

**Date: March 27, 2025**

- Changed process in Central zone for the Gastrointestinal and Colorectal Cancer Screening categories, and several reasons for referral in the Colorectal category, to reflect the new GI CAT

Date: February 12th, 2025

- Divided up the following combined reasons for referral:
 - Disorder of the GI Tract divided into: Disorder of the Upper GI Tract and Disorder of the Lower GI Tract
 - Suspected/Known Breast Cancer divided into: Suspected Breast Cancer and Breast Cancer
 - Anal low-grade squamous intraepithelial lesions (LSIL)/High grade squamous intraepithelial lesions (HSIL) divided into: Anal low-grade squamous intraepithelial lesions (LSIL) and High grade squamous intraepithelial lesions (HSIL)
 - Rectal/Anal Cancer divided into: Rectal Cancer and Anal Cancer
 - Suspected/Known Soft Tissue Cancer divided into: Suspected Soft Tissue Cancer and Soft Tissue Cancer
 - Suspected/Known Stomach Cancer divided into: Suspected Stomach Cancer and Stomach Cancer
 - Suspected/Known Colon Cancer divided into: Suspected Colon Cancer and Colon Cancer

Date: December 20th, 2024

- Updated process for sending to GI in Edmonton to reflect the new GI CAT

Date: December 12, 2024

- Update name of Breast Health Outpatient Clinics in Calgary

Date: July 9, 2024

- Updated links to the Connect MD online submission

Date: July 3, 2024

- Updated link and QR code to the feedback survey
- Updated the links to GERD and Dyspepsia Primary Care Clinical Pathways
- Updated document language to support new eReferral terminology

Date: June 14, 2024

- Updated Central Zone process for reasons for referral that intersect with GI: “send to zone FAST team or refer to your local GI physician as per zonal processes”
- Updated program contacts page to new format and addition of Central Zone GI contacts
- Added new mandatory information to the gallbladder reason for referral: “Within 4 months of referral: Bilirubin, ALT, ALP
- Changed the mandatory information for thyroid mass and suspected parathyroid disease

Date: May 7th 2024

- Updated formatting of first page and table of contents
- Added new mandatory requirement for incisional hernia: clinical estimate of size.”
- Added new mandatory requirement for rectal bleeding: “completion of the [High risk rectal bleeding checklist](#), or the contents of the checklist documented in the referral letter”
- change to the process for rectal bleeding and abnormal imaging of the GI tract The process will be to refer to FAST **or** to GI CAT/SHARP GI.