

APPENDIX 4: Composition or core membership of MDMs

Introduction

For most cancer types there are two types of MDMs in operation, local *and* regional or specialist. The membership of these MDMs can differ. The specialist MDM may have more members as it deals with more difficult cases sent to them from the cancer units. The tables below will detail membership of both types of MDM.

Some cancer types, like breast and colorectal, are treated at the cancer unit closest to the patient so there is no regional / specialist MDM. For some of the less common cancers like brain and central nervous system cancers, all of the care is delivered at the Cancer Centre so there are no local MDMs.

Please note all MDMs will meet weekly unless otherwise stated.

Breast Cancer: Local MDM*

<p>Core membership</p> <ul style="list-style-type: none">• Designated Breast Surgeon• Breast Care Nurse• Pathologist• Radiologist• Oncologist – Clinical/Medical• Breast Radiographer• Co-ordinator
<p>Additional membership</p> <ul style="list-style-type: none">• Reconstructive Surgeon• Palliative Care Specialist/Team• Clinical psychologist• Social Worker• Clinical Geneticist• Physiotherapist• Lymphoedema Specialist• Dietician• Nominated Orthopaedic Surgeon

Upper gastro-intestinal cancer: Local MDM

Core members

- Lead Clinician
- One or more designated clinicians specialising in gastroenterology.
- Endoscopists.
- Histopathologist(s).
- Radiologist(s), with diagnostic and interventional skills to complement those of the gastroenterology clinicians.
- A clinical nurse specialist with knowledge of endoscopy
- MDT coordinator

Additional members

- Palliative care representative
- Dietician

Upper gastro-intestinal cancer: Regional / specialist MDM

Core members

- Lead Clinician
- Specialist oesophago-gastric surgeons.
- Thoracic surgeons with expertise in oesophageal resection.
- Gastroenterologist.
- Anaesthetist/intensivist*
- Oncologist(s) – clinical ± medical
- Radiologist(s), with diagnostic and interventional skills to complement those of the gastroenterology clinicians.
- Histopathologist.
- Cytopathologist.
- Dietitian.
- Clinical nurse specialist.
- Palliative care specialist.
- MDT coordinator

Additional members

Cytopathologist
Palliative care representative

Hepato-pancreatico-biliary cancer: Regional / specialist MDM

Core members

- A designated lead clinician (physician or surgeon)
- Specialist HPB surgeons.
- Gastroenterologist
- Hepatologist
- Oncologist(s) – clinical ± medical
- Radiologist(s), with diagnostic and interventional skills to complement those of the gastroenterology clinicians.
- Histopathologist
- Cytopathologist.
- Dietitian.
- Clinical nurse specialist.
- Palliative care specialist.
- MDT coordinator

Colorectal Cancer: Local MDM

Local

- At least two colorectal surgeons;
- Clinical oncologist who takes responsibility for radiotherapy for rectal carcinoma;
- An oncologist who takes responsibility for chemotherapy (this may be the clinical oncologist who is also responsible for rectal carcinoma, or it may be another oncologist, clinical or medical);
- Imaging Specialist;
- Histopathologist;
- Colonoscopist of any of the following disciplines: surgeon, physician or specialist nurse;
- Colorectal nurse specialist;
- Member of a specialist palliative care MDT (doctor or nurse);
- MDT co-coordinator/secretary
- A member of the core or extended team should be nominated as having specific responsibility for users' issues and information for patients and carers.

Additional members

- Gastroenterologist
- Liver Surgeon (who is a member of a liver resection MDT)
- Thoracic Surgeon with expertise in lung resection
- Interventional Radiologist
- GP
- Dietician
- Liaison Psychiatrist/Clinical Psychologist
- Social Worker

Anal Cancer: Regional / specialist MDM

These apply to any colorectal MDT treating patients with anal cancer, with curative intent:

- At least one and no more than two consultant surgical core members, under whose care all operations for anal cancer take place for the patients of the MDT;
- At least one and no more than two consultant lead clinical oncology core team members under whose care all curative chemotherapy and/or radio therapy (including chemo-radiotherapy) for anal cancer takes place, for the patients of the MDT.

Gynaecological cancer: Local MDM

Core members

- Gynaecologist/colposcopist
- Imaging specialist
- Histopathologist
- Clinical Oncologist*
- Medical Oncologist *
- Gynae nurse specialist
- MDT co-coordinator/secretary
- S&PC

* The need for this input at local level is overcome by process whereby *all patients with proven cancer are referred for discussion to the regional MDT.*

Gynaecological cancer: Specialist / regional MDM

Core members

Two surgical gynaecological oncologists

- Medical Oncologist
- Clinical Oncologist
- Imaging specialist
- Histopathologist / Cytopathologist
- Nurse specialist
- MDT co-coordinator/secretary
- Member of S&PC team

Haematological cancer: MDM*

- Oncologists – minimum 2 (may be haemato- oncologist, medical oncologist or clinical oncologist)
- Pathologist
- Haematology Nurse Specialist
- At least one nurse representing BCSH level II, III and IV facilities
- Imaging Specialist**
- Co-ordinator

Additional membership

- Clinical member of transplant team(s)
- Pharmacist
- Specialist in insertion of semi-permanent aids to vascular access
- Dietician
- Liaison psychiatrist and/or clinical psychologist
- Social Worker
- Bereavement Counsellor
- Palliative Care Specialist
- Microbiologist – for Leukaemia MDTs
- Clinical Oncologist – for Leukaemia or Myeloma MDTs
- Orthopaedic Surgeon – for Myeloma MDTs

* Each Haematology MDM defines which disease types they are dealing with.

** Imaging Specialist only mandatory for MDMs which include lymphomas and myelomas

Head & neck cancer: Specialist / regional MDM*

Core Members

- Designated Surgeon(s)
- ENT
- Maxillo-Facial
- Plastic
- Clinical Oncologist
- Restorative Dentistry
- Radiologist
- Histopathologist / Cytologist
- Speech & Language
- Clinical Nurse Specialist
- Inpatient unit nurses
- Palliative Care Specialist
- Dietician
- MDT Co-ordinator
- Data Manager
- Therapeutic Radiographer

Additional Members

- Social Worker
- Psychologist/ Psychiatrist
- Chaplain
- Bereavement Care Worker
- Clinical Trials Co-ordinator
- GP

* Due to the number and complexity of head and neck cancers there will be a single specialist MDT which will cover the whole of Northern Ireland.

Lung Cancer: Local MDM

Core members

- Designated Respiratory Physician
- Designated Thoracic Surgeon
- Oncologists
- Imaging Specialist
- Histopathologist
- Designated Cytologist
- Lung Nurse Specialist
- Member of Palliative Care Team
- Co-ordinator

Additional members

- Palliative Care Physician/Palliative Care Nurse Specialist
- Social Worker
- Psychologist/ Psychiatrist
- Chaplain/Pastoral Care Worker
- Bereavement Care Worker

Sarcoma: Specialist / regional MDM

Core members

Specialist Sarcoma Surgeon

- Specialist Sarcoma Radiologist
- Specialist Sarcoma Pathologist
- Oncologist – Clinical/Medical
- Sarcoma Clinical Nurse Specialist
- Co-ordinator and secretarial support
- Palliative Care Specialist

Additional members

- Specialist Sarcoma Physiotherapist
- Specialised Allied Health Professionals
- Paediatric Oncologist
- Specialist Nurse(s)
- Other professions including; orthopaedic, thoracic, plastic, head and neck, gynaecological, GI and vascular surgeons

Skin cancer: Specialist / regional MDM*

Core members

- Dermatologists (at least two- one with a major interest in skin cancer and/or skin cancer surgery; another ideally with a major interest in cutaneous lymphoma)
- Surgeons (at least two who perform at least 15 block dissections each per year)
- Skin Cancer Clinical Nurse Specialist(s)
- Histopathologist (at least two dermatopathologists or histopathologists with an interest in dermatopathology)
- Radiologist
- Medical Oncologist
- Clinical Oncologist
- Palliative Care Specialist
- Co-ordinator

Additional members

- Trained Counsellors
- Psychologist / Liaison Psychiatrist
- Pharmacist
- Cosmetic camouflage service advisers
- Clinical Geneticist/ Genetic Counsellors
- Lymphoedema Therapists
- Occupational Therapists
- Prosthetics and Orthotics staff
- Physiotherapists
- Radiographers
- Speech and Language Therapists

* Specialist MDT for patients with invasive skin cancer associated with a greater risk or rarity. These MDTs should meet at least fortnightly.

Thyroid cancer: Specialist / regional MDM*

Core Members Endocrine Physician(s) Surgeon(s) – Endocrine or ENT Oncologist Radiologist Nuclear Medicine Specialist Specialist Pathologist Clinical Nurse Specialist MDT Co-ordinator
Additional Members Palliative Care Social Worker Psychologist Clinical Trials Co-ordinator Speech & Language

* Meets fortnightly

Urological Cancer MDMs

Local <ul style="list-style-type: none">• At least two urological surgeons• Clinical oncologist• Medical oncologist where the responsibility for chemotherapy is not undertaken by the clinical oncologist core member.• Histopathologist.• Radiologist.• Urology nurse specialist.• MDT co-coordinator/secretary
Specialist / regional <ul style="list-style-type: none">• At least two urological surgeons• Clinical oncologist• Medical oncologist where the responsibility for chemotherapy is not undertaken by the clinical oncologist core member.• Histopathologist.• Therapy radiographer• Radiologist.• Urology nurse specialist.• Research Nurse• MDT co-coordinator/secretary

Brain and other CNS cancers: Specialist / regional MDM

Core members

- Neurosurgeon(s)
- Neuroradiologist(s)
- Neuropathologist(s)
- Neurologist(s)
- Oncologist(s)
- Clinical nurse specialist
- Palliative Care specialist
- Neuro Psychologist(s)
- Specialist Allied Health professional(s)
- MDT Co-ordinator

Additional members

- Consultant Ophthalmologist
- Representatives of Allied Health profession including Prosthetics, Speech and Language Therapists and Dieticians.