



VIRTUAL CUP MULTIDISCIPLINARY MEETING

Terms of Reference

Standard Operating Procedure

Current Version

VERSION:	1.0
TITLE:	SUPER-ED Master CUP-MDM SOP v1.0
EFFECTIVE DATE:	12/08/2025
REVIEW DATE:	

Document Approval

NAME	POSITION	SIGNATURE	DATE
XXX	XXX	Click or tap here to enter text.	Click or tap to enter a date.

Document History

VERSION NUMBER	EFFECTIVE DATE	DETAILS OF AMENDMENTS/EDITIONS
1.0	XXX	XXX

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1. Introduction

A national virtual multidisciplinary meeting (MDM) of clinical experts in Cancer of Unknown Primary (CUP) is established as part of the [SUPER-ED Study](#).

The complex nature of CUP, along with the advantages gained from multidisciplinary collaboration, strongly support a dedicated MDM service, as recommended by the **CUP Optimal Care Pathway**. The Optimal Care Pathways have Australia-wide acceptance and government support for national implementation

This document outlines the **Terms of Reference (ToR)** and **Standard Operating Procedure (SOP)** to provide clear and consistent guidelines for the scheduling, coordination, and execution of the Virtual Cancer of Unknown Primary (CUP) Multidisciplinary Meeting (CUP-MDM). This document outlines the roles and responsibilities of all participants involved in the CUP-MDM to ensure efficient communication, timely case review, and collaborative decision-making.

The ToR and SOP aims to:

- Facilitate the smooth operation of the CUP-MDM
- Ensure all relevant clinical information is available for discussion
- Promote multidisciplinary input into patient management
- Maintain documentation and follow-up of decisions made during the meeting

2. Abbreviations

CD	Compact Disc (for Image Transfer)
CUP	Cancer of Unknown Primary
CUP-CC	CUP Care Coordinator
EPIC	Electronic Medical Record
GP	General Practitioner
MDM	Multidisciplinary Meeting
MRN	Medical Record Number
MUO	Malignancy of Unknown Origin
PACS	Picture Archiving and Communication System (for Image Transfer)
PET	Position Emission Tomography (Scan)
PETER MAC	Peter MacCallum Cancer Centre
SUPER-ED	Solving Unknown Primary cancer Earlier Diagnosis (Trial)

3. Terms of Reference

3.1 Purpose

The Virtual CUP Multidisciplinary Meeting (CUP-MDM) provides a structured forum for collaborative review of patients with suspected or confirmed Cancer of Unknown Primary. Its aim is to support evidence-based decision-making for diagnosis, treatment, and care planning.

Objectives

- Enable multidisciplinary discussion of complex Malignancy of Unknown Origin (MUO) and CUP cases, involving experts from Peter MacCallum Cancer Centre (Peter Mac) and SUPER-ED hospital sites.
- Develop individualised treatment and care plans based on comprehensive clinical evidence.
- Offer educational opportunities for medical, nursing, and allied health staff at all levels.

3.3 Membership

Core member specialties are expected to attend the majority of MDMs. If a core member is unable to attend, they should arrange for a representative from their discipline to attend on their behalf. If no proxy is available, they must provide their comments in advance to either a core member or the Chair/Deputy Chair, who will present on their behalf

Refer to **Appendix 3** for list of Core Members and Chair/Deputy Chair.

A register of attendees is maintained by the MDM Scribe.

Core members

- Medical oncologist
- Anatomical Pathologist
- Molecular Scientist
- Diagnostic Radiologist
- Nuclear Medicine Consultant (Molecular Imaging)
- CUP Care Coordinator / Nurse (with appropriate expertise)

Chair/ Deputy Chair

The CUP-MDM Chair is the Specialist CUP Clinician and Coordinating Principal Investigator of the SUPER-ED Study.

- Chair MDM meeting
- Determine whether a quorum is present and whether there is sufficient representation to discuss cases.
- Ensures the team comprises the necessary disciplines to ensure best practice
- Allow or defer late presentation of patients (after MDM request deadline)
- Facilitates discussion, ensuring all members have the opportunity to contribute
- Mediates discussion when disagreement arises
- Ensures MDM recommendations are clearly documented and reflect the issues discussed
- Ensures routine consideration of appropriate research/trials and treatments
- Confirm the planned content of the MDM notes and outcomes with core members during the meeting before finalising the content. This step ensures accuracy, so that the recorded entries reflect the agreed discussion and decisions.

MDM Scribe

The MDM Scribe is the Specialist CUP Clinician (or delegate).

- Ensure that treatment recommendations, including divergent recommendations, changes and clinically relevant details are captured
- Be empowered to ask the chair to slow the meeting down until they can capture all the details
-

Meeting Coordinator

The meeting is coordinated by the **SUPER-ED Study Team** until approximately **September 2027**, when the study concludes.

- Coordination and Information Management
 - Establish and maintain communication between the referring site and the Peter Mac team, including the CUP clinicians, Patient Navigator, Imaging, Pathology and Molecular departments.
 - Source additional patient information as requested by the CUP CC or CUP clinician to support case preparation and discussion.
 - Ensure all relevant clinical documentation – including original stained pathology slides, medical imaging and relevant reports and results – are requested and received.
 - Confirm that all submitted information is accessible prior to the scheduled MDM.
- Meeting Preparation
 - Notify and invite all relevant MDM members.
 - Prepare and distribute the meeting agenda in advance. MDM scheduling must allow sufficient lead time for pathology, nuclear medicine, and radiology teams to review slides, imaging and external reports—ideally by Monday noon prior to the MDM.

- Support off-site members to participate in the meeting, including providing necessary technical and videoconferencing support.
- Meeting Execution
 - Document attendance and maintain the MDM attendance log.
 - Maintain confidentiality protocols, particularly for attendees not directly employed by the host agency.
 - Post-Meeting Follow-Up
 - Distribute the approved MDM notes and outcomes to external referring teams promptly and in a timely manner.
- SUPER-ED Study activities
 - Create record linkages in EPIC using the patient's SUPER-ED Study ID for all enrolled patients.
 - Confirm that participating sites have entered virtual MDM attendance into the study database for enrolled patients.
 - Track patient referrals to the virtual MDM and monitor enrolment status (i.e., enrolled vs. not enrolled) and provide feedback to study investigators.

3.4 Roles at Host Site [Peter Mac]

Referrals and Registration Team

- Check appropriateness of referral
- Create hospital MRN
- Triage to CUP tumour stream and CUP CC

Specialist CUP Clinician

- Triage all incoming referrals based on urgency
- Request MDM / Place order in EPIC
- Prepare clinical patient summary notes prior to MDM and check the relevant clinical question on the CUP MDM referral form
- Document case discussions during MDM (Scribe)

CUP Care Coordinator (CUP-CC)

- Advise **Patient Navigators** to make appropriate bookings and source relevant information as requested
- Advise **Meeting Coordinator** to source relevant clinical information as requested
- Relay urgent MDM actions to treating clinician
- Record attendance during MDM

Patient Navigator

- Imaging Coordination: Liaise with the Meeting Coordinator to arrange the import of relevant external imaging into Peter Mac PACS, including cases where a PACS agreement is not in place with external hospitals or radiology providers.

- **MDM Booking:** Schedule patients for discussion at the CUP-MDM on the date confirmed by the CUP CC. Bookings should allow sufficient lead time for pathology, nuclear medicine, and radiology teams to review slides, imaging and external reports—ideally by **Monday noon prior to the MDM**.

Pathology Administration

- Coordinate with the internal or external laboratory to arrange the transfer of patient tissue samples to the reviewing pathologist at Peter Mac.

Nuclear Medicine Consultant (Molecular Imaging)

- Review PET imaging investigations prior to MDM, and provide a second opinion review during meeting

Radiology Consultant

- Receive completed CUP MDM referral form
- Review radiological imaging investigations prior to MDM, and provide a second opinion review during meeting

Anatomical Pathology Consultant

- Review pathology slides prior to MDM, and provide a second opinion review during meeting

Molecular Scientist

- Provide molecular opinion on cases being discussed (if molecular review is requested on referral)

3.5 SUPER-ED Sites [Referring Clinicians]

- Referrals are currently accepted only from external hospitals participating as SUPER-ED sites.
- The CUP-MDM operates during each site's intervention phase, with start and stop dates defined by the Site Randomisation Schedule (see **Appendix 1**).
- Referrals are reviewed on a case-by-case basis, with priority given to **patients enrolled in the SUPER-ED study**. If the date of the first imaging investigation that detected or suspected metastasis (“DAY 0”) occurs during the intervention phase, the case is prioritised to support faster diagnostic pathways.
- The referring clinician must ensure they or a designated representative can attend the MDM and are adequately prepared to present the referred patient(s).
- General Practitioners (GPs) may be invited to participate in the MDM to discuss their patients. If a presenting clinician wishes to include a GP, they should notify the Meeting Coordinator in advance.
- Site CUP Care Coordinators, funded through the SUPER-ED study, are encouraged to attend MDM meetings to support timely communication and promote shared learning across sites.

3.6 Meeting Frequency

Held every second Friday from 3 to 4pm, via Teams.

3.7 Governance

- Chaired by the designated Medical Oncologist
- Decisions are made by consensus
- Minutes and outcomes are documented and stored securely
- MDM governance is overseen by the SUPER-ED Steering Committee for the duration of the study, with governance arrangements scheduled for review at the end of 2027.

3.8 MDM Evaluation and Improvement

Success Measures

- MDM survey results assessing whether recommendations were followed
- SUPER-ED Study Protocol endpoints:
 - Number of cases discussed
 - Number of clinicians attending
 - Clinician interviews

Review and Action

- Results will be reviewed by the SUPER-ED Steering Committee and Core Members of the CUP-MDM
- Feedback will guide consensus on improvements
- Actions may include updates to the Terms of Reference document.

4. Standard Operating Procedure

4.1 Workflow Overview

Refer to **Appendix 3** for a visual overview of the CUP-MDM workflow.

4.2 Patient Referral

Who can Refer

- Referrals are currently only accepted from **participating SUPER-ED sites**
- The MDM operates during the intervention phase of the study, with each site's start and stop dates defined according to the site randomisation schedule (see **Appendix 1**).
- Referrals are reviewed on a case-by-case basis, with priority given to **patients enrolled in the SUPER-ED study**. If the date of the first imaging investigation that detected or suspected metastasis (“DAY 0”) occurs during the intervention phase, the case is prioritised to support faster diagnostic pathways.

Who to Refer

- The MDM is particularly valuable for **complex diagnostic cases** that require multidisciplinary input—such as those involving correlation of clinical history, imaging, histology, and/or molecular results.
- Potential referrals may be discussed in advance with the **CUP-MDM Chair** (Prof Linda Mileshekin) or **Deputy Chair** (Tharani Sivakumaran) to confirm suitability.

How to Refer

- Referring clinicians must complete the following forms:
 1. [Peter Mac Referral form](#) (**Appendix 4**)
 2. [SUPER-ED CUP-MDM referral form](#) (**Appendix 5**)
 3. [Anatomical Pathology Second Opinion request form](#) (if required) (**Appendix 6**)

** also downloadable via [SUPER-ED study page](#) and [CUP website](#) (clinician@CUP.com password “clinician”)*
- Include in the submission:
 - Patient demographics
 - Clinical summary
 - Relevant histopathology and imaging reports
 - Name and contact of the referring and presenting clinician(s)
 - Specific questions for the MDM
- Email completed forms to referrals@petermac.org AND SuperEDstudy@petermac.org

- Coordinate with the MDM Coordinator to ensure all relevant imaging is imported into the Peter Mac PACS system. The transfer method depends on existing agreements with referring hospitals or external pathology providers (see **Table 2**):
 - With a PACS Agreement: Imaging is transferred securely via automated PACS-to-PACS integration.
 - Without a PACS Agreement: Imaging must be transferred manually, either digitally or via physical media (e.g. CD/DVD), for import into Peter Mac PACS.
- If the Anatomical Pathology Second Opinion Request form is completed, ensure the pathology report and original stained slides are provided to Peter Mac.

MDM Discussion and Follow-Up

- The referring clinician should ensure they or their representative are present at the MDM and are adequately prepared to present the patient(s) they have referred.
- Discussion outcomes will be documented, and notes sent to the referring clinician and the patient's GP (if details are known).

4.3 Meeting Preparation

1. Referral Intake

Peter Mac Registration Team

- Review referral for appropriateness
- Create a patient record for all MDM referrals
- Enter basic demographic details to establish MRN
 - Check EPIC for existing MRN and/or prior referrals
 - Full registration, financial documentation, and consent forms are **not required** unless the patient will attend clinic or receive follow-up care at Peter Mac
- Triage referral to the CUP tumour stream
- Contact referring clinician for any missing information
- Upload referral to EPIC and place in the **CUP tumour stream queue**

2. EPIC Order Entry

Peter Mac Specialist CUP Clinician

- Place EPIC order: **PMC CUP-MDM**
- Complete the following fields:
 1. Responsible clinician
 2. Clinical question
 3. Relevant history
 4. Imaging/pathology to be reviewed (include external provider details)
 5. Expected date: Next scheduled MDM or defer to the following MDM if there is insufficient time for transfer of slides/images and review by core members.

3. Referral Triage

Peter Mac Specialist CUP Clinician or CUP CC

- Triage referrals based on urgency and assign MDM date.
- Coordinate with MDM Coordinator and Patient Navigator to:
 - Ensure that whole slide imaging, original stained pathology slides, and all relevant pathology reports and results have been requested and received.
 - Liaise with the referring clinician, Site CUP CC, and, if necessary, the patient's General Practitioner (GP) to obtain any missing clinical information.
 - Confirm that all required imaging has been uploaded to the Peter Mac PACS system prior to the MDM.

4. MDM Scheduling

Peter Mac Patient Navigator

- Schedule patients for MDM discussion.
- Limit: **5 patients per fortnight**

5. Case Confirmation

MDM Coordinator, Peter Mac CUP Clinician, CUP CC

- Confirm final list of cases for upcoming MDM
- Liaise with:
 - Site CUP CC
 - Patient Navigator
 - Anatomical Pathology
 - PACS teams
- Deadline: **Wednesday morning prior to MDM** (or earlier if list is full)

6. External Team Invitation

MDM Coordinator

- Circulate MDM invite to External Referring Team
- Referring clinician to RSVP by **Thursday 5 PM**
 - If unavailable, nominate a representative (e.g. oncology fellow, registrar, or CUP CC)

Email Template:

Subject: CUP Virtual MDM – Case Discussion Invitation to Referring Clinician

Dear Dr [Surname],

RE: [Patient Name], PM[XXXXXXXX], DOB: [XX/XX/XX], PMC-[XXX]

Your patient is scheduled for discussion at the Peter Mac CUP Virtual MDM on Friday [XX/XX/202X], from 3:00–4:00 PM AEST. A calendar invite with a Microsoft Teams link will follow shortly.

Due to the confidential nature of the meeting, attendance is by invitation only.

Please RSVP by Thursday 5:00 PM and advise if you would like to extend the invitation to other relevant colleagues. If you are unavailable to attend, kindly nominate a site representative to present the case.

For any questions or technical issues, please contact the MDM Coordinator at +61 3 8559 7453.

We look forward to your participation.

Kind Regards,

MDM Coordinator

7. Circulate Agenda

MDM Coordinator

- Compile Agenda and circulate 48 hours prior.
- All relevant documentation is uploaded to the secure platform.
- Members review cases ahead of the meeting.

4.4 Meeting Conduct

- Discussion is led by the **Chair** or **Deputy Chair**, with input from the **Core Membership** (see **Appendix 3**).
- Each case is presented by the **Referring Clinician** or their delegate from the SUPER-ED site
- Pathology and imaging are reviewed live.
- Recommendations are documented in real time.
- Decisions regarding the MDM recommendations is based on consensus opinion from team members.
- Attendance will be recorded throughout the MDM meeting.

4.5 Documentation and Follow-Up

- Outcomes are recorded in the MDM template and uploaded to the patient record including:
 - Diagnosis
 - Patient Summary
 - MDM notes including discussion of imaging, pathology and treatment consensus
 - List of attendees
- The **Chair** or **Deputy Chair** will confirm the planned content of the MDM notes and outcomes with core members during the meeting before finalising the content. This step ensures accuracy, so that the recorded entries reflect the agreed discussion and decisions.
- Referring clinicians and patient's GP (if details are known) receive a summary of recommendations within 4 business days.

4.6 Patient Consent and Confidentiality

- **Confidentiality:**

All patient information presented during the MDM remains confidential and is to be used solely for clinical management purposes.
- **Consent and Registration:**

The referring clinician is responsible for obtaining patient consent in accordance with Peter MacCallum Cancer Centre policy. Full patient registration at Peter Mac is not required unless the patient is scheduled to attend clinic or receive follow-up care.
- **Pathology Second Opinion:**

If an Anatomical Pathology Second Opinion is requested, the referring clinician must confirm that the patient has consented to the assignment of the Medicare rebate on the referral form.
- **Responsibility for Communication:**

The referring clinician (or their nominee) is responsible for discussing the MDM's treatment recommendations with the patient and, in collaboration with the patient, developing the final treatment plan.

Appendices

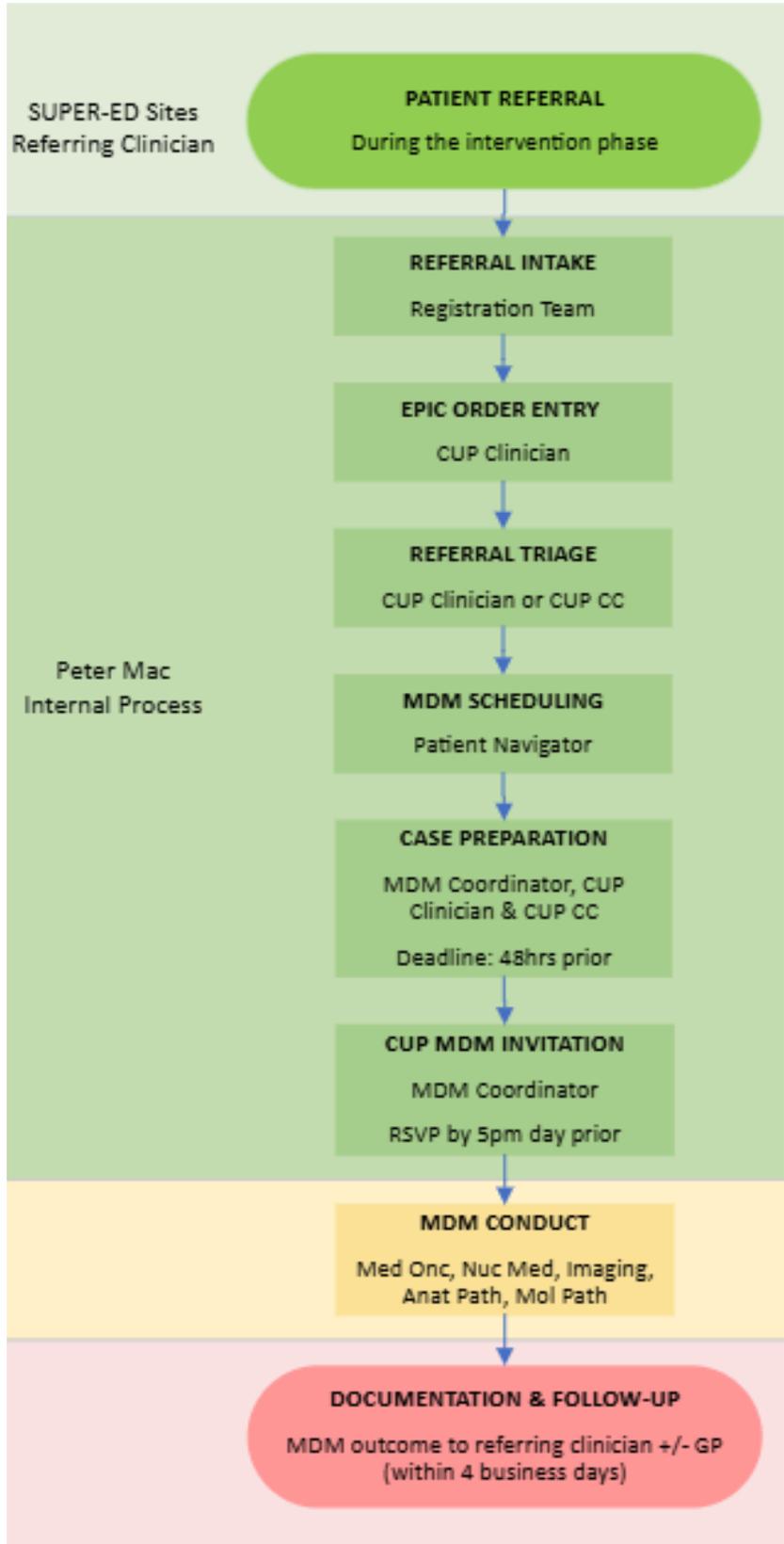
Appendix 1: External Referring [SUPER-ED] Sites

SUPER-ED Site	State	Cluster	Principal Investigator	CUP-MDM start	CUP-MDM stop
Peter MacCallum Cancer Centre	VIC	1	Linda Mileshekin	09 Sep 25	09 Mar 27
Eastern Health	VIC	1	Rachel Wong	09 Sep 25	09 Mar 27
Southwest Healthcare	VIC	1	Ian Collins	07 Oct 25	07 Apr 27
Royal Darwin	NT	1	Narayan Karanth	13 Oct 25	13 Apr 27
Barwon Health	VIC	1	Madhu Singh	23 Oct 25	23 Apr 27
Border Medical Oncology	NSW	2	Christopher Steer	09 Mar 26	09 Mar 27
Blacktown	NSW	2	Bo Gao	09 Mar 26	09 Mar 27
Westmead	NSW	2	Mark Wong	09 Mar 26	09 Mar 27
Royal Brisbane and Women's	QLD	2	Anna Kuchel	07 Apr 26	07 Apr 27
Monash Health	VIC	2	Zee Wan Wong	23 Apr 26	23 Apr 27
Alfred Health	VIC	3	Mark Shackleton	07 Oct 26	07 Apr 27
Bendigo Health	VIC	3	Chloe Georgiou	13 Oct 26	13 Apr 27
Peninsula Health	VIC	3	Gordon Ratcliffe	13 Oct 26	13 Apr 27
Royal Hobart	TAS	3	Louise Nott	23 Oct 26	23 Apr 27
Launceston General	TAS	3	Shams Padinharakam	06 Nov 26	06 May 27

* CUP-MDM start/stop dates in accordance with the intervention phase of SUPER-ED randomisation schedule

Appendix 2: Workflow for Virtual CUP-MDM

Workflow for the Virtual CUP-MDM, illustrating the key steps and roles from referral intake to follow-up:



Appendix 3: Core Membership

Member	Position	Institution	CUP-MDM Role
Prof Linda Mileschkin	Director of Medical Oncology Specialist CUP Clinician CPI SUPER-ED Study	Peter MacCallum Cancer Centre	Chair
Dr. Hui-Li Wong	Medical Oncologist Specialist CUP Clinician		Deputy Chair Scribe
Dr Tharani Sivakumaran			
Sarah McClean	Nurse Consultant		CUP CC
A/Prof Catherine Mitchell	Anatomical Pathologist		Anatomical Pathology review
Prof. Tim Akhurst	Nuclear Medicine Consultant (Molecular Imaging)		Nuclear Medicine review
A/Prof Hyun Ko	Diagnostic Radiologist		Radiology review
A/Prof Richard Tohill	Molecular Scientist	University of Melbourne	Molecular Sequencing review

Appendix 4: Peter Mac Referral Form



Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

Referral Management
Enquiries: (03) 8559 5021
Fax: (03) 8559 7371
Email: referrals@petermac.org

REFERRAL FORM

ESSENTIAL REFERRAL INFORMATION

Department (if known)*: -	Doctor (if known):
Signature of Referring Doctor (Electronic or printed)*: 	Duration of Referral*: -
Date of Referral*: <input style="width: 100%; height: 20px;" type="text"/>	Indefinite referral recommended, if provided by GP

* must be completed for referral to be valid.

PATIENT DETAILS

Surname: <input style="width: 100%; height: 20px;" type="text"/>		Given Names: <input style="width: 100%; height: 20px;" type="text"/>	
Preferred Name: <input style="width: 100%; height: 20px;" type="text"/>		Date of Birth: <input style="width: 100%; height: 20px;" type="text"/>	Gender: <input style="width: 100%; height: 20px;" type="text"/>
Pronouns: <input style="width: 100%; height: 20px;" type="text"/>	Marital Status: <input style="width: 100%; height: 20px;" type="text"/>	Email Address: <input style="width: 100%; height: 20px;" type="text"/>	
Phone Number: <input style="width: 100%; height: 20px;" type="text"/>		Mobile Number: <input style="width: 100%; height: 20px;" type="text"/>	
Residential Address: <input style="width: 100%; height: 40px;" type="text"/>			
Postal Address: <input style="width: 100%; height: 40px;" type="text"/> <input type="checkbox"/> Same as residential address			
Peter Mac UR Number (if known): <input style="width: 100%; height: 20px;" type="text"/>		Is the patient eligible for Medicare? <input type="radio"/> Yes <input type="radio"/> No	
		Medicare number if applicable: <input style="width: 100%; height: 20px;" type="text"/>	
		Expiry: <input style="width: 100%; height: 20px;" type="text"/>	Reference: <input style="width: 100%; height: 20px;" type="text"/>
Does the patient have private health cover? <input type="radio"/> Yes <input type="radio"/> No		Is the patient of Aboriginal or Torres Strait Islander descent? <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander <input type="radio"/> Yes, both <input type="radio"/> No	
Insured company: <input style="width: 100%; height: 20px;" type="text"/>			
Policy number: <input style="width: 100%; height: 20px;" type="text"/>			

Peter MacCallum Cancer Centre – Referral form

1



Referral Management

Enquiries: (03) 8559 5021
 Fax: (03) 8559 7371
 Email: referrals@petermac.org

Patient Details (continued)

Does patient have a hearing or vision impairment? <input type="radio"/> Yes <input type="radio"/> No Details: <input type="text"/>	Does patient require an interpreter? <input type="radio"/> Yes <input type="radio"/> No Language if applicable: <input type="text"/>
Next of Kin Name: <input type="text"/>	Relationship to Patient: <input type="text"/>
Next of Kin Phone Number: <input type="text"/>	Next of Kin Email Address: <input type="text"/>

REASON FOR REFERRAL

Reason for Referral Include your clinical findings, management to date, investigation results, relevant medical and social history, special needs, allergies and any current medications	Is this referral for a second opinion? <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	
Preferred Campus (Radiation Oncology only): <input type="text" value="-"/>	
Relevant investigations/attachments forwarded with this referral: (Please tick relevant boxes)	
<input type="checkbox"/> Blood tests <input type="checkbox"/> Pathology reports <input type="checkbox"/> Diagnostic scans and imaging (eg, MRI, ultrasound, x-ray) <input type="checkbox"/> Scope notes <input type="checkbox"/> Operation <input type="checkbox"/> Other (please specify): <input type="text"/>	
<input type="checkbox"/> Photograph of lesion (melanoma and skin referrals)	
Does the patient have any inserted medical devices? <input type="radio"/> Yes <input type="radio"/> No	
Details: <input type="text"/>	



Referral Management

Enquiries: (03) 8559 5021
Fax: (03) 8559 7371
Email: referrals@petermac.org

REFERRING DOCTOR DETAILS

Surname:	Given Name:
<input type="text"/>	<input type="text"/>
Practice Name:	Provider Number:
<input type="text"/>	<input type="text"/>
Practice Phone Number:	Practice Fax Number:
<input type="text"/>	<input type="text"/>
Address:	
<input type="text"/>	

Sign completed referral forms and fax to **(03) 8559 7371** or email referrals@petermac.org.

Referrals direct to Peter Mac's Radiation Therapy campuses:
Bendigo: bendigoreception@petermac.org or fax **(03) 5454 9289**
Box Hill: bhreferrals@petermac.org or fax **(03) 8559 9262**
Moorabbin: referrals.moorabbin@petermac.org or fax **(03) 9928 8942**
Sunshine: referrals.sunshine@petermac.org or fax **(03) 8559 8999**

Appendix 5: Virtual CUP-MDM Referral Form



Referral Information
Enquiries: (03) 8559 5021
Fax: (03) 8559 7371
Email: referrals@petermac.org
More Info: www.petermac.org

SUPER-ED Study
Enquiries: (03) 8559 7453
Fax: (03) 8559 9209
Email: SuperEDstudy@petermac.org
More Info: [SUPER-ED Study Page](#)

CUP VIRTUAL MDM REFERRAL FORM

PATIENT DETAILS

Given Name(s) Surname DOB ECOG SUPER-ED study ID OR specify reason why patient not consented

--	--	--	--	--

CLINICIAN DETAILS

Given Name(s) Surname Best contact details

--	--	--

Other essential referral information and patient details to be completed on [Peter Mac referral form](#) or emailed to referrals@petermac.org.

PATIENT SUMMARY

--

CLINICAL QUESTION

Overall reason for referral to CUP MDM

--

RADIOLOGY

Modality and location Date Lab Number Radiology Provider

Clinical question from Radiology perspective

--

NUCLEAR MEDICINE

Modality and location	Date	Lab Number	Nuclear Medicine Provider

Clinical question from Nuclear Medicine perspective

ANATOMICAL PATHOLOGY

If pathology review is required, the [Anatomical Pathology Second Opinion Request](mailto:referrals@petermac.org) must be emailed to referrals@petermac.org AND SuperEDstudy@petermac.org.

Type and location	Date	Lab Number	Pathology Laboratory

Clinical question from Anatomical Pathology perspective

MOLECULAR SEQUENCING

Enter details and main findings of relevant molecular sequencing tests requiring review

ADDITIONAL COMMENTS

CLINICIAN DECLARATIONS

- 1) Is the patient aware of this referral? Yes No
- 2) Does the patient understand that Peter Mac will create, maintain and store a confidential record of their illness and other health related matters? Yes No

Appendix 6: Anatomical Pathology Second Opinion Request

Peter MacCallum Cancer Centre



Anatomical Pathology Second Opinion Request

ABN 42 300 504 883

Reference: AD-GEN-DOC-01 Receipt and Distribution of AP Samples
Copyright Peter MacCallum Cancer Centre

Prepared by: C. Mitchell

Reviewed by: S. Fox

Approved by: L. Camilleri

<p>PATIENT DETAILS or PATIENT LABEL</p> <p>NAME:</p> <p>DOB: DD/MMM/YYYY UR NO*:</p> <p>ADDRESS:</p> <p>.....</p> <p>GENDER:</p> <p>MEDICARE NO:</p> <p>* <input type="checkbox"/> PLEASE TICK BOX (AND SUPPLY PT. TELEPHONE NUMBER) TO INDICATE THAT A PETER MAC UR NUMBER IS REQUIRED (PATIENT REFERRED TO PMCC FOR TREATMENT)</p> <p>PT. TELEPHONE NO:</p>	<p>ORIGINAL PATHOLOGY LABORATORY</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>REF/ACCESSION NO:</p> <p>DATE OF COLLECTION: DD/MMM/YYYY</p> <p>COPY OF ORIGINAL PATHOLOGY REPORT ATTACHED <input type="checkbox"/></p> <p>A Medicare Rebate is available for a second opinion on histopathology and cytopathology samples where both the original pathologist and specialist involved in the care of the patient are in agreement that a second opinion is reasonably required for confirmation of diagnosis and management planning. By releasing this case material for review, the initial pathologist agrees the above criteria are met.</p>
<p>CLINICAL INFORMATION/REASON FOR REQUEST</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>If an opinion is required from a specific pathologist, please nominate:</p> <p>.....</p> <p>[if unavailable the case will be referred to another appropriate pathologist within the Department.]</p> <p>THIS SECOND OPINION IS REQUIRED FOR MDM <input type="checkbox"/></p> <p>MDM Stream if known:</p> <p>.....</p>
<p>CLINICIAN / PATHOLOGIST REQUESTING SECOND OPINION</p> <p>NAME:</p> <p>PROVIDER NO.:</p> <p>ADDRESS:</p> <p>.....</p> <p>FAX NO.:</p> <p>I confirm that I am involved in the care of this patient and request a second opinion for confirmation of diagnosis and treatment planning.</p> <p>If clinician-initiated request, I confirm that the patient consents to the assignment of medicare rebate (per Section 20A of the Health Insurance Act 1973).</p> <p>SIGNATURE:</p> <p>DATE: DD/MMM/YYYY</p>	<p>PLEASE SEND A COPY OF THIS FORM TO THE REFERRAL LABORATORY WITH A COPY OF THE PATHOLOGY REPORT, AND THE ORIGINAL STAINED SLIDES.</p> <p>REFERRAL LABORATORY DETAILS:</p> <p>PETER MACCALLUM CANCER CENTRE VCCC BUILDING, PATHOLOGY DEPARTMENT 305 GRATTAN ST, MELBOURNE. VIC. 3000. PHONE: (03) 8559 5402 FAX: (03) 8559 5409 EMAIL: PATHADMIN@PETERMAC.ORG</p>
<p>A COPY OF THE 2ND OPINION WILL BE PROVIDED TO BOTH THE REQUESTING CLINICIAN AND ORIGINAL PATHOLOGIST. CASE MATERIALS WILL BE PROMPTLY RETURNED TO THE ORIGINAL LABORATORY.</p>	<p>DETAILS OF MATERIAL PROVIDED:</p> <p>.....</p> <p>.....</p>

Appendix 7: PACS Agreements with Peter Mac for Imaging

The following hospitals have a Picture Archiving and Communication System (PACS) agreement with Peter Mac for automated and secure transmission and storage of external imaging and clinical reports:

SUPER-ED Site	State	Cluster	PACS Agreement	External Agreement
Peter MacCallum Cancer Centre	VIC	1	n/a	n/a
Eastern Health	VIC	1	YES	-
Southwest Healthcare	VIC	1	-	TBA
Royal Darwin	NT	1	YES	-
Barwon Health	VIC	1	YES	-
Border Medical Oncology	NSW	2	-	TBA
Blacktown	NSW	2	-	TBA
Westmead	NSW	2	-	TBA
Royal Brisbane and Women's	QLD	2	-	TBA
Monash Health	VIC	2	YES	-
Alfred Health	VIC	3	YES	-
Bendigo Health	VIC	3	YES	-
Peninsula Health	VIC	3	YES	-
Royal Hobart	TAS	3	YES	-
Launceston General	TAS	3	YES	-

External providers that have a PACS Agreement with Peter Mac:

[Breastscreen Victoria](#) - [Diagnosticare](#) - [Genesiscare](#) - [IMED](#) - [Lake Imaging](#) - [Radiology Tasmania](#)