

MDT Decision Form Baseline

Date of MDT/...../20....

Consultant Surgeon

Has the patient had CRT/RT previously?

Yes

No

Histology Report

Adenocarcinoma

Other.....

Evidence of metastases

Yes

Liver

Lung

Peritoneal

Other

No

Modalities prescribed based on this assessment

SRT

LRT

Chemo-RT

Primary Surgery

Palliative Care

Neo-adjuvant Chemotherapy

Intended operation based on MDT Discussion:

Local Excision

Extralevator AP Excision

TME Anterior Resection

Exenterative Procedure

TME & Hartmanns

Intersphincteric AP Excision

TME Plane AP Excision

Specify

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MDT Decision Form Post Treatment

Date of MDT/...../20....

Consultant Surgeon

Has the patient had CRT/RT previously?

Yes

No

Histology Report

Adenocarcinoma

Other.....

Evidence of metastases

Yes

Liver

Lung

Peritoneal

Other

No

What treatment has the patient received?

SRT

LRT

Chemo-RT

Primary Surgery

Palliative Care

Neo-adjuvant Chemotherapy

Intended operation based on 2nd MDT Discussion:

Local Excision

Extralevator AP Excision

TME Anterior Resection

Exenterative Procedure

TME & Hartmanns

Further Radiotherapy or

Intersphincteric AP Excision

Chemotherapy treatment

TME Plane AP Excision

Inoperable

Specify

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