

**CENTRAL EAST REGIONAL CANCER PROGRAM REFERRAL GUIDELINES**

<b>DISEASE SITE</b>	<b>PATIENTS APPROPRIATE TO REFER</b>	<b>TESTS REQUESTED</b>	<b>PROVIDE IF AVAILABLE</b>
Adrenocortical/ Sarcomas	Expertise limited, <b>refer to UHN or Sunnybrook</b>		
Anal cancer	Suspicion or diagnosis of anal cancer	Pathology report	CT scan, MRI (pelvis)
Bladder	Suspicion of or confirmed diagnosis of invasive or metastatic bladder cancer	Transurethral resection of the bladder tumour (TURBT) pathology report or biopsy	Imaging reports Pathology report
Breast	Confirmed diagnosis of breast cancer or evidence of metastatic or recurrent disease. (For patients with an undiagnosed breast lump, please refer to Breast Assessment Program)	Mammogram, operative report if surgery has been done, pathology report <b>–please request ER/PR/Her2 on the specimen</b> (core biopsy and/or surgical pathology)	Imaging or diagnostic reports
Colorectal	Suspicion of or diagnosis of colorectal cancer	Pathology report	CT scan, CEA value, endoscopy For rectal ca, MRI (pelvis)
Esophageal/ Gastric	Biopsy proven or high grade dysplasia	Pathology report	CT scan, endoscopy
Gynaecology	Suspected or confirmed diagnosis	Biopsy pathology if available	Biopsy +/- surgical pathology, operative report, pelvic ultrasound, CT scan, CA125
Hepato- Pancreato-Biliary (HPB)	Suspected or confirmed diagnosis	CT scan (chest, abdomen and pelvis), biopsy pathology if available	Surgical pathology and endoscopy
Kidney	Confirmed diagnosis of <b>metastatic</b> kidney cancer	CT scan (chest, abdomen and pelvis)	CT scan, relevant MRI (abd & pelvis), ultrasound (abd & pelvis), operative report, surgical pathology (previous nephrectomy)
Lung	Suspicious nodule(s)/lesions/mass on CT thorax. If <b>solitary</b> lesion (or no evidence of metastasis), refer to Thoracic DAP	CT scan (thorax and abdomen)	Pathology report Pulmonary Function Test PET scan
Prostate	Diagnosis of prostate cancer	PSA reports (current and previous), pathology report if biopsy <b>but</b> if no biopsy, PSA elevation and imaging	Prostate ultrasound report (done at biopsy) Imaging
Skin (Melanoma or Non-Melanoma)	Biopsy proven	Biopsy pathology (not required for keloid)	Surgical pathology, reports on all surgical procedures, wide excision pathology with any applicable operative reports, CBC, LFTs, sentinel lymph node biopsy with any applicable operative reports
Testes	Diagnosis or suspicion of testicular cancer	Ultrasound of testes, serum tumour makers (beta HCG, LDH, AFP), primary pathology from orchiectomy or biopsy of metastatic disease ( <b>but</b> will see if markers elevated without biopsy/pathology)	CT scan Chest x-ray Operative report
Unknown	Biopsy proven or imaging strongly suspicious for malignancy	Pathology report if biopsied CT imaging if biopsy not available	Mammogram (women), upper/lower endoscopy, CT, bone scan, CA125, CEA, CA19-9
All other	Biopsy proven	Pathology report	
<b>HEMATOLOGY</b>			
Myeloma/ MGUS	Positive for monoclonal protein or Bence jones protein	SPEP, UPEP, CBC, creatinine, calcium	Imaging reports, pathology report
Lymphoma	Diagnosis of lymphoma	Pathology reports	Imaging reports
Other/Suspected hematologic ca	Unexplained cytopenias, abnormal blood counts, splenomegaly, suggestive symptoms	CBC	Imaging reports, pathology report, other labs
Benign Hematology	Thromboembolism (DVT/PE), bleeding symptoms/disorders, hemolytic disorders, isolated thrombocytopenia, iron overload, sickle cell disease or hemoglobinopathies. Please send CBC and other relevant blood work, imaging (for DVT/PE).		