

Study ID

Patient Data Proforma: Haematological cancer (1)

MDT Date

A. PATIENT AND SOCIAL CHARACTERISTICS

Information shared explicitly during MDM (written/verbal):

1. Descriptors of age	<input type="checkbox"/> Elderly	<input type="checkbox"/> Young	<input type="checkbox"/> No mention
2. English proficiency	<input type="checkbox"/> Poor	<input type="checkbox"/> Good/native	<input type="checkbox"/> No mention
3. Ethnicity	<input type="checkbox"/> White	<input type="checkbox"/> Mixed	<input type="checkbox"/> No mention
Nationality		<input type="checkbox"/> Black	<input type="checkbox"/> Asian
4. Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Married/cohabiting
			<input type="checkbox"/> Divorced
			<input type="checkbox"/> 5 Separated
5. Relationship with services	<input type="checkbox"/> Obstructive	<input type="checkbox"/> Non-adherent	<input type="checkbox"/> 3 Positive
6. Caring roles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No mention
7. In residential care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No mention
8. Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No mention
9. Difficult socioeconomic circumstances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No mention
10a. Social support	<input type="checkbox"/> Good	<input type="checkbox"/> Ambiguous	<input type="checkbox"/> Poor
			<input type="checkbox"/> 0 No mention

10b. Free text detailing social needs discussed:

Health behaviours

11. Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prev. history	<input type="checkbox"/> No mention
12. Heavy drinking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prev. history	<input type="checkbox"/> No mention
13. Physical activity	<input type="checkbox"/> Inactive	<input type="checkbox"/> Regular exercise	<input type="checkbox"/> No mention	
14. Patient knowledge of managing condition	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> No mention	
15. Patient/carer prefs mentioned	<input type="checkbox"/> Patient	<input type="checkbox"/> Carer	<input type="checkbox"/> Both	<input type="checkbox"/> No mention

B. DIAGNOSIS/SEVERITY

Information shared explicitly during MDM (written or verbal):

Diagnosis	Confirmed	Suspected	Ruled Out	
1. Leukaemia (CLL/CML)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention
2. Lymphoma - Non-hodgkin's (DLBCL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention
3. Lymphoma - Hodgkin's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention
4. Myeloma (MM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention

5. WHO diagnosis new diag. relapse refractory Other No mention

6. WHO perf. status 0 1 2 3 4 No mention

7. Ann Arbor stage I II III IV No mention

8. Stage modifiers A B E S No mention

FLIPI 1 = prognostic index for follicular lymphoma (✓)

Raised LDH
Age >60
Stage III/IV
Raised Hb
Nodal avul >3

FLIPI 2 = new prognostic index for follicular lymphoma (✓)

B2M >N
Age >60
Node size >6cm
Hb <N
BM involvement

9. FLIPI1 score 0-5 No mention/unclear

10. FLIPI2 score 0-5 No mention/unclear

IPI - non-Hodgkin lymphoma (✓)

Age >60
LDH >N
WHO PS >2
F/N areas >2
Stage 3/4

IPS - prognostic score for advanced Hodgkins (✓)

Hb <N
Age >45
Male
Albumin <N
Stage IV
Lymphocytosis
Leukocytosis

Rai Stage (for chronic lymphocytic leukaemia)

0= low risk, lymphocytosis
1= intermediate risk, + lymphadenopathy
3= int risk, hepatomegaly/splenomegaly
4 = high risk, +low rbc
5 = high risk, lymphocytosis plus thrombocytopenia

11. IPI score /5 No mention/unclear

12.. IPS score /7 No mention/unclear

13. Rai Stage (0-5) No mention/unclear

C. COMORBIDITIES

Information shared explicitly during MDT (written or verbal):

Comorbidities	Yes	No	Suspected	
1. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention
2. HIV post-transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mention

3. Other immunosupp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
4. Hepatitis B/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
5. Other infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
6. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
7. Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
8. Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
9. Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
10. Depression/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>
11. Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No mention</i>

C. Free text detailing additional co-morbidities

D. ACTIONS AND DECISIONS

Information shared explicitly during MDM (written/verbal):

1. Rational for patient being discussed here

a	New Referral
b	Feedback
c	Specific query
d	Unknown to MDM members

2. Missing info Yes No
3. Presenter questioned before decision made? Yes No *No mention*
4. Is the intent curative or palliative? Curative Palliative *No mention*

5. Actions discussed

6. Decision 1

- 6a. How is decision recorded? Written Verbal Both Neither Unclear to researcher
- 6b. Named decision owner? Yes No
- 6c. Is decision conditional? Yes No No mention

7. Decision 2

- 7a. How is decision recorded? Written Verbal Both Neither Unclear to researcher
- 7b. Named decision owner? Yes No
- 7c. Is decision conditional? Yes No No mention

8. Factors impacting on team ability to make a decision (free text)

9. Any disagreements/challenges? Yes No

9a. Cause/content of disagreement