**TRUST LOGO**

**Metastatic Multi-Disciplinary Team Meeting Outcome Record**

Name MDT Date

DOB/Age Oncologist

Hosp No Key worker/CNS

Previous line/s of therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lines of Chemotherapy:

1.

2.

3\*

\*Prompt for referral to Community Palliative & Supportive Care

Radiology & symptom review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall response (circle)

Complete Response Partial Response Stable Disease

Progressive Disease Consider Clinical Trial Y/N

Meets Clinical Trial Criteria for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outcome and Plan

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