

Breast 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 breast 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 breast cancer in Alberta regardless of the format. To access eReferral, please visit: Alberta Netcare Portal.

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

EXCLUSIONS REQUIRING EMERGENT REFERRAL

- Patients requiring urgent radiotherapy
 - Spinal cord compression
 - Malignant hypercalcemia (symptomatic)
 - Significant hemoptysis (> 100ml/24 hours)
 - Symptomatic central airway obstruction
- Symptomatic visceral disease involvement

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

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

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

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

TO OBTAIN TISSUE PATHOLOGY / CYTOLOGY

Please refer to one of the listed services. 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.

Comprehensive Breast Care Program – Sun Life Place, Room 1500, 10123 99 Street, Edmonton, Alberta, T5J 3H1, Tel 780–638–2227

Breast Health Program – Chinook Regional Hospital, 960 19 Street S, Lethbridge, Alberta, T1J 1W5, Tel 403–388–6324

Calgary Breast Health Program – Foothills Medical Centre, Women’s Health Centre, North Tower, 1403 29 Street NW, Calgary, Alberta
Tel 403–944–2240.

Clinical Breast Health Program, 3942 – 50A Ave, Red Deer, Alberta, T4N 6R2 Tel 403–314–6056

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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 CAD/CHF/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*)
- 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
- 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

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

*FOR ALL IMAGING: if performed or ordered please provide a copy or the date ordered

*WHEN LAB INVESTIGATIONS REQUIRED/AVAILABLE: CBC with differential; renal function (*creatinine*); liver function (*AST/ALT. AP. total bilirubin, albumin, calcium and LDH*); electrolytes

REFERRAL REQUIREMENTS

REASON FOR REFERRAL	REQUIRED INVESTIGATIONS	*ASSOCIATED TIMEFRAMES
SUPERIOR VENA CAVA OBSTRUCTION	REQUIRED	
	<ul style="list-style-type: none"> • CT Chest • Tissue pathology/cytology 	≤ 28 days
	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray</i>) • Abdominal imaging (<i>US or CT abdomen</i>) • Bone scan • Lab investigations • Breast Imaging 	≤ 28 days ≤ 28 days ≤ 28 days
BRAIN METASTASES	REQUIRED	
	<ul style="list-style-type: none"> • CT/MRI head or brain • Tissue pathology/cytology 	≤ 28 days
	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray or preferable CT chest</i>) • Abdominal imaging (<i>US or preferably CT abdomen</i>) • Bone scan • Lab investigations • Breast Imaging 	≤ 28 days ≤ 28 days ≤ 28 days
BONE METASTASES (<i>symptomatic</i>)	REQUIRED	
	<ul style="list-style-type: none"> • X-ray or CT indicating area of concern • Tissue pathology/cytology 	≤ 28 days
	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray or preferable CT chest</i>) • Abdominal imaging (<i>US or preferably CT abdomen</i>) • Bone scan • Lab investigations • Breast Imaging 	≤ 28 days ≤ 28 days ≤ 28 days

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REASON FOR REFERRAL	REQUIRED INVESTIGATIONS	*ASSOCIATED TIMEFRAMES
LYMPHANGITIC CARCINOMATOSIS	REQUIRED	
	<ul style="list-style-type: none"> • Tissue pathology/cytology • At least 1 image documenting symptomatic site of metastatic disease (<i>e.g. x-ray, CT, MRI or PET</i>) • Lab investigations 	≤ 28 days
	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray or preferably CT chest</i>) • Abdominal imaging (<i>US or preferably CT abdomen</i>) • Bone scan • Breast Imaging 	≤ 28 days ≤ 28 days ≤ 28 days
METASTASES VISCERAL <i>(symptomatic +/- life-threatening)</i>	REQUIRED	
	<ul style="list-style-type: none"> • At least 1 image documenting symptomatic site of metastatic disease (<i>e.g. x-ray, CT, MRI, or PET</i>) • Tissue pathology/cytology • Lab investigations 	≤ 28 days
BREAST CANCER	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray or preferably CT chest</i>) • Abdominal imaging (<i>US or CT abdomen</i>) • Bone scan • Breast imaging 	≤ 28 days ≤ 28 days ≤ 28 days
ASYMPTOMATIC METASTASES BREAST CANCER	REQUIRED	
	<ul style="list-style-type: none"> • Tissue pathology/cytology • At least one image documenting symptomatic site of metastatic disease (<i>e.g. x-ray, CT, MRI, or PET</i>) • Lab investigations 	≤ 28 days
	ATTACH IF AVAILABLE	
	<ul style="list-style-type: none"> • Chest imaging (<i>x-ray or preferably CT chest</i>) • Abdominal imaging (<i>US or CT abdomen</i>) • Bone scan 	≤ 28 days ≤ 28 days ≤ 28 days

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REASON FOR REFERRAL	REQUIRED INVESTIGATIONS	*ASSOCIATED TIMEFRAMES
LOCALLY ADVANCED BREAST CANCER	<p>REQUIRED</p> <ul style="list-style-type: none"> Clinical and/or radiologic comment/description Breast imaging (<i>mammogram +/- US breast and/or axilla</i>) Abnormal pathology from breast and/or axilla 	< 2-3 months
	<p>ATTACH IF AVAILABLE</p> <ul style="list-style-type: none"> Chest imaging (<i>x-ray or preferably CT chest</i>) Abdominal imaging (US or CT abdomen) Bone scan Lab investigations 	<p>≤ 28 days</p> <p>≤ 28 days</p> <p>≤ 28 days</p>
NODE POSITIVE BREAST CANCER	<p>REQUIRED</p> <ul style="list-style-type: none"> Breast imaging (<i>mammogram +/- US breast and/or axilla</i>) Tissue pathology/cytology Surgical/operative report 	3-6 months
	<p>ATTACH IF AVAILABLE</p> <ul style="list-style-type: none"> Chest imaging (<i>x-ray or preferably CT chest</i>) Abdominal imaging (<i>US or CT abdomen</i>) Surgeon referral letter Lab investigations 	<p>≤ 28 days</p> <p>≤ 28 days</p>
NODE NEGATIVE BREAST CANCER	<p>REQUIRED</p> <ul style="list-style-type: none"> Breast imaging (<i>mammogram +/- US breast and/or axilla</i>) Tissue pathology/cytology Surgical/operative report 	3-6 months
	<p>ATTACH IF AVAILABLE</p> <ul style="list-style-type: none"> Chest imaging (<i>x-ray or preferably CT chest</i>) Surgeon referral letter Lab investigations 	≤ 28 days
DUCTAL CARCINOMA IN SITU	<p>REQUIRED</p> <ul style="list-style-type: none"> Breast imaging (<i>mammogram +/- US breast and/or axilla</i>) Surgical/operative report Tissue pathology/cytology 	
	<p>ATTACH IF AVAILABLE</p> <ul style="list-style-type: none"> Staging tests as per guidelines 	

For more information on Provincial Breast Cancer Guidelines please visit: www.ahs.ca/info/cancerguidelines.aspx