BRAIN METASTASES/STEREOTACTIC RADIOSURGERY (SRS) MULTIDISCIPLINARY MEETING

**PROFORMA v2 2019**

**DATE OF MEETING**: 27/01/2019

**\***Mandatory fields – **MUST** be completed

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| **PATIENT DETAILS** | |
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| FULL NAME **\***: | DATE OF REFERRAL**\***: |
| DOB **\***: | REFERRAL SOURCE: |
| NHS No\*: | REFERRING HOSPITAL**\***: |
| ADDRESS**\***: **(Inc Town/County)** | REFERRING CONSULTANT**\***: |
| LOCAL HOSP NO.: |
| BREACH DATE: | NEXT RMH APT: |

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| **CLINICAL DETAILS & STAGING**:**\*** |
| Question for MDT:  Patient on steroids? Choose an item. (if ‘Yes’ please state dose and if improvement in symptoms)  [Free text]:  Symptoms? -  Seizures? - |
| **PERFORMANCE STATUS**: Choose an item. **\***  \*Karnofsky Performance Scale. Karnofsky DA, Abelmann WH, Craver LF, Burchenal JH. The Use of the Nitrogen Mustards in the Palliative Treatment of Carcinoma – with Particular Reference to Bronchogenic Carcinoma. Cancer. 1948;1(4):634-56. |
| **LIFE EXPECTANCY >6 MONTHS:** Choose an item.**\*** |
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| **EXTRACRANIAL DISEASE STATUS**:**\*** |
| EXTRACRANIAL DISEASE: Choose an item. (If ‘Absent’ skip rest of this section)  EXTRACRANIAL DIEASE CONTROL: Choose an item.  FURTHER SYSTEMIC THERAPY AVAILABLE: Choose an item.  DATE LAST CT CAP: (DD/MM/YYYY) |
| **INTRACRANIAL DISEASE STATUS:** |
| DATE OF MOST RECENT MRI:**\***  PRELIMINARY NO. LESIONS TO TREAT: \*  IS THE ESTIMATED VOLUME OF BRAIN DISEASE ≤20cc: Choose an item.  EVIDENCE OF LEPTOMENINGEAL DISEASE: Choose an item. |

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| **PREVIOUS BRAIN RADIOTHERAPY DETAILS**: if known**\*** |
| PREVIOUS WBRT OR PARTIAL BRAIN RT: Choose an item.  If **yes** to above please state date, type and dose:  PREVIOUS INTRACRANIAL RADIOSURGERY: Choose an item.  If **yes** to above please state date and dose:  IS THIS A NEW SITE OF DISEASE SINCE LAST TREATMENT: Choose an item.  HAS IT BEEN 3 MONTHS OR MORE SINCE TREATMENT TO PREVIOUS DISEASE SITE: Choose an item.  IS THERE PROGRESSIVE DISEASE AT PREVIOUSLY TREATED SITE: Choose an item.  HAS IT BEEN 6 MONTHS OR MORE SINCE TREATMENT TO SITE OF PD: Choose an item. |

* **Please ensure all relevant imaging is transferred to St Georges Hospital (where meeting is held) via IEP link ASAP to avoid delay**
* **Save and send this form to** [**stgh-tr.Neuro-OncologyMDT@nhs.net**](mailto:stgh-tr.Neuro-OncologyMDT@nhs.net) **AND** [**cyber.knife@nhs.net**](mailto:cyber.knife@nhs.net)**.**
* **The MDT coordinator is available during working hours on 0207 352 8171 EXT: 4882. The outcome will be emailed to you by 4pm Friday.**

**Please ensure patient is aware of this referral because if deemed suitable for treatment, they may be contacted by the team at RMH directly.**