Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

National MDT for Liver Transplantation of Neuroendocrine Tumour Patients with Liver Metastases

NATIONAL MDT for LIVER TRANSPLANT for NET Liver Metastases; Referral Proforma

Patient Name: NHS Number: D.O.B:

Patient Address: Patient Tel No: GP:

Referring Hospital: Referring Consultant: CNS:

Referrer Email: Referrer phone number:

1. **Clinical Details:** (Include prior treatment, PMH, current medication & symptoms & social history):
E.g. Somatostatin Analogue Treatment, Peptide Receptor Targets Radionuclide Therapy, Trans-arterial embolization or trans-arterial chemoembolization, Everolimus, Sunitinib, Chemotherapy

Performance Status: Weight & BMI:

Comorbidities:

Alcohol use: Cigarettes / Drug use:

2. Surgery for primary:

Pre-operative staging investigations: CT TAP, MRI liver, DOTA PET, Laparoscopy, EUS

Date of surgery: Hospital:

Intra-operative findings: surgeon's report confirming cancer clearance. Please include operation notes

Metastatic sites and their clearance:

Full histology report, including TNM staging & Ki-67:

3. Evidence of extra-hepatic disease clearance:

Up to date investigations: within 6 months

CT SCAN:	Location:	Date:
DOTA PET-CT:	Location:	Date:
MRI LIVER:	Location:	Date:

Recent Tumour Markers: 5HIAA, CgA, FGH, NT pro BNP

Ensure all histology slides/reports and imaging films/reports are sent with the referral.

Other scans:

4. Liver involvement:

Percentage replacement by volume:

Pattern of disease and why not suitable for curative resection:

MDT time: every 4th Thursday of month; 1100-1200. Please send completed referral form to NETmdt@uhb.nhs.uk

Referrals to MDT need to be received at least 2 weeks before the MDT or will roll over to the following month's MDT

NATIONAL NET LIVER TRANSPLANT MDT MEETS 4th THURSDAY EVERY MONTH

Guidance on Filling in Referral Proforma

Please try and provide as much detail as possible so that the MDT feels informed enough to provide guidance. Incomplete information will lead to delays, inefficiencies and general frustration.

1. Clinical Details:
Please include clear details, with timelines, of the NET management history [you may decide to do this in an accompanying letter]. An expert NET opinion of the general behaviour of the cancer will be helpful. On the whole patients with uncontrolled and relatively rapid growth will not be suitable for liver transplantation due to the high likelihood of cancer recurrence.

Please cover aspects that help determine suitability for a big operation in general and liver transplantation in particular. This includes details of illnesses and behaviours that may make transplant procedure high risk or shorten the patient's life expectancy.
Of particular interest are issues such as:
Ischaemic heart disease
Significant respiratory dysfunction
Poor performance status
Cigarette smoking
Problematic alcohol history
Co-existent or recently treated other malignancy

2 and 3. Surgery for primary and evidence of extra-hepatic disease clearance:
If your patient has already had resection of primary and any local metastases then we are asking you to provide clear proof that you have managed to achieve clearance of all macroscopically evident extra-hepatic disease at the time of surgery. We will need pre-operative staging investigations and reports [this should ideally include CT TAP, MRI liver with contrast and DOTA PET imaging]. There should also be clear documentation by the surgeon of intra-operative findings and confirmation of complete resection of all macroscopically evident extra-hepatic disease. A histology report corroborating the staging imaging and the surgery is also required.
If the operation notes do not provide enough information [or not clearly legible] then please ask your surgeon to provide a report confirming clearance of all macroscopically evident extra-hepatic disease.

If the patient is being considered for resection of primary and associated disease with a view then to perform a liver transplant then we need proof that site(s) of extra-hepatic disease are amenable to complete clearance. The staging investigations should include CT TAP, MRI liver with contrast, DOTA PET, EUS if relevant and possibly a diagnostic laparoscopy. Relevant tumour markers are also required. Ideally MDT discussion will have taken place at the referring NET Centre of Excellence as to the operability of the primary and associated lymphadenopathy and the outcome of this discussion should be mentioned in the referral.

4. Liver involvement:

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Highly selected patients with multifocal NET liver metastases not amenable to curative resection are to be considered for this pilot. Additionally, tumour load should occupy less than 50% of liver by volume. Your patient needs to have been assessed by the NET MDT at your NET Centre of Excellence that will have assessed these parameters before making a referral to the National MDT.