



## Appendix 1: Mesothelioma organisational audit 2019 – Phase 1 and 2 questions

### Phase 1 questions

1.	Name	Free text
2.	Trust/hospital	Free text
3.	Trust code	Free text
4.	Are malignant pleural mesothelioma (MPM) patients referred to a lung cancer service, or do you have a separate pleural service/clinic?	Lung cancer Pleural Both
5.	Do you have access to image-guided pleural biopsy?	Yes, local Yes, regional No
6.	Do you have access to local anaesthetic thoracoscopy (LAT)?	Yes, local Yes, regional No
7.	Do you have access to video-assisted thoracoscopic surgery (VATS)?	Yes, local Yes, regional No
8.	Do you pursue a tissue biopsy if pleural fluid cytology suggests mesothelioma?	Routinely Sometimes Rarely Never
9.	Do you routinely carry out a PET scan on MPM patients?	Yes, local Yes, regional No
10.	Do you routinely use biomarkers as part of the diagnostic assessment in MPM?	Yes No
11.	Do you routinely discuss MPM patients in your local lung cancer MDT?	Yes No Other (+ comments)
12.	Where are cases of peritoneal mesothelioma discussed at a local level?	Lung cancer MDT Mesothelioma-specific MDT Gynaecology MDT Other (+ comments)
13.	Do you routinely discuss MPM patients in a local mesothelioma-specific MDT?	Yes No Other (+ comments)
14.	Do you routinely discuss MPM patients in a regional mesothelioma-specific MDT?	Yes No Other (+ comments)
15.	Site of regional mesothelioma-specific MDT	Free text
16.	Name of regional mesothelioma-specific MDT lead	Free text
17.	Contact details of regional mesothelioma-specific MDT lead	Free text



18.	(if applicable) What is your criteria for referring mesothelioma patients to a regional/another MDT?	All cases PS 0 or 1 only Consideration for clinical trial? Consideration for surgery? Confirm diagnosis? Staging? Histological subtyping?
19.	Do you routinely stage MPM patients using IASLC TNM v8 (stage >75% of patients)?	Yes No
20.	Do you routinely record the subtype of mesothelioma (subtype >75% of patients)?	Yes No
21.	Do you offer palliative chemotherapy for MPM?	Yes, local Yes, regional No
22.	Do you offer palliative radiotherapy for MPM?	Yes, local Yes, regional No
23.	Do you offer palliative surgery for MPM?	Yes, local Yes, regional No
24.	Do you offer an indwelling pleural catheter (IPC) service?	Yes, local Yes, regional No
25.	Do you refer patients for any MPM clinical trials?	Yes, local Yes, regional No
26.	Who acts as the key worker for your MPM patients?	Lung cancer CNS Mesothelioma CNS Other (+ comments)
27.	Do you have access to a regional Mesothelioma UK CNS?	Yes No Other (+ comments)
28.	If funding to support a Mesothelioma UK CNS post were provided, would you consider hosting this post for your region?	Yes No Probably N/A

CNS = clinical nurse specialist; IASLC = International Association for the Study of Lung Cancer; MDT = multidisciplinary team; MPM = malignant pleural mesothelioma; PET = positron emission tomography; PS = performance status



## 1.2 Phase 2 questions

1.	Name	Free text
2.	Trust/hospital	Free text
3.	Email address	Free text
4.	What is the name of your MDT?	Free text
5.	Which NHS trust is your MDT hosted at?	Free text
6.	When was your MDT established?	DD/MM/YYYY
7.	What is the geographic coverage of your MDT? Please try to be as specific as possible, eg region and individual hospitals...	Free text
8.	Do you accept referrals from outside your region? Please try to be as specific as possible, eg region and individual hospitals...	Free text
9.	Is the meeting held immediately before or after the local lung cancer MDT, or is it totally separate?	Before After Separate
10.	Is there a different lung cancer MDT lead?	Yes No
11.	How often does the MDT meet?	Twice a week Weekly Every 2 weeks Once a month Ad hoc
12.	How long does the MDT meeting usually last? Please give an answer to the nearest half hour.	Free text
13.	Who provides administrative support for the MDT?	Free text
14.	Did you receive any funding to help establish the MDT? If yes, how much and where was it from?	Free text
15.	How many patients on average are discussed at each meeting?	<5 5–10 11–15 16–20 21–25 >25
16.	In 2018, how many new patients did your MDT discuss?	0–200
17.	How are patients referred to your MDT?	Multiple choice: Pro forma only; emailed Pro forma only; posted Email Phone
18.	Are there any pre-requisites you insist on prior to discussing referrals to the MDT? Eg CT scan within last month, confirmed diagnosis etc.	Free text
19.	Do staff from external hospitals attend your MDT? If so, is it in person or by tele/video conference? Is it expected that someone from the external hospital will present these cases?	Free text



20.	Do you review all histology slides for all patients discussed at the MDT? If you review some, which ones?	Free text
21.	Do you re-stage all referrals to your mesothelioma MDT?	Definitely would Probably would Probably would not Definitely would not
22.	Do you also discuss peritoneal/testicular mesothelioma?	Peritoneal Testicular Neither Both
23.	Are you aware of the national peritoneal mesothelioma MDT? Have you referred patients to this service?	Not aware Aware but have not referred Aware and have referred
24.	How do you feedback MDT outcomes to referring teams?	Free text
25.	How do patients receive information about the outcomes of the mesothelioma MDT?	Free text
26.	Has your mesothelioma MDT been subject to a peer review?	Yes No
27.	Do you have an operational policy, annual report and work plan as required by peer review? Choose all that apply...	Operational policy Annual report Work plan None
28.	Describe the core membership and arrangements for cover. What determines a quorate meeting?	Respiratory physician Surgeon Pathologist Radiologist Oncologist Mesothelioma CNS Additional comments box
29.	Do you have a mesothelioma specialist nurse within the core team (Mesothelioma UK funded)?	Yes No
30.	Do you know how many patients have been recruited to mesothelioma clinical trials in your hospital?	Free text
31.	Do you give permission for Mesothelioma UK and the NMA to hold referral details for your mesothelioma MDT on their websites?	Yes No

CNS = clinical nurse specialist; CT = computed tomography; MDT = multidisciplinary team; NMA = National Mesothelioma Audit