease?</td>
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<td></td>
<td>If Yes, is it controlled?</td>
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<td></td>
<td>Symptomatic metastasis?</td>
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<td>Yes / No</td>
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<td>Yes / No</td>
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<td>Yes / No</td>
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<td>Yes / No</td>
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<tr>
<th>Details of Previous Radiotherapy (start/end dates, dose and hospital)</th>
<th>Details of Previous Chemotherapy (drug, number of cycles/dates and hospital)</th>
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<tr>
<th>With Concomitant Temozolomide?</th>
<th>Yes / No</th>
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</table>

| Reason for Referral / Question to be Discussed at Neuro Oncology MDTM | |
|-----------------------------------------------------------------------|-----------------
|                                                                      |                 |

| Suggestion from MDTM (to be completed at MDTM) | |
|------------------------------------------------|-----------------
|                                                 |                 |

Send to Louise Smith, MDT Co-ordinator; Tel: Internal 264212; External 02476 966422
Email: Louise.Smith3@uhcw.nhs.uk; Fax: Internal 25265; External 02476 965265

Please note cut off time is 12 noon on Thursday for Friday 10.00 a.m. MDTM

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S:\Cancer Network\Guidelines\Guidelines and Pathways by Speciality\Neuro Oncology\Current Approved Versions (Word & PDF)\Guideline for the Referral to Specialist Neuro Oncology MDT - version 2.0 (Re-distributed version) (2).doc
Appendix 3 – University Hospital of North Staffordshire NHS Trust (page 1 of 4)

1. Meeting Details

The Neuro Oncology Multi Disciplinary Team meets every Wednesday from 12.00 noon – 1.30 p.m. in the Neuro Seminar Room, Ward 23, Royal Infirmary, University Hospital of North Staffordshire NHS Trust. All those with patients to be discussed are invited to attend.

2. Responsibility of Those Making the Referral

PLEASE NOTE: IF A PATIENT’S CONDITION REQUIRES URGENT REFERRAL FOR NEURO ADMISSION OR NEURO OUT-PATIENT VISIT AT UHNST IT IS THE RESPONSIBILITY OF THE REFERRER TO CONTACT THE NEURO SPR ON CALL, CONSULTANT NEUROSURGEON, NEUROLOGIST OR NEURO ONCOLOGIST AT UHNST.

2.1 Complete Neuro Oncology MDTM Referral Form (appendix 3 page 4) and send to MDT Co-ordinator*

Sue Higginson
Tel: Internal 5174; External 01782 555174
Email: susan.higginson@uhns.nhs.uk
Fax: Internal 4718; External 01782 554728

2.2 Ensure all appropriate imaging is available on PACS, University Hospital of North Staffordshire NHS Trust Link or sent on disc to:-

Sue Higginson, Multi Disciplinary Team Co-ordinators Office, University Hospital of North Staffordshire NHS Trust, Central Out-patients Department, Hartshill Road, Stoke on Trent, ST4 7PA.

Dr Wilcox\Dr Jadun\Dr Nayak Secretary, Mrs Ann Walton, X-Ray Department, University Hospital of North Staffordshire NHS Trust, Royal Infirmary, Princes Road, Hartshill, Stoke on Trent. ST4 7LN

* Please note, the cut off time for referral is usually 4.00 p.m. on Monday for addition to the Multi Disciplinary Team list for discussion on Wednesday Multi Disciplinary Team meeting. Please ensure referrals comply with these guidelines. For urgent late referrals after 4.00 p.m. on Monday but before 12.00 p.m. on Wednesday please contact Ann Walton directly to upload images for discussion at 4.00 p.m. meeting.
2.3 Consultant\Team responsible for patient must send representative to MDTM to present clinical details from patient notes and access Multi Disciplinary Team discussion\decisions (i.e. register of attendance completed and notes provided by Multi Disciplinary Team Co-ordinator).

3. **Responsibility of the MDT Co-ordinator**

3.1 **Actions by Multi Disciplinary Team Co-ordinator on Receipt of All Referrals to the Neuro Oncology MDTM**

   a) Log Patient into System for next Multi Disciplinary Team discussion and data collection (Monday 4.00 p.m. cut off Wednesday 12.00 p.m. MDTM)
   b) Ensure Imaging is available for all patients (discuss with Dr Jadun’s Secretary MRI Department’ internal phone 5345)
   c) Ensure Referral Form is fully completed by referring clinician.

3.2 **Actions by Multi Disciplinary Team Co-ordinator Following the Neuro Oncology MDTM**

   a) Confirm Key Worker and responsible Consultant are assigned for each patient by Multi Disciplinary Team
   b) For Neuro University Hospital of North Staffordshire NHS Trust patients, inform GP of Multi Disciplinary Team decision within 24 hours and file copy of Multi Disciplinary Team proforma in patient notes
   c) Provide Multi Disciplinary Team decisions to all Clinicians who referred patients for discussion#
   d) Contact local cancer Multi Disciplinary Team from which patient originates (there is one for each Cancer Network in the West Midlands; Pan Birmingham, Arden, Three Counties and Greater Midlands).

  # Complex cases may require direct contact between medical professionals; if required, please contact Catharine James, Cancer Nurse Specialist
  Tel: Internal 5106; External 01782 555106
  Email: Catharine.James@uhns.nhs.uk.
Appendix 3 – University Hospital of North Staffordshire NHS Trust (page 3 of 4)

Pathway for Referral of Adults with Known or Suspected Brain and other CNS Tumours (including metastatic disease*) into the Neuro Oncology MDTM

ABNORMAL IMAGING

Is the patient a Neuro in-patient at UHNST?

NO

Is the patient an in-patient at UHNST but not neuro?

NO

Is the patient an in-patient at another hospital?

NO

Is the patient an out-patient?

YES

Does the patient require urgent referral for Neuro admission or Neuro out-patient visit at UHNST?

YES

Referral will be made by the GP or Doctor or Consultant / Team responsible for the patient to the Neuro SpR on call, consultant neurosurgeon, neurologist or neuro oncologist at UHNST

The referral will be accepted and admission / out-patient visit will be arranged

The Neuro UHNST Consultant / Team responsible for the patient will complete a referral form and send it to the MDT Co-ordinator at UHNST

For Neuro UHNST patients, clinical information will be presented to the MDTM by the Consultant / Team responsible for the patient, using their notes. For non Neuro patients, clinical information will be presented to the MDTM on behalf of the Consultant / Team responsible for the patient, using details on the referral form

For Neuro UHNST patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

The MDT decisions will be circulated to all core members and referring Consultants / Teams by the MDT Co-ordinator

NEXT MEETING

*see note on page 14 of 16
*see guidelines on page 2 of 16

All patients who have had biopsy / surgery for Brain and other CNS tumours at UHNST since the last meeting will be discussed at the neuro-pathology meeting

The list will be sent to the MDT Co-ordinator

The list for discussion will be circulated to the core MDT members by the MDT Co-ordinator

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The proforma will be completed at the MDTM detailing the MDT decisions. For Neuro UHNST patients, a copy will be filed in the patient notes and faxed to GP within 24 hours of the MDTM by the MDT Co-ordinator

The MDT decisions will be circulated to all core members and referring Consultants / Teams by the MDT Co-ordinator

For Neuro UHNST patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

The MDT Co-ordinator will add all patients to the MDT list for discussion and ensure imaging, pathology and clinical details will be available for the meeting

The MDT Co-ordinator will add all patients to the MDT list for discussion and ensure imaging, pathology and clinical details will be available for the meeting

The list will be sent to the MDT Co-ordinator

The list for discussion will be circulated to the core MDT members by the MDT Co-ordinator

For Neuro UHNST patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

The MDT decisions will be circulated to all core members and referring Consultants / Teams by the MDT Co-ordinator

For Neuro UHNST patients, the Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon. For non Neuro patients, the referring Consultant / Team responsible for the patient will ensure the MDTM decision is acted upon

The MDT decisions will be circulated to all core members and referring Consultants / Teams by the MDT Co-ordinator
# Neuro Oncology MDTM Referral Form

Patient will not be discussed if form is illegible. Please supply as much information as possible.

<table>
<thead>
<tr>
<th>Date of MDTM</th>
<th>Key Worker</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name and Contact Details of Referring Clinician (address / email / phone / fax number)</th>
<th></th>
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<table>
<thead>
<tr>
<th>Patient Name, NHS Number, Address, Date of Birth, Contact Phone Number</th>
<th>Current Presenting Symptoms (including Dexamethasone Dose if applicable)</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Investigations (including Imaging / Where / When)</th>
<th>Current WHO Performance Status</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Imaging on PACS /QEH Link /CD (please circle)</th>
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<table>
<thead>
<tr>
<th>Details of Surgery (including where / when)</th>
<th>Details of Histology</th>
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<table>
<thead>
<tr>
<th>Relevant Past Medical History (including previous oncologist if applicable)</th>
<th>For Metastatic Disease</th>
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<thead>
<tr>
<th></th>
<th>Yes / No</th>
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<tbody>
<tr>
<td>Primary Site?</td>
<td></td>
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<tr>
<td>Date of Original Diagnosis?</td>
<td></td>
</tr>
<tr>
<td>Is primary site controlled?</td>
<td></td>
</tr>
<tr>
<td>Extra-cranial metastatic disease?</td>
<td></td>
</tr>
<tr>
<td>If Yes, is it controlled?</td>
<td></td>
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<tr>
<td>Symptomatic metastasis?</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Details of Previous Radiotherapy (start/end dates, dose and hospital)</th>
<th>Details of Previous Chemotherapy (drug, number of cycles/dates and hospital)</th>
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<tbody>
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<tr>
<th>With Concomitant Temozolomide?</th>
<th>Yes / No</th>
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<thead>
<tr>
<th>Reason for Referral / Question to be Discussed at Neuro Oncology MDTM</th>
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<tr>
<th>Suggestion from MDTM (to be completed at MDTM)</th>
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Send to Sue Higginson, MDT Co-ordinator; Tel: Internal 5174; External 01782 555174
Email: susan.higginson@uhns.nhs.uk; Fax: Internal 4728; External 01782 554728

**Please note cut off time is 4.00 p.m. on Monday for Wednesday 12.00 noon MDTM**