|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | |
|  | Interstitial pneumonia with autoimmune features | | | | | | | | | |
|  | Combined pulmonary fibrosis and emphysema | | | | | | | | | |
|  | Familial interstitial lung disease | | | | | | | | | |
|  | Smoking related interstitial lung disease | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | | |
| **Diagnostic Confidence** | | | | | | | | | **Likelihood** | |
|  | Confident | | | | | | | | ≥90% | |
|  | Provisional – high confidence | | | | | | | | 70-89% | |
|  | Provisional – low confidence | | | | | | | | 51-69% | |
|  | Unclassifiable ILD | | | | | | | | ≤50% | |
|  | | | | | | | | | | |
| **Differential Diagnosis** | | 2. |  | | | | | | | |
| 3. |  | | | | | | | |
|  | | | | | | | | | | |
| **Disease Behaviour** | | | | | | | | | | |
|  | Reversible & self-limited | | | | | | | | | |
|  | Reversible disease with risk of progression | | | | | | | | | |
|  | Stable with residual disease | | | | | | | | | |
|  | Progressive, irreversible disease with potential for stabilisation | | | | | | | | | |
|  | Progressive, irreversible disease despite therapy | | | | | | | | | |
|  | | | | | | | | | | |
| **Meeting Attendees** | | | | | | | | | | |
|  | Respiratory phys 1 | | |  | Respiratory phys 6 | | |  | | Formal care provider 1 |
|  | Respiratory phys 2 | | |  | Radiologist 1 | | |  | | Formal care provider 2 |
|  | Respiratory phys 3 | | |  | Radiologist 2 | | |  | | Formal care provider 3 |
|  | Respiratory phys 4 | | |  | Pathologist 1 | | |  | | Click here to enter text. |
|  | Respiratory phys 5 | | |  | Pathologist 2 | | |  | | Click here to enter text. |

# Interstitial Lung Disease Multidisciplinary Meeting 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. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Management Suggestions:** | | | |
| **Further Suggested Investigations** | | | |
|  | Biopsy |  | Lung |
|  | |  | Transbronchial |
|  | Cryobiopsy |
|  | EBUS |
|  | Endobronchial |
|  | Surgical |
|  | Other biopsy   * Site of biopsy: |
|  | Other investigations   * Suggested investigation: | | |
|  | Rheumatology review | | |
|  | | | |
| **Therapeutic Suggestions** | | | |
|  | Clinical trial   * Name of trial: | | |
|  | Anti-fibrotic therapy | | |
|  | Immune suppression   * Regimen suggested: | | |
|  | Palliative therapy | | |
|  | Pulmonary rehabilitation | | |
|  | Oxygen therapy | | |
|  | Best supportive care | | |
| **Discussion Notes, Other Multidisciplinary Care Needs, and Follow Up Plan** | | | |
|  | | | |
|  | | | |
| **Suggested Therapeutic Outcome** | | | |
|  | Achieve regression | | |
|  | Maintain status | | |
|  | Slow progression | | |
|  | Palliative / best supportive care | | |