

Juravinski Cancer Center (JCC) New Patient Referral Guide

DISEASE SITE	PATIENT APPROPRIATE FOR REFERRAL	REQUIRED FOR REFERRAL	PROVIDE IF AVAILABLE
BREAST	Symptomatic of breast cancer and/or follow up on abnormal mammogram -> Referral to BAC	Referral to Breast Assessment Center BAC Phone: 905-521-2100 Ext. 42497 BAC Fax : 905-381-7084	All recent mammography and breast ultrasound reports and pathology on previous biopsies.
	Biopsy proven breast cancer	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Mammogram ▪ Operative note ▪ Pathology 	<ul style="list-style-type: none"> • U/S • CT Scan • MRI • Previous breast surgery notes and surgical pathology • Bone Scan • Discharge Summary • ER/PR, HER 2Nu status
CENTRAL NERVOUS SYSTEM	Radiological suspicious mass/or biopsy proven lesion	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ MRI ▪ CT brain 	<ul style="list-style-type: none"> • Associated consult notes • Discharge summary if applicable • Labs • Operative notes • Pathology
GASTROINTESTINAL (esophagus, stomach, colon/rectum, anus, pancreas, liver, biliary tract/gall bladder)	Suspicious esophageal/gastric mass/no tissue -> Referral to EDAP	EDAP referral https://www.stjoes.ca/hospital-services/chest-program/esophageal-diagnostic-assessment-program	
	Biopsy proven cancer or high grade dysplasia	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Labs (CEA, CBC, LFT) ▪ Imaging for appropriate anatomy (endoscopy, colonoscopy, ERCP) ▪ Pathology Tumor markers: liver – AFP Pancreas -19-9 Neuroendocrine - Ki67%	<ul style="list-style-type: none"> • Operative Note • Discharge summary • CT Scan, upper GI series, barium enema, U/S, ERCP, liver scan, bone scan • Any associated consult notes
GENETICS (Cancer Risk Assessment Clinic)	Referral Criteria: http://www.jcc.hhsc.ca/workfiles/Supportive%20Care/Referral_Criteria.pdf	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ Cancer family history details including age of diagnosis and primary site of cancer in relatives OR <ul style="list-style-type: none"> ▪ OBSP High Risk Screening Requisition ▪ referrals for personal and/or family history of breast and/or ovarian cancer (http://www.jcc.hhsc.ca/workfiles/NPR/OBSP%20HRS%20Requisition%20(2).pdf) 	<ul style="list-style-type: none"> • Completed Family History Questionnaire (FHQ). (http://www.jcc.hhsc.ca/workfiles/NPR/FHQ-Revised%202015.pdf) • Name(s) of relatives that have been seen in our clinic • Previous consult notes or laboratory reports of cancer genetic testing from patient and/or family members

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GENITOURINARY (testes, bladder, prostate)	Biopsy proven cancer	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ CBC, LUTES, PSA, LFT, ALK PHOS, BUN&CR ▪ U/S ▪ Pelvic CT ▪ Operative notes ▪ Pathology For TESTES: beta HCG, AFP, LD	<ul style="list-style-type: none"> • Associated consult notes • MRI • CXR • Bone scan • Discharge summary
GYNECOLOGY (ovary, fallopian tube; vagina, cervix, vulva, Gestational Trophoblastic Neoplasm (GTN))	Abnormal Pap Smear results of: ASCUSx2/LSILx2/HSIL Atypical Glandular cells Atypical Squamous cells/ Atypical Endocervical cells/ Atypical Endometrial cells Or Suspicious cervix, vagina or vulva lesions	Colposcopy Referral Juravinski Hospital (905) 389-4411 Extension 42478 Fax: 905-575-2587	
	Suspicious pelvic mass or biopsy proven	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Pathology- biopsy or surgical ▪ Abd/Pelvic CT For Cervix : Pelvic MRI For Sarcoma: Chest/Abd/Pelvic CT & Pelvic MRI For Pelvic Mass or Ovary: Ca 125, Abd/Pelvic CT For GTN: Beta HCG trends Germ Cell- Beta HCG,AFP,LDH <u>Send CD of U/S, MRI, Bone scan, CXR to be uploaded prior to appt</u>	<ul style="list-style-type: none"> • Operative notes • Pathology/cytology • Associated consult notes • Labs • U/S • MRI • CXR
HEAD & NECK (oral cavity; oropharynx, hypopharynx, nasopharynx, parotid, thyroid)	Biopsy proven lesion	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Pathology/cytology of biopsy &/or surgical excision 	<ul style="list-style-type: none"> ▪ Operative notes ▪ Associated consult notes ▪ CT, CXR, other Xrays or U/S ▪ p16 result included in pathology
HEMATOLOGY	Biopsy proven or Suspected Lymphoma Or Abnormal Blood Counts Or Suspected Myeloma	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ CBC, CR,CA, For Myeloma include: SPEP and QI	<ul style="list-style-type: none"> • Operative notes • Any pathology • Associated consult notes • CT • U/S • MRI • Skeletal Survey • Bone Marrow results

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KIDNEY	Suspicious mass on imaging/or biopsy proven	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ U/S ▪ Abd/Pelvic CT ▪ Labs: Bun, Cr 	<ul style="list-style-type: none"> • Pathology • Operative Notes
LUNG	Suspicious mass /no tissue -> Referral to LDAP	LDAP referral https://www.stjoes.ca/hospital-services/chest-program/lung-diagnostic-assessment-program	
	Suspicious nodule(s) / lesion / mass <u>and</u> Biopsy proven cancer	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Chest Xray ▪ Chest CT ▪ Pathology 	<ul style="list-style-type: none"> • Operative Note • Associated consult notes • LDAP reports • Bronchoscopy • Discharge Summary • Labs • CT, MRI,U/S, Bone Scan • Medication List • PFT • Echo
MELANOMA	Biopsy proven lesion	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and physical ▪ Pathology (biopsy & excision) ▪ Operative notes for Wide Local Excision if done 	<ul style="list-style-type: none"> • Associated consult notes • CT • U/S • MRI • Bone Scan
MYCOSIS FUNGODIES	Biopsy proven	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Pathology ▪ LABS: CBC,LYTES, LFT, BUN, CA, LD, TSH and CMPB if possible ▪ Previous treatments including any radiation records 	<ul style="list-style-type: none"> • Associated consult notes • CT Chest/Abd/Pelvis • CXR
PRIMARY UNKNOWN	Metastatic diagnosis without focus of primary	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Labs ▪ Imaging ▪ Any pathology done during investigations <p>Past hx of malignancies</p>	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • CT • Mammogram • U/S • MRI • Bone scan • CXR • Any workup done
SARCOMA	Suspicious mass or biopsy proven sarcoma Suspicious or aggressive bone lesion on imaging	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Biopsy pathology if available ▪ Imaging reports <p><u>Send CD of U/S, MRI, Bone scan, CXR to be uploaded prior to apt</u></p>	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • Surgical pathology • Discharge summary

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SKIN	Biopsy proven	<ul style="list-style-type: none"> ▪ JCC Referral form ▪ History and Physical ▪ Pathology 	<ul style="list-style-type: none"> • OR notes • Photos • Any imaging reports • CXR

Approved by JCC DST's

Revised January /17