



**Rectal Cancer Multidisciplinary Outcome Discussion and Summary  
Standard 5.11**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Pre-treatment Clinical AJCC Stage (TNM): \_\_\_\_\_

Pre-treatment CEA Level: \_\_\_\_\_

Microsatellite Status:  Microsatellite Stable  Microsatellite Instability-High **OR**

IHC Result:  Intact x4  Absent, MLH-1  Absent, MSH-2  Absent, MSH-6  Absent, PMS2

**POST NEOADJUVANT THERAPY DISCUSSION**

Post Neoadjuvant Discussion Date: \_\_\_\_\_ Presented by: \_\_\_\_\_

Neoadjuvant Treatment Received:  Yes  No

Type of Neoadjuvant Therapy: \_\_\_\_\_

Last Date of Neoadjuvant Therapy: \_\_\_\_\_ Completed:  Yes  No

Post Neoadjuvant MRI Findings: \_\_\_\_\_

Read/Reviewed by a RC-MDT Radiologist:  Yes  No

Synoptic MRI Report includes all Required Elements:  Yes  No

If No, missing elements or discrepancies were reviewed:  Yes  No

If Yes, comment on missing elements/discrepancies:  
\_\_\_\_\_

Post Neoadjuvant Endoscopy: \_\_\_\_\_

Post Treatment AJCC Stage (TNM): \_\_\_\_\_

**Treatment Recommendations:**

Surgery

Type of Surgery \_\_\_\_\_

Anticipated Date \_\_\_\_\_

Watch and Wait

Endoscopy images reviewed:  Yes  No

Further chemoradiation

Other: \_\_\_\_\_

**Referral Recommendations:**

Medical Oncology Consult/Referral:  Yes  No

Radiation Oncology Consult/Referral:  Yes  No

Genetic Counseling Consult/Referral:  Yes  No

Palliative Care Consult/Referral:  Yes  No

Other: \_\_\_\_\_

**Comments**

**Rectal Cancer Multidisciplinary Outcome Discussion and Summary  
Standard 5.11**

**POST SURGICAL TME DISCUSSION**

**Post TME Discussion Date:** \_\_\_\_\_ **Presented by:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Modality:**     Open             Laparoscopic             Robotic             Other \_\_\_\_\_

**Stoma:**         Yes    No                            **Type:**    Ileostomy         Colostomy

**Unexpected Findings:**    None  Yes \_\_\_\_\_

**Postoperative complication:**

None             Yes \_\_\_\_\_

**Photographs Taken:**  Yes     No

**Photographs Shared at RC-MDT:**  Yes         No

**Date Pathology Read by RC-MDT Pathologist:** \_\_\_\_\_

**CRM:** \_\_\_\_\_ (cm/mm)     Cannot be Determined

**DM:** \_\_\_\_\_ (cm/mm)     Cannot be Determined

**Mesorectal Grade:**     Complete                     Near Complete             Incomplete

**Tumor Regression Grade:**

Not Applicable         Grade 0 (complete)     Grade 1 (moderate)

Grade 2 (minimal)     Grade 3 (poor)

**Pathological or Post-therapy y-pathological AJCC Stage (TNM):** \_\_\_\_\_

**Treatment Recommendations:**

**Further Surgery**

**Type of Surgery** \_\_\_\_\_

**Anticipated Date** \_\_\_\_\_

**Adjuvant Therapy**

**Other:** \_\_\_\_\_

**Referral Recommendations:**

**Medical Oncology Consult/Referral:**    Yes                     No

**Radiation Oncology Consult/Referral:**  Yes                     No

**Genetic Counseling Consult/Referral:**  Yes                     No

**Palliative Care Consult/Referral:**      Yes                     No

**Other:** \_\_\_\_\_



**Rectal Cancer Multidisciplinary Outcome Discussion and Summary  
Standard 5.11**

**POST LOCAL EXCISION OF PREVIOUSLY HISTOLOGICAL CONFIRMED RECTAL CANCER**

**Post Local Excision Discussion Date:** \_\_\_\_\_ **Presented by:** \_\_\_\_\_

**Modality:**

- Endoscopic Mucosal Resection (EMR)
- Endoscopic Submucosal Dissection (ESD)
- Transanal Excision (TAE)
- Transanal Endoscopic Surgery (TES)
- Transanal Endoscopy Microsurgery (TEM)
- Transanal Minimally Invasive Surgery (TAMIS)
- Robotic Transanal Surgery (RTAS)

**Transanal Excision intent:**     Diagnostic     Definitive Treatment

**Unexpected Findings:**     None     Yes \_\_\_\_\_

**Post-excisional complication:**

None     Yes \_\_\_\_\_

**Photographs Taken:**     Yes     No

**Photographs Shared at RC-MDT:**     Yes     No

**Pathology Reviewed by RC-MDT Pathologist:**     Yes     No

**Date Reviewed by RC-MT Pathologist:** \_\_\_\_\_

**Tumor Regression Grade:**

- Not Applicable     Grade 0 (complete)     Grade 1 (moderate)
- Grade 2 (minimal)     Grade 3 (poor)

**Pathological or Post-therapy y-pathological AJCC Stage (TNM):** \_\_\_\_\_

**Treatment Recommendations:**

**Further Surgery**

**Type of Surgery** \_\_\_\_\_

**Anticipated Date** \_\_\_\_\_

**Adjuvant Therapy**

**Other:** \_\_\_\_\_

**Surveillance Plan:**

- None
- CEA Level            Intervals: \_\_\_\_\_
- MRI                      Intervals: \_\_\_\_\_
- CT/PET Scan           Intervals: \_\_\_\_\_
- Endoscopy              Intervals: \_\_\_\_\_
- Other \_\_\_\_\_

**Rectal Cancer Multidisciplinary Outcome Discussion and Summary  
Standard 5.11**

**Referral Recommendations:**

- Medical Oncology Consult/Referral:**     Yes                       No  
**Radiation Oncology Consult/Referral:**  Yes                       No  
**Genetic Counseling Consult/Referral:**  Yes                       No  
**Palliative Care Consult/Referral:**         Yes                       No  
**Other:** \_\_\_\_\_

**Treating/Reading Physicians in attendance during RC-MDT Discussion (optional)**

Names	Specialty	Present at Post-Neoadjuvant	Present at Post-TME	Present at post-local excision for known cancer
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>