

NCCP Adolescent and Young Adult Cancer MDM- Standard Operating Procedure Guidance

| Version | Date published | Amendment | Approved by: |
|---------|----------------|--|--|
| 3 | 02.10.2025 | Updates made to reflect new HSE Health Regions | Professor Owen Smith, NCCP AYA Clinical Lead Dr Scheryll Alken, Consultant in Oncologist s.i AYA Dr Peter McCarthy, Consultant Haematologist s.i AYA |

Document Control

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|---|---|--------------------------|--------------------------|--------------------------|
| Name of conference: | National Adolescent and Young Adult Cancer Multi-Disciplinary Meeting | | | |
| Principal hospital: | CHI Crumlin and AYA network sites | | | |
| Day, time and frequency of meeting: | Tuesday & Wednesdays, 1-2pm, Alternate weeks | | | |
| Scope of meeting: | National | Hospital group | Other region/ group | Hospital specific |
| | x <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other hospitals involved in conference: | Cork University Hospital, St James Hospital, Galway University Hospital | | | |
| Chair | Dr Scheryll Alken | | | |
| Co-Chair/Deputy Chair | Dr Peter McCarthy | | | |
| Last updated | 02.10.2025 | | | |
| SOP is available locally at: | <i>Insert Location / URL for location of SOP on hospital site</i> | | | |

| Version | Date | Comment / Changes | Author | Reviewer |
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| Version 1 | 6/4/23 | SOP first implemented at CHI Crumlin and AYA network sites Hospital with effect from 06/04/2023 | Ruth McMenamin | |
| Version 2 | 16/4/25 | Updated based on SOP audit | Ruth McMenamin | |
| Version 3 | 02/10/2025 | Reviewed by Fiona Bonas, Eileen Nolan, Ruth McMenamin | Ruth McMenamin | |
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1. Introduction

1.1 Purpose of the Document

The purpose of this document is to provide a standard operating procedure (SOP) for multidisciplinary team meetings (MDMs) for Adolescent and Young Adults (AYA) with cancer.

1.2 Responsibility for the SOP

The AYA Cancer MDM SOP guidance document was developed by the National Cancer Control Programme (NCCP) and the AYA team, it will be reviewed periodically by the NCCP in line with national standards and international practice and updated/amended, as appropriate.

This SOP will inform those hospitals involved in the National Multi-Disciplinary Team Meeting (MDM) for AYA Cancer Patients. Each site-specific MDM is responsible for the updating and maintenance of the document as it applies to their MDM. It should be reviewed at least annually to agree any required amendments.

Responsibility for implementing this document rests with all publicly funded hospitals that manage the diagnosis and treatment of AYA cancer.

1.3 Definition of Multi-Disciplinary Meeting (MDM)

(Ref. NHS England National Peer Review Programme)

The MDM involves a group of people from different health care disciplines, which meets together at a given time (whether physically in one place, or by video or tele-conferencing) to discuss a given patient and who are each able to contribute independently to the diagnostic, treatment and survivorship decisions about the patient.

Multidisciplinary care is a required component of high-quality cancer care. Multi-disciplinary Meetings (MDMs) are specifically scheduled meetings to diagnose, to prospectively review individual patients and to make collaborative recommendations on best management. To ensure all possible treatment options are considered, representation from all relevant disciplines is necessary.

2. Purpose of the National AYA Cancer MDM

An objective of the AYA Cancer MDM is to ensure that all newly diagnosed AYA cancer patients benefit from expert multidisciplinary evidence-based discussion of their diagnosis and management. The primary purpose of the AYA MDM to ensure that all AYA cancer patients have equitable access to comprehensive and personalised age appropriate care.

2.1 Functions of the National AYA MDM

- Contribute to linkages between hospitals within the network to ensure appropriate referrals and timely consultation
- Consider patients' other requirements such as:
 - Psychological support
 - Fertility preservation

- Social worker support
- Palliative care needs assessment
- Education and career development support
- Body Image, sexuality and relationships support
- Alcohol/substance abuse support
- Clinical Trials availability/enrolment
- Ensure mechanisms are in place to support eligible patients into clinical trials and other research studies predicated on patients giving fully informed consent
- Collect data to aid audit and research
- Provide a forum for the continuing education of medical staff and health professionals.

3. Suggested membership of the National AYA MDM

3.1 Required attendees

Expertise is needed in the areas of leukaemia, lymphomas, Germ cell, Bone and Soft Tissue Sarcoma, Brain and CNS and Malignant melanoma. Not all clinicians will be expected to attend every National AYA MDM and will be dependent on the patients to be discussed.

- National clinical lead for AYA Cancer
- Assistant Director of Nursing, AYA Cancer Programme
- Consultant Haemato-oncologist or Oncologist, site-specific AYA
- Consultant Medical Oncologist with a special interest in AYA Cancer
- Consultant Radiation oncologist with a special interest in AYA Cancer
- Consultant in Palliative Care with a special interest in AYA Cancer
- MDM Co-ordinator
- Clinical Nurse Specialist/Cancer Nurse Co-ordinator
- Psychologist
- Fertility Preservation Specialists
- Social Worker
- Education and career development expertise
- Body Image, sexuality and relationships expertise
- Clinical Trials availability/enrolment
- Consultants from other relevant specialities when required
- AYA Survivorship Consultant
- Other invited personnel

3.2 Guest Attendees

Appropriate guests may attend with the approval of the Chair/Co-Chair and AYA Cancer MDM, as relevant. Guests should be introduced to the team members and their attendance should be recorded in accordance with the SOP.

3.3 Quorum

All hospitals should establish and document a quorum for conducting MDMs. This should be 5.

3.4 Attendance

Attendance at the National AYA MDM will be recorded for all required attendees. The MDM coordinators records attendance at each MDM. Every effort should be made by a Consultant who has a patient for discussion at an MDM to attend. All patients for discussion should be known to at least one clinician at MDM. Site-specific consultant haemato-oncologist / oncologist is the person who remains in overall charge of the patient's treatment. Any other consultant sharing care will be identified in the treatment plan. The person named to present the patient will be listed on the agenda which is circulated prior to the MDM.

4. Role & Responsibilities of Team Members

4.1 Chair/Vice Chair

The Chair/Co Chair should be a Consultant member who participates regularly in the AYA MDM and is a clinical expert in AYA cancer. He/she is accountable to the CEO and the Clinical Director of the Hospital in accordance with the governance structures. The Chair may delegate some responsibilities of the AYA MDM.

A Vice Chair should be appointed from one of the site specific hospitals and take on the responsibilities of the Chair when the Chair is absent. All members of the AYA MDM will have a vote in the selection of the Chair and Vice Chair.

Rotation of Chair/Vice Chair should take place every two years.

Responsibilities of the Chair will be:

- Verify attendance at the AYA MDM
- Ensure that all forwarded cases that have been selected for presentation are discussed within the allocated time
- Accurately identify each patient being discussed using name and Date of Birth (DOB)
- Invite referring clinician to summarise the case
- Encourage participation of all MDM members and facilitate a team environment
- Ensure patient confidentiality is maintained and permitting only appropriate attendance
- Approve outcome letters drafted by the MDM coordinators, prior to them being sent to referrer.
- Ensure that the recommendation of the meeting is made available to members of the MDM in a timely fashion by delegation to the MDM Co-ordinator.

4.2 Required Medical Consultants

The Primary Consultant, under whom the patient is being cared for, remains responsible for the patient. For patients discussed at the AYA MDM who are being seen at a linked hospital; the responsibility for the patient's care remains with the Primary Consultant in the linked hospital in such circumstances. The below responsibilities listed may be assigned by the patient's Primary Consultant to a named individual. However, it remains the responsibility of the patient's Primary Consultant that such actions are carried out to their satisfaction.

Individual required referring consultants to the National AYA MDM are responsible for:

- a. Informing the AYA MDM coordinator of the patients for discussion by agreed advance deadline, in conjunction with AYA CNS or other AYA MDM members
- b. Providing referral form to the conference coordinator by close of business on the Thursday prior to the meeting
- c. Providing the relevant patient information to the AYA MDM coordinator, and the specific issue to be discussed by the multidisciplinary team, prior to each meeting

- d. Presenting the patient case at the AYA MDM (or sending a delegate to present) and maintaining patient confidentiality
- e. Providing expert opinion from their area of expertise
- f. Discussing the recommendations, as discussed at the MDM, with the patient and making the ultimate decision on patient management in collaboration with the patient
- g. Entering the following details into the patient's medical record:
 - i. The AYA MDM recommendations letter
 - ii. The physician-patient discussion regarding the AYA MDM recommendations, in the form of the MDM outcome letter
 - iii. The patient's final decision about their management
 - iv. In cases where the patient seeks a further opinion about the proposed management plan, the referral for second opinion should be documented in the clinical notes
- h. Committing to send all new cancer cases from their practice as well as any other cancer cases (e.g. recurrent cancer) that would benefit from discussion by the AYA MDM.

4.3 AYA MDM conference coordinator and data management

The National AYA MDM has a MDM coordinator who will also provide data management.

The AYA MDM co-ordinator is considered the 'hub' of the MDM.

Responsibilities of the AYA MDM Co-Ordinator

- Responsible for the administrative management and individual meeting functioning
- Manage technology to support meetings e.g. videoconferencing and NCIS
- In co-operation with the Chair to create the listing of patients for discussion at the AYA MDM
- Send a weekly reminder to the participants detailing meeting agenda
- Liaise with referring hospitals and services
- Book and set up meeting room and ensure the availability and functioning of all equipment
- Ensure that all relevant up-to-date patient information are available for the meeting
- Record minutes of AYA MDM meeting and produce AYA MDM letter of recommendations, which are stored centrally.
- Track data requirements and collect AYA MDM data
- Upload AYA MDM Referral Form and Patient MDM outcome letter onto the National Cancer Information System (NCIS)
- Distribute annual attendance records
- Co-ordinate MDM Evaluations.

5. Meeting Protocol

This section describes important details of the AYA MDM and how it should operate to fulfil its objectives.

5.1 Patient Referral to the AYA MDM / Listing Patients for AYA MDM

All newly diagnosed AYA cancer patients aged 16-24 (13+ from CHI) should be listed for discussion at MDM. A list of all AYA cancer patients referred should be listed for the MDM Chair/MDM Coordinator and triaged

appropriately. Any MDM team member can refer. There must be at least two patients listed for discussion unless time sensitive.

Case Review procedure:

The cases to be discussed in the AYA MDM will include:

- All newly diagnosed invasive AYA cancer
- All recurrent or metastatic cases of AYA cancer
- The AYA MDM will review the treatment plan made by the specific-site MDM and promote access to clinical trials, when available.
- The MDM will review the support network around each individual patient, identify any of the following issues and how these will be addressed;
 - Psychological support
 - Fertility Preservation
 - Social Worker Support
 - Palliative care needs assessment
 - Education and career development support
 - Body Image, sexuality and relationships,
 - Alcohol/substance abuse
 - Clinical Trials availability/enrolment
- The agreement reached between the site-specific MDM and the AYA MDM will be documented and a letter of recommendation will be sent to the referrer. This letter will be uploaded onto the patients NCIS casefile.
- Any other case that is deemed appropriate for discussion, at the discretion of the Chair.

5.2 Meeting Time & Venue

The meeting should convene at a specified date (weekly) and time. This should be agreed locally.

5.3 The AYA MDM room

- Projection equipment for displaying images and slides
- Secure computer systems
- Videoconferencing equipment needs to be available and in working order
- Teleconferencing equipment
- Information Technology Support.

5.4 Requirements for AYA MDM Meeting

- Agenda (Patient cases for discussion). Each hospital should have a clear pathway documented for relevant patients to get onto the agenda of the AYA MDM
- The AYA referral form should be completed and emailed to ayamdm@healthmail.ie by the principal clinician or appropriate team member who is referring the patient at least 48 hours prior to the MDM discussion.
- The agenda should be available on the day before the AYA MDM
- There should be an appropriate person present with sufficient clinical information to present the case and bring the MDM recommendation back to the patient or relevant team member

- Accurate, appropriate and sufficient clinical information on the patient must be presented
- Attendance at the AYA MDM should be recorded
- There should be an AYA MDM template for each case and specialty folder (if not electronic system)
- The meetings should be organised to have enough time allocated in order to review each case in the required detail
- Any changes of time/date or venue will be notified by group email in advance.

5.5 Minimum Information Requirements

The Principal Clinician for each case should present the rationale for discussion and the clinical summary. The AYA referral form will be used to guide discussion in the MDM.

5.6 Format of the meeting

5.6.1 Presentation

The Primary Consultant/Principle Clinician from the relevant specialty will present the rationale for discussion and will give a short presentation on each patient.

5.6.2 Discussion

Discussion of the case can include:

- a. Diagnosis and staging information
- b. Treatment options
- c. Any specific support requirements in terms of psychosocial supports
- d. Consideration of the patient's holistic needs
- e. Any required referrals e.g. AHPs, Psych-oncology
- f. Fertility preservation
- g. Clinical trials availability

5.6.3 Outcome of the conference

- a. Agree and document the recommendations made for each patient.
- b. Document all required datasets (e.g. to inform KPIs, audit etc.)

5.6.4 Management plan recommendations

Management plan recommendations within the AYA MDM will be handled as follows:

- A. Recommendations will be recorded and a outcome letter will be sent to the referrer

5.6.5 After the AYA MDM

The completed recommendations must be approved by the conference Chair and must be available for reference in management of the patients care.

- Recommendations made at the AYA MDM will be made available to the referring team within two weeks of the AYA MDM and they will be included in the patient record, as per local hospital policy.
- Recommendations made at the AYA MDM will be copied to the patient's GP as well as the referrer.
- The outcome letter will be uploaded onto the patients NCIS system.

6.0 Record of Meetings

The meeting will be recorded by the MDM coordinator and stored centrally with restricted access to the AYA team only. The meeting will record all relevant data in standard format, covering:

- Personal details
- Diagnosis, staging, management
- Assessment procedure
- Psychological support
- Fertility Preservation
- Social Worker Support
- Palliative care needs assessment
- Education and career development support
- Body Image, sexuality and relationships,
- Alcohol/substance abuse
- Clinical Trials availability/enrolment

6.1 Documentation from Meeting

Documentation of attendance will also be captured and kept by the MDM Co-ordinator. Records of the AYA MDM agenda and outcomes must be securely stored and be available for review. Records are stored on CHI servers with restricted access to the AYA team only. All personnel must discard list in confidential bin prior to leaving the meeting room. Any clinicians retaining documentation from the AYA MDM are responsible for maintaining the confidentiality of the documents.

6.2 Recommendations / Decision Conflicting

Recommendations within the AYA MDM will be handled as follows:

- The specific evidence basis for treatment options will be discussed and recorded
- The majority view of the group will be taken as the consensus for the record
- Where multiple reasonable options are available and each is supported by more than one consultant, a summary of the potential options is recorded in the notes for discussion with the patient.

6.3 Decision

Patients should be informed about the AYA MDM, the discussion of their case at the AYA MDM and the recommendations as discussed at the AYA MDM. The patient will ultimately decide whether or not to proceed from the options recommended. Patients/Families should be given a copy of their outcome letter.

7. Urgent Case process

In cases where an urgent case arises which cannot wait until the next scheduled AYA MDM, the primary consultant will discuss the case with colleagues, as appropriate.

8. Patient Confidentiality

Confidentiality of patient information is paramount. All attendees should be aware of confidentiality and make all reasonable efforts to ensure patient confidentiality.

9. Virtual Meeting-Video Conferencing

Having a national AYA MDM that spans multiple hospitals will efficiently and effectively use skills across the region. Participants from these hospitals should join remotely into the regularly scheduled MDM and present patient cases.

10. AYA MDM Evaluation

The functioning of the MDM should be evaluated yearly or as frequently as felt necessary by the team members. The AYA MDM coordinator will distribute evaluation forms to all members to complete. The evaluation will concentrate on the strengths and weaknesses of the AYA MDM as well as the role of the individual members to see what is done well and what can be improved.

The evaluation forms will be collected and the results will be summarized. The results will be discussed with the MDT to come to consensus on how the National AYA MDM could be improved based on the feedback. The appropriate actions will take place to implement the desired changes which may include updating the SOP document.

11. Annual Report

The AYA MDM will agree and indicate an appropriate approach to the development of an annual report detailing useful statistics on AYA MDM's and the development of the service.

Appendix 1 Glossary

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| Chair | A consultant member who participates regularly in the National AYA MDM and who is accountable to the hospital governance system. |
| Primary Consultant | The Primary Consultant of a case is the consultant who has overall responsibility for the case. (HIPE Data Dictionary 2022) |