

UHBW Hepato-Pancreatico-Biliary Multidisciplinary Referral Form

****IMPORTANT****

All referrals for consideration at the MDT at UHB will need to contain a complete dataset – please see below for full details. Those marked with an * are compulsory fields. Any forms not fully completed will be returned to the sender and will not be considered for discussion until the updated form is resubmitted. The deadline for submission is 2:00pm on Wednesday. Any referrals received after this will not be considered until the following week.

When do you need to complete a form for discussion at the HPB MDT?

- All new referrals to the HPB MDT need to have a proforma completed with the minimum dataset required for discussion (see check box below).
- Any patient on a current pathway who needs further discussion following a previously recommended investigation, does NOT need a proforma. The MDT Coordinator will be tracking these patients and will automatically add to the relevant MDT meeting.
- Any patient referred back to the HPB MDT following a significant treatment i.e. chemotherapy, will need a new proforma completed as performance status, metastatic disease position, staging etc may have changed and will be relevant for an informed discussion.
- Any patient with a suspected recurrence should have a new proforma completed and should include information detailing how the patient re-entered the system.

What is the minimum dataset required to ensure the patient is added to the MDT meeting?

To ensure the patient is discussed in the correct part of the MDT please ✓ the MOST relevant box to the right of the tumour type		
Suspected or confirmed diagnosis	Minimum information required for MDT discussion <i>*Please note, all investigations need to be performed AND REPORTED by the Wednesday 2pm deadline or will automatically be rolled to the following week.</i>	Sections of proforma that must be completed <i>(Local MDT Coordinator to check this before submitting to HPB inbox. Any incomplete forms will be returned.</i>
<input type="checkbox"/> Pancreas Cancer	<input type="checkbox"/> LFTs and CA 19-9 <input type="checkbox"/> CT Abdomen/Pelvis	<input checked="" type="checkbox"/> Section A – Patient details <input checked="" type="checkbox"/> Section B – MDT discussion <input checked="" type="checkbox"/> Section E – Submission details
Cholangiocarcinoma <input type="checkbox"/> Intrahepatic <input type="checkbox"/> Hilar <input type="checkbox"/> Extrahepatic	<input type="checkbox"/> LFTs and CA 19-9 – for all cholangio <input type="checkbox"/> CT Abdomen/Pelvis or CT Liver <input type="checkbox"/> CT Abdomen/Pelvis or CT Liver and MRCP <input type="checkbox"/> CT Abdomen/Pelvis	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section E – Submission details
<input type="checkbox"/> CRC Liver Metastases	<input type="checkbox"/> LFTs and CEA <input type="checkbox"/> CT Thorax/Abdomen/Pelvis <input type="checkbox"/> MRI Liver with HPB Contrast <input type="checkbox"/> PET-CT	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section E – Submission details
<input type="checkbox"/> HCC	<input type="checkbox"/> LFTs, Coagulation and AFP <input type="checkbox"/> CT Abdomen/Pelvis or <input type="checkbox"/> CT Liver or <input type="checkbox"/> MRI Liver	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section C – for HCC only <input type="checkbox"/> Section E – Submission details
Other HPB <input checked="" type="checkbox"/> Gallbladder <input type="checkbox"/> Ampulla <input type="checkbox"/> Duodenum <input type="checkbox"/> Other – specify details in Section B, below	<input checked="" type="checkbox"/> LFTs and CA 19-9 <input checked="" type="checkbox"/> CT Abdomen/Pelvis <input type="checkbox"/> OGD & biopsy for duodenum only	<input checked="" type="checkbox"/> Section A – Patient details <input checked="" type="checkbox"/> Section B – MDT discussion <input checked="" type="checkbox"/> Section E – Submission details
<input type="checkbox"/> Pancreatic cysts including IPMN	<input type="checkbox"/> CT Abdomen/Pelvis or <input type="checkbox"/> CT pancreas or <input type="checkbox"/> MRI pancreas or <input type="checkbox"/> MRCP	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section D – for Pancreatic cysts only <input type="checkbox"/> Section E – Submission details
<input type="checkbox"/> Post-chemo cases	<input type="checkbox"/> Pre- chemo CT/MRI/PET <input type="checkbox"/> Post-chemo repeat imaging <input type="checkbox"/> Chemotherapy end dates – please ensure recorded in MDT section	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section E – Submission details
<input type="checkbox"/> Suspected recurrence – any cancer diagnosis	<input type="checkbox"/> Current imaging <input type="checkbox"/> Previous imaging for comparison	<input type="checkbox"/> Section A – Patient details <input type="checkbox"/> Section B – MDT discussion <input type="checkbox"/> Section C – for HCC only, if applicable <input type="checkbox"/> Section E – Submission details

REFERRAL INFORMATION

Please be aware that this proforma will be added to the patient's electronic record.

Section A – Patient information & Clinical information

Date of MDT Meeting		Site of Network MDT	UHBW
Date of Referral*			
Title*		Date patient first seen*	
Patient name*		Patient DOB*	
NHS No* <i>Please do not use local hospital identifiers.</i>		Patient Gender *	Male
Referring Hospital*		Referring Clinician* <i>Consultant responsible for this patient, if different to person completing this form who should enter their details in Section E</i>	
Speciality*		Referrer's email*	
Co-morbidities/Past Medical History*	<i>Please include any previous surgery</i>		
Medication that may complicate investigation or treatment*	<i>For example diabetic agents, insulin, anticoagulation, steroids</i>		
Performance Status*	1 - No heavy physical work, but can do anything else		
Frailty Score* <i>See table at end of proforma for full descriptions.</i>	1 - Very fit		
Any special requirements e.g. interpreter/ care worker details	<i>For example interpreter required? Capacity issues/ cognitive impairment? Care work details.</i>		

Section B – MDT Discussion

<p>Clinical Information*</p> <ul style="list-style-type: none"> • Presenting symptoms • Brief summary of investigations and findings • Suspected diagnosis • Any treatment given – with dates of treatment, including chemotherapy end dates as this will determine timing of any surgery
<p><i>Please do not copy and paste whole reports or clinic letters into this section.</i></p>

Investigations to be reviewed at the MDT* – local MDT coordinator will ensure reports are available to the team in Bristol.

<input type="checkbox"/> Ultrasound		<input type="checkbox"/> PTC	Click here to enter a date.
<input type="checkbox"/> CT		<input type="checkbox"/> Biopsy – please specify	
<input type="checkbox"/> MRI		<input type="checkbox"/> Other - CT Chest	
<input type="checkbox"/> PET	Click here to enter a date.	<input type="checkbox"/> Other –	Click here to enter a date.
<input checked="" type="checkbox"/> ERCP		<input type="checkbox"/> Other – Click here to enter text.	Click here to enter a date.

Section B – MDT Discussion – contd.

FOR JAUNDICED PATIENTS	
Bilirubin at presentation :	CA 19.9 value and date:
Bilirubin prior to stent:	Other tumour markers – please specify
Most recent bilirubin:	
Is there proposed treatment plan for this patient?*	Yes
If yes, please provide details*	
Is patient aware of Diagnosis?*	Yes
Is patient aware of Referral to HPB MDT?*	Yes
If patient not aware, when will they be seen in local clinic?	Click here to enter text.
What is the question is to be answered by the MDT? *	

Section C – For HCC only:

Aetiology*	Alcohol <input type="checkbox"/> → Abstinent? Yes <input type="checkbox"/> No <input type="checkbox"/> Duration abstinence? months/years					
	NAFLD <input type="checkbox"/>					
	HBV <input type="checkbox"/>					
	HCV <input type="checkbox"/> → Viraemic? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Other aetiology <input type="checkbox"/> Please specify: Click here to enter text.					
Cirrhosis*	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Child Pugh Score* <i>Add to MDT list</i>	A: Choose an item.		B: Choose an item.		C: Choose an item.	
Complications	Ascites	Choose an item.				
	Encephalopathy	Choose an item.				
	Varices	Choose an item.		Date of OGD: Click here to enter a date.		
Bloods <i>Add AFP to MDT list</i>	AFP	Click here to enter text.				
	Bilirubin	Click here to enter text.	Albumin	Click here to enter text.	INR	Click here to enter text.
	Platelets	Click here to enter text.	Sodium	Click here to enter text.	Creatinine	Click here to enter text.
Liver biopsy	Background liver <input type="checkbox"/> Date: Click here to enter a date.					
	Lesion <input type="checkbox"/> Date: Click here to enter a date.					
Fibroscan	Date: Click here to enter a date.			Result: Click here to enter text.		
Radiology	CT date: Click here to enter a date.			MRI date: Click here to enter a date.		
Previous treatment <i>Add to MDT list</i>	<input type="checkbox"/> Resection	Click here to enter a date.		<input type="checkbox"/> Transplant	Click here to enter a date.	
	<input type="checkbox"/> Ablation	Click here to enter a date.		<input type="checkbox"/> SABR	Click here to enter a date.	
	<input type="checkbox"/> TA(C)E	Click here to enter a date.		<input type="checkbox"/> Systemic treatment	Click here to enter a date.	
	<input type="checkbox"/> Other – please specify	Click here to enter a date.				

Section D – For Pancreatic Cysts Only:

1	Please indicate whether this is a new referral or a re-referral.	<input type="checkbox"/> If new, please complete questions 2-6. <input type="checkbox"/> If re-referral, please complete questions 2 & 7	
2	Please indicate date of cross sectional imaging	<input type="checkbox"/> CT	Click here to enter a date.
		<input type="checkbox"/> MRI	Click here to enter a date.
		<input type="checkbox"/> Other - Click here to enter text.	Click here to enter a date.
3	Does the patient have a history of pancreatitis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Please indicate whether the cyst is incidentally found or potentially had caused symptoms.	<input type="checkbox"/> Incidental <input type="checkbox"/> Symptomatic	
5	Size of cyst or size of largest cyst if multiple.	<input type="checkbox"/> <1cm <input type="checkbox"/> <2m <input type="checkbox"/> <3cm <input type="checkbox"/> 3cm or bigger	
6	Does the report mention any of the following features	<input type="checkbox"/> Septation <input type="checkbox"/> Soft tissue component <input type="checkbox"/> Dilatation of the main pancreatic duct <input type="checkbox"/> Cyst obstructing the bile duct <input type="checkbox"/> None of the above	
7	Indication for re-referral <i>Please state reason for re-referral:</i>	Click here to enter text.	

Section E – Submission details*

Proformas should only be completed by a Clinician or CNS

Your name:	
Your position:	
Your email address:	
Your contact number:	

What to do with the form once completed?

Once completed, the form should be sent to your local HPB MDT coordinator who will arrange for the relevant radiological imaging and pathology slides to be sent to Bristol in time for review at the HPB MDT. Your local coordinator will forward this form and any other relevant documentation to the HPB MDT coordinator in Bristol.

Referring Hospital	MDT Coordinator	Contact Details for local HPB Coordinator
BRI/BHOC	Rory Fields Beth Dyer	ubh-tr.hpbumdtbristol@nhs.net
Weston	Miriam Pople	wnt-tr.cancerserviceswaht@nhs.net
Southmead	Joanne Deadman	cancerservices@nhs.net joanne.deadman@nbt.nhs.uk
RUH	CNS – Allison Rossiter	allison.rossiter@nhs.net ruh-tr.cancerservicesruh@nhs.net
Yeovil	Tracey McEwan	tracey.mcewan@ydh.nhs.uk ydh-mdt@ydh.nhs.uk
Taunton	Sarah Greaves (CRC)	Sarah.Greaves@SomersetFT.nhs.uk colorectalmtdreferrals@SomersetFT.nhs.uk
	Tara Southcombe (HPB)	tara.southcombe@somersetft.nhs.uk uppergimdtreferrals@SomersetFT.nhs.uk

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

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