GO PUBLIC!

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Cancer Center Referral Guidelines

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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

*****Referrals should be placed after tissue diagnosis is made; feel free to contact the on-call MD for guidance. If in doubt, refer to Med Onc and the patient will be managed from there*****

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BREAST CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
   a. Referrals typically from General Surgery

3. **Indications for referral**
   a. Refer to General Surgery if not already involved
   b. Refer to Medical Oncology and Radiation Oncology

CENTRAL NERVOUS SYSTEM CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
   a. Referrals from Neurosurgery

3. **Indications for referral**
   a. In general, refer to Radiation Oncology (if in doubt, contact Medical Oncology with questions)
      i. CNS Lymphoma: refer to Medical Oncology. They can refer to Radiation Oncology
      ii. Gliomas: refer to Radiation Oncology and Medical Oncology
   b. If in doubt, refer to Medical Oncology

COLON CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
   a. Referrals typically from General Surgery

3. **Indications for referral**
   a. Refer to Medical Oncology
   b. If there is any question that the tumor is rectal and not colon, refer to Radiation Oncology as well

GASTRIC CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
   a. Referrals typically from GI or from General Surgery

3. **Indications for referral**
    a. Refer to Medical Oncology and Radiation Oncology. Prefer meeting patient before surgery to determine sequencing of treatment
    b. Refer to General Surgery if not already involved

GYNECOLOGIC CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals from Gynecologic Oncology

3. **Indications for referral**
    a. Refer to Radiation Oncology (if in doubt, contact Medical Oncology with questions)

HEAD AND NECK CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals from ENT

3. **Indications for referral**
    a. Refer to Radiation Oncology
    b. Refer to Medical Oncology depending on histology (contact Radiation Oncology with questions)

HEPATOBILIARY CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals typically from GI

3. **Indications for referral**
    a. Refer to Medical Oncology
    b. Refer to Radiation Oncology and General Surgery, depending on specific diagnosis and stage, per Medical Oncology

LUNG CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals primarily from Pulmonology or Primary Care/Internal Medicine

3. **Indications for referral**
    a. Refer to Medical Oncology and Radiation Oncology
    b. Refer to CardioThoracic Surgery if stage I or II (Pulmonary typically involved in this decision)

PROSTATE CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals typically from Urology

3. **Indications for referral**
    a. **For men over 40 years old with a PSA >100** and either a CT scan or bone scan consistent with metastatic disease from prostate cancer. Recommend:
        i. Empiric treatment for metastatic prostate cancer with appropriate ADT (by Urology), AND
        ii. Referral to Medical Oncology for management of metastatic prostate cancer.
        iii. No need for prostate biopsy or biopsy of metastatic lesion.
    b. **For men over 40 years old with a PSA >100** with equivocal findings regarding metastatic disease on CT or bone scan, consider biopsy of questionable metastatic site for staging.
        i. Refer to Medical Oncology.
    c. **For men over 40 years old with a PSA >100** with radiographic findings showing no evidence of metastatic disease, prostate biopsy does not need to be performed to establish a diagnosis of prostate cancer.
        i. Empiric ADT can be started, AND
        ii. Patient should be referred to Medical Oncology and Radiation Oncology.

Please note: There is a potential role for prostate or metastatic site biopsy to guide treatment options. The decision to biopsy should be made jointly with Urology and Medical Oncology while weighing the risks, utility and benefit from biopsy.

Prostate Int 2014;2(3):133-139
And per discussion with Division of Urology, Department of Radiation Oncology, and Division of Hematology/Oncology

RECTAL CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Referrals typically from GI
3. **Indications for referral**
    a. Refer to General Surgery, Medical Oncology, and Radiation Oncology

SKIN CANCER

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Melanoma referrals come primarily from Dermatology or General Surgery.
3. **Indications for referral**
    a. Refer to Radiation Oncology and Medical Oncology after surgery
    b. Refer to Radiation Oncology for inoperable patients

OTHER CANCERS

1. **Background**
2. **Pre-referral evaluation and treatment**
3. **Indications for referral**
    a. Feel free to contact the on-call Medical Oncology MD with questions
    b. If in doubt, refer to Medical Oncology

Revisions:

- January 2017, formatting
- Oct 2017, formatting
- September 2020, Prostate Cancer Update