# REQUEST FOR DISCUSSION AT NEURO ONCOLOGY MDT MEETING

The neuro oncology MDT discuss primary and metastatic brain tumours. There are separate MDTs for skull base tumours, neurovascular issues and spinal tumours.

The meeting is held on a Tuesday am between 8.30 and 10.30. Outcomes will be returned within 24 hours. It is your responsibility to arrange onward management and communication of results to patient.

The cut off for additions is 12pm Friday. By this point we must have a completed form and imaging available. All patients must have an MRI Head with contrast unless contraindicated. Please complete the below as fully as possible to avoid delay for your patient.

If referring a patient with a suspected or known metastatic brain lesion then they must have up to date CT TAP or PET, and prognosis from primary.

ALL FIELDS ARE MANDATORY

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| **Patient Details**  | **Hospital Details**  |
| Surname:  | Referring Hospital:  |
| Forename:  | Your Name:  |
| Date of Birth:  | Your Designation:  |
| NHS Number:  | Your email:  |
| Address:  | Bleep/Mobile:  |
| Postcode:  | Referring Consultant: FULL NAME MUST BE INCLUDED\* |
| Telephone: | Consultant Email:  |
| GP Name:  | Neurosurgery On-Call Referral:  |
| GP Address:  | Registrar/Consultant you spoke to: Date:  |
| Patient next of kin contact: |  |
| Patient Current Location:Hospital: Ward: Home: | Oncologist:Date referral completed:  |

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| **Clinical history** |
| **Clinical History\*(** **MUST** include presenting symptoms, clinical history and co-morbidities, any previous treatments)  |
| **Previous cranial radiotherapy or SRS/gamma knife? Dates and site irradiated:** |
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| **Performance history and medication** |
| Current performance status (MANDATORY)  |
| **0**  fully active, able to carry on all pre-disease performance without restriction |  |
| 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work |  |
| 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours |  |
| 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours |  |
| 4 = Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair |  |
| Medication |
| **Steroids Administration-**  | **Anticoagulant:**  |
| Date commenced: Dose: Response: | Dose: Date last dose:  |

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| **BRAIN METASTATIC CASES** |
| Prognosis from primary if brain is treatable (**MANDATORY**) : If patient has new diagnosis please make referral to primary site MDT  |  |
| Systemic treatment plan for primary : |  |
| Patient must have CT TAP within last 6 weeks- please provide report. : |  |

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| **QUESTION FOR MDT?** |
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| Is patient aware of MDT referral? Or if patient lacks capacity is next of kin aware? Please give details |
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| **Imaging and Other relevant Investigations** |
| Recent MRI head with contrast- MUST HAVE FOR DISCUSSION UNLESS CONTRAINDICATED | Date:  | Report: |
|  Recent CT head | Date:  | Report:  |
| Recent CT TAP- Must have if metastatic patient- please include report | Date: | Report: |

**Please send this completed form to the Neuro oncology MDT coordinator by**

**Email:** mdtneuro-oncology@ouh.nhs.uk

MDT outcome will be sent to referrer within 24 hours of discussion.

It is the responsibility of the referrer to provide the outcome to the patient and discuss the diagnosis and clinical information, whether the patient is an inpatient or outpatient.

If patients are suitable for clinical intervention, they will be contacted by the relevant team to arrange further appointments and discussion. The patient must be informed of MDT referral and outcome prior to further specialist appointments.

Version Control

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| --- | --- | --- | --- | --- |
| Version Number | Purpose/Change | Authorisation | Author | Date |
| 4 | Previous | Previous |  | 2017 |
| 5 | Draft | To be signed off at MDT and by Prof Plaha | Daja Barton, Nicky Swadling | August 2023 |
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