

# CANCER PROGRAM REFERRAL GUIDE DIRECT TO SURGICAL ASSESSMENT

DISEASE SITE		PATIENTS APPROPRIATE FOR REFERRAL	TESTS REQUIRED	PROVIDE IF AVAILABLE
THORACIC	Lung	Suspicious nodule(s) / lesion / mass on CT thorax	CT Scan thorax	Pathology report Pulmonary Function Test (PFT); Chest x-ray
	Gastro-Esophageal junction	Biopsy proven gastric cancer or high grade dysplasia	Pathology report	CT Scan abdomen and pelvis
	Esophageal	Biopsy proven esophageal cancer or high grade dysplasia	Pathology report	CT Scan thorax
BREAST	Breast Health Centre (BHC)	Breast abnormalities including suspicious lumps, nipple discharge or other abnormalities - please request appropriate imaging prior to <b>BHC physician referral</b> . Fax a breast imaging requisition or enter CPOE order for appropriate imaging (F:613-761-4405). Following imaging, send a referral to the BHC for consultation as required. Please indicate at time of referral if the following clinical/ imaging criteria are present (mass > 5 cm, peau d'orange, extensive erythema of the skin, clinically fixed breast mass, etc.). Patients with confirmed breast cancer can be referred to the BHC for surgical consultation	<p>≥ 35 years: mammogram and ultrasound</p> <p>&lt; 35 years: ultrasound</p> <p>Pathology report if biopsy not performed at the WBHC</p>	
	Direct to Oncology	Patients with a confirmed diagnosis of breast cancer <b>and</b> have had a surgical consultation	Pathology report including ER/PR/Her2 on the specimen (core biopsy and/or surgical pathology) Mammogram report Operative report	Chest X-ray Echo (measure ejection fraction) and MUGA Imaging reports or diagnostic reports
COLORECTAL	Colon/rectal/ anal (Surgical assessment)	Positive pathology Suspicious lesion-pending Suspicious lesion-discordant Abnormal imaging		Pathology report Endoscopy report
		Direct to oncology- Patients with a confirmed diagnosis of colorectal cancer	Pathology report	CT Scan (abdomen and pelvis) Blood work: CEA value
GU	Prostate (Surgical assessment)	Patients requiring an evaluation for a possible prostate cancer	PSA reports (current & previous)	Pathology report
		Direct to oncology- Patients with a confirmed diagnosis of prostate cancer	Pathology report	Trans Rectal UltraSound (TRUS) report
	Bladder	Patients with invasive, metastatic, or confirmed bladder cancer	Transurethral resection of the bladder tumour (TURBT) pathology report	Imaging reports Pathology report
	Kidney	Direct to oncology- Patients with a confirmed diagnosis of kidney cancer	CT scan abdomen and pelvis	CT Scan (head and/or chest) Relevant MRI (e.g. abdomen and pelvis) Ultrasound (e.g. abdomen and pelvis) Operative Report Surgical Pathology (e.g. previous nephrectomy)
	Testes	Direct to oncology- Patients with a confirmed diagnosis of testicular cancer	Ultrasound of testes serum tumour marker: βHCG, LDH, AFP	CT Scan (chest and/or abdomen and pelvis) Chest X-ray; Operative Report MRI (chest, abdomen and pelvis) Primary pathology from previous orchiectomy or biopsy of metastatic disease
HPB	HPB (Pancreas, Liver, Bile Ducts, Gall Bladder)	Suspicious for HPB Cancer on Imaging or Endoscopy	No Special Tests required	Imaging Reports Endoscopy Reports Pathology Reports Recent Bloodwork

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GENERAL SURGICAL ONCOLOGY	Gastric	Suspicious mass on Endoscopy/EUS or Suspicious mass on CT Scan or Biopsy proven Gastric Cancer	CT scan abdomen and pelvis	Imaging Reports Endoscopy Reports Pathology Reports Recent Bloodwork
	Sarcoma (Soft Tissue of the Retroperitoneum, Intra-Peritoneal, Pelvic, Abdominal wall or Trunk)	Suspicious mass on CT Scan/MRI or Biopsy proven Sarcoma	CT scan abdomen and pelvis	Imaging Reports Pathology Reports Recent Bloodwork
	Gastro-intestinal stromal tumours (GIST)	Suspicious mass on Endoscopy/EUS or Suspicious mass on CT Scan/MRI or Biopsy proven GIST	CT scan abdomen and pelvis	Imaging Reports Endoscopy Reports Pathology Reports Recent Bloodwork
	Melanoma/ Skin Cancers	Biopsy Proven Skin Cancer	Biopsy of skin lesion	Biopsy Pathology Report Operative Reports if reexcision performed or surgery performed for skin cancer in the past. Past biopsy reports if this is a recurrence or second new skin cancer. Imaging Reports
	Gastrointestinal Carcinoids/ Neuro-endocrine Tumours (NET)	Suspicious mass on Endoscopy/EUS or Suspicious mass on CT Scan/MRI or Biopsy proven Carcinoid/NET	CT scan abdomen and pelvis	Imaging Reports Endoscopy Reports Pathology Reports Urine tests: 24h 5-HIAA and Metanephrines Recent Bloodwork
	Small Bowel	Suspicious mass on CT Scan or Biopsy proven Small Bowel Cancer	CT scan abdomen and pelvis	Imaging Reports Pathology Reports Recent Bloodwork
	Gastrointestinal (GI) Carcinomatosis	Suspicion of Peritoneal Carcinomatosis with a GI primary or Biopsy proven GI Carcinomatosis or Need urgent endoscopic evaluation for suspected malignancy	CT scan abdomen and pelvis CT Scan Chest Blood work: CEA, Ca 19-9, Ca-125, Chromogranin a A	Imaging Reports Endoscopy Reports Pathology Reports Tumour marker blood tests Recent Bloodwork
	Mesenteric/ Retroperitoneal/ Abdominal/ Pelvic/Adrenal Mass Not yet determined (NYD)	Suspicious Mesenteric, Retroperitoneal, Abdominal, Pelvic or Adrenal Mass on CT Scan/ MRI or Biopsy proven cancer	CT scan abdomen and pelvis	Imaging Reports Pathology Reports Recent Bloodwork
	Cancer Metastases	Cancer Metastases (Retroperitoneal/abdominal, excluding hepatic) requiring consideration for surgical resection or for surgical palliation	CT scan abdomen and pelvis CT Scan Chest	Imaging Reports Pathology Reports Recent Bloodwork
ENT	Thyroid	Suspicious thyroid cancer on imaging or biopsy proven thyroid cancer	Thyroid Ultrasound	Imaging Reports Pathology Reports Recent Bloodwork
	Other Head and Neck Cancers	Suspicious Head and Neck cancer on CT/MRI/US or biopsy proven Head and Neck Cancer	No special tests required	Imaging Reports Pathology Reports

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ORTHOPAEDIC ONCOLOGY	Sarcoma (Soft Tissue of the Extremities and Chest Wall (including ribs), buttocks, flank and back)	Suspicious for Sarcoma on Imaging or Biopsy Proven Soft Tissue Sarcoma	CT Scan of the involved area	Imaging Reports Pathology Reports Recent Bloodwork
	Bone Metastases from another cancer requiring surgery (extremities and pelvis)	Suspicion of Bone metastasis requiring surgery	X-Ray of the involved area	Imaging Reports including bone scan, CT scan of the pelvis if acetabular or proximal femur pathology Pathology Reports Recent Bloodwork
GYNECOLOGY ONCOLOGY	Vulva	Highly suspicious on clinical exam or Biopsy proven vulvar cancer	No special tests required	Imaging Reports Pathology Reports Recent Bloodwork
	Ovarian	Suspicious on Imaging or Biopsy proven ovarian cancer	CT scan abdomen and pelvis US Pelvis	Imaging Reports including US Pelvis report with RMI Index Pathology Reports Recent Bloodwork
	Cervix	Highly suspicious on clinical exam or Biopsy proven cervical cancer	CT scan abdomen and pelvis	Imaging Reports Pathology Reports Recent Bloodwork
	Uterine (endometrial)	Biopsy proven endometrial cancer	CT scan abdomen and pelvis	Imaging Reports Pathology Reports Recent Bloodwork
	Pelvic mass with Carcinomatosis	Suspicion of gynecological cancer with carcinomatosis or Biopsy proven gynecological cancer with carcinomatosis	CT scan abdomen and pelvis CT Chest Blood Work: Ca 19-9, Ca-125, CEA, Chromogranin A	Imaging Reports Pathology Reports Blood work (tumour markers) Recent Bloodwork
MALIGNANT HEMATOLOGY	Lymphoma	Suspected Lymphoma	<b>If neck</b> , perform an ultrasound to ensure it is pathological adenopathy  CBC, chemistry (including Ca, LDH, Cr) and INR if not already done  Order Flow Cytometry (only if lymphocyte count is high on CBC)	CT (with contrast*) neck, chest, abdomen & pelvis
	Acute Leukemia	Suspected Leukemia	CBC, INR, PTT, Fibrinogen, electrolytes, BUN, creatinine	
	Multiple Myeloma	Suspected Myeloma	CBC, electrolytes, BUN, creatinine, albumin, calcium, serum protein electrophoresis Urine protein electrophoresis	Skeletal survey

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# DIRECT TO ONCOLOGY - MEDICAL AND/OR RADIATION ONCOLOGY

DISEASE SITE	TESTS REQUIRED	PROVIDE IF AVAILABLE
CNS	MRI or CT scan of the head	Biopsy Pathology or Surgical Pathology
Dermatology Melanoma	Biopsy proven	Biopsy Pathology (not required for keloid) Biopsy Pathology Surgical Pathology Reports on all surgical procedures Wide excision pathology with any applicable Operative reports Blood Work: CBC & liver function Sentinel lymph node biopsy with any applicable Operative reports
Endocrine	Biopsy proven	Biopsy Pathology CT Scan (neck) Thyroid Ultrasound Thyroid Blood Work (TSH, T3, T4)
Head & Neck	Biopsy proven	Biopsy Pathology Surgical Pathology Operative Report CT Scan head neck thorax orbits Previous Treatments Ophthalmology Treatments Ultrasound
Hepato-Pancreato- Biliary (HPB)	Biopsy proven	MRI (abdomen) CT Scan (abdomen/pelvis) Biopsy pathology Blood Work: liver function & pancreatic enzymes Endoscopy
Gynecology	Biopsy proven	Biopsy Pathology Surgical Pathology Operative Report Pelvis Ultrasound Blood Work: CA125 CT Scan (abdomen and pelvis)
Sarcoma (including gastrointestinal stromal tumor-GIST)	Biopsy proven	Biopsy Pathology CT Scan (chest & abdomen; pertinent areas) Bone Scan (if Ewing's or osteosarcoma) MRI of primary site or pertinent areas
Unknown	Biopsy proven	Biopsy Pathology Mammogram (for women) Upper/lower endoscopy CT Scan head chest abdomen and pelvis Bone Scan Blood work: CA125, CEA, CA 19-9
All other malignancies	Biopsy proven	

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