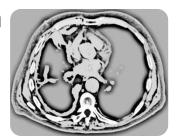
Appendix A – An example of a MDT meeting pro-forma, with both referral and outcome sections completed (using imaginary patient information)

Mesothelioma MDT Referral Form

Please enter data into light grey areas using form fields and drop-down menus.

Once form is complete, **save locally as .doc file or .docx file** (NOT .dot file) before sending to **xxxxx** with "MESO MDT referral" as the subject header



ALL FIELDS ARE MANDATORY. INCOMPLETE FORMS WILL BE RETURNED.

Date of referral		22/1/15		
Email(s) to send outcome form to		xxx	107 708 01	
Contact / referring physician		xxx		
Referring hospital		Choose one or type another in adjacent box>		
Reason for referral		Confirmation of diagnosis of mesothelioma Consideration of clinical trials		
	1			
	Name	ххх		
Patient	Date of birth	xxx		
details	NHS number	xxx		
	Phone number	xxx		
Summary of patient history		Presented with left sided pleural effusion. Initial aspiration shows exudate, but cytology negative. Proceeded to medical thoracoscopy, biopsies of which show epithelioid mesothelioma.		
Previous asbestos exposure?		Yes – non-work related		
Current WHO performance status		1		
Specimen type(s) submitted for review (select all applicable)		 NONE X CYTOLOGY □ RADIOLOGY-GUIDED PLEURAL BIOPSY SAMPLE X MEDICAL THORACOSCOPY BIOPSY SAMPLE □ VATS BIOPSY SAMPLE □ OTHER BIOPSY SAMPLE 		
Have your local pathology department been asked to send the appropriate slides to UH Bristol pathology?		X YES NO Unknown Not applicable	Please ensure samples are marked for the attention of XXX	

MESOTHELIOMA MDT MEETING OUTCOME (to be completed MDT meeting)

Date of MDT discussion	28/1/15	
Radiology discussion notes	CT: large left effusion, irregular pleural thickening, pleural plaque, would be in keeping with mesothelioma. Ascitic fluid also noted in the abdomen IMIG stage: T 4 N 0 M 0 Anatomic stage: -	
Pathology discussion notes	Biopsy shows epithelioid mesothelioma with supportive immunohistochemistry	

MDT outcome / recommendations	Epithelioid mesothelioma confirmed. Advise referral to oncology for consideration of chemotherapy. This diagnosis has been accepted by the local coroner, and therefore Mrs X will not need a post-mortem when she dies.
Eligibility for clinical trials	Could be eligible for the COMMAND study
Discussed at MDT by	Dr A (Respiratory Physician), Dr B (Radiologist), Dr C (Thoracic Oncologist), Dr D (Histolpathologist)