APPENDIX 3 – SCREENING QUESTIONNAIRE

RCR/NCIN CASPAR Project

Centre screening questions

Contact name…… Hospital…….

1. Are you the MDT Radiology lead?

☐ Yes

☐ No.....(give MDT Lead name)

2. Are you currently using a proforma for Radiology reporting in this/these cancers?

☐ Yes (all cancers/Radiologists/imaging modalities)
☐ No
☐ Some Radiologists but not all
☐ Some cancers but not all
☐ Some imaging modalities but not all

2a. If YES	2b. If NO/not all
How is the proforma used? ☐ Radiology Inf. System ☐ Voice Recognition ☐ Paper	Why no proforma? ☐ No point ☐ Difficult to implement in RIS ☐ RIS manufacturer cannot support ☐ Too time consuming ☐ Reluctant colleagues ☐ Other……

3. Is integrating a proforma report into your RIS likely to be a problem?

- ☐ Yes
- ☐ No

3a. If yes, what is the likely problem?

……

……

3b. If this problem cannot be overcome, are you willing to use a paper proforma report for the purpose of this pilot? (3 months)

- ☐ Yes
- ☐ No
- ☐ Would need to consult colleagues

3. Do you have a means of identifying all newly-diagnosed cases of

Lung/prostate/cervical/endometrial/rectal/colon cancers discussed in MDT in the last 3 months?

- ☐ Yes
- ☐ No
- ☐ Not sure……..(why?)

4a. If YES - How would you do this? (& is it the same for all the cancers?)

- ☐ Database search
- ☐ MDT diary/log manual search
- ☐ MDT log + manual search of patient records
- ☐ Other……

4b. Do you have a member/members of the MDT who would have the capacity to:

- identify all newly-diagnosed Lung/prostate/cervical/endometrial/rectal/colon cancer cases from the last 3 months and for the 3 months of the proforma pilot,
- locate the Radiology reports/proforma reports relating to this cancer,
- copy them,
- remove all identifying information from the copy and
- send to the data management company?

☐ Yes
☐ No
☐ Not sure – would need to consult colleagues

5. If provided with template documentation, would you be able to seek the approval of your organisation's Data Protection Officer (Caldicott Guardian) to share anonymised radiology reports with the RCR and the data management company for data analysis?

☐ Yes
☐ No
☐ Possibly - Would need more info about what is involved

6. How many cases of newly-diagnosed Lung/prostate/cervical/endometrial/rectal/colon cancers does the MDT review for staging per week?

☐ Lung.....

☐ Prostate.....

☐ Cervical.....

☐ Endometrial.....

☐ Rectal.....

☐ Colon.....

7. Do you have a mechanism to formally record cancer staging information at MDT?

☐ Yes
☐ No

8. Are you willing to be considered as a lead radiologist in the CASPAR project with responsibility for obtaining and submitting the requested data from your hospital?

- ☐ Yes
- ☐ No
- ☐ Need more information – **offer contact with Gina Brown to discuss participation.**

9. If you are selected to participate in the CASPAR project, would you be willing to liaise with the Clinical Oncology Head of Service in your centre, to ensure there is some feedback from end-user clinicians on the data collected through proforma reporting?

- ☐ Yes
- ☐ No

Not sure - (why?).....

THANK YOU FOR YOUR TIME

Next steps:

- The project Steering group will look at all screening information and choose 15 sites to ensure a spread of specialist and generalist departments, those using different RIS systems and with different expected modes of implementing the proformas and to provide similar amounts of data on the 4 proformas.
- We will be in touch in January to let you know whether your hospital has been chosen for the pilot.
- Meanwhile please keep February 27th free for the project launch meeting.
- If in the meantime a circumstance arises that means you no longer wish to be considered – please let us know on Enquiries@phassociates.com
- NB After screening - Email thank you for their time to go through screening questionnaire and provide the next steps info above