

Thoracic Oncology MDT

Addressograph label

Date of MDT: __ / __ / __

Consultant:

Summary of Case**Summary of Discussions****Summary of patient fitness**Performance status: 0 1 2 3 4

BMI:

FEV₁% predicted:

DLCO% predicted:

Shuttle walks test:

Post-op FEV₁% predicted:

Post-op DLCO% predicted:

ECG:

Echo:

Creatinine:

eGFR:

Haemoglobin:

MDT Agreed Diagnosis

Lung Cancer Mesothelioma Other malignancy Benign
 Details:

MDT Agreed Diagnosis

T: N: M: Overall stage:
 Comments:

Histology

Histological confirmation: Yes No

Adenocarcinoma NSCLC-NOS Mesothelioma
 Squamous cell carcinoma Small cell lung cancer Other

Additional pathological testing (tick all those indicated):

- EGFR Date sent __/__/____
 Result: Positive Negative Inadequate tissue Results awaited
- ALK Date sent __/__/____
 Result: Positive Negative Inadequate tissue Results awaited
- PDL1 Date sent __/__/____
 Result: _____% Inadequate tissue Results awaited

MDT recommendation

(tick all that apply - tick two recommendations if a dual referral):

Thoracic Surgery	Oncology	Other
<input type="checkbox"/> Surgical biopsy	<input type="checkbox"/> Radical radiotherapy	<input type="checkbox"/> Acute surveillance
<input type="checkbox"/> Limited resection	<input type="checkbox"/> Stereotactic radiotherapy	<input type="checkbox"/> Radiofrequency ablation
<input type="checkbox"/> Lobectomy	<input type="checkbox"/> Palliative radiotherapy	<input type="checkbox"/> Brachytherapy
<input type="checkbox"/> Pneumonectomy	<input type="checkbox"/> Concurrent chemoradiotherapy	<input type="checkbox"/> PDT
<input type="checkbox"/> Debulking/stent	<input type="checkbox"/> Sequential chemoradiotherapy	<input type="checkbox"/> Best supportive care
	<input type="checkbox"/> Palliative systemic therapy	

Further investigations / tissue required? Yes No

Comments on MDT recommendations and further investigations:

Seen by LCSN Yes No

Named LCSN

Completed by:

Grade: