

# HPB and Liver MDT Referral Form for suspected cancers

**Please complete this form to request discussion at the HPB MDT (Mondays) or Liver MDT (Fridays) and return to the MDT Coordinator via email (****hpbmdt.oxford@nhs.net** **or** **livermdt.oxford@nhs.net** **)**

**HPB MDT:** Only for suspected cancers: pancreas, gallbladder, biliary tree, primary liver cancers including HCC and cholangiocarcinoma.

**Liver MDT:** For evaluation of patients with oligometastatic liver metastases, primarily colorectal cancer, specifically for liver-directed therapies. Patients with liver metastases from unknown primary or patients with disseminated metastases should not be referred to this MDT.

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| Name: DOB:  | Hospital No: NHS No:  |
| Date of referral:Referring Consultant:Referral Hospital: | 2 Week Wait Y/ NStart date of pathway:Treatment target date: |
| QUESTION FOR MDT:Is the patient aware of the suspected diagnosis? Y / N |
| Patient Clinical History Jaundice Y / N Stented Y / NTumour markers: Child score if suspected HCC:Liver function tests:  |
| Co-morbidities: | Performance status ECOG Any anticoagulant/antiplatelet medications: |
| Histology to be reviewed: *(Please give site and date of biopsy/brushings)* |  |
| Images to be reviewed:*N.B. dates of imaging are essential* |  |
| Other Investigations for review: |  |