CAMEO: Cancer MDT Meeting Organisation Survey

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PARTICIPANT INFORMATION SHEET

You are being invited to take part in a study of the organisation of HPB Cancer Multidisciplinary Team practices. Harini Dharanikota (PhD student) at the University of Edinburgh is leading this project. Before you decide to take part it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to understand the organisation of Cancer HPB MDT meetings across Europe, which has implications for patient care. This study forms a part of a PhD project aiming to examine determinants of cancer MDT decision making.

WHY HAVE I BEEN INVITED TO TAKE PART?

You are invited to participate in this study because you may be a clinician regularly attending Cancer HPB MDT meetings.

DO I HAVE TO TAKE PART?

No – it is entirely up to you. If you do decide to take part, please keep this Information Sheet and complete the Informed Consent Form to show that you understand your rights

in relation to the research, and that you are happy to participate. If you do decide to take part you are still free to withdraw without giving a reason. If you wish to withdraw your responses, please select the option “I want to withdraw my data from analysis” when prompted at the end of the survey.

WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?

You will be asked a number of questions regarding the organisation of your MDT, its team composition, patient case reviewing process, outcomes and routine other administrative practices in your MDT meetings. The survey will take place at a time that is convenient to you. The survey should take up to 15 minutes to complete.

ARE THERE ANY RISKS ASSOCIATED WITH TAKING PART?

There are no risks associated with participation.

WHAT IF I WANT TO WITHDRAW FROM THE STUDY?

Agreeing to participate in this project does not oblige you to remain in the study nor have any further obligation to this study. You will be asked to confirm at the end of the survey if you agree to having your data used for analysis. If, for any reason, you no longer want to be part of the study, please select the option “I want to withdraw my data from analysis.” You should note that your data may be used in the production of formal research outputs (e.g. journal articles, conference papers, theses and reports). If you only complete a part of the survey and do not finish it, all your responses until that point will be used in data analysis.

DATA PROTECTION AND CONFIDENTIALITY

No identifiable data will be collected. Your data will be processed in accordance with Data Protection Law. All information collected about you will be kept strictly confidential. Unless they are anonymised in our records, your data will be referred to by a unique participant number rather than by name. Your data will only be viewed by the research team. All electronic data will be stored on a password-protected computer file. Your data will be stored and processed in the UK (Edinburgh, Scotland).

WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?

The results of this study may be summarised in published articles, reports and presentations. Quotes or key findings will always be made anonymous in any formal outputs. Information may also be kept for future research up to a period of 3 years.

WHO CAN I CONTACT?

If you have any further questions about the study, please contact the lead researcher, Harini Dharanikota at L.H.Dharanikota@ed.ac.uk

If you wish to make a complaint about the study, please contact:

Harini Dharanikota at l.h.dharanikota@sms.ed.ac.uk or **Steven Yule at steven.yule@ed.ac.uk.**

For general information about how we use your data go to:

https://www.ed.ac.uk/records-management/privacy-notice-research

	I agree
I confirm that I have read and understood the Participant Information Sheet for the above study.	○
I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.	○
I understand that my participation is voluntary and that I can ask to withdraw without giving a reason and without my legal rights being affected.	○
I understand that my anonymised data will be stored for up to 3 years and may be used in future ethically approved research.	○
I agree to take part in this study.	○

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Cancer type: ✱ *Required*

Medical specialty ✱ *Required*

If you selected Other, please specify:

Which country do you practice in? ✱ *Required*

Which region or city do you practice in? ✱ *Required*

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Please answer the following questions about the MDT meetings you reguarly attend at your institution of the selected cancer type.

What is the minimum number of people that attend MDT meetings? ✱ *Required*

Please enter a whole number (integer).

What is the maximum number of people that attend MDT meetings? ✱ *Required*

Please enter a whole number (integer).

What specialities are required to attend every MDT? (Tick all that apply) ✱ *Required*

Please select at least 2 answer(s).

- [ ] Radiology
- [ ] Surgery
- [ ] Pathology
- [ ] Medical Oncology
- [ ] Radiation Oncology
- [ ] Nursing
- [ ] Gastroenterology
- [ ] Other

If you selected Other, please specify:

Does the team keep a register of attendees for each meeting? ✱ *Required*

- ○ Yes
- ○ No

Are GPs and other external physicians allowed to attend MDT meetings? ✱ *Required*

- ☐ Yes
- ☐ No

Who else can attend?

How is the meeting conducted? ✱ *Required*

- ○ Face-to-face (fully in-person)
- ○ Virtually (all members meet online via videoconferencing)
- ○ Hybrid (some members attend in-person and some attend online via videoconferencing)

How frequently does your MDT meeting take place? ✱ *Required*

- ○ Once a week
- ○ Twice a week
- ○ Once every two weeks

- Once a month
- Other

If you selected Other, please specify:

Who typically chairs the MDT meeting? ✱ *Required*

- Surgeon
- Radiologist
- Pathologist
- Oncologist
- Gastroenterologist/Hepatologist
- Other

If you selected Other, please specify:

Does the same person chair every MDT meeting? ✱ *Required*

- Yes
- No

How is the chair of each meeting decided?

Who prepares the cases? ✱ *Required*

- ○ Surgeon
- ○ Pathologist
- ○ Radiologist
- ○ Oncologist
- ○ Physician
- ○ MDT coordinator/administrator
- ○ Other

If you selected Other, please specify:

Is there a patient advocate present at every meeting? ✱ *Required*

- ○ Yes
- ○ No

Is it mandatory that every patient has been seen by at least one MDT member prior to discussion? ✱ *Required*

- ○ Yes
- ○ No

Is your MDT regional or nationwide? ✱ *Required*

- ○ Regional
- ○ Nationwide
- ○ Both

How many hospitals does your MDT represent?

Are your MDT data/clinical outcomes compared with other regional MDTs?

- ○ Yes
- ○ No

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Does your MDT use a structured referral form? ✱ *Required*

- Yes
- No

How is the referral form structured?

At what time of the day does the MDT meeting routinely take place? (24-h time format. E.g., 13:00) ✱ *Required*

What is the average duration of every MDT meeting? (in minutes) ✱ *Required*

How many cases are discussed **on average** per meeting? ✱ *Required*

Please enter a number.

Are **all** cases within your specific cancer type discussed? ✱ *Required*

- ○ Yes
- ○ No - only selected cases

How are the cases selected?

Are patient cases discussed in a specific sequence? ✱ *Required*

- ○ Yes
- ○ No

How is the sequence of patient cases decided?

Are patient cases allocated a specific time slot? ✱ *Required*

- ○ Yes
- ○ No

Are members allowed to leave the meeting after the discussion of their relevant cases?

- Yes
- No

How are MDT meeting outcomes communicated to referring physicians? ✱ *Required*

How are the MDT meeting outcomes recorded? ✱ *Required*

How frequently are your MDT data analysed? ✱ *Required*

Do you have an administrator (MDT coordinator)? ✱ *Required*

- Yes
- No

Does the same person coordinate every MDT of your cancer type?

- Yes
- No

What is the training background of your MDT coordinator?

Is the performance of your MDT audited regularly? ✱ *Required*

- Yes
- No

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Please tell us **one** way the MDT meetings at your institution could be improved.

One last question...

	I agree
I confirm that my data can be stored and used for analysis.	
I want to withdraw my data from analysis.	