# REQUEST FOR DISCUSSION AT NEURO ONCOLOGY MDT MEETING

Tuesday 8.30 - 10.30 a.m. , MDT room, Neuroradiology Level, West Wing JR John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU

**Please note that this MDT is held on a Tuesday Morning from 8:30-10:30am. The final cut off for additions is 12pm on the previous Friday. Please complete all the fields below. If you have any letters/ scan reports etc. that you think will be of use please can you ensure that they are forwarded to the MDT Coordinator. Without sufficient information (scans, reports, and letters) and a fully completed form your patient will not be discussed.**

**IT IS THE RESPONSIBILY OF THE REFERING CLINICIANS TO COMMUNICATE THE OUTCOME TO THE PATIENT**

ALL FIELDS ARE MANDATORY

|  |  |
| --- | --- |
| **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 Current Location:  Hospital: Ward:  Home: | Oncologist: |

|  |  |
| --- | --- |
| **Brief and Relevant Clinical Details** | |
| **Specification question for the MDT\*:**  **Is the patient aware of referral to the Neuro-Oncology MDT?: Y / N** | |
| **Clinical History\*(** **MUST** include presenting condition; GCS; short past medical history ; focal neurodeficits; any malignancy)  Background:  **Previous cranial radiotherapy or SRS/gamma knife? Dates and site irradiated:** | |
| **Oncology Status (**Including previous cancer diagnosis, treatment dates, all cancer cases must have recent systemic staging with CT or PET CT, see below**)**  **Prognosis for patients with brain metastases (By the Primary Tumour site Oncologist)\*:**  **For Metastasis please also Refer to primary Tumour site MDT\*** | |
| **Steroids Administration-** | **Anticoagulant:** |
| Date commenced:  Dose:  Response: | Dose:  Date last dose: |
| **Current Performance Status\*** (WHO scaling, Circle the appropriate status)  0 1 2 3 4  Date of assessment:  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 | |

|  |  |
| --- | --- |
| **Imaging and Other relevant Investigations** | |
| **CT Head\*** (**MUST** have report) | **MRI Head\*** (**MUST** have report)  PATIENTS MUST HAVE AN UP-TO-DATE MRI IN ORDER TO BE DISCUSSED |
| Report:  Date: | Report:  Date: |
| **CT CAP\*** (**MUST** have report for suspected brain metastases patients only in the last 4 weeks) | **Other Scans** |
| Report:    Date: | Report:    Date: |
| Additional Information that will be useful to the MDT: | |

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

**Email:** [**Neuro-Oncology.mdt@nhs.net**](mailto:Neuro-Oncology.mdt@nhs.net) **NB: We are no longer accepting faxes; all information is to be sent to the email provided.**

***The Neuro-Oncology MDT Co-ordinator is contactable on 01865 227344.***