

SABR MDT Referral Proforma

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Date discussed at Local MDT: Yes No	Opinion of Local MDT:	
CWT TARGET DATE:	2WW UPGRADE	

Clinical Details: (Include prior treatment, radiology, histology and PMH, current medication):

Oligometastatic disease: Synchronous Metachronous

Is this re-irradiation? NO: YES (Give details):

Performance Status: BMI:

PROGNOSIS OF 6 MONTHS: YES NO

Significant Comorbidities:

Question for MDT:

Is referral for treatment: or MDT discussion only:

SITE FOR CONSIDERATION OF SABR:

RECENT IMAGING: Location: Date:

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

CtE Eligibility criteria for SABR for oligometastatic disease *

The following patient eligibility criteria for the oligometastatic disease to be treated within this commissioning through evaluation proposal:

- Metastatic carcinoma with either a histologically or cytologically proven primary site or a male patient with a PSA>50 and clinical evidence of prostate cancer
- 1-3 sites of metastatic disease (defined after appropriate imaging) which can be treated with stereotactic radiotherapy to a radical radiation dose.
- A maximum of two sites of spinal metastatic disease
- Maximum size of any single metastasis 6cm (5 cm for lung or liver metastases)
- Disease free interval > 6 months; unless synchronous liver metastases from colorectal primary (see liver metastases section)
- Not more than three oligometastatic sites treated in total per patient
- Expected life expectancy > 6 months
- Performance status ≤ 2
- All patients to be discussed at stereotactic MDT with presence of, or prior discussion with a disease site specific oncologist
- All patients willing to attend follow up and have details collected on prospective database for a minimum of two years

Date Patient agreed to referral to QEHB:

Send completed referral form to UHB-tr.CancerTertiaries@NHS.net

Please note cut off time for inclusion in MDT is Tuesday 12:00hrs
MDT takes place on 2nd/4th/5th Wednesday of each month.

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.