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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

OPERATIONAL PROTOCOLS FOR ANEURIN BEVAN HEALTHBOARD LOCAL GYNAECOLOGICAL MDT MEETING

MDT Chair:

Mrs Leena Gokhale

Issued:

March 2019

Review Date:

May 2021

INTRODUCTION

These guidelines have been produced to ensure all members of the MDT are aware of the purpose and organisation of the MDT meeting for Gynaecological cancer patients. This will ensure that the patient receives the best care, from the best person or team, in the best possible place.

MEMBERS OF THE GYNAECOLOGICAL CANCER TEAM

	Name	Role & Responsibility	Named Cover	Named Covers Job Title	Named Covers Grade
<i>Designated Lead Clinician</i>	Mrs Leena Gokhale	Lead Clinician	Mr A Elgarib/ Ms Gonsalves	Consultant Gynaecologist	Consultant
<i>Clinicians</i>	Mr A Elgarib	Consultant Gynaecologist	Mrs L Gokhale	Consultant Gynaecologist	Consultant
	Mr F Oweis	Consultant Gynaecologist with an interest in gynaecology	Mrs L Gokhale/ Mr A Elgarib	Consultant Gynaecologist	Consultant
	Ms R Gonsalves	Consultant Gynaecologist/ Lead Colposcopist	Mrs L Gokhale/Mr A Elgarib	Consultant Gynaecologist	Consultant
<i>NHH</i>	Mr S Curpad	Consultant Gynaecologist and Obstetrician	Mrs Sue Bell Thomas	Consultant Gynaecologist	Consultant
<i>NHH</i>	Mrs S BellThomas	Consultant Gynaecologist	Mr S Curpad	Consultant Gynaecologist	Consultant
<i>CNS</i>	Mrs Gail Vitalini	Oncology Nurse Specialist	Mrs Alison Butler	Oncology Nurse Specialist	CNS
<i>CNS</i>	Mrs Alison Butler	Oncology Nurse Specialist	Mrs Gail Vitalini	Oncology Nurse Specialist	CNS
<i>Radiologist</i>	Dr K Alrawi	Specialist Radiologist	Dr ??	Specialist Radiologist	Consultant

<i>Histopathologist</i>	Dr Varsha Shah	Specialist Pathologist	Dr Kristina Robinson	Specialist Pathologist	Consultant
<i>Histopathologist</i>	Dr K Robinson	Specialist Pathologist	Dr V Shah	Specialist Pathologist	Consultant
MDT Co-ordinator	Katie Hewitt	MDT Co-ordinator	Adam Marino	MDT Co-ordinator	Admin

RESPONSIBILITY

Overall responsibility for the processes involving MDT activity will normally lie with the Gynaecology service. The responsibility for the operational organisation of MDT meetings will be delegated to an MDT co-ordinator.

THE ROLE OF THE GYNAECOLOGICAL TEAM WITH SPECIAL INTEREST IN ONCOLOGY

The referring clinician will:

- Provide a rapid diagnostic and assessment service
- Identify and manage his/her patients with Gynaecological cancers
- Be responsible for the provision of information, advice and support for all patients and their carers throughout the course of the illness
- Provide treatment and follow-up for these patients and ensure that every patient with Gynaecological cancer has access to multi-disciplinary management with appropriate oncological input
- Provide a rapid referral service for patients who require specialist management
- Provide clinical information prior to and during the MDT meeting, for live update to CANISC, ensuring that data is validated at source.
- Ensure that GPs are given prompt and full information about any changes in their patients' illness or treatment
- Collect clinical data that will enable them to participate in network and national audits
- Implement service improvement – working with the site specific, oncology, radiology and pathology teams and cancer services collaborative to adopt modernisation to benefit the patient journey.
- Provide a forum for training juniors and informing medical students of the process and function of an MDT

- The team should ensure that protocols/guidelines/standard operating procedures are developed /updated for all aspects of management /diagnosis/treatment of patients with Gynaecological cancer.
- Ensure the MDMs activities are audited, and the results documented.

ROLE OF THE MDT CO-ORDINATOR

- Liaise with clinicians, secretaries, radiology, histopathology and other departments within the hospital or different hospitals in preparing for the weekly MDT meeting.
- Ensure that imaging equipment is available and functional, and that patient casenotes, X rays etc. are available for reference at the MDM.
- Ensure that the MDM discussion and any additional clinical information is recorded on CANISC at the MDM. At the end of discussion the MDT co-ordinator will ensure that the cancer management plan is signed-off as being a correct record of the meetings discussion.
- Following the MDM the MDT Co-ordinator will produce 'outputs' from CANISC, and distribute to the relevant individuals
- An attendance record for every meeting will be kept by the MDT Co-ordinator. It is the responsibility of the individual to sign the attendance record.
- Any patient on the MDT list 'not discussed' will be marked on CANISC accordingly e.g. awaiting results, requires further investigation. Patients will then be rebooked for discussion at a future date.
- Any meetings which need to be cancelled e.g. due to bank holidays, sickness, courses must be highlighted to the MDT co-ordinator who will ensure all members of the MDT are aware of the cancellation.

CHAIR OF THE MDT MEETING

- The meeting will be chaired by a designated member of the MDT.
- It is the responsibility of the MDT Chair to ensure:
 - the meeting runs to time
 - each patient discussed has a clear treatment plan
 - the presenting clinician is responsible in carrying out any action points (for example: contacting a patient, arranging further tests etc)
 - development of the MDT and its activities
 - team training needs are identified including juniors and medical students

ORGANISATION OF MDT MEETINGS

- The MDT meetings are currently held between at 0800 and 0930 on Wednesdays in the Green Room Meeting Room at the FRIARS EDUCATION CENTRE. This MDT is a Local MDT. The local MDT starts at 0800 and joins into the Central MDT at 0830.

- All patients with a new diagnosis of gynaecological cancer from Aneurin BEVAN UHB should be presented at the MDM at the earliest opportunity. This forum should also be used to refer cases to the central MDT.
- The plan, intent and the treatment plan for the patient to be clearly agreed and recorded within the patient casenote on CANISC.
- **Names of all patients to be discussed at the MDM to be advised to the MDT Co-ordinator by 3pm the previous Friday. Any exceptions (urgent cases submitted after the deadline) have to be discussed with the pathologist/radiologist and to be confirmed by the MDT Co-ordinator/Lead Clinician.**
- All patients are to be referred to the MDT meetings using the attached referral form along with any necessary clinical information and results, to enable the MDT to discussed the patient fully. (please see attached form). This form must reach the coordinator either by fax or email by the aforementioned deadline, or else the patient **may not** be discussed at the meeting.
- MDT meetings to be designated as clinical sessions, and detailed in current work plans
- All MDT members to ensure that an appropriate and relevant member of staff is available to provide cover during periods of absence (e.g. annual leave, conferences etc.) The 'deputising' individual to record this on the attendance sheet.
- All cases **must** be presented by the clinician in charge of the case or a deputy. Cases where no clinician or deputy is present in the MDM, may be postponed and not discussed. (The deputised person must have direct clinical contact with the patient – i.e. clinically assessed the patient)

MDM LOCAL CRITERIA

- All gynaecological cancer patients from ABUHB catchment area to be listed for the MDM. However only patients that fit the following criteria will be **managed** by the local MDT, the rest will be discussed at the network MDM.
- Patients referred to the network MDM will be discussed on the same day at the meeting.
- Prediagnosis of cancer – All pelvic masses with RMI>250 should be discussed, masses with RMI<250 can be listed following discussion with MDT lead if there is a clinical suspicion of malignancy
- Preinvasive disease – VIN/VAIN/CIN do not need to be discussed at the MDM.

CRITERIA FOR MANAGEMENT BY THE LOCAL MDT

VULVA/VAGINA

Preinvasive disease

CERVIX

Stage 1a1

Preinvasive disease managed in Colposcopy MDT

OVARY

Stage 1 Borderline tumours (fully staged)

ENDOMETRIUM

Stage 1a all grades

- The Network MDT Co-ordinator contact details are;

Natasha Music

MDT Co-ordinator

University Hospital of Wales

☎: 029 20746846

Fax: 029 20745567

Email: Natasha.Music@cardiffandvale.wales.nhs.uk

GENERAL

- MDM review meetings to take place every 6 months. The Designated Lead, MDT Co-ordinator and regional members of the CANISC team to attend these meetings to review and discuss the effectiveness of the CANISC MDM module within the team meeting and to bring about any changes to improve the running of the weekly meeting.

WELSH REGIONAL CENTRE FOR GYNAECOLOGICAL ONCOLOGY (PLEASE COMPLETE FORM IN BLOCK CAPITALS)

MDT DATE:	HAS THIS PATIENT BEEN DISCUSSED BEFORE: Y/N
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• **PATIENT DETAILS**

Surname:		Hospital No:	
Forename:		Address &	
DOB:		Postcode:	

PROVISIONAL DIAGNOSIS:

• **MDT DETAILS**

Presented for: (CONS)	
Referring Hospital	
Previous Relevant Medical History	
Presenting Symptoms: (duration, weight loss etc)	

• **RADIOLOGICAL INVESTIGATIONS TO BE DISCUSSED**

Investigation	Date	Local CRN	Hospital where performed

• **HISTOLOGY TO BE DISCUSSED**

Investigation	Date	Local CRN	Hospital where performed

• **OTHER INVESTIGATIONS TO BE DISCUSSED (eg Tumour Markers)**

Investigation	Date	Result	Hospital where performed

• **TREATMENT TO DATE:**

Date:		Details:	
Date:		Details:	

• **QUESTION(S) TO BE RAISED**

MANAGEMENT: <input type="checkbox"/>	HISTOLOGY: <input type="checkbox"/>	RADIOLOGY: <input type="checkbox"/>
PALLIATIVE CARE <input type="checkbox"/>		

- **NOTE: All referral forms have to be submitted to the MDM Co-ordinator by 3 pm the Friday before the MDM. The MDM Co-ordinator contact details are:**

- Natasha Music, MDT Co-ordinator, Cancer Services Department
- E mail: Natasha.music@cardiffandvale.wales.nhs.uk
- ☎ UHW (Monday/Thursday/Friday) 029 20746846 or Fax 029 20745567