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 *(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 ***Lymphadenopathy WITHOUT pathology, redirect the referral to**:* • Neck LN-Refer to *ENT* for Bx • Axillary or inguinal LN-Refer *to Gen Surgery* for Bx • Mediastinal LN- NH LDAP • Retroperitoneal/Mesenteric LN-Refer to NH GIMRAC (General Internal Medicine Clinic	**Refer to:** WFCC **Lab:** CBC,Cr, lytes, Cr, Mg, Phos, Alb, LDH, Uric acid +/- HBV, HCV, HIV serology **Imaging:** CT CAP (+/- CT neck if palpable neck LNs)	✓ Patient history ✓ Relevant consult note/discharge summaries ✓ Pathology ✓ Bloodwork as per work-up ✓ CT CAP +/- neck (if available)	N/A

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

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

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

Disease Site	Appropriate Referral to WFCC	Recommended Work-up	Documents Required for Referral	Additional relevant info *if available.*
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 ✓ Pathology report showing cancer ✓ Operative report ✓ CT CAP	✓ Relevant Discharge Summary *Tumor markers:* ✓ 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 ✓ Pathology report from local excision and wide excision and BRAF testing (if available) ✓ Operative reports	Stage 3 or 4 melanoma: ✓ CT CAP ✓ MRI Head preferred. If not possible, then CT head
	✓ Bx proven melanoma	**Refer to**: Plastics, General Surgeon or Head/Neck Sx for wide excision **Refer to:** WFCC based on location		
	Suspicious skin lesion	**Refer to**: Dermatology or Plastic Surgery		
UNKNOWN PRIMARY	Bx proven	**Refer to**: WFCC	✓ PMHx relevant consult note/discharge summary ✓ Pathology report ✓ CT CAP ✓ PMHX of cancer and any pathology ✓ Lab work	✓ Relevant Discharge Summary ✓ Operative notes ✓ Mammogram ✓ US ✓ MRI ✓ Bone scan
	Imaging findings suspicious of cancer	**Refer to**: NH Gen. Internal Medicine (GIMRAC) for work up		

Disease Site	Appropriate Referral to WFCC	Recommended Work-up	Documents Required for Referral	Additional relevant info *if available.*
NEW BRAIN MASS suspicious of or demonstrating new cancer	✓ Bx proven to be metastases ✓ New lesion without Bx	**Call and Refer to:** WFCC Med Onc on call to expedite **Refer to:** ER for assessment/access to Neurosurgery and/or call WFCC on call for further direction* **Imaging:** MRI head and CT CAP DO NOT await results to contact WFCC on call.	✓ Patient history including PMHx and any relevant consult note and discharge summaries ✓ Path report (if available)	
SVC OBSTRUCTION	✓ Bx proven	**Call and Refer to:** WFCC Med Onc on call to expedite		
	New lesion without Bx	**Refer to:** ER for assessment/inpatient work up:Bx and CT CAP		
CORD COMPRESSION due to cancer or suspected cancer	**ONCOLOGIC EMERGENCY**	**Refer to:** **ER to be assessed and access to Neurosurgery by Criticall.** **ER physician to contact WFCC on call.** **Imaging:** MRI whole spine and CT CAP should be ordered	✓ Patient history including PMHx and any relevant consult note and discharge summaries ✓ Path report (if available)	

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

Contact Information

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