# Walker Family Cancer Centre Referral Guidelines

**Referrals *must* be accompanied by:**

- ✓ Pathology reports documenting a cancer diagnosis unless suspected Hematological Cancer (i.e.: lymphoma, leukemia, myeloma, myelodysplastic syndrome)
- ✓ Referral letter highlighting presenting signs and symptoms and any physical exam and/or imaging findings
- ✓ Completed referral form https://www.niagarahealth.on.ca/site/referringphysicians

The following is important **Cancer Site Specific Information** required for staging and is important to ensure patients can be started on treatment as quickly as possible. Patients remain under the care of the referring physician until seen by an Oncologist.

**If tests/reports are in progress, please note the date of the procedure and the location and send in the referral.**

If there is no pathologic diagnosis of cancer, please see the Cancer Site Specific information below to guide work up.

If patient is very unwell or there is a very high suspicion of cancer based on burden of disease seen on CT/MRI, please call the Oncologist/Malignant Hematologist on-call to discuss the case. 905-685-8082

| Disease Site | Appropriate Referral to WFCC | Recommended Work-up | Documents Required for Referral | Additional relevant info *if available.* |
|---|---|---|---|---|
| **LYMPHOMA**<br><br>*(please note that based on pathology results we will still see consultation, we may ask for another diagnostic sample, e.g. follicular lymphoma with insufficient material for grading)* | ✓ Bx proven<br><br>***Lymphadenopathy WITHOUT pathology, redirect the referral to**:*<br>• Neck LN-Refer to *ENT* for Bx<br>• Axillary or inguinal LN-Refer *to Gen Surgery* for Bx<br>• Mediastinal LN- NH LDAP<br>• Retroperitoneal/Mesenteric LN-Refer to NH GIMRAC (General Internal Medicine Clinic | **Refer to:**<br>WFCC<br><br>**Lab:** CBC,Cr, lytes, Cr, Mg, Phos, Alb, LDH, Uric acid +/- HBV, HCV, HIV serology<br><br>**Imaging:** CT CAP (+/- CT neck if palpable neck LNs) | ✓ Patient history<br>✓ Relevant consult note/discharge summaries<br>✓ Pathology<br>✓ Bloodwork as per work-up<br>✓ CT CAP +/- neck (if available)<br>✓ Radiation plan document if available | N/A |

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| **MULTIPLE MYELOMA** | ✓ Bx-proven plasmacytoma, and/or<br>✓ SPEP demonstrating a monoclonal protein, and/or<br>✓ Markedly skewed free light chain ratio | **Refer to:**<br>WFCC<br><br>**Lab:** CBC, Cr, Ca, SPEP, +/- serum immunofixation, IgA/IgM/IgG | ✓ Patient history including PMHx<br>✓ Consult note and discharge summaries<br>✓ Pathology, if available<br>✓ SPEP (+/- serum immunofixation, IgA/M/G)<br>✓ CBC, Cr, Ca<br>✓ Radiation plan document if available | ✓ Skeletal survey<br>✓ MRI spine/pelvis,<br>✓ Other imaging (if available) |
| **ACUTE LEUKEMIA** | Circulating blasts<br>• Call malignant hematology on call urgently or send patient to ER | N/A | ✓ N/A | N/A |
| **LYMPHOCYTOSIS** | ✓ Lymphocytes > 10.0 g/L<br><br>Lymphocytosis, but < 10.0 g/L<br>• Refer to Benign Hematology Clinic | **Refer to:**<br>WFCC<br><br>**Lab**: CBC | ✓ Patient history including PMHx and any relevant consult note and discharge summaries<br>✓ +/- flow cytometry (however this is not required)<br>✓ Radiation plan document if available | N/A |
| **CYTOPENIAS** | ✓ ANC < 0.5, and/or<br>✓ Hb < 80, and/or<br>✓ Plts < 50<br><br>Cytopenia that *does not* meet the above criteria:<br>• Refer to Benign Hematology Clinic | **Refer to:**<br>WFCC<br><br>**Lab**: CBC | ✓ Patient history including PMHx and any relevant consult note and discharge summaries<br>✓ Radiation plan document if available | N/A |

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| **GASTROINTESTINAL**<br><br>Esophagus<br>Stomach<br>Bowel<br>Biliary<br>Liver<br>Pancreas | ✓ Bx<br>✓ Cytologically proven GI cancer | **Refer to:**<br>WFCC | ✓ Patient history<br>✓ PMHx Surgeon's Consult Note<br>✓ Pathology report showing suspicious atypia/cancer<br>✓ Operative<br>✓ Endoscopy notes<br>✓ CT CAP<br>✓ MRI rectum if rectal cancer<br>✓ Radiation plan document if available | ✓ Relevant Discharge Summary<br><br>*Tumor markers*:<br>✓ AFP—for hepatocellular cancer<br>✓ CA 19-9 for pancreas cancer<br>✓ CEA for colorectal cancers |
| | ✓ Bx proven disease with significant symptoms | **Call and Refer to**:<br>WFCC Med Onc on call to expedite | | |
| | Esophageal/Gastric Mass | **Refer to:**<br>• GI-Gen Surgery<br>*or*<br>• EDAP Clinic for endoscopy | | |
| | Bowel mass, stricture or thickening | **Refer to**:<br>• GI or General Surgery *for* endoscopy | | |
| | Biliary Tree stricture or abnormality | **Refer to**:<br>• Dr. Malhotra-ERCP or<br>• Dr. Romatowski-ERCP | | |
| | Pancreatic/Biliary Mass | **Refer to**:<br>• Hamilton Hepatobiliary Surgeon | | |
| | Liver lesions | **Refer to**:<br>• NH Gen. Internal Medicine (GIMRAC) for assessment and biopsy | | |

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| **GENITOURINARY**<br><br>Prostate<br>Bladder<br>Testes<br>Kidney | ✓ Bx proven | **Refer to:**<br>WFCC | ✓ Patient history including PMHx including Surgeon's Consult Note and relevant discharge summaries<br>✓ Pathology report showing cancer<br>✓ Operative note (if performed)<br>✓ CT CAP<br>✓ Bone Scan (for prostate cancer)<br>✓ Radiation plan document if available | ✓ Relevant Discharge Summary<br>✓ CBC, Ca, Alb, Creat for renal cancer<br>✓ Creatinine for bladder cancer<br>✓ Bone mineral density (if prostate cancer)<br><br>*Tumor markers:*<br>✓ PSA for prostate cancer (including trend if available from Clin Connect) and most recent testosterone level<br>✓ betaHCG, LD, AFP for testicular cancer<br>✓ PET (for muscle invasive bladder ca if localized on CT) |
| | Suspected Prostate cancer | **Refer to:**<br>NH PDAP | | |
| | Suspected bladder, testicular or kidney | **Refer to:**<br>Urology | | |
| **LUNG** | ✓ Bx proven | **Refer to**:<br>WFCC | ✓ Patient history<br>✓ PMHx Surgeon's consult note<br>✓ Discharge summaries<br>✓ Pathology Report<br>✓ Molecular testing results<br>✓ Operative report (for EBUS and bronchoscopy report if done)<br>✓ CT CAP<br>✓ MRI head<br>✓ Bone scan<br>✓ Radiation plan document if available | ✓ Relevant Discharge Summary<br>✓ PET scan |
| | Abnormal CXR, CT chest | **Refer to**:<br>NH Lung Diagnostic Assessment Program (LDAP) | | |

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| **GYNE** | ✓ Cytology/Bx showing gyne malignancy that is metastatic or arises from peritoneal fluid | **Refer to**: WFCC | ✓ Patient history including PMHx including Surgeon's Consult Note and relevant discharge summaries<br>✓ Pathology report showing cancer<br>✓ Operative report<br>✓ CT CAP<br>✓ Radiation plan document if available | ✓ Relevant Discharge Summary<br><br>*Tumor markers:*<br>✓ CA125 for ovarian cancer |
| | Abnormal pap or vaginal bleeding | **Refer to**: Niagara Gynecology | | |
| | Ovarian/cervical mass without ascites or metastases | **Refer to:** Gyne Onc at Juravinski Cancer Centre | | |
| **SKIN** | ✓ Locally advanced SCC or BCC, incompletely excised or unresectable | **Refer to:** WFCC | ✓ Patient history including PMHx including Surgeon's Consult Note and relevant discharge summaries<br>✓ Pathology report from local excision and wide excision and BRAF testing (if available)<br>✓ Operative reports<br>✓ Radiation plan document if available | Stage 3 or 4 melanoma:<br>✓ CT CAP<br>✓ MRI Head preferred. If not possible, then CT head |
| | ✓ Bx proven melanoma | **Refer to**: Plastics, General Surgeon or Head/Neck Sx for wide excision<br>**Refer to:** WFCC based on location | | |
| | Suspicious skin lesion | **Refer to**: Derm. or Plastic Surgery | | |
| **UNKNOWN PRIMARY** | Bx proven | **Refer to**: WFCC | ✓ PMHx relevant consult note/discharge summary<br>✓ Pathology report<br>✓ CT CAP<br>✓ PMHX of cancer and any pathology<br>✓ Lab work<br>✓ Radiation plan document if available | ✓ Relevant Discharge Summary<br>✓ Operative notes<br>✓ Mammogram<br>✓ US<br>✓ MRI<br>✓ Bone scan |
| | Imaging findings suspicious of cancer | **Refer to**: NH Gen. Internal Medicine (GIMRAC) for work up | | |

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| **NEW BRAIN MASS suspicious of or demonstrating new cancer** | ✓ Bx proven to be metastases<br><br>✓ New lesion without Bx | **Call and Refer to:**<br>WFCC Oncologist on call to expedite<br>**Refer to:** ER for assessment/access to Neurosurgery and/or call WFCC on call for further direction*<br>**Imaging:**<br>MRI head and CT CAP<br>DO NOT await results to contact WFCC on call. | ✓ Patient history including PMHx and any relevant consult note and discharge summaries<br>✓ Path report (if available)<br>✓ Radiation plan document if available | |
| **SVC OBSTRUCTION** | ✓ Bx proven | **Call and Refer to:**<br>WFCC Oncologist on call to expedite | | |
| | New lesion without Bx | **Refer to:**<br>ER for assessment/inpatient work up:Bx and CT CAP | | |
| **CORD COMPRESSION due to cancer or suspected cancer** | **ONCOLOGIC EMERGENCY** | **Refer to:**<br>**ER to be assessed and access to Neurosurgery by Criticall.**<br>**ER physician to contact WFCC RO on call.**<br><br>**Imaging:** MRI whole spine and CT CAP should be ordered | ✓ Patient history including PMHx and any relevant consult note and discharge summaries<br>✓ Path report (if available)<br>✓ Radiation plan document if available | |

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| **SARCOMA**<br><br>(NOT typically treated at WFCC, needs multidisciplinary team assessment) | ✓ Bx proven | **Refer to**:<br>Juravinski Cancer Centre | See JCC referral guidelines |
| | Soft tissue mass NYD | **Refer to**:<br>Surgery for Bx (ie: Plastics, Ortho, ENT or Gen Surg depending on location of lesion) | |
| **HEAD and NECK**<br><br>(NOT typically treated at WFCC, needs multidisciplinary team assessment) | ✓ Bx proven | **Refer to**:<br>Juravinski Head and Neck Cancer Clinic | See JCC referral guidelines |
| | Suspicious lesion | **Refer to**:<br>ENT for assessment +/- Bx | |

**Contact Information**

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| **WFCC New Patients**<br>*Phone:* 905-378-4647 (ext. 43805, ext.43808, or ext. 43804)<br>*Fax:* 905-684-6451 https://www.niagarahealth.on.ca/site/referringphysicians | **NH Prostate DAP (PDAP)**<br>*Phone:* 905-378-4647 (RN ext. 49145, Clerk ext. 49144)<br>*Fax*: 289-398-1033 https://www.niagarahealth.on.ca/site/referringphysicians |
| **WFCC Medical Oncology on Call:**<br>*Phone:* 905-685-8082<br>**WFCC Radiation Oncology on Call**<br>*Phone*: 905-378-4647 | **St. Joseph's Esophageal DAP (EDAP)**<br>*Phone:* 905-521-6190<br>*Fax:* 905-540-6581 |
| **Benign Hematology Office:**<br>*Phone*: 905-685-8082<br>*Fax:* 905-988-5776 | **NH General Internal Medicine Rapid Assessment Clinic (GIMRAC)**<br>*Phone:* 905-378-4647 (ext. 44758, ext. 44154)<br>*Fax:* 905 688 8288 or 289 398 1064 |
| **NH Lung DAP (LDAP)**<br>*Phone:* 905-378-4647 (RN ext. 49139, Clerk ext. 49138)<br>*Fax:* 289-398-1071 https://www.niagarahealth.on.ca/site/referringphysicians | **Juravinski Cancer Centre New Patient Referrals**<br>*Phone:* 905 387 9495 (ext. 63636)<br>*Fax:* 905 575 6316 |