

# 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**](mailto:hpbmdt.oxford@nhs.net) **or** [**livermdt.oxford@nhs.net**](mailto: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/ N  Start 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 / N  Tumour 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: |  |