

Pancreatic and Duodenal MDT Referral

| | | | |
|------------------------|--|----------------------|--|
| Patient Name | | Referring Consultant | |
| NHS Number | | Consultant Contact | |
| Date of Birth | | Referring Clinician | |
| Patient Contact Number | | Referrer's Contact | |
| GP Details | | Referring Hospital | |
| GP Contact | | Local CNS Contact | |

| Co-morbidities | Performance Status (ECOG) | Current | Best |
|------------------------|---|---------|------|
| Pancreatitis | 0 - Fully active, able to carry on all pre-disease performance without restriction | | |
| Liver Disease | 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work | | |
| Diabetes | 2 - Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours | | |
| Dementia | 3 - Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours | | |
| COPD | 4 - Completely disabled; cannot carry on any selfcare; totally confined to bed or chair | | |
| IBD/PSC | 5 - Dead | | |
| Autoimmune Disease | | | |
| Alcohol Excess | | | |
| Heart Disease | | | |
| Other - please specify | | | |

Please provide current and best Performance Status in last 3 months

| Suspected Diagnosis | |
|------------------------------|--|
| ? Pancreatic Cancer | |
| Pancreatic Cyst | |
| Duodenal | |
| Pancreatic NET | |
| Distal Cholangiocarcinoma | |
| Other - please specify below | |

| Patient Information | Yes | No |
|--|-----|----|
| Is the patient aware of the suspected diagnosis? | | |
| Would the patient be accepting of treatment? | | |

| |
|--|
| History of presenting complaint |
| |

| |
|-------------------------|
| Question for MDT |
| |

Pancreatic and Duodenal MDT Referral

| Pancreatic Cancer | Yes | No | Unsure |
|--------------------------|-----|----|--------|
| Metastatic? | | | |

| Pancreatic Cyst | |
|--|--|
| Age ≤ 50 | |
| Cyst ≥3cm | |
| Mural nodule | |
| Thickened/enhancing cyst wall | |
| Growth rate ≥5mm/year or ≥10mm over 2 years between surveillance scans | |
| Main pancreatic duct ≥5mm or abrupt calibre change in duct | |
| Jaundice | |
| New onset diabetes | |
| Acute pancreatitis caused by IPMN | |
| None of the above | |

| Available Radiology | Date |
|----------------------------|------|
| Ultrasound | |
| CT | |
| MRI | |
| PET | |
| Octreotide Scan | |
| EUS | |
| ERCP | |
| PTC | |
| Other - please specify | |
| | |

| Available Pathology | Date |
|----------------------------|------|
| Cytology | |
| Histology | |
| Biliary Brushings | |
| Liver Biopsy | |
| Surgical Pathology | |
| Other - please specify | |
| | |

| Previous Intervention? | Date |
|-------------------------------|------|
| | |

| Bloods | Date | | Date | | Date |
|---------------|------|------|------|------|------|
| Bilirubin | | ALT | | ALP | |
| Hb | | Plts | | PT | |
| CA199 | | CEA | | eGFR | |

To be completed by MDT Admin Staff

| | |
|---|--|
| I confirm that: | |
| Radiology will be received by LTHT by Tuesday 12:00 | |
| Pathology samples will be received by LTHT by Tuesday 12:00 | |
| IPT / CWT information completed | |

Signed: