



# Data Capture @ MDT

Benefits for all

**Lisa Ranaghan, Giulio Napolitano & Anna Gavin**

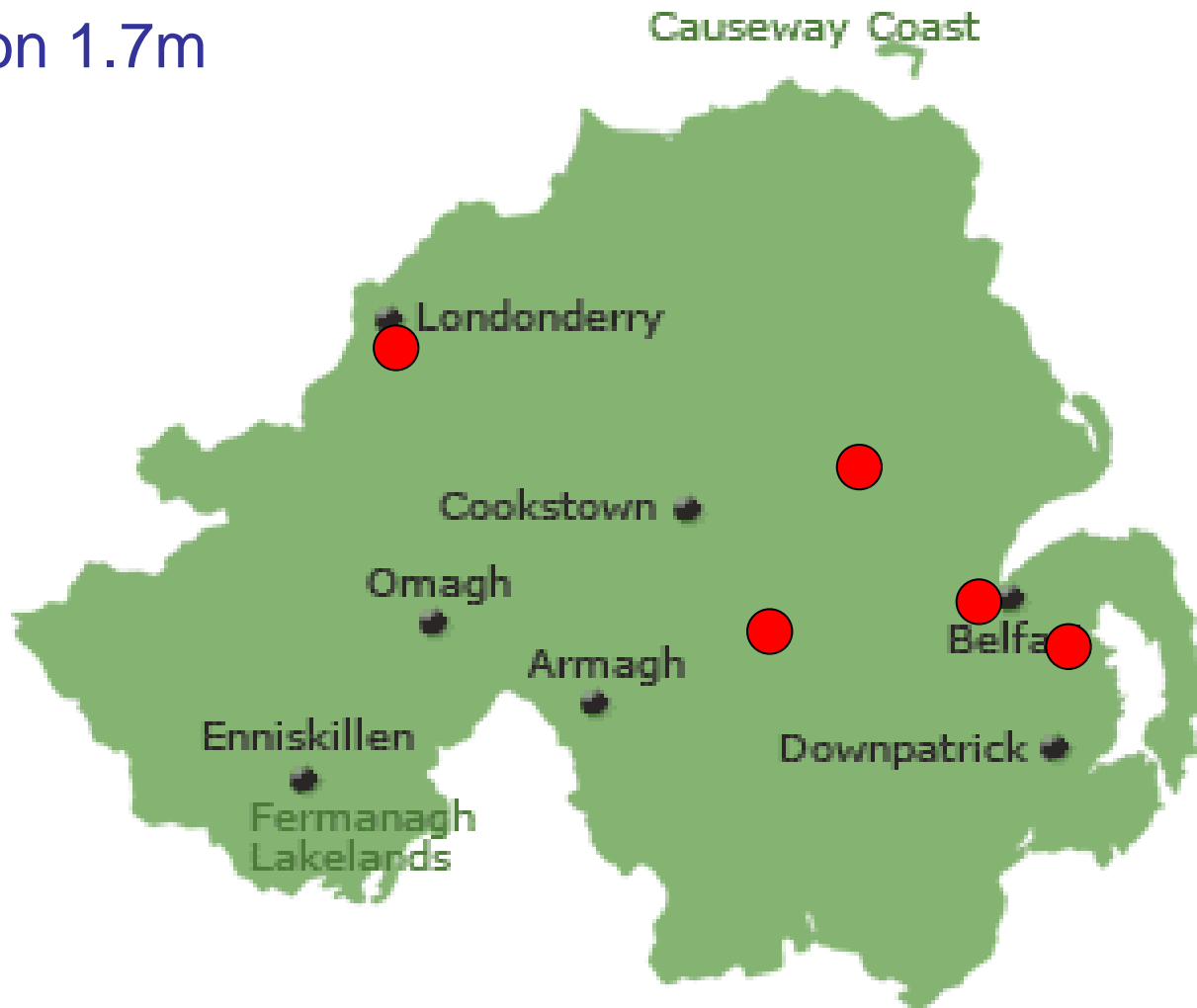
## Data capture @ MDT : Benefits for all

- Benefits for Patients
- Benefits for Providers
- Benefits for Commissioning
- Benefits for Cancer Registration

# N. Ireland Cancer Network

Population 1.7m

5 Trusts



Data capture @ MDT : Benefits for all

MDT's were being established

Information & admin support was inadequate

Cancer Registry MDM development project began

Phase I: MDM databases developed in MS Access

Cancer waiting times module added 2007

Phase II: Web-based Cancer Management System

# NICR MDM Database Project

Electronic data capture

Administrative support

TEAM

Clinical secretaries

Clinicians

MDT co-ordinators

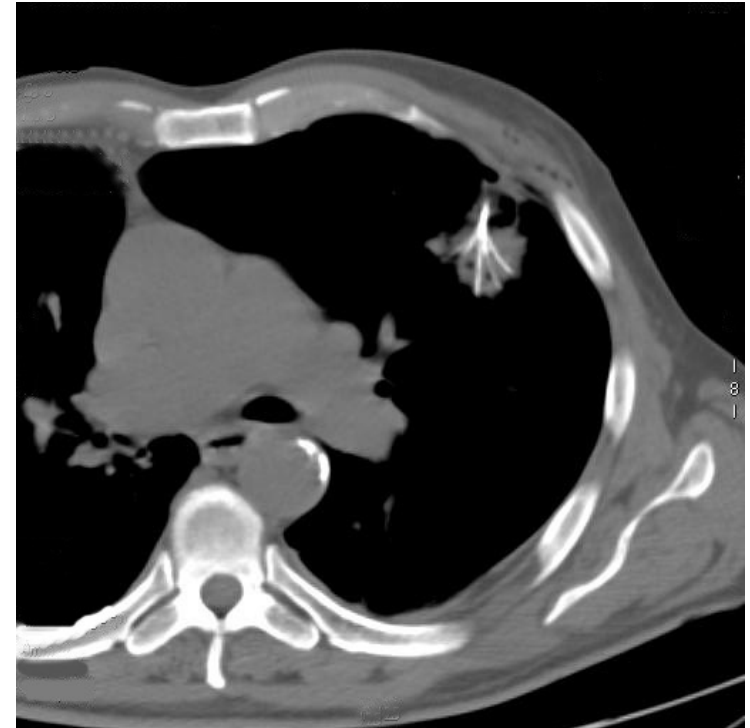


# Data capture @ MDT : Benefits for all







# Data & Imaging side by side

Lung MDM @ N. I Cancer Centre													
Surname	PATIENT 3	sex	male	DOB	12/12/1934	BCH number	BCH00-XXXX	other number		OCCUPATION:	RETIRE ENG	FIND PATIENT	Close
Forename	MR												
Physician	McMahon	oncologist		surgeon:	McManus	Days left (62 Day Target)	20	Days left (31 day target)					
Diagnosis	Primary lung cancer (pathc) Histology Squamous cell carcinoma												
PFT	FEV1= 1.5 [51%], FVC= 2.5, DCLO % predicted = 59%, FEV/FVC = 60%												
Co-morbidities	COPD:mild-moderate emphysema Diabetes: on glibenclamide since 2005 Cardiovascular disease: Stent I AD 2006												
Update Clinical Data													
Bronchoscopy summary	visible tumour in the right lung. Site: upper lobe bronchus. Extrinsic compression of the right upper lobe bronchus Final histology/cytology: Squamous cell carcinoma												
CT findings:	3cm mass RUL. Right hilar adenopathy. No obvious distant mets												
19/04/2006													
CT Stage	T	T2	N	N1	M	M0							
PET findings:	FDG avid mass RUL, SUV of 12. Hilar adenopathy-SUV 8. No distant mets												
25/05/2006													
PET Stage	T	T2	N	N1	M	M0	T2N1M0	IIB					
Care plan	Operability surgically operable if medically fit												
Treatment intent	curative/radical												
Why not curative													
Planned 1st Treatment	surgery alone												
MDM discussions													
surgical referral MDM report email to													
LUNG DIAGRAM													
oncology referral GP Letter palliative													
Date of discussion 16/03/2007 location OUTPATIE													
age now: 75 ECOG 1													
reason for discussion Diagnostic work-up													
imaging for viewing: CT and PET													
MDM Update: 75 year old gentleman presented in 2006 with shortness of breath from his emphysema and CT scan showing													
MDM Action To have CPEST and then to have OPD appt with Mr McManus for discussion re possible surgery													
MDM Decision Date													
MDM final diagnosis Primary lung cancer (pathologically v													
Referred to oncology for													
Referred to surgeon Thoracic Sur for consideration of c													
General Palliative Care Specialist Palliative Care													
further investigations													
seen by lung cancer nurse? The patient has been seen t													



# NICR MDM Database Project

## Capture Cancer Minimum dataset

<b>Surgery episodes</b>		Date	surgery type:		laterality:	
 		10/06/2008	Mastectomy		right brea	
<input checked="" type="checkbox"/> Axilla	clearance to level 3		<input checked="" type="checkbox"/> SNB biopsy?			
<b>PATHOLOGY</b>		site of tumour	right upper outer quadrai		 	
whole tumour size		32		Tumours		
<input checked="" type="checkbox"/> Invasive tumour?						
size (mm)	grade	histology	LVI	ER	PgR	HER-2
26	3	Infiltrating ducta	Yes	positiv	positiv	negat
Closest Margin Invasive:			Superficial		Cavity shave	
Distance Closest Margin			1mm fr			
<input checked="" type="checkbox"/> in-situ tumour						
size in-situ:	grade	histology	ER	PgR		
6	high grade	DCIS				
Closest Margin In-situ:			Superficial			
Distance closest Margin						
<b>Staging</b>		Max size invasive	26	T2	Grade	3
		Nodes positive	4	N2a	SN Positive:	1
		Nodes examined:	22		SN Examined:	3
		Distant Mets?		M0		
<b>TNM</b>	T2N2aM0		stage group:	IIIA	NPI:	6.52



# NICR MDM Database Project

TNM @ MDM

## Lung MDM @ N. I Cancer Centre

Surname	PATIENT 3		sex	DOB	BCH number	other number	OCCUPATION:	FIND PATIENT		Close
Forename	MR		male	12/12/1934	BCH00-XXXX		RETIRED ENGI			
Physician	McMahon	oncologist		surgeon:	McManus	Days left (62 Day Target)		20	Days left (31 day target)	
Diagnosis	Primary lung cancer (pathc		Histology	Squamous cell carcinoma						
PFT	FEV1= 1.5 [51%], FVC= 2.5, DCLO % predicted = 59%, FEV/FVC = 60%									
Co-morbidities	COPD:mild-moderate emphysema Diabetes:on glibenclamide since 2005 Cardiovascular disease:Stent I AD 2006									
Update Clinical Data										
Bronchoscopy summary	visible tumour in the right lung. Site:upper lobe bronchus. Extrinsic compression of the right upper lobe bronchus Final histology/cytology:Squamous cell carcinoma									
CT findings:	19/04/2006 3cm mass RUL. Right hilar adenopathy. No obvious distant mets									
CT Stage	T	T2	N	N1	M	M0				
PET findings:	25/05/2006 FDG avid mass RUL, SUV of 12. Hilar adenopathy-SUV 8. No distant mets									
PET Stage	T	T2	N	N1	M	M0	T2N1M0	IIB		
Care plan	Operability		surgically operable if medically fit							
	Treatment intent		curative/radical							
	Why not curative									
	Planned 1st Treatment		surgery alone							
MDM discussions										
<div> <div>LUNG DIAGRAM</div> <div> <div>surgical referral</div> <div>MDM report</div> <div>email to</div> </div> <div> <div>oncology referral</div> <div>GP Letter</div> <div>palliative</div> </div> </div>										
<div> <div>Date of discussion</div> <div>16/03/2007</div> <div>location</div> <div>OUTPATIE</div> </div>										
<div> <div>age now:</div> <div>75</div> <div>ECOG</div> <div>1</div> </div>										
<div> <div>reason for discussion</div> <div>Diagnostic work-up</div> </div>										
<div> <div>imaging for viewing:</div> <div>CT and PET</div> </div>										
<div> <div>MDM Update:</div> <div>75 year old gentleman presented in 2006 with shortness of breath from his emphysema and CT scan showing</div> </div>										
<div> <div>MDM Action</div> <div>To have CPEST and then to have OPD appt with Mr McManus for discussion re possible surgery</div> </div>										
<div> <div>MDM Decision Date</div> </div>										
<div> <div>MDM final diagnosis</div> <div>Primary lung cancer (pathologically</div> </div>										
<div> <div>Referred to oncology</div> <div></div> <div>for</div> <div></div> </div>										
<div> <div>Referred to surgeon</div> <div>Thoracic Sur</div> <div>for</div> <div>consideration of c</div> </div>										
<div> <div>General Palliative Care</div> <div>Specialist Palliative Care</div> <div></div> </div>										
<div> <div>further investigations</div> </div>										
<div> <div>seen by lung cancer nurse?</div> <div>The patient has been seen by Lung C</div> </div>										

# Recording site-specific stage and prognostic indices



## Regional Urology MDM @ NI Cancer Centre

<b>SURNAME</b>	<b>FORENAME</b>	<b>DOB</b>	<b>BCH number</b>	<b>Other number</b>	<b>Find patient</b>	<b>for discussion</b>	<b>other hospital</b>
PATIENT 1	MR	16/06/1925	BCH07/XXXX			<input type="checkbox"/>	6 <b>Close</b>

<b>Hospital:</b>	<b>Presentation</b>	<b>histology</b>	<b>Site</b>	<b>Date</b>	<b>Urologist</b>	<b>Oncologist:</b>	<b>Referred by</b>
BCH	New diagn	Adenocarcinoma	Prostate	21-Dec-07	MCKNIGH	Johnston	<input type="checkbox"/> ITT

62 Day target **9** 31 day target ☐ **Do Not Export To WT**

<b>Clinical summary</b>		<b>Referral details</b>
82 year old man referred by GP-raised PSA & LUTS		
<input type="checkbox"/> Radiology Confirmed <input type="checkbox"/> Clinical Confirmed <input type="checkbox"/> Tumour Marker <input type="checkbox"/> Other		

<b>Prostate</b>	<b>Cancer Care Plan</b>	<b>BAUS</b>
Specimen	Needle b	Lobe
Gleason	PSA: 15	Volume 40
4 + 4	Cores 3 out of 10	% Tissue 20
		Max Length 5 mm
cT stage: T1c	MRI/T stage	cN stage:
		cM stage

<b>Surgery Details</b>	
Date	Surgeons
Procedure	<input type="checkbox"/> Lararoscopic
Histology:	
Grade	
PNI:	LVI:
Margins:	
Staging	pT: pN: pM:
Nodal dissection:	nodes examined: nodes positive:
	0 0
<input type="checkbox"/> Supervised Training Operation	

<b>MDM discussions</b>	<b>Oncology referral</b>	<b>Urology Surgical Referral</b>
	<b>Print GP Letter</b>	<b>Palliative Medicine</b>
<b>Date of discussion</b>	07/06/2008	<b>location</b>
<b>reason for discussion:</b>	post-surgery	<input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> PET
<b>MDM Update:</b>	age 82	<input type="checkbox"/> Path <input type="checkbox"/> other
82 year old man PSA= 15, Prostate volume=40cc., Gleason score 4+4, Clinical T stage:T1c, % Tissue Involved=20 3/10 Cores involved max length of tumour=5mm.		
<b>MDM Diagnosis:</b>	Prostate cancer	
<b>Co-morbidities</b>	NIDDM prev CVA 3 yrs ago-left hemiplegia	
<b>MDM Decision</b>	Hormone therapy alone	
<b>Referral to</b>		
<b>patient aware ?</b>	Patient is aware of diagno <input type="checkbox"/> <b>seen by Urology Specialist Nurse</b>	
<b>Results Clinic Update:</b>	Explained diagnosis and treatment options- 13/06/2008 Patient agreeable to commence Zolidex	

# NICR MDM Database Project

## Record MDT-agreed Care Plan

### Lung MDM @ N. I Cancer Centre

Surname	PATIENT 3	sex	DOB	BCH number	other number	OCCUPATION:	FIND PATIENT		Close
Forename	MR	male	12/12/1934	BCH00-XXXX		RETIRED ENGI			
Physician	McMahon	oncologist		surgeon: McManus	Days left (62 Day Target)	20	Days left (31 day target)		<input type="checkbox"/> Do I
Diagnosis	Primary lung cancer (pathc Histology Squamous cell carcinoma								
PFT	FEV1= 1.5 [51%], FVC= 2.5, DCLO % predicted = 59%, FEV/FVC = 60%								
Co-morbidities	COPD:mild-moderate emphysema Diabetes:on glibenclamide since 2005 Cardiovascular disease:Stent I AD 2006								
Update Clinical Data									
Bronchoscopy summary	visible tumour in the right lung. Site:upper lobe bronchus. Extrinsic compression of the right upper lobe bronchus Final histology/cytology:Squamous cell carcinoma								
CT findings:	3cm mass RUL. Right hilar adenopathy. No obvious distant mets								
19/04/2006									
CT Stage	T	T2	N	N1	M	M0			
PET findings:	FDG avid mass RUL, SUV of 12. Hilar adenopathy-SUV 8. No distant mets								
25/05/2006									
PET Stage	T	T2	N	N1	M	M0	T2N1M0	IIB	
Care plan	Operability surgically operable if medically fit Treatment intent curative/radical Why not curative Planned 1st Treatment surgery alone								
MDM discussions									
LUNG DIAGRAM									
Date of discussion 16/03/2007 location OUTPATIE									
age now: 75 ECOG 1									
reason for discussion Diagnostic work-up									
imaging for viewing: CT and PET									
MDM Update: 75 year old gentleman presented in 2006 with shortness of breath from his emphysema and CT scan showing									
MDM Action To have CPEST and then to have OPD appt with Mr McManus for discussion re possible surgery									
MDM Decision Date									
MDM final diagnosis Primary lung cancer (pathologically									
<input type="checkbox"/> Referred to oncology for									
<input checked="" type="checkbox"/> Referred to surgeon Thoracic Sur for consideration of c									
<input type="checkbox"/> General Palliative Care <input type="checkbox"/> Specialist Palliative Care									
further investigations									
seen by lung cancer nurse? The patient has been seen by Lung C									

# NICR MDM Database Project

Record clinical information on co-morbidities & functional status

## Lung MDM @ N. I Cancer Centre

Surname	PATIENT 3		sex	DOB	BCH number	other number	OCCUPATION:	FIND PATIENT		Close
Forename	MR		male	12/12/1934	BCH00-XXXX		RETIRED ENGI			
Physician	McMahon	oncologist		surgeon:	McManus	Days left (62 Day Target)		20	Days left (31 day target)	
Diagnosis	Primary lung cancer (pathic		Histology	Squamous cell carcinoma						
PFT	FEV1= 1.5 [51%], FVC= 2.5, DCLO % predicted = 59%, FEV/FVC = 60%									
Co-morbidities	COPD:mild-moderate emphysema Diabetes:on glibenclamide since 2005 Cardiovascular disease:Stent I AD 2006									
Update Clinical Data										
Bronchoscopy summary	visible tumour in the right lung. Site:upper lobe bronchus. Extrinsic compression of the right upper lobe bronchus Final histology/cytology:Squamous cell carcinoma									
CT findings:	3cm mass RUL. Right hilar adenopathy. No obvious distant mets									
CT Stage	T	T2	N	N1	M	M0				
PET findings:	FDG avid mass RUL, SUV of 12. Hilar adenopathy-SUV 8. No distant mets									
PET Stage	T	T2	N	N1	M	M0	T2N1M0	HB		
Care plan	Operability: surgically operable if medically fit Treatment intent: curative/radical Why not curative: Planned 1st Treatment: surgery alone									
MDM discussions	LUNG DIAGRAM Date of discussion: 16/03/2007 location: OUTPATIE age now: 75 ECOG: 1 reason for discussion: Diagnostic work-up imaging for viewing: CT and PET MDM Update: 75 year old gentleman presented in 2006 with shortness of breath from his emphysema and CT scan showing MDM Action: To have CPEST and then to have OPD appt with Mr McManus for discussion re possible surgery MDM Decision Date: MDM final diagnosis: Primary lung cancer (pathologically <input type="checkbox"/> Referred to oncology for <input checked="" type="checkbox"/> Referred to surgeon Thoracic Sur for consideration of c <input type="checkbox"/> General Palliative Care <input type="checkbox"/> Specialist Palliative Care further investigations seen by lung cancer nurse? The patient has been seen by Lung C									

# Automatic GP letter generation

RS PATIENT 1 06/08/1951 BCHXXXXXX search PATIENT 1 currently for discussion

consultant: BROWN source: Symptomatic menopausal stat: post-menopausal last mammogram date: Screening where? 31Day 62Day Do Not send to WT

Surgery episodes Date: 10/06/2008 surgery type: Mastectomy laterality: right breast

☒ Axilla clearance to level 3 ☒ SNB biopsy?

PATHOLOGY site of tumour: right upper outer quadrant whole tumour size: 32

☒ Invasive tumour?

size (mm): 26 grade: 3 histology: Infiltrating ducta LVI: Yes ER: positive PgR: positive HER-2: negative

Closest Margin Invasive: Superficial Distance Closest Margin: 1mm from Cavity shave

☒ in-situ tumour

size in-situ: 6 grade: high grade histology: DCIS ER: PgR:

Closest Margin In-situ: Superficial Distance closest Margin: surgery episode: 623 491

Staging Max size invasive: 26 T2 Grade: 3

Nodes positive: 4 N2a SN Positive: 1

Nodes examined: 22 SN Examined: 3

Distant Mets? M0

TNM T2N2aM0 stage group: IIIA NPI: 6.52

MDM Discussions MDM Report Pre-op

Date of discussion: 14/06/2008

timing of discussion: post-op

AgeNow: 56

Brief Clinical summary: 56 year old lady post right mastectomy & ANC. Pathology shows pT2aN2a disease.

decision to treat

MDM final diagnosis: Invasive carcinoma

MDM decision: Oncology referral ☐ SNB

latency:

Post-op management: ☒ referred oncologist Green

referral for: adjuvant chemotherapy

further investigations:

discuss again:

☒ seen by breast care nurse ☐ referral to Palliative care

No more post-MDM dictation

No more post-MDM typing



## Communication with Primary Care

Lung MDM @ Belfast Trust

Dr A Dolittle  
The Surgery  
Belfast Road  
Belfast

12/06/08

Dear Dr Dolittle

Your patient was discussed at The Lung MDT Meeting on 12/06/08

**Diagnosis:** Infiltrating ductal carcinoma of breast

**MDM Update:**

56 year old lady post right mastectomy & ANC. Pathology shows pT2aN2a disease.


**MDM Plan:** Oncology referral for consideration of adjuvant chemotherapy  
Referred to: Dr Green @ N.I Cancer Centre

The Patient is aware of the diagnosis.

Yours sincerely

Ms A Brown  
Breast Surgeon

# Intra-MDM generation of referrals to other cancer specialists



## Regional Urology MDM @ NI Cancer Centre

SURNAME	FORENAME	DOB	BCH number	Other number	Find patient	for discussion	other hospital
PATIENT 1	MR	16/06/1925	BCH07/XXXX			6	Close

Hospital:	Presentation	histology	Site	Date	Urologist	Oncologist:	Referred by
BCH	New diagn	Adenocarcinoma	Prostate	21-Dec-07	MCKNIGH	Johnston	

62 Day target 9 31 day target Do Not Export To WT

**Clinical summary**  
82 year old man referred by GP-raised PSA & LUTS

☐ Radiology Confirmed ☐ Clinical Confirmed ☐ Tumour Marker ☐ Other

**Prostate** **Cancer Care Plan** **BAUS**

Specimen Needle b Lobe PSA: 15 Volume 40

Gleason Cores % Tissue Max Length  
4 + 4 3 out of 10 Cores 20 5 mm

cT stage: MRI T stage cN stage: cM stage  
T1c

**Surgery Details**

Date Surgeons

Procedure ☐ Lararoscopic

Histology:

Grade +

PNI: LVI: Margins:

Staging pT: pN: pM:

Nodal dissection: nodes examined: nodes positive:

☐ Supervised Training Operation

**MDM discussions** **Oncology referral** **Urology Surgical Referral**

**Print GP Letter** **Palliative Medicine**

Date of discussion 07/06/2008 location

reason for discussion: post-surgery ☐ CT ☐ MRI ☐ PET ☐ Path ☐ other

**MDM Update:** age 82

82 year old man PSA= 15, Prostate volume=40cc., Gleason score 4+4, Clinical T stage:T1c, % Tissue Involved=20  
3/10 Cores involved  
max length of tumour=5mm.

**MDM Diagnosis:** Prostate cancer

**Co-morbidities** NIDDM prev CVA 3 yrs ago-left hemiplegia

**MDM Decision** Hormone therapy alone

**Referral to** Dr Green **Date MDM decision**

**patient aware ?** Patient is aware of diagno ☐ seen by Urology Specialist Nurse

**Results Clinic Update:** Explained diagnosis and treatment options-  
13/06/2008 Patient agreeable to commence Zolidex

## Intra-MDM Generation of Referrals to other cancer specialists

Oncology Referral: Regional Urology MDM @ Belfast Trust

Dr R Green  
Consultant Oncologist  
N.I Cancer centre

12/06/08

Dear Dr Green

Thank you for accepting this referral from the Urology MDT Meeting of 12/06/08

**Diagnosis:** Prostate Cancer

**MDM Update:**  
72 Year old man PSA 15, Clinical stage T2. TRUS biopsies show Gleason 4+4 in 3/10 cores  
20% tissue involved. Prostate volume 40cc

**Co-morbidities:** Smoker-mild COPD, NIDDM. Previous MI 2005.

**MDM Plan;** Central Oncology referral for consideration of or hormone therapy

The patient is aware of the diagnosis and has been seen by the Urology Specialist Nurse.

Yours sincerely

Mr P Kidney



# NICR MDM Database Project

Cancer treatment targets: engages clinicians in the process

## Lung MDM @ N. I Cancer Centre

Surname	PATIENT 3		sex	DOB	BCH number	other number	OCCUPATION:	FIND PATIENT		Close
Forename	MR		male	12/12/1934	BCH00-XXXX		RETIRED ENGL			
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PET findings:	25/05/2006									
PET Stage	T	T2	N	N1	M	M0	T2N1M0	IIB		
Care plan	<b>Operability</b> surgically operable if medically fit <b>Treatment intent</b> curative/radical <b>Why not curative</b> <b>Planned 1st Treatment</b> surgery alone									

### MDM discussions

**LUNG DIAGRAM**

Date of discussion 16/03/2007 location OUTPATIE

age now: 75 ECOG 1

reason for discussion Diagnostic work-up

imaging for viewing: CT and PET

MDM Update: 75 year old gentleman presented in 2006 with shortness of breath from his emphysema and CT scan showing

MDM Action To have CPEST and then to have OPD appt with Mr McManus for discussion re possible surgery

MDM Decision Date

**surgical referral** **MDM report** email to

**oncology referral** **GP Letter** **palliative**

### MDM final diagnosis

Primary lung cancer (pathologically

☐ Referred to oncology for  
☒ Referred to surgeon Thoracic Sur for consideration of c  
☐ General Palliative Care ☐ Specialist Palliative Care

### further investigations

seen by lung cancer nurse? The patient has been seen by Lung C



CaPPS is a regional information system for clinical assessment and operational tracking.

Log In

User Name:

Password:

☐ Remember me next time.

Log In

Release 1.0.1094

Performance Reporting is available to registered users  
on the [HSC Information Management Portal](#).

Open  (Mrs) N/A  0(31)Born:  (65y) Gender:

GP: None

Physician: None

Oncologist: None












Surgeon: None

Palliative: None

Contact L  
 Lung(Suspect)24-9-2007 Pathway Waits Referrals [1] Initial Assessment Investigations [0] MDM [0] CarePlan Treatment [0] Diary [0] Adjustments [1] Close

Symptoms Clinical Findings CXR &amp; Bronchoscopy Outcome CT &amp; PET

**Symptoms at Presentation**

- ☐ None
- ☐ Cough  None
- ☐ Chest Infection  None
- ☐ Haemoptysis  None
- ☐ Hoarseness  None
- ☐ SOB  None
- ☐ Chest Pain  None
- ☐ Back Pain  None
- ☐ Other Pain   None
- ☐ Fatigue  None
- ☐ Weight Loss  KG

**Signs at Presentation**

- ☐ SVCO
- ☐ Collapse
- ☐ Localised Wheeze
- ☐ Pneumonia
- ☐ Pleural Effusion
- ☐ SCF Nodes
- ☐ Clubbing
- ☐ Liver Metastases

Other, Specify:



Summary:



## Phase II :CaPPs

**HSC Cancer Patient Pathway System**

Home > Patient Details > MDM

User Login

Open [Redacted] (Mr) 6 22 Born: [Redacted] (0y) Gender: Male HCl: [Redacted]

Physician: Select Oncologist: Select Surgeon: Select Palliative: Select Address: [Redacted] Contact: HOME [Redacted] T: T3 N: N2 M: M1

11/01/08 18/01/08 25/01/08

**Clinical Summary:** [Redacted]

**CT Findings:** 29-Feb-2008 [Redacted]

**PET Findings:** 29-Feb-2008 [Redacted]

**Pulmonary Function:** [Redacted]

**Symptoms:** [Redacted]

**Clinical Assessment:** (COPD, Diabetes, Ischaemic Heart Disease, Cerebrovascular Disease)

**Diagnosis:** (Visible tumour in left lung. Site: Main bronchus <2m from carina.)

**Histology:** Non-Small Cell Date: [Redacted]

**Plan:** [Redacted]

**Print Letters** Printer: Printer 1

Date: [Redacted] Location: City Hospital

Site: 1

Imaging For Viewing: Test

Reason for Discussion: [Redacted]

MDM Update: [Redacted]

MDM Action: [Redacted]

Final Diagnosis: Non-Small Cell

**Referral and Further Details**

☒ Oncology Referral ☒ Palliative Referral ☐ MDM Report

☒ Surgeon Referral ☒ GP Referral

Date Decision to Treat: 29-Feb-2008

☐ General Palliative Care ☐ Specialist Palliative Care

Patient Aware: The Patient Aware of Diagnosis

Discuss Again: Post PET

Buttons

## Data capture @ MDT : Benefits for all

- Benefits for patients
- Benefits for providers
- Benefits for Commissioning
- Benefits for Cancer Registration