**TRUST LOGO**

**INITIAL Multi-disciplinary Team Meeting Outcome Record**

Name MDT Date

DOB/Age Oncologist

Hosp No Route of Presentation

Date of confirmed diagnosis Site/s of spread

GP informed (within 24hrs) Y/N date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Menopausal Status

**Recurrence De Novo presentation**

Disease free interval \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presenting problem \_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Treatment for Primary Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Summary of Primary Disease Pathology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Biopsy of Metastatic Disease performed/required/N/A

Re-confirmation receptor status: HER 2 ER PR

Genetics referral Y/N

Radiology & Symptom review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Outcome and plan

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CNS/Keyworker support identified: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral to Community Palliative Care for Living well/symptom control Y/N