

BRAIN TUMOUR INFORMATION & SUPPORT

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Regional Neuro-Oncology Service Information Evening

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Information Evening hosted by Brainwaves NI, in partnership with the Northern Ireland
Regional Neuro-Oncology Multi Disciplinary Team.



The Neuro-Oncology MDT in NI

What does it involve?

The Neuro-Oncology MDTM

The Neuro-Oncology MDT meets weekly to ensure all patients are discussed contemporaneously and is held on Friday afternoons at 12 pm in the Radiology department at the Royal Hospital Belfast HSCT. The room is equipped with teleconferencing facilities to allow live discussion of patients with other Hospitals at their request. All core members are expected to attend each meeting.

Main Objectives of the Neuro-Onc MDTM

All patients are referred to the Neuro-Oncology MDT meeting to address specific issues with regard to the future management of their brain (or spinal) tumour. These specific issues include the following:

- To review the imaging already performed
- To decide on appropriateness of further investigations including disease staging
- To assess suitability of patient for neurosurgical and / or neuro-oncological treatment
- In the event of patient suitability for neurosurgery, to decide on the appropriate subspecialty team and surgical treatment plan
- To discuss postoperative patients to correlate radiology and histology and to decide on further management including radiotherapy, chemotherapy or further surgery
- To discuss management of patients with recurrent disease
- In cases of advanced disease or unsuitability for active neuro-surgical / neuro-oncological management to refer back to the referring team for arrangement of palliative care.

Who should be referred?

All patients with suspected neurological tumours should be referred and discussed at the neuro-oncology MDT meeting. The referral should be made using the standard proforma (see Appendix 1) which is emailed to the MDT Co-ordinator **FOLLOWING** discussion with a neurosurgical team member (usually the neurosurgical registrar on-call).

Referring physicians are advised to document the name of the neurosurgeon / neurosurgical registrar contacted to facilitate continuity of patient care.

Cases will not be discussed unless contact has already been made with a neurosurgical registrar/consultant (i.e. referrals emailed to the MDT co-ordinator without prior discussion with the medical team will not be processed).

To whom should referral be made:

It is imperative that the initial contact (for all new referrals) with the Neuro-oncology MDT is through the neurosurgical on-call service by contacting the on-call registrar (RVH switchboard 02890240503, pager number 2526). During this initial discussion between the neurosurgical registrar and the referring physician, a record must be made of the referring consultant and accepting neurosurgeon by both parties to ensure continuity of patient care.

A full clinical summary should be communicated including:

- the patient's presentation
- relevant clinical findings
- co-morbidities
- medication
- imaging findings

This information must be relayed to the on-call neurosurgical registrar. In a similar manner for all referrals to the on-call neurosurgery service, each referral to the neuro-oncology MDT should be made by a senior trainee / consultant to ensure all the relevant information is conveyed accurately.

Generally referrals to the on-call neurosurgical registrar can be made during normal working hours (i.e. 9:00-17:00) unless in the event of a likely urgent transfer (see below).

What is the procedure following initial referral?

When possible, all patients to be discussed must be referred along with the relevant clinical and imaging data to the MDT co-ordinator by Thursday at 1pm. The names of the patients to be discussed and the accepting consultant neurosurgeon (**and /or neuro-oncologist**) are written on a board in the neurosurgical registrars' office. **Once a case is added for to the board for MDT discussion, it is not removed without the authorisation of the consultant referred the patient.**

Scans should be sent by CD or by image-link (via NIPACS) to the MDT co-ordinator by Thursday mid-day (i.e. day before MDT discussion) for review by the neuro-radiologist (and Chair of the Neuro-Onc MDTM). As this review is performed by the Neuroradiologist on Thursday, all relevant scans must be sent to the MDT co-ordinator by 2pm on Thursday.

It is the responsibility of the referring physician to ensure that the relevant radiological imaging is available. Generally there is no waiting time and patients are discussed at the next meeting following receipt of their referral by Wednesday afternoon. We have an established referral proforma and guidelines which set out required referral information (see Appendix 1). We ask always to be advised of existing diagnostic tests and staging so patients are not subject to repeat tests unless clinically indicated. To ensure efficiency of the MDT process, only referrals with all the requested information (clinical and imaging) will be discussed.

What feedback is received from the Neuro-Onc MDTM?

The results of imaging, pathology and agreed management plan for each patient is documented on the CAPPS database during the meeting by the MDT Co-ordinator. This is displayed at the end of each case discussed so that the relevant consultants can see what is entered and amended accordingly. Recorded outcomes of each case discussion are circulated to each member of the team for verification, with a copy of each individual patient's outcome/management plan placed in their notes or sent to the referring team by the following Wednesday morning. A copy is posted to the patient's GP that same day.

In cases where no surgical/oncological treatment is recommended by the MDT (i.e. palliative care only), a rationale for the decision will be available via phone to the relevant consultant (or deputy) to the referring physician or GP.

It is hoped understanding this process will improve communication between referring physicians, patients and relatives.