Lung Cancer Requirements
FOR A REFERRAL TO A CANCER CENTRE

REFERRAL PROCESS

Cancer centres are now participating in the first phase of eReferral, allowing routine medical and radiation oncology referrals for lung cancer to be sent electronically. eReferral functionality is incorporated into the Alberta Netcare Portal. It allows you to view details and track the status of your referrals. eReferral using Alberta Netcare is recommended, however the following recommendations apply to all referrals for lung cancer in Alberta regardless of the format. To access eReferral, please visit: Alberta Netcare Portal.

For **routine** referrals to medical and radiation oncology for lung cancer, please use eReferral.

For **emergent** referrals (See EXCLUSIONS below), please refer directly to the emergency department or contact RAAPID line for triage assistance/direct discussion with oncologist.

EXCLUSIONS REQUIRING EMERGENT REFERRAL

For patients with the following symptoms:

- Spinal cord compression
- Malignant hypercalcemia (symptomatic)
- Significant hemoptysis (>100ml/24 hours)
- Symptomatic central airway obstruction
- Clinically significant superior vena cava obstruction

Refer directly to the emergency department
OR
Contact the RAAPID Line -
**NORTH** 1-800-282-9911 or 780-735-0811
**SOUTH** 1-800-661-1700 or 403-944-4486

PATIENTS SHOULD ONLY BE REFERRED TO THE CANCER CENTRE WHEN THEY HAVE A CONFIRMED DIAGNOSIS OF CANCER.

FOR DIAGNOSTIC BIOPSY SUPPORT OR CURATIVE INTENT SURGERY:

Contact ATOP:

If there are clinical reasons as to why this is not possible please contact the cancer centre and ask to speak to the on call physician.

Alberta Thoracic Oncology Program, Foothills Medical Centre, Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, Alberta T2N 2T9,
Tel 403-944-1774, Fax 403-944-8848
OR

Alberta Thoracic Oncology Program, Royal Alexandra Hospital, Children’s Centre, Room 4505, 10240 Kingsway Avenue NW, Edmonton, Alberta T5H 3V9,
Tel 780-735-3970, Fax 780-735-3971

[www.ahs.ca/services.asp?pid=service&rid=1008363](http://www.ahs.ca/services.asp?pid=service&rid=1008363)
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MANDATORY REQUIREMENTS FOR ALL REFERRALS

PATIENT DEMOGRAPHICS
• Patient last name, first name, given names
• PHN/ULI
• Gender
• Address, including city, postal code, province
• Home phone, other phone
• Email
• Emergency contact and/or guardian name, relationship to patient, and phone

REFERRING PROVIDER
• Name
• Address, including city, province, postal code
• Phone & Fax

FAMILY PHYSICIAN
• Name
• Indicate if same as referrer or if patient has no primary care provider
• Phone & fax

OTHER INFORMATION REQUIRED
• Relevant medical history
• Indicate if interpreter required and language
• Physical limitations
• Economic and psychological factors
• Provide additional comments/special considerations
• Indicate whether patient has been informed of cancer diagnosis

COMORBIDITY
• History of stroke
• Cardiovascular disease (e.g. prior MI)
• Respiratory disease (e.g. COPD/asthma)
• Peripheral vascular disease (PVD)
• GI disease
• Liver disease (e.g. hepatitis B or C)
• Diabetes
• Venous thromboembolic disease (DVT/PE)
• VTE
• Rheumatologic disease (e.g. SLE, scleroderma)
• Active infections (e.g. cellulitis, MRSA, shingles, TB, VRE)
• Cognitive issues
• Any other current medical problem
• Renal disease
• None

REQUESTED ACTION
• New patient referral
• Cancer pain and symptom management
• Discussion in rounds (Tom Baker Cancer Centre and Cross Cancer Institute only)
• Specific cancer clinical trial (Tom Baker Cancer Centre and Cross Cancer Institute only)
• Other
# Lung Cancer Requirements 

**FOR A REFERRAL TO A CANCER CENTRE**

Please refer to the Health Services Catalogue in eReferral for approximate wait times to be seen for all routine referrals.

## Referral Requirements

Please refer to the Health Services Catalogue in eReferral for approximate wait times to be seen for all standard referrals.

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Required Investigations</th>
<th>Associated Timeframes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superior Vena Cava Obstruction</strong></td>
<td><strong>Required</strong>&lt;br&gt;CT Chest</td>
<td>≤ 28 days</td>
</tr>
<tr>
<td></td>
<td><strong>Attach if available</strong>&lt;br&gt;Lab investigations&lt;br&gt;» CBC with differential&lt;br&gt;» Renal function: creatinine&lt;br&gt;» Liver function: ALT/AST, AP, total bilirubin, LDH, albumin&lt;br&gt;» Electrolytes: calcium&lt;br&gt;Tissue pathology/cytology</td>
<td>≤ 21 days</td>
</tr>
<tr>
<td><strong>Brain Metastases</strong></td>
<td><strong>Required</strong>&lt;br&gt;CT/MRI brain</td>
<td>≤ 28 days</td>
</tr>
<tr>
<td></td>
<td><strong>Attach if available</strong>&lt;br&gt;Chest imaging (<em>x-ray or preferable CT chest</em>)&lt;br&gt;Abdominal imaging (<em>US or preferably CT abdomen</em>)&lt;br&gt;Lab investigations&lt;br&gt;» CBC with differential&lt;br&gt;» Renal function: creatinine&lt;br&gt;» Liver function: ALT/AST, AP, total bilirubin, LDH, albumin&lt;br&gt;» Electrolytes: calcium&lt;br&gt;Tissue pathology/cytology</td>
<td>≤ 21 days</td>
</tr>
<tr>
<td><strong>Bone Metastases</strong> <em>(symptomatic)</em></td>
<td><strong>Required</strong>&lt;br&gt;X-ray or CT indicating area of concern</td>
<td>≤ 28 days</td>
</tr>
<tr>
<td></td>
<td><strong>Attach if available</strong>&lt;br&gt;Chest imaging (<em>x-ray or preferable CT chest</em>)&lt;br&gt;Abdominal imaging (<em>US or preferably CT</em>)&lt;br&gt;Bone scan&lt;br&gt;Lab investigations&lt;br&gt;» CBC with differential&lt;br&gt;» Renal function: creatinine&lt;br&gt;» Liver function: ALT/AST, AP, total bilirubin, LDH, albumin&lt;br&gt;» Electrolytes: calcium&lt;br&gt;Tissue pathology/cytology</td>
<td>≤ 21 days</td>
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<tr>
<td>NON SMALL-CELL LUNG CANCER</td>
<td><strong>REQUIRED</strong> Tissue pathology/cytology CT chest/upper abdomen Lab investigations » CBC with differential » Renal function: creatinine » Liver function: ALT/AST, AP, total bilirubin, LDH, albumin » Electrolytes: calcium</td>
<td>≤ 2 months ≤ 21 days</td>
</tr>
<tr>
<td></td>
<td><strong>IF SYMPTOMATIC PLEASE INDICATE LOCATION OF SYMPTOMS</strong></td>
<td></td>
</tr>
<tr>
<td>SMALL-CELL LUNG CANCER</td>
<td><strong>REQUIRED</strong> Tissue pathology/cytology CT chest/upper abdomen Lab investigations » CBC with differential » Liver function: ALT/AST, AP, total bilirubin, LDH, albumin » Electrolytes: calcium</td>
<td>≤ 3 months ≤ 21 days</td>
</tr>
<tr>
<td></td>
<td><strong>ATTACH IF AVAILABLE</strong> CT or MRI brain Bone scan</td>
<td>≤ 6 weeks ≤ 6 weeks</td>
</tr>
<tr>
<td></td>
<td><strong>IF SYMPTOMATIC PLEASE INDICATE LOCATION OF SYMPTOMS</strong></td>
<td></td>
</tr>
<tr>
<td>MESOTHELIOMA</td>
<td><strong>REQUIRED</strong> Tissue pathology/cytology CT chest Lab investigations » CBC with differential » Renal function: creatinine » Liver function: ALT/AST, AP, total bilirubin, LDH, albumin » Electrolytes: calcium</td>
<td>≤ 3 months ≤ 21 days</td>
</tr>
<tr>
<td></td>
<td><strong>ATTACH IF AVAILABLE</strong> Chest x-ray Abdominal imaging (US or preferably CT)</td>
<td>≤ 28 days</td>
</tr>
</tbody>
</table>
**Lung Cancer Requirements**

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Please refer to the Health Services Catalogue in eReferral for approximate wait times to be seen for all standard referrals.

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</tr>
</thead>
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<tr>
<td><strong>THYMOMA/THYMIC CANCER</strong></td>
<td>Tissue pathology/cytology</td>
<td>≤ 3 months</td>
</tr>
<tr>
<td></td>
<td>CT chest/upper abdomen</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>ATTACH IF AVAILABLE</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lab investigations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» CBC with differential</td>
<td>≤ 21 days</td>
</tr>
<tr>
<td></td>
<td>» Renal function: creatinine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Liver function: ALT/AST, AP, total bilirubin, LDH, albumin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Electrolytes: calcium, sodium</td>
<td></td>
</tr>
</tbody>
</table>

For referrals not using the Alberta Netcare eReferral system or for more information on cancer centre referral and treatment please contact:

<table>
<thead>
<tr>
<th>CANCER CENTRE LOCATIONS</th>
<th>PHONE</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL ALBERTA CANCER CENTRE, RED DEER</td>
<td>403-343-4526</td>
<td>403-346-1160</td>
</tr>
<tr>
<td>CROSS CANCINSTITUTE, EDMONTON</td>
<td>780-432-8771</td>
<td>780-432-8681</td>
</tr>
<tr>
<td>GRANDE PRAIRIE CANCER CENTRE, GRANDE PRAIRIE</td>
<td>780-538-7588</td>
<td>780-532-9120</td>
</tr>
<tr>
<td>JACK ADY CANCER CENTRE, LETHBRIDGE</td>
<td>403-388-6800</td>
<td>403-327-4160</td>
</tr>
<tr>
<td>MARGERY E YUILL CANCER CENTRE, MEDICINE HAT</td>
<td>403-529-8817</td>
<td>403-529-8007</td>
</tr>
<tr>
<td>TOM BAKER CANCER CENTRE, CALGARY</td>
<td>403-521-3722</td>
<td>403-521-3245</td>
</tr>
</tbody>
</table>

For more information on Provincial Lung Cancer Guidelines please visit: [www.ahs.ca/info/cancerguidelines.aspx](http://www.ahs.ca/info/cancerguidelines.aspx)