# ACT-BT Referral Pro Forma

## *(Brain Tumour Clinical Trial Screening Referral)*

## About ACT-BT

ACT-BT (Access to Clinical Trials for Brain Tumours) is a national initiative that aims to improve awareness of, and access to, clinical trials for patients with brain tumours across the UK.

This referral pro forma enables clinicians to submit a patient's clinical information for review by the ACT-BT multidisciplinary panel. The panel meets weekly to assess whether there are any suitable UK clinical trials for which the patient may be eligible. The panel will offer advice and relevant contact information about specific studies.

Referral to ACT-BT does not guarantee that a suitable clinical trial will be identified. Although the panel may recommend to referral for a specific study it is ultimately a decision by the study team if the patient is eligible and if there is capacity to include them.

### 1. Patient Identification

Patient Name: _____

NHS Number: _____

Date of Birth: _____

Address: _____

### 2. Referrer Details

Referrer Name: _____

☐ Consultant ☐ Registrar ☐ CNS ☐ Other

Organisation: _____

NHS Email Address (must be an NHS email address): _____

Alternative NHS Email Address (if different): _____

### 3. GP Information

GP Name: _____

GP Practice: _____

GP Contact Details: _____

### 4. Consent

ACT-BT Data Processing Consent: ☐ Yes ☐ No

*Patient has been informed that identifiable clinical information will be shared with the ACT-BT panel for discussion of potential clinical trial opportunities.

## 5. Demographics

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Ethnicity: ☐ White ☐ Multiple ethnic groups ☐ Asian ☐ Black ☐ Other ☐ Prefer not to say

## 6. Clinical Status

Performance Status: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Estimated Life Expectancy: ☐ <3 months ☐ 3–6 months ☐ 6–12 months ☐ >12 months

## 7. Diagnosis & Pathology

Date of Diagnosis: _____

Primary Diagnosis: _____

Key Molecular Profile: _____

Initial Integrated Diagnostic Report Attached: ☐ Yes ☐ No

Most Recent Pathology Report Attached: ☐ Yes ☐ No

Additional Pathology / Genomic Reports Attached: ☐ Yes ☐ No

Whole Genome Sequencing (WGS) Available: ☐ Yes ☐ No

If relevant, is there important information contained within previous pathology reports? ☐ Yes ☐ No

## 8. Treatment History

SURGERY

Number of Previous Neurosurgical Procedures: ☐ 0 ☐ 1 ☐ 2 ☐ 3+

Surgery 1 - Procedure: _____Date: _____

Surgery 2 - Procedure: _____ Date: _____

Surgery 3 - Procedure: _____Date: _____

Residual disease present after most recent surgery? ☐ Yes ☐ No ☐ Unknown

RADIOTHERAPY

Previous Radiotherapy: ☐ Yes ☐ No

Total Dose (Gy): _____

Month/Year of Last Radiotherapy: _____

Expected End Date (if ongoing): _____

SYSTEMIC ANTI-CANCER THERAPY

Regimen Date Received Last Treatment (MM/YYYY)

_____

_____

Treatment Ongoing? ☐ Yes ☐ No

Expected End Date (MM/YYYY): _____

Received as part of clinical trial? ☐ Yes ☐ No

Trial Name: _____

Tumour Treating Fields: ☐ Yes ☐ No

If yes, treatment dates (MM/YYYY):_____

OTHER CLINICAL TRIAL PARTICIPATION

☐ Yes ☐ No

If yes, details: _____

## 9. Significant Treatment-Related Toxicities

Please include only toxicities likely to affect future treatment decisions, clinical trial eligibility, or treatment tolerability.

Associated Treatment: _____

Significant Toxicities: _____

## 10. Imaging

Latest imaging report attached (required): ☐ Yes ☐ No

Imaging Summary: _____

Other Relevant Investigations: _____

## 11. Medical Background

Significant Comorbidities: _____

Current Drug History: _____

Drug Allergies: _____

## 12. Clinical Query for Panel Discussion

Specific Questions / Objectives for Panel Discussion: _____

## 13. Additional Clinical Information

**For ACT-BT team Use**

**Patient ACT-BT Reference Number**: _____

## 14. Project Manager Review

Date Reviewed: _____

Initial Action:

Send to panel / Request additional information / Other

## 15. Chair Review Outcome

Date Reviewed: _____

Summary of Outcome:

List for discussion / Additional information required / Other

## 16. Panel Review Outcome

Date Reviewed: _____

Summary of Outcome:

_____

_____

_____

_____

Date Outcome Communicated: _____