**Examples of Cancer Conference/Tumor Board Agenda’s**

**Breast Cancer Conference Blank Template**

**AGENDA #1: (time) BREAST CANCER CONFERENCE**

**Date:**

**Facility/Location:**

**By telephone:**

**Radiologist:**

**Pathologist:**

**Total Number of cases being presented:**

**Imaging and Pathology:** Unless otherwise noted below all Imaging and pathology performed at our facility

**Treatment Guidelines: NCCN (unless otherwise stated for all cases); Prognostic indicators discussed on all cases & Case Status: Prospective (unless otherwise stated).**

Please submit cases with all the required information to [\_\_\_\_\_\_\_\_\_\_\_\_](mailto:cancerconference@midmichigan.org) by \_\_\_\_\_\_\_\_\_\_\_.  If you need to add a case after this agenda is sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_: Please first contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Radiology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Pathology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CASE #1**

**Patient Name:**

**DOB, Age & Sex:**

**MRN:**

**BMI:**

**Presenting:**

**Other physicians:**

**Site:**

**Diagnosis, Grade, ER/PR, HER2, KI67:**

**Stage:**

**Imaging:**

**Pathology:**

**Surgery type and date:**

**Genetics eligible:**

**Clinical Trials eligible:**

**Chief Complaint:**

**Prior Mammogram:**

**Past Medical and Surgical History:**

**Signs and Symptoms:**

**Smoking and Alcohol History:**

**Family History of Cancer:**

**Menopause Status:**

**Discussion included: Palliative Care, Social Services, Rehab, Plastic Surgery**

**Treatment Plan:**

**Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive**

**General Cancer Conference Blank Template**

**AGENDA #1: (time) GENERAL CANCER CONFERENCE**

**Date:**

**Facility/Location:**

**By telephone:**

**Radiologist:**

**Pathologist:**

**Total Number of cases being presented:**

**Imaging and Pathology:** Unless otherwise noted below all Imaging and pathology performed at our facility

**Treatment Guidelines: NCCN (unless otherwise stated for all cases); Prognostic indicators discussed on all cases & Case Status: Prospective (unless otherwise stated).**

Please submit cases with all the required information to [\_\_\_\_\_\_\_\_\_\_\_\_](mailto:cancerconference@midmichigan.org) by \_\_\_\_\_\_\_\_\_\_\_.  If you need to add a case after this agenda is sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_: Please first contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Radiology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Pathology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CASE #1**

**Patient name:**

**DOB, age & sex:   
MRN:**

**Site:**

**Diagnosis:**

**Presenting:**

**Other physicians:**

**Pathology:**

**Stage:**

**Imaging:**

**Reason for Review:**

**Additional Information or questions for pathology or radiology:**

**Discussion included: Clinical Trial, Genetics, Palliative Care, Social Services, Rehab or Plastic Surgery**

**Treatment Plan:**

**Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive**

**Thoracic Cancer Conference Blank Template**

**AGENDA #1: (time) THORACIC CANCER CONFERENCE**

**Date:**

**Facility/Location:**

**By telephone:**

**Radiologist:**

**Pathologist:**

**Total Number of cases being presented:**

**Imaging and Pathology:** Unless otherwise noted below all Imaging and pathology performed at our facility.

**Treatment Guidelines: NCCN (unless otherwise stated for all cases); Prognostic indicators discussed on all cases & Case Status: Prospective (unless otherwise stated).**

Please submit cases with all the required information to [\_\_\_\_\_\_\_\_\_\_\_\_](mailto:cancerconference@midmichigan.org) by \_\_\_\_\_\_\_\_\_\_\_.  If you need to add a case after this agenda is sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_: Please first contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Radiology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Pathology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CASE #1**

**Patient name:**

**DOB, age & sex:**

**Site:**

**MRN:**

**Diagnosis:**

**Presenting:**

**Other physicians:**

**Pathology:**

**Stage:**

**Imaging:**

**Reason for Review:**

**Additional Information or questions for pathology or radiology:**

**Discussion included: Clinical Trial, Genetics, Palliative Care, Social Services, Rehab or Plastic Surgery**

**Treatment Plan:**

**Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive**

**Rectal Cancer Conference Blank Template**

**AGENDA #1: (time) RECTAL CANCER CONFERENCE**

**Date:**

**Facility/Location:**

**By telephone:**

**Radiologist:**

**Pathologist:**

**Total Number of cases being presented:**

**Imaging and Pathology:** Unless otherwise noted below all Imaging and pathology performed at our facility.

**Treatment Guidelines: NCCN (unless otherwise stated for all cases); Prognostic indicators discussed on all cases & Case Status: Prospective (unless otherwise stated).**

Please submit cases with all the required information to [\_\_\_\_\_\_\_\_\_\_\_\_](mailto:cancerconference@midmichigan.org) by \_\_\_\_\_\_\_\_\_\_\_.  If you need to add a case after this agenda is sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_: Please first contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Radiology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Pathology phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Pre Op Information: (1st time presented)**

**Patient name:**

**DOB, age & sex:**

**Site: RECTUM**

**MRN:**

**Clinical Diagnosis:**

**Presenting physician/navigator:**

**Other physicians:**

**Pathology date and facility:**

**Question for the pathologist:**

**Clinical AJCC stage:**

**CT Chest, Abdomen and Pelvis dates & facility:**

**PET scan dates & facility:**

**MRI Scan dates & facility:**

**Reason for review:**

**Colonoscopy outcomes:**

**Pre-Treatment CEA:**

**Pre-Treatment MSI:**

**Additional Information:**

**Date of Individualized treatment plan created:**

**Referrals to Radiation Oncology when indicated:**

**Referrals to Medical Oncology when indicated:**

**Genetics Eligible or Clinical Trials Eligible:**

**TUMOR REGISTRY USE: Treatment Plan:**

**Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive**

**Rectal Cases:**

**Post Op information: (2nd time presented)**

**Imaging: None requested unless otherwise specified**

**Patient name:**

**DOB, age & sex:**

**Site: RECTUM**

**MRN:**

**Final Pathological Diagnosis:**

**Final Pathological AJCC Stage:**

**Prior date presented at Cancer Conference:**

**Physician presenting Case:**

**Neo-Adj Treatment before surgery:**

**Neo-Adj treatment date of completion:**

**Date of Surgery and Type of surgery:**

**Approach of surgery:**

**Presence of absence of stoma:**

**Post-Op complications:**

**Unexpected findings:**

**Specimen photographs:**

**Tumor Location:**

**Indication of sphincter involvement:**

**CRM margin status:**

**Distal margin status:**

**Tumor Regression Grade:**

**Mesorectal Grade:**

**Recommendation for Adjuvant Treatment:**

**Referral to Medical Oncology:**

**Referral to Radiation Oncology:**

**Referral to Palliative Care when indicated:**

**Referral to Nutrition when indicated:**

**Referral to Physical therapy when indicated:**

**Referral to Ostomy Care when indicated:**

**Genetics Eligible or Clinical Trials Eligible:**

**TUMOR REGISTRY USE: Treatment Plan:**

**Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive**