

Interstitial Lung Disease Multidisciplinary Meeting (ILD MDM) Toolkit Guide

Developed by:



Centre of Research Excellence in
Pulmonary Fibrosis

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Introduction

This toolkit has been developed by the CRE-PF (Centre of Research Excellence in Pulmonary Fibrosis) Committee.

It contains material designed to aid in the presentation and discussion of cases presented at interstitial lung disease multi-disciplinary meetings. Content can be downloaded and saved for local use or used as an example to aid in the preparation of individualised templates.

Toolkit Contents

1. ILD MDM Meeting Slide Presentations

These slides serve as a means to standardise the presentation of clinical data within and between meetings, so as to reduce biases created by differences in data input to discussion.

Two example template formats have been provided, which vary principally on the number of slides used to present clinical data. Other formats are permissible, but it is recommended that the same level of detail is presented, and that the format used is uniform for each case presentation. A separate form, described below (Refer *ILD MDM Meeting Worksheet*), is used for the collection of radiological and pathological inputs.

1.1 Single Clinical Slide Format – Alfred Hospital, Melbourne

- **Slide 1:** In the first slide, square bracketed text is replaced with clinical details relevant to that section. Superfluous text is deleted.

Name:
Age:
Sex:
ILD MDM Toolkit

Presenting History

- Symptom duration:
- Dyspnoea:
- Cough:
- Other:
- Systemic symptoms:

Symptom progression

- Pattern: [improving, stable, relapsing/remitting, worsening]

Current status:

- WHO class:
- ILD comorbidities: [hypoxic resp failure, pulmonary hypertension]

Exposures

- Job duties:
- Environment:
- Smoking:
- Medications:

Family history ILD

- [Present/absent]

Past History

- ILD risk factors:
- Other:

Examination findings

- Oxygen saturation:
- Chest findings: [extent of crackles, other]
- Extra-pulmonary findings: [Connective tissue disease features, other]
- Comorbidities: [pulmonary BP, RHF, other]
- Other findings:

Management to date

Investigation findings

Serology

- ANA:
- ENA:
- ACCP/RF:
- Other:

Serial lung function

	[date]		[date]		[date]		Absolute change (%pr)
	L	%pr	L	%pr	L	%pr	
FEV1							
FVC							
DLCO							

Six minute walk test

	[date]	[date]	[date]
Distance			
Resting O ₂ sat			
Nadir O ₂ sat			

HRCT dates:

BAL date:

BAL pattern:

Histology type and date:

Other results: [PASP, AHI]

Single Clinical Slide Format – Alfred Hospital, Melbourne
Slide 1

- Slide 2:** In the second slide, a sequence for case discussion is provided. Corresponding tables are included, populated with agreed nomenclature for discussion outputs. A list of current and common ILD diagnoses, research descriptors, and terms that are used to grade diagnostic confidence, predict disease behaviour and establish a treatment goal are included.

ILD MDM Toolkit

Common diagnostic terms		Acronym	Common diagnostic terms (cont.)		Acronym	Diagnostic confidence	Likelihood
Idiopathic pulmonary fibrosis	IPF		Sarcoidosis, [specify organ involvement]			Confident	≥90%
Non-specific interstitial pneumonitis	NSIP		Dust induced disease, [specify dust]			Provisional, high confidence	70-89%
Cryptogenic organising pneumonia	COP		Drug induced lung disease, [specify drug]			Provisional, low confidence	51-69%
Desquamative interstitial pneumonia	DIP		Pulmonary vasculitis, [specify subtype]			Unclassifiable ILD	≤50%
Respiratory bronchiolitis-interstitial lung disease	RB-ILD		Pulmonary alveolar proteinosis			Disease behaviour	
Pleuro-parenchymal fibroelastosis	PPFE		Primary pulmonary haemosiderosis			Reversible and self-limited	
Lymphoid interstitial pneumonia	LIP		Primary alveolar microlithiasis			Reversible disease with risk of progression	
Acute interstitial pneumonia	AIP		Research terminology			Stable with residual disease	
Unclassifiable interstitial pneumonia, [state if provisional]			Interstitial pneumonia with autoimmune features	IPAF		Progressive, irreversible disease with potential for stabilization	
Connective tissue disease related interstitial lung disease, [include histological subtype & connective tissue disease]	CTD-ILD		Combined pulmonary fibrosis and emphysema	CPFE		Progressive, irreversible disease despite therapy	
Hypersensitivity pneumonitis [acute, chronic]	[A/C]HP		Familial interstitial lung disease			Suggested Therapeutic Goal	
Eosinophilic pneumonia [acute, chronic]	[A/C]EP		Smoking related interstitial lung disease			Achieve regression	
Langerhans cell histiocytosis	LCH					Maintain status	
Pulmonary lymphangioleiomyomatosis	PLAM					Slow progression	
						Palliative/best supportive care	

Single Clinical Slide Format – Alfred Hospital, Melbourne
Slide 2

- Slide 3:** The final slide is used when patients are being considered for trial entry. Clinical trial details should include all trials available to ILD patients, and should not be limited to those at the site of the MDM. A list of current ILD clinical trials in Australia is available via the PACT website.

ILD MDM Toolkit

CURRENT CLINICAL TRIALS AND RESEARCH

Project name	1	2	3	4
Agent				
Duration				
Comparator				
Key inclusion criteria				
Key exclusion criteria				
Primary endpoint				
Number participants sought				
Screened				
Enrolled				
Notes				
Contact person				

Single Clinical Slide Format – Alfred Hospital, Melbourne
Slide 3

1.2 Three Clinical Slide Format – Royal Prince Alfred Hospital, Sydney

- **Slide 1:** Clinical data is presented under the headings provided in the slide.

ILD MDM Toolkit

Patient Demographics
Referred by:

History of Presenting Complaint

- Referral diagnosis:

- Background:
- Medications:
- Social History:
- Exposures:
- Family History:

Three Clinical Slide Format - Royal Alfred Hospital, Sydney

Slide 1

- **Slide 2:** Clinical data is presented under the headings provided in the slide.

ILD MDM Toolkit

Patient Demographics

Prior Investigation:

Date		
FEV1		
FVC		
DLCO		
KCO		
TLC		

Prior Management:

Date		
6MWT distance		
Distance (m)		
SpO ₂ initial		
SpO ₂ lowest		

Three Clinical Slide Format - Royal Alfred Hospital, Sydney

Slide 2

- **Slide 3:** Clinical data is presented under the headings provided in the slide.

ILD MDM Toolkit

Patient Demographics

- Clinical Diagnosis:

- Management Plan:

Three Clinical Slide Format - Royal Alfred Hospital, Sydney

Slide 3

- Slide 4:** In this slide, a sequence for case discussion is provided. Corresponding tables are included, populated with agreed nomenclature for discussion outputs. A list of current and common ILD diagnoses, research descriptors, and terms that are used to grade diagnostic confidence, predict disease behaviour and establish a treatment goal are included.

Common diagnostic terms	Acronym	Common diagnostic terms (cont.)	Acronym	Diagnostic confidence	Likelihood
Idiopathic pulmonary fibrosis	IPF	Sarcoidosis, [specify organ involvement]		Confident	≥90%
Non-specific interstitial pneumonitis	NSIP	Dust induced disease, [specify dust]		Provisional, high confidence	70-89%
Cryptogenic organising pneumonia	COP	Drug induced lung disease, [specify drug]		Provisional, low confidence	51-69%
Desquamative interstitial pneumonia	DIP	Pulmonary vasculitis, [specify subtype]		Unclassifiable ILD	≤50%
Respiratory bronchiolitis-interstitial lung disease	RB-ILD	Pulmonary alveolar proteinosis		Disease behaviour	
Pleuro-parenchymal fibroelastosis	PPFE	Primary pulmonary haemosiderosis		Reversible and self-limited	
Lymphoid interstitial pneumonia	LIP	Primary alveolar microlithiasis		Reversible disease with risk of progression	
Acute interstitial pneumonia	AIP			Stable with residual disease	
Unclassifiable interstitial pneumonia, [state if provisional]				Progressive, irreversible disease with potential for stabilization	
Connective tissue disease related interstitial lung disease, [include histological subtype & connective tissue disease]	CTD-ILD			Progressive, irreversible disease despite therapy	
Hypersensitivity pneumonitis [acute, chronic]	[A/C]HP	Research terminology		Suggested Therapeutic Goal	
Eosinophilic pneumonia [acute, chronic]	[A/C]EP	Interstitial pneumonia with autoimmune features	IPAF	Achieve regression	
Langerhans cell histiocytosis	LCH	Combined pulmonary fibrosis and emphysema	CPFE	Maintain status	
Pulmonary lymphangioleiomyomatosis	PLAM	Familial ILD		Slow progression	
		Smoking related ILD		Palliative/best supportive care	

Three Clinical Slide Format - Royal Alfred Hospital, Sydney

- Slide 5:** The final slide is used when patients are being considered for trial entry. Clinical trial details should include all trials available to ILD patients, and should not be limited to those at the site of the MDM. A list of current ILD clinical trials in Australia is available via the PACT website.

Project name	1	2	3	4
Agent				
Duration				
Comparator				
Key inclusion criteria				
Key exclusion criteria				
Primary endpoint				
Number participants sought				
Screened				
Enrolled				
Notes				
Contact person				

Three Clinical Slide Format - Royal Alfred Hospital, Sydney

2. ILD MDM Diagnostic Labels and Resources

This document provides a list of references that provide either consensus guidelines or expert guidance for conditions commonly presenting to the ILD MDM. A links page to other diagnostic and management resources is included.

3. ILD MDM Worksheet

This form is designed to provide an easy to use method for recording meeting discussion and outcomes. The form should be tailored to the local MDM, through the entry of usual attendees into the template, along with the MDM's location. Once modified, it can then be saved as a MS Word template.

The document can be unlocked to allow tailored editing by following these steps:

1. Click the **REVIEW** tab in MS Word.
2. Click on **RESTRICT EDITING** and then, in the bottom right corner, clicking on **STOP PROTECTION**. The password is "ild".
3. Once the suggested changes (as set out below) are made, it can be protected again by clicking on the box labelled **YES, START ENFORCING PROTECTION**.

[Hospital] ILD MDM Worksheet

Interstitial Lung Disease Multidisciplinary Meeting Worksheet

Patient Name		Date	Click here to enter a date.
Meeting Start Time		Meeting Finish Time	

Consensus Diagnosis	1.
---------------------	----

Secondary Diagnostic Terms: Research and Alternative Terminology	
<input type="checkbox"/>	Interstitial pneumonia with autoimmune features
<input type="checkbox"/>	Combined pulmonary fibrosis and emphysema
<input type="checkbox"/>	Familial interstitial lung disease
<input type="checkbox"/>	Smoking related interstitial lung disease
<input type="checkbox"/>	Click here to enter text.

Diagnostic Confidence	Likelihood
<input type="checkbox"/> Confident	≥90%
<input type="checkbox"/> Provisional – high confidence	70-89%
<input type="checkbox"/> Provisional – low confidence	51-69%
<input type="checkbox"/> Unclassifiable ILD	≤50%

Differential Diagnosis	2.
	3.

Disease Behaviour	
<input type="checkbox"/>	Reversible & self-limited
<input type="checkbox"/>	Reversible disease with risk of progression
<input type="checkbox"/>	Stable with residual disease
<input type="checkbox"/>	Progressive, irreversible disease with potential for stabilisation
<input type="checkbox"/>	Progressive, irreversible disease despite therapy

Meeting Attendees		
<input type="checkbox"/> Respiratory phys 1	<input type="checkbox"/> Respiratory phys 6	<input type="checkbox"/> Formal care provider 1
<input type="checkbox"/> Respiratory phys 2	<input type="checkbox"/> Radiologist 1	<input type="checkbox"/> Formal care provider 2
<input type="checkbox"/> Respiratory phys 3	<input type="checkbox"/> Radiologist 2	<input type="checkbox"/> Formal care provider 3
<input type="checkbox"/> Respiratory phys 4	<input type="checkbox"/> Pathologist 1	<input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Respiratory phys 5	<input type="checkbox"/> Pathologist 2	<input type="checkbox"/> Click here to enter text.

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Insert your hospital's name here.

This section is optional and could be tailored to your meeting's needs or removed.

Insert your usual attendees' names here.

[Hospital] ILD MDM Worksheet

Discussion Details:

Clinician Name		
Provisional Diagnosis & Confidence 1-Definite 2-Probable 3 - Possible		Notes
1.		
2.		
3.		

Radiologist Name		
Provisional Diagnosis & Confidence 1-Definite 2-Probable 3 - Possible		Notes Date of Scan: Click here to enter a date.
1.		
2.		
3.		

Pathologist Name		
Provisional Diagnosis & Confidence 1-Definite 2-Probable 3 - Possible		Notes Date of Pathology: Click here to enter a date.
1.		
2.		
3.		

Notes:
 The patient or their agent agreed to the case conference taking place, and were informed that their medical history, diagnosis and care preferences will be discussed with other case conference participants; that medical and personal information may be withheld from other participants, and; that a charge for the service will be incurred for which a Medicare rebate is payable.
 Summaries have been provided to each member of the case conference, and the patient's general practitioner.
 Outcomes have been discussed with the patient or their agent.

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These sections are used to record the description of radiological and pathological features. Key positive and negative features should be listed. A suggested diagnosis can be recorded, but is optional.

This section is provided to highlight meeting requirements to ensure compliance with Medicare case conference item number descriptors. It can be removed if Medicare rebates are not claimed.

[Hospital] ILD MDM Worksheet

Management Suggestions:

Further Suggested Investigations	
<input type="checkbox"/> Biopsy	<u>Lung</u>
	<input type="checkbox"/> Transbronchial
	<input type="checkbox"/> Cryobiopsy
	<input type="checkbox"/> EBUS
	<input type="checkbox"/> Endobronchial
	<input type="checkbox"/> Surgical
	<input type="checkbox"/> Other biopsy
	- Site of biopsy:
<input type="checkbox"/> Other investigations	- Suggested investigation:
<input type="checkbox"/> Rheumatology review	

Therapeutic Suggestions	
<input type="checkbox"/> Clinical trial	- Name of trial:
<input type="checkbox"/> Anti-fibrotic therapy	
<input type="checkbox"/> Immune suppression	- Regimen suggested:
<input type="checkbox"/> Palliative therapy	
<input type="checkbox"/> Pulmonary rehabilitation	
<input type="checkbox"/> Oxygen therapy	
<input type="checkbox"/> Best supportive care	

Discussion Notes, Other Multidisciplinary Care Needs, and Follow Up Plan

Suggested Therapeutic Outcome	
<input type="checkbox"/> Achieve regression	
<input type="checkbox"/> Maintain status	
<input type="checkbox"/> Slow progression	
<input type="checkbox"/> Palliative / best supportive care	

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4. ILD MDM Letter

This template letter provides the diagnosis, diagnostic confidence, differential diagnoses, a management plan, and follow up plans. As the management discussion at the time of the MDM has generally not benefited from input by the patient or carer, it is termed a provisional plan.

[Square bracketed blue text is replaced with details relevant to that section].

ILD MDM Toolkit Guide: ILD MDM Letter

[Date]

[Addressee Name]
[Addressee Full Address]

Dear [Addressee Name],

Re: [Patient Full Name, Patient DOB Patient
Patient Address, Suburb, Postcode]

INTERSTITIAL LUNG DISEASE MULTIDISCIPLINARY MEETING FINDINGS

[Patient Title] [Patient Full Name]'s interstitial lung disease was discussed at [The XX Hospital] Interstitial Lung Disease Multidisciplinary Meeting on [Date].

The consensus diagnosis was that [Patient Full Name] has [diagnosis]. The diagnostic confidence for this diagnosis was [low/moderate/high].

The key features that led to that finding were [list of key clinical, serologic, radiologic and pathologic features].

Differential diagnoses include [list differentials]. These were felt less likely given [list of key negative features].

Pending further discussion between [Patient Title] [Patient Surname] and [his/her] [treating physician], a provisional management plan is [management plan].

Follow up has been arranged to occur with [treating physician] to discuss these findings and finalize management plans.

Yours sincerely,

Dr [XX]
Respiratory Physician, [XX] Hospital ILD Clinic

cc. [Copy to Doctors' Names and Addresses (one line each)]