2014/2015 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **4 July** 2014

Supervisor Information (First named supervisor will be the contact):	
Supervisor's Name(s): Bridget Robinson, Chris Wakeman, Frank Frizelle and Laura Coleman (MDM coordinator)	
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Research Category (Choose one category only – to be used for judging the students' presentations):		
Clinical X	**Laboratory**	**Community**

Project Title (20 words MAXIMUM):

Colorectal MDM: audit to determine which cases benefit from discussion in the MDM

Project Description:

The Ministry of Health introduced the requirement that "all new cases of cancer" should be discussed in the relevant multidisciplinary meeting (MDM). In Christchurch the colorectal MDM was standardized with the appointment of the MDM coordinators in March 2013. As had occurred previously, the bulk of the cases discussed were those with rectal cancer, for decision making around pre-operative radiation and or chemotherapy, and many patients with colon cancer were not presented for discussion. Since June 2014 the Ministry have relaxed their directive to require "new cases" to be discussed. The MDM members wish to establish:

1) which patients had not been discussed, and whether any patients had missed potential benefit from being discussed in the MDM?

2) whether the MDM discussion changed the management plan already formulated by the referrer.

Methods: the MDM cases ("**MDM cases**") will be obtained from the records and minutes of the MDM meetings, from 1 November 2013 to 1 November 2014. Inclusions are those diagnosed and/or treated in the CDHB, but those diagnosed and treated entirely in the private sector will be excluded. Patients are also referred from West Coast, Nelson/Marlborough and input for these will also be reviewed as a separate **"other DHB**" cohort. All cases coded with colon or rectal cancer from the CDHB discharge codes will be found using the CDHB PMS, using a start date of 1 Sept 2013 (to allow for referral to MDM), through until 1 Nov 2014. This will be compared with the "MDM cases" group to leave the "**non-discussed group**". Finally a subset discussed in the MDM from 26 June 2014 to 25 Dec 2014 (6 months) will be studied to compare the referrer's plan (requested on the MDM Referral form since 24 June 2014) with that subsequently recommended by the MDM (named the "**referrer's plan subset**"). Clinicopathological data for all four groups will be entered onto a database, and will be compared for demographic variables, eg age, gender, cancer site, grade, stage, and investigations preformed (CT abdo/pelvis, CXR, CT chest, colonography, colonoscopy, CEA, LFTs, MRI pelvis, PET scan). The pathological stage after surgery will be compared with the clinical stage pre-operatively to determine the likelihood that MDM discussion altered or could have altered the decision, for all cases.

The recommendations from the MDM will be recorded for localised colon (not T4),locally advanced colon (T4), node-positive colon, metastatic colon , and for rectum by TNM stage (both according to radiology report before MDM, and revised version after MDM). In the "referrer's plan subset" the recommendation of the MDM will be compared both with the staging at registering for discussion and the revised staging after MDM discussion.

The main outcome is to better define the patients who benefit from discussion in the colorectal MDM, so that the resource can be more appropriately directed towards them. The results will be prepared for publication in the New Zealand Medical Journal as the most appropriate forum for national practice.