

Lymphoma MDT Referral Proforma**Patient Identity Details**

NHS No:

Local Identifier:

Birth Date:

Demographics

Family Name:

Given Name:

Patient Address:

Postcode:

Gender:

Ethnicity:

GP

GP Surname:

GP First Name:

GP Address:

GP Postcode:

GP Phone:

GP Fax:

Key Worker

Key Worker:

Holistic Needs Assessment:

Referral

Referral Hospital:

Other:

Patient Type:

NHS/non NHS?:

Referral Date:

Referring Consultant:

Provisional Diagnosis:

IF OTHER PLEASE SPECIFY.

OTHER

Clinical Details:

*Please complete the attached co-morbidities sheet (for COSD & discussion).***Laboratory Results**

Platelet Count:

Hb:

HIGHEST PRE-TREATMENT (N X 10⁹ PER LITRE) AT DIAGNOSIS.

g/dL.

White Blood Cell Count:

Blood Lymphocyte Count:

HIGHEST PRE-TREATMENT (N X 10⁹ PER LITRE) AT DIAGNOSIS.Albumin Level:
g/L.

Lactate Dehydrogenase Level:

MDT to Review:

Pathology

Imaging

Treatment

*The following will be completed during and after the MDT.***Lymphoma MDT Discussion**

Discussion Date:

MDT Discussion Indicator:

Cancer Care Plan Intent:

No Cancer Treatment Reason:

Monitoring Intent:

Referral Received Date:

Re-occurrence of previous lymphoid malignancy - answer if yesDate of Recurrence:
(CLINICAL)Cancer Recurrence:
CARE PLAN INDICATORPalliative Care Seen Ind.:
(CANCER RECURRENCE)Key Worker Seen Ind.:
(CANCER RECURRENCE)

Lymphoma MDT Discussion**Diagnosis**

Primary Diagnosis (ICD):

Date of Diagnosis (Clinical):

Basis of Diagnosis:

Morphology:
(SNOMED)**Clinical**

Cancer Symptoms:

1ST NOTED

Adult Comorbidity Evaluation:

27 SCORE

Performance Status:

CNS Specialist Indication Code:

Treatment

PTT = Planned Treatment type.

PTTs may be agreed at a Multi Disciplinary Team Meeting, and may not be the same as the treatment which is subsequently agreed with the patient. More than one planned treatment type may be recorded and these may either be alternative or sequential treatments.

PTT:

PTT:

PTT:

PTT:

PTT:

PTT:

Brachytherapy Type:

Surgery and Other Procedures

Cancer Treatment:

INTENT

Trials

Patient Trial Status:

(CANCER)

Cancer Clinical Trial:

(TREATMENT TYPE)

Follicular, DLBCL, Other Non- Hodgkin Lymphomas, Hodgkin Lymphoma

Primary Extranodal Site:

DLBCL

No. Extranodal Sites:

(R)IPI Index:

Follicular

No. Abnormal Nodal Areas:

FLIPI Index:

CLL

Splenomegaly Indicator:

BINET Stage:

No. of Lymphademopathy Areas:

Hepatomegaly Indicator:

RAI Stage:

Hodgkin

Hasenclever Index:

Lymphoma Staging

Ann Arbor Stage:

Ann Arbor Symptoms:

Ann Arbor Extranodality:

Ann Arbor Bulk:

MDT Conclusions

Pathology Review:

Radiology Review:

Treatment Plan:

Adult Comorbidity Evaluation-27

Identify the important medical comorbidities and grade severity using the index.
Overall Comorbidity Score is defined according to the highest ranked single ailment,
except in the case where two or more Grade 2 ailments occur in different organ systems.
In this situation, the overall comorbidity score should be designated Grade 3.

Cogent comorbid ailment	Grade 3 Severe Decompensation	Grade 2 Moderate Decompensation	Grade 1 Mild Decompensation
Cardiovascular System			
Myocardial Infarct	<input type="checkbox"/> MI \leq 6 months	<input type="checkbox"/> MI > 6 months ago	<input type="checkbox"/> MI by ECG only, age undetermined
Angina / Coronary Artery Disease	<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Chronic exertional angina <input type="checkbox"/> Recent (\leq 6 months) Coronary Artery Bypass Graft (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA) <input type="checkbox"/> Recent (\leq 6 months) coronary stent	<input type="checkbox"/> ECG or stress test evidence or catheterization evidence of coronary disease without symptoms <input type="checkbox"/> Angina pectoris not requiring hospitalization <input type="checkbox"/> CABG or PTCA (>6 mos.) <input type="checkbox"/> Coronary stent (>6 mos.)
Congestive Heart Failure (CHF)	<input type="checkbox"/> Hospitalized for CHF within past 6 months <input type="checkbox"/> Ejection fraction < 20%	<input type="checkbox"/> Hospitalized for CHF >6 months prior <input type="checkbox"/> CHF with dyspnea which limits activities	<input type="checkbox"/> CHF with dyspnea which has responded to treatment <input type="checkbox"/> Exertional dyspnea <input type="checkbox"/> Paroxysmal Nocturnal Dyspnea (PND)
Arrhythmias	<input type="checkbox"/> Ventricular arrhythmia \leq 6 months	<input type="checkbox"/> Ventricular arrhythmia > 6 months <input type="checkbox"/> Chronic atrial fibrillation or flutter <input type="checkbox"/> Pacemaker	<input type="checkbox"/> Sick Sinus Syndrome <input type="checkbox"/> Supraventricular tachycardia
Hypertension	<input type="checkbox"/> DBP \geq 130 mm Hg <input type="checkbox"/> Severe malignant papilledema or other eye changes <input type="checkbox"/> Encephalopathy	<input type="checkbox"/> DBP 115-129 mm Hg <input type="checkbox"/> DBP 90-114 mm Hg while taking antihypertensive medications <input type="checkbox"/> Secondary cardiovascular symptoms: vertigo, epistaxis, headaches	<input type="checkbox"/> DBP 90-114 mm Hg while <u>not</u> taking antihypertensive medications <input type="checkbox"/> DBP <90 mm Hg while taking antihypertensive medications <input type="checkbox"/> Hypertension, not otherwise specified
Venous Disease	<input type="checkbox"/> Recent PE (\leq 6 mos.) <input type="checkbox"/> Use of venous filter for PE's	<input type="checkbox"/> DVT controlled with Coumadin or heparin <input type="checkbox"/> Old PE > 6 months	<input type="checkbox"/> Old DVT no longer treated with Coumadin or Heparin
Peripheral Arterial Disease	<input type="checkbox"/> Bypass or amputation for gangrene or arterial insufficiency < 6 months ago <input type="checkbox"/> Untreated thoracic or abdominal aneurysm (\geq 6 cm)	<input type="checkbox"/> Bypass or amputation for gangrene or arterial insufficiency > 6 months ago <input type="checkbox"/> Chronic insufficiency	<input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Untreated thoracic or abdominal aneurysm (< 6 cm) <input type="checkbox"/> s/p abdominal or thoracic aortic aneurysm repair
Respiratory System			
	<input type="checkbox"/> Marked pulmonary insufficiency <input type="checkbox"/> Restrictive Lung Disease or COPD with dyspnea at rest despite treatment <input type="checkbox"/> Chronic supplemental O ₂ <input type="checkbox"/> CO ₂ retention (pCO ₂ > 50 torr) <input type="checkbox"/> Baseline pO ₂ < 50 torr <input type="checkbox"/> FEV1 (< 50%)	<input type="checkbox"/> Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which limits activities <input type="checkbox"/> FEV1 (51%-65%)	<input type="checkbox"/> Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which has responded to treatment <input type="checkbox"/> FEV1 (66%-80%)
Gastrointestinal System			
Hepatic	<input type="checkbox"/> Portal hypertension and/or esophageal bleeding \leq 6 mos. (Encephalopathy, Ascites, Jaundice with Total Bilirubin > 2)	<input type="checkbox"/> Chronic hepatitis, cirrhosis, portal hypertension with moderate symptoms "compensated hepatic failure"	<input type="checkbox"/> Chronic hepatitis or cirrhosis without portal hypertension <input type="checkbox"/> Acute hepatitis without cirrhosis <input type="checkbox"/> Chronic liver disease manifested on biopsy or persistently elevated bilirubin (>3 mg/dl)
Stomach / Intestine	<input type="checkbox"/> Recent ulcers (\leq 6 months ago) requiring blood transfusion	<input type="checkbox"/> Ulcers requiring surgery or transfusion > 6 months ago	<input type="checkbox"/> Diagnosis of ulcers treated with meds <input type="checkbox"/> Chronic malabsorption syndrome <input type="checkbox"/> Inflammatory bowel disease (IBD) on meds or h/o with complications and/or surgery
Pancreas	<input type="checkbox"/> Acute or chronic pancreatitis with major complications (phlegmon, abscess, or pseudocyst)	<input type="checkbox"/> Uncomplicated acute pancreatitis <input type="checkbox"/> Chronic pancreatitis with minor complications (malabsorption, impaired glucose tolerance, or GI bleeding)	<input type="checkbox"/> Chronic pancreatitis w/o complications

Cogent comorbid ailment	Grade 3 Severe Decompensation	Grade 2 Moderate Decompensation	Grade 1 Mild Decompensation
Renal System			
End-stage renal disease	<input type="checkbox"/> Creatinine > 3 mg% with multi-organ failure, shock, or sepsis <input type="checkbox"/> Acute dialysis	<input type="checkbox"/> Chronic Renal Insufficiency with creatinine >3 mg% <input type="checkbox"/> Chronic dialysis	<input type="checkbox"/> Chronic Renal Insufficiency with creatinine 2-3 mg%.
Endocrine System (Code the comorbid ailments with the (*) in both the Endocrine system and other organ systems if applicable)			
Diabetes Mellitus	<input type="checkbox"/> Hospitalization ≤ 6 months for DKA <input type="checkbox"/> Diabetes causing end-organ failure <ul style="list-style-type: none"> <input type="checkbox"/> retinopathy <input type="checkbox"/> neuropathy <input type="checkbox"/> nephropathy* <input type="checkbox"/> coronary disease* <input type="checkbox"/> peripheral arterial disease* 	<input type="checkbox"/> IDDM without complications <input type="checkbox"/> Poorly controlled AODM with oral agents	<input type="checkbox"/> AODM controlled by oral agents only
Neurological System			
Stroke	<input type="checkbox"/> Acute stroke with significant neurologic deficit	<input type="checkbox"/> Old stroke with neurologic residual	<input type="checkbox"/> Stroke with no residual <input type="checkbox"/> Past or recent TIA
Dementia	<input type="checkbox"/> Severe dementia requiring full support for activities of daily living	<input type="checkbox"/> Moderate dementia (not completely self-sufficient, needs supervising)	<input type="checkbox"/> Mild dementia (can take care of self)
Paralysis	<input type="checkbox"/> Paraplegia or hemiplegia requiring full support for activities of daily living	<input type="checkbox"/> Paraplegia or hemiplegia requiring wheelchair, able to do some self care	<input type="checkbox"/> Paraplegia or hemiplegia, ambulatory and providing most of self care
Neuromuscular	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder and requiring full support for activities of daily living	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but able to do some self care	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but ambulatory and providing most of self care
Psychiatric			
	<input type="checkbox"/> Recent suicidal attempt <input type="checkbox"/> Active schizophrenia	<input type="checkbox"/> Depression or bipolar disorder uncontrolled <input type="checkbox"/> Schizophrenia controlled w/ meds	<input type="checkbox"/> Depression or bipolar disorder controlled w/ medication
Rheumatologic (Incl. Rheumatoid Arthritis, Systemic Lupus, Mixed Connective Tissue Disorder, Polymyositis, Rheumatic Polymyositis)			
	<input type="checkbox"/> Connective Tissue Disorder with secondary end-organ failure (renal, cardiac, CNS)	<input type="checkbox"/> Connective Tissue Disorder on steroids or immunosuppressant medications	<input type="checkbox"/> Connective Tissue Disorder on NSAIDS or no treatment
Immunological System (AIDS should not be considered a comorbidity for Kaposi's Sarcoma or Non-Hodgkin's Lymphoma)			
AIDS	<input type="checkbox"/> Fulminant AIDS w/KS, MAI, PCP (AIDS defining illness)	<input type="checkbox"/> HIV+ with h/o defining illness. CD4 ⁺ < 200/μL	<input type="checkbox"/> Asymptomatic HIV+ patient. <input type="checkbox"/> HIV ⁺ w/o h/o AIDS defining illness. CD4 ⁺ > 200/μL
Malignancy (Excluding Cutaneous Basal Cell Ca., Cutaneous SCCA, Carcinoma in-situ, and Intraepithelial Neoplasm)			
Solid Tumor including melanoma	<input type="checkbox"/> Uncontrolled cancer <input type="checkbox"/> Newly diagnosed but not yet treated <input type="checkbox"/> Metastatic solid tumor	<input type="checkbox"/> Any controlled solid tumor without documented metastases, but initially diagnosed and treated within the last 5 years	<input type="checkbox"/> Any controlled solid tumor without documented metastases, but initially diagnosed and treated > 5 years ago
Leukemia and Myeloma	<input type="checkbox"/> Relapse <input type="checkbox"/> Disease out of control	<input type="checkbox"/> 1 st remission or new dx <1yr <input type="checkbox"/> Chronic suppressive therapy	<input type="checkbox"/> H/o leukemia or myeloma with last Rx > 1 yr prior
Lymphoma	<input type="checkbox"/> Relapse	<input type="checkbox"/> 1 st remission or new dx <1yr <input type="checkbox"/> Chronic suppressive therapy	<input type="checkbox"/> H/o lymphoma w/ last Rx >1 yr prior
Substance Abuse (Must be accompanied by social, behavioral, or medical complications)			
Alcohol	<input type="checkbox"/> Delirium tremens	<input type="checkbox"/> Active alcohol abuse with social, behavioral, or medical complications	<input type="checkbox"/> H/o alcohol abuse but not presently drinking
Illicit Drugs	<input type="checkbox"/> Acute Withdrawal Syndrome	<input type="checkbox"/> Active substance abuse with social, behavioral, or medical complications	<input type="checkbox"/> H/o substance abuse but not presently using
Body Weight			
Obesity		<input type="checkbox"/> Morbid (i.e., BMI ≥ 38)	

OVERALL COMORBIDITY SCORE (Circle one.) **0** **1** **2** **3** **9**
 None Mild Moderate Severe Unknown