
Renal Specialist MDT – Operational Guidance

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1 Introduction

1.1 Purpose of this document

This document provides an outline of the management and function of the renal specialist multidisciplinary team (MDT), the central body responsible for clinical management of patients presenting to hospitals within the London Cancer Alliance (LCA) with a diagnosis of renal cancer. It was compiled with the help of clinicians from provider organisations across the LCA, and has been updated following review by the LCA Urology Pathway Group and Core Leadership Group.

The document outlines, in relation to renal cancer, the Model of Care for Cancer Services in 2010 (Model of Care) recommendations applicable to the delivery of urological oncology within the LCA, the LCA's network of units and how the various healthcare professionals and organisations should work together to provide care for patients within this sector.

Details of the specialist MDT governance arrangements are documented, together with the minimum information requirements from the referring MDTs and the minimum output from the specialist MDT.

1.2 National guidelines for the management of urological cancers

Urological oncology encompasses five different tumour types: prostate, bladder (including transitional cell carcinoma of the upper tract), renal, testicular and penile. These represent quite discrete disease entities varying in their presentations, mechanisms of diagnosis, types of surgery and adjuvant therapies (radiotherapy, chemotherapy and other systemic agents). In practice, many clinicians, particularly surgeons, restrict their practice to one or two of these tumours.

Altogether, urological cancers account for 16% of all new cancers diagnosed and 11% of cancer deaths in the UK.

The National Institute for Health and Care Excellence (NICE) published the Improving Outcomes in Urological Cancer Guidance (IOG) in 2002, as part of the review of all tumour types, and implementation of the National Cancer Plan (2000). The main recommendations made in the IOG document are:

- that all new cancers are discussed by MDTs
- that specified subsets of each tumour type are referred to the cancer centre for review and/or management.

1.3 Renal cancer

In 2010, there were over 9,639 newly diagnosed cases of kidney cancer in the UK. The crude incidence rate per 100,000 population is 15.9 in men and 9.6 in women. The two most common types of kidney cancer are renal cell carcinoma (RCC) and urethelial cell carcinoma (UCC) of the renal pelvis. The distinction between these two types (RCC and UCC) is important because their prognosis, staging and management are different. UCC is less common, with around 500 cases per year. Relative survival estimates for kidney cancer (excluding renal pelvis) are similar for both sexes at 70% for males and 68% for females.

Kidney cancer is often asymptomatic until an advanced stage. In many cases, the tumour is detected incidentally during imaging carried out for other reasons. Due to the spectrum of disease treatment, options vary considerably, ranging from active surveillance, ablative therapies and partial or total nephrectomy for smaller tumours, as well as major radical surgery for locally advanced disease and

systemic treatment with or without surgery when metastases are present. Consequently the management of patients is best undertaken within specialist teams with the full range of expertise and technical skills to ensure the full range of options can be considered and made available to patients.

2 London Cancer Alliance

2.1 About the LCA

The LCA is an integrated cancer system across west and south London. The LCA formed in 2011 as a result of the Model of Care, released in 2010. The LCA works collaboratively with 16 provider organisations to reduce variation, deliver safe and effective care, improve cancer clinical outcomes and enhance patients' and carers' experience. The LCA comprises of cross-cutting groups and tumour specific pathway groups that have developed a programme of work to address recommendations made in the Model of Care.

LCA Urology Pathway Group (UPG)

The LCA Urology Pathway Group (UPG) is comprised of clinical experts working collaboratively from across LCA provider organisations and all specialty groups. With renal cancer, the UPG work programme includes the establishment of renal specialist MDTs, to be operational by January 2014. Clinical pathways of care for kidney cancer in the LCA have been refined from existing pathways from the previous cancer networks (South West, South East and North West London), following the establishment of the specialist MDTs, and are due to be fully implemented later in 2014.

LCA renal specialist MDTs

Given the complexity of care and the range of treatment options now available, the Model of Care recommends that all kidney cancer cases should be discussed at a renal specialist MDT. Consolidation of expertise is required and collaboration between specialist clinicians is essential. Previously, there were three specialist MDTs – one in each of the former cancer network areas. Following discussion with relevant stakeholders, it was felt that while desirable, a single specialist MDT across the LCA would be unworkable given the patient volume and logistics. Therefore, the recommendation was to establish two separate renal specialist MDTs, to meet on a weekly basis to discuss patient management.

The most feasible division of the specialist MDTs was to consolidate the units comprising the previous South West London Cancer Network and North West London Cancer Network, as they were in the process of developing a formal renal specialist MDT as an evolutionary step from an existing renal cancer clinical meeting. A similar specialist MDT comprising the remaining units in the old South East London Cancer Network is already established.

The establishment of two renal specialist MDTs has been undertaken as an initial step, with the development of pathways of care occurring in parallel, to define the management of all patients within the remit of the LCA with a diagnosis of renal cancer. Both specialist MDTs have been operational since January 2014, and integration and implementation of the pathways was completed in July 2014. For the purposes of quality of care, six-monthly meetings of the two specialist MDTs were recommended for audit and pathway review. Progress in these activities will be reviewed at the monthly LCA Urology Pathway Group meetings.

3 LCA Renal Specialist MDT Operations and Governance

3.1 West LCA Renal Specialist MDT

Institutions

This specialist MDT discusses all renal cancer patients presenting at the following hospitals:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Croydon Health Services NHS Trust
- Ealing Hospital NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Kingston Hospital NHS Foundation Trust
- Mount Vernon Cancer Centre
- The North West London Hospitals NHS Trust
- St George's Healthcare NHS Trust
- The Royal Marsden NHS Foundation Trust
- West Middlesex University Hospital NHS Trust

Referrals

All patients with diagnosed or suspected kidney cancer must be referred to the specialist MDT, together with pathology, imaging and a clinical summary for discussion at the next available meeting. Specific referral information requirements are set out in Appendix 1. This information is required for case presentation at the meeting and must be forwarded to the specialist MDT co-ordinator by midday on a Monday, for discussion the following Wednesday. The treating clinician, who is a core team member (or delegate), presents the case and records the specialist MDT treatment recommendations to ensure a seamless pathway.

Renal specialist MDT meetings

The renal specialist MDT meets weekly, with video-linkage between St George's and The Royal Marsden. A radiologist is present at both sites as current linkage prevents remote reporting of imaging from another site. In the event that a radiologist is not available at one site, all imaging must be forwarded to the other site for cases where the discussion involves imaging interpretation. A histopathologist will also present at both sites – with cases involving histology to be discussed at the start of the meeting. The outcome from the meeting is documented using the approved outcome dataset (Appendix 2).

The treatment decision for each patient should be recorded and formally communicated back to the MDT co-ordinator in the referring hospital, copying in the treating consultant, for upload onto the referring Trust's cancer information system.

The West LCA Renal Specialist MDT membership and contact details are in Appendix 3.

3.2 East LCA Renal Specialist MDT

Institutions

This specialist MDT discusses all renal cancer patients presenting at the following hospitals:

- Guy's and St Thomas' Hospital NHS Foundation Trust
- King's College Hospital NHS Foundation Trust (including the Princess Royal University Hospital site)
- Lewisham and Greenwich NHS Trust

Referrals

All patients with diagnosed or suspected kidney cancer must be referred to the specialist MDT, together with pathology, imaging and a clinical summary for discussion at the next available meeting. Specific referral information requirements are set out in Appendix 1. This information is required for case presentation at the meeting and must be forwarded to the specialist MDT co-ordinator by midday on a Monday, for discussion the following Wednesday. The treating clinician, who is a core team member (or delegate), presents the case and records the specialist MDT treatment recommendations to ensure a seamless pathway.

The treatment decision for each patient should be recorded and formally communicated back to the MDT co-ordinator in the referring hospital, copying in the treating consultant, for upload onto the referring Trust's cancer information system.

Renal specialist MDT meetings

The renal specialist MDT meetings are hosted by Guy's and St Thomas' NHS Foundation Trust every Tuesday morning in the Urology Centre, First Floor, Southwark Wing. The outcomes of these meetings are documented using the approved outcome dataset (Appendix 2).

The East LCA Renal Specialist MDT membership and contact details are in Appendix 4.

3.3 Clinical responsibilities

Consultants are reminded that they have ultimate responsibility for their patients. The role of the MDT is to consider the individual cases presented and to make recommendations based on the information provided. However, the MDT does have a responsibility to monitor the overall practice of individual consultants to ensure safe practice.

3.4 Specialist MDT membership

Each meeting requires a quorum of the core team members, which includes:

- urological surgeons
- 1 medical oncologist
- 1 clinical nurse specialist
- 1 radiologist
- 1 MDT co-ordinator
- 1 histopathologist

Discussion includes all patients presenting to the institutions listed who:

1. have newly diagnosed or suspected kidney cancer
2. are potentially suitable for clinical trials based on pathology results
3. have significant changes in their clinical condition, and for whom changes in treatment may be considered.

Patients are presented by the treating clinician (or delegate) and discussed prior to the change in the patient's management.

Cases referred from extra-regional centres following discussion at another renal or specialist urology MDT are also discussed prior to treatment, together with a review of the necessary histology and radiology.

Membership of the multidisciplinary team

Core members

Each member of the core team should have a specialist interest in kidney cancer.

Core membership will comprise:

- all urologists undertaking kidney cancer surgery
- all medical oncologists treating patients with kidney cancer
- other clinicians undertaking primary care of patients with kidney cancer
- a radiologist with expertise in urological cancers
- a histopathologist with expertise in urological cancers
- a nephrologist
- a urological clinical nurse specialist
- an MDT team co-ordinator/secretary

Core membership roles

Core members, or their nominated delegates, are required to attend 75% of meetings. There should be a single named lead clinician for the renal specialist MDT. Other core team members should be nominated to lead.

There should be a bi-annual operational meeting of the specialist MDT core members to review:

1. audit
2. user issues and information for patients and carers
3. recruitment onto clinical trials and other well-designed studies (surgical and oncology).

Quarterly reports encompassing these domains and overall specialist MDT activity are also provided to the LCA Urology Pathway Group Chair for review and tabling at Pathway Group meetings, and should be consolidated into a publishable annual report.

Extended membership

The specialist MDT should also have rapid access to:

- a clinical oncologist
- an interventional radiologist with expertise in ablative therapy of renal tumours
- neurosurgical/orthopaedic/cardiothoracic specialist teams
- GPs/primary care teams
- local urological cancer teams at linked cancer units
- a clinical geneticist/genetics counsellor
- a liaison psychiatrist
- a clinical psychologist trained in psychotherapy and cognitive behavioural therapy
- a social worker
- palliative care teams

Appendix 1 – LCA Renal MDT Referral Dataset

Patient Details			
First Name		NHS No.	
Surname		Hospital No.	
Sex		GP	
Date of Birth		GP Surgery	
Tel No.		GP Tel No.	
Patient Address		GP Address	

Referral Details	
Referral Date	
Referring Hospital	
Referring Clinician	
Contact at Referring Hospital (MDT Co-ordinator)	
Date of Requested Renal MDT Meeting	
Reason for MDT Discussion	

Patient Pathway and Condition			
Date of First Consultation		Diagnosis (and date patient told)	
Two Week Wait	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 Day Target	
		62 Day Target	
Presenting Symptoms			
Performance Status			
Co-morbidity			
Current Medication			

Appendix 2 – LCA Renal MDT – Action/Treatment Plan

Action/Treatment Plan			
Patient Name		Date of Renal MDT	
Diagnosis		TNM Stage	T: N: M:
Basis of Diagnosis	<input type="checkbox"/> Clinical <input type="checkbox"/> Pathological	Histology	
Recommended Further Investigations			
Recommended Additional Referral			
Recommended Treatment (rank in order if > 1)			

Appendix 3 – West LCA Renal Specialist MDT Membership and Contact Details

HOSPITAL	TEAM MEMBERS	CONTACT DETAILS
Epsom & St Helier	Pieter le Roux, Consultant Urologist	Gaynor Chart Tel: 01372 735735 ext. 6651 or 020 8296 3203/4 Gaynor.chart@epsomsthelier.nhs.uk
Kingston	Sarb Sandu, Consultant Urologist	Jason O’Halloran Tel: 020 8934 3123 Fax: 020 8934 2060 Jason.ohalloran@kingstonhospital.nhs.uk
The Royal Marsden	David Nicol, Consultant Urologist James Larkin, Medical Oncologist Martin Gore, Medical Oncologist Aslam Sohaib, Consultant Radiologist Steve Hazell, Consultant Histopathologist Sarah Sarker, Clinical Nurse Specialist	Usmaan Salam Tel: 020 7808 2462 NavigatorMDTurology@rmh.nhs.uk
St George’s	Chris Anderson, Lead Clinician and Consultant Urologist Pieter le Roux, Consultant Urologist Vincent Khoo, Clinical Oncologist Lisa Pickering, Medical Oncologist Uday Patel, Consultant Radiologist Cathy Corbishley, Consultant Histopathologist Ramzi Rajab, Consultant Histopathologist Brendan Tinwell, Consultant Histopathologist Mary van Zyl, Clinical Nurse Specialist Michael Gonsalves, Radiologist Graham Munneke, Radiologist	Louis Lot-Thomas Tel: 020 8672 1255 ext 1069 Fax: 020 8725 2915 stgh-tr.urology-mdt@nhs.net
The North West London Hospitals NHS Trust	Jeff Webster, Consultant Urologist	Megan Kilkeny Tel: 020 8869 5374 Fax: 020 8869 3788 Megan.kilkenny@nhs.net
Imperial	David Hrouda, Consultant Urologist Norma Gibbons, Consultant Urologist Justin Vale, Consultant Urologist Phil Savage, Medical Oncologist Peter Hill, Consultant Nephrologist	Fatema Begum Tel: 020 3311 1640 Urology.mdt@imperial.nhs.uk

Chelsea & Westminster	Bijan Khoubehi, Consultant Urologist Cathryn Brock, Medical Oncologist Tina Smith, Clinical Nurse Specialist Victoria Taplin, MDT Co-ordinator	Victoria Taplin Tel: 020 3315 5107 Victoria.taplin@chelwest.nhs.uk
Mount Vernon	Paul Nathan, Medical Oncologist	Deepa Tailor Tel: 01923 844 578 Deepa.tailor1@nhs.net
Croydon	Mark Lynch, Consultant Urologist	Sheefa Ahamadali Tel: 020 8401 3000 ext 4792 sheefa.ahamadali@nhs.net
Ealing	TBC	Danielle Gauci E-mail: danielle.gauci@nhs.net
West Middlesex	Mr Matthias Winkler, Consultant Urologist	Lynda Rickman Tel: 0208 321 6776 Fax: 0208 321 5157 E-mail: cancer.services@nhs.net
Hillingdon	TBC	TBC

Appendix 4 – East LCA Renal Specialist MDT Membership and Contact Details

HOSPITAL	TEAM MEMBERS	CONTACT DETAILS
Guy's and St Thomas'	Tim O'Brien, Consultant Urologist Ben Challacombe, Consultant Urologist Ashish Chandra, Histopathologist Giles Rottenberg, Radiologist Lesley Cooper, Clinical Nurse Specialist	Amy Whittock-Knott MDT Co-ordinator Tel: 0207 188 7188 ext 52728 E-mail: amy.whittock-knott@gstt.nhs.uk
King's College Hospital	Christian Brown, Consultant Urologist Gordon Kooiman, Consultant Urologist Simon Chowdhury, Consultant Medical Oncologist Jason Wilkins, Consultant Radiologist Dean Huang, Consultant Radiologist	Annette Mchardy MDT Co-ordinator E-mail: annettemchardy@nhs.net
King's College Hospital (Princess Royal University Hospital site)	No attendees	Shannon Roffey MDT Co-ordinator E-mail: shannon.roffey@nhs.uk
Lewisham and Greenwich	No attendees	Leighane Bartlett MDT Co-ordinator E-mail: leighane.bartlett@nhs.uk