

Appendix 3: Proposed 30 Day Systemic Anti-Cancer Therapy (SACT) Mortality Proforma.

Sections 1-5 to be completed by treating consultant

Section 1. Patient & Disease Details

Patient ID	Oncology Consultant	Form completed by
Patient Initials	Treating hospital/unit	Date completed
Age	Known to palliative care (Delete 2 choices)	
Gender M/F (Delete 1)	Yes No Unknown	
Primary Tumour <i>ie lung</i>	Treatment Intent (Delete 3 choices) Neo-adjuvant Adjuvant Palliative-please state line Curative	Co-morbidities (Delete 2 choices) YES NO Unknown List: Clinical Trial patient? YES NO (Delete 1)
Histopathology <i>ie adenocarcinoma</i>		
Stage at Death: <i>ie TNM and stage</i>		

Section 2. Assessment of SACT Use

Date of decision to treat	<i>Enter date/ not documented DD/MM/YY /Not doc</i>			SACT Regimen and Interval	<i>i.e Gem/carbo q3/52ly</i>		
Cycle (inc. number planned) Regimen listed in the site-specific algorithm	<i>Cycle X of Y</i> YES NO (Delete 1)			Did death occur within 30 days of final SACT cycle	<i>Please write how many days</i> YES NO		
Written informed patient consent obtained (Review consent form and documented toxicities) (Delete as required)	YES NO Consent-Good Average Poor			Grade of person consenting (Delete as required)	Consultant ST3+ Nurse Other-		
ECOG pre cycle 1 (at consent)	PS= x/Not doc			ECOG at final cycle	PS= x/Not doc		
Last SACT cycle prescribed by whom? (Delete 3 choices)	Consultant ST3+ Nurse Other-			SACT prescription signed by: (Delete as required)	Approved doctor Approved pharmacist Other		
Written protocol available for this regimen?	<i>(Delete 1 choice)</i> Yes No			Was there an appropriate response assessment to SACT documented (Delete 1)	YES NO Comment -		
Was there a deviation from protocol?	<i>(Delete 1 choice)</i> Yes No Comment-						
Was dose appropriate for: (state yes/no)	BSA/weight accounting for any dose reduction	FBC	Renal function	Hepatic function	Cardiac function	Other?	
<i>Please give detail if answer no above</i>							
Where there any Grade 3/4 toxicities prior to final SACT cycle (Delete as required)	Not applicable (1 st cycle) None documented Yes -			In your opinion was the appropriate dose administered i.e. dose reduction if required			

In retrospect was the decision to treat with this regimen appropriate: (Delete 1) YES NO Comments -	In retrospect was the last SACT administration appropriate: (Delete 1) YES NO Comments -
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Section 3. Assessment of final hospital admission (if applicable) and cause of death

Date of death	DD/MM/YY	Place of Death (Delete 3 choices)	Hospital Home Hospice Other -
Emergency admission prior to death (Delete 1) YES NO	Date: DD/MM/YY Length of admission Days	Comment on communication with chemotherapy helpline/acute oncology/on-call onc/haem teams	
Cause of death as per your assessment		Cause of death as per death certificate	
Death likely related to recent SACT (Delete 3 choices)	Definitely Probably Possibly No Comment -	Death reported to coroner if SACT contributory to death (Delete 3 choices)	Yes No Unknown Not required
Neutropenic Sepsis (prior to death) (Delete 1) YES NO	Review neutropenic sepsis management Timely appropriate first line ABXs given?	VTE Venous Thromboembolism (prior to death) (Delete 1) YES NO On (Delete 1) -VTE prophylaxis -Therapeutic anticoagulation	Any concerns regarding management -

Section 4. Other information

Any other deficiencies in care noted/lessons to be learnt:

Section 5. Overall Standard of Care

Please tick	Description	Review process
A Good Practice <input type="checkbox"/>	A standard that you accept for yourself, your trainees and your institution	No further review required, written summary as part of M&M minutes only
B Room for improvement <input type="checkbox"/>	Aspects of clinical care that could have been better	Second in depth review to be conducted by Consultant who was not directly involved in care of the patient. Requires presentation at local M&M meeting and outcome/learning shared in minutes and through relevant Trust governance process.
C Room for improvement <input type="checkbox"/>	Aspects of organisational care that could have been better	
D Room for improvement <input type="checkbox"/>	Aspects of clinical and/or organisational care that could have been better	
E Less than satisfactory <input type="checkbox"/>	Several aspects of clinical and/or organisational care that were well below satisfactory	Please report a clinical adverse incident. Second in depth review to be conducted by Consultant who was not directly involved in care of the patient. Requires presentation at local M&M meeting and outcome/learning shared in minutes, through relevant Trust governance process and report to Medical Director & relevant manager.

Section 6. Independent Consultant Review

(To be completed by consultant reviewer if overall standard of care assessed as B-E in Section 5).

Form completed by:	Date completed
Are you in agreement with the answers provided in Sections 1-5. If not please list any discrepancies, any other deficiencies in care or learning issues.	
Highlight areas of good practice:	
Recommendations:	

Section 7. Mortality Meeting Review

Summary of discussion:		
In retrospect was the last SACT administration appropriate? <i>(Delete 1)</i> YES NO	Were complications managed appropriately? <i>(Delete 1)</i> YES NO	Did SACT cause or hasten patient's death? <i>(Delete 3)</i> Definitely Probably Possibly No
Recommendations and actions:		