

Provincial Breast Health Referral Pathway

ASK FOR ADVICE – CALGARY ONLY
(Specialists provide advice to physicians for non-urgent questions)

Want to connect with a Calgary Zone specialist electronically and receive a response within five calendar days? Use Alberta Netcare eReferral Advice Request. For more information, go to: www.albertanetcare.ca/eReferral.htm

NON-URGENT CONSULTATION
(Patient does **NOT** need to be seen urgently)

- Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral. Provide all required information and specific tests/investigations.
- See QuRE Referral/Consult Checklist (www.ahs.ca/QuRE) for high-quality referral guidelines.
- Visit the www.albertareferraldirectory.ca for individual clinic contact information.

For Calgary: Breast Health Outpatient Clinics, consider sending an eReferral Consult Request instead of a fax referral. Go to www.albertanetcare.ca/eReferral.htm for instructions.

EXCLUSIONS

- Augmentation/reduction
- Breast abscess (related to lactation)
- Breast feeding

URGENT ADVICE
(Patient **MAY** need to be seen immediately)

For urgent advice, call RAAPID:

- For patients north of Red Deer – 1-800-282-9911 (Canada only) or 780-735-0811
- For patients in and south of Red Deer – 1-800-661-1700 (Canada only) or 403-944-4486

EMERGENCY CONSULTATION
(Patient **NEEDS** to be seen immediately)

For all emergencies, refer directly to the emergency department or call RAAPID.

- For patients north of Red Deer – 1-800-282-9911 (Canada Only) or 780-735-0811
- For patients in and south of Red Deer – 1-800-661-1700 (Canada only) or 403-944-4486

MANDATORY REQUIREMENTS FOR ALL REFERRALS

PATIENT DEMOGRAPHICS

- Patient last name, first name, given names
- Personal Healthcare Number/Unique Lifetime Identifier (PHN/ULI)
- Gender – Indicate preferred gender
- Home address, including city & postal code
- Home phone, other phone (multiple contact numbers preferred)
- Emergency contact name & phone

REFERRING PROVIDER

- Name
- Address, including city & postal code
- Phone & fax
- PRAC ID

FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if patient has no primary care provider
- Address, including city & postal code
- Phone & fax

RELEVANT INFORMATION

- Summary of medical & treatment history
- Current medications
- Family history of breast cancer
- Languages – indicate if an interpreter is required and for which language
- Physical limitations
- Economic and social/psychological factors
- Special considerations

OPTIONAL INFORMATION: CO-MORBIDITIES

PLEASE IDENTIFY IN THE REFERRAL IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Active infections (e.g. cellulitis, shingles, TB, ARD)
- Cardiovascular disease (e.g. prior CAD/CHF/MI)
- Cognitive issues
- Diabetes
- GI disease
- History of stroke
- Liver disease (hepatitis B or C)
- Peripheral vascular disease
- Renal disease
- Respiratory disease (e.g. COPD, asthma)
- Rheumatologic disease (e.g. SLE, scleroderma)
- Venous thromboembolic disease (DVT/PE)
- Other concurrent medical problems

NON-EMERGENCY REFERRALS

Reason for Referral	Process	Mandatory Information	Attach if Available or Indicate Ordered/Not Applicable
Breast cancer invasive	<p>Calgary: Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945</p> <p>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</p> <p>Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram
Ductal carcinoma in situ (DCIS)	<p>Calgary: Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945</p> <p>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</p> <p>Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram

FINDINGS ON DIAGNOSTIC IMAGING (DI)

Reason for Referral	Process	Mandatory Information	Attach if Available or Indicate Ordered/Not Applicable
Benign findings on diagnostic imaging (Breast Imaging Reporting And Data Systems BIRADS 2-3)	<p>Calgary: Refer to General Surgery via Calgary Zone FAST Team PH 1--833-553-3278 ext. 3 FX 1-833-627-7023</p> <p>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</p> <p>Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754</p>	<ul style="list-style-type: none"> Referral letter Diagnostic imaging report age <30 years: breast ultrasound age ≥30 years: mammogram 	
Abnormal Findings on Diagnostic Imaging (Breast Imaging Reporting And Data Systems) BIRADS 4-5	<p>CALGARY: Calgary Breast Health Program</p> <ul style="list-style-type: none"> Fax: 403-944-2250 Or submit an eReferral Consult Request <p>EDMONTON/NORTH ZONE: Comprehensive Breast Care Program</p> <ul style="list-style-type: none"> Fax: 780-641-9523 <p>LETHBRIDGE: Breast Health Program</p> <ul style="list-style-type: none"> Fax: 403-388-6647 <p>RED DEER: Clinical Breast Health Program</p> <ul style="list-style-type: none"> Fax: 403-314-6072 	<ul style="list-style-type: none"> Referral letter Diagnostic Imaging Guided Biopsy report Diagnostic imaging report <ul style="list-style-type: none"> Age <30 years: breast ultrasound Age ≥30 years: mammogram 	<ul style="list-style-type: none"> Pathology Report <p>Inform if the patient is on anticoagulants, NSAIDS or ASA</p>

FINDINGS ON GENERAL BREAST EXAM

Reason for Referral	Process	Mandatory Information	Attach if Available or • Indicate Ordered/Not Applicable
Abnormal findings on breast exam, • Including mastalgia / mastodynia (breast pain)	Calgary: Refer to General Surgery via Calgary Zone FAST Team PH 1--833-553-3278 ext. 3 FX 1-833-627-7023 Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523 • If patient has lump(s), refer to Comprehensive Breast Care Program Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647 Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754 If patient has lump(s), refer to Clinical Breast Health Program	• Referral letter	• Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram
Suspicious abnormality found on breast exam	Calgary: Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945 Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523 Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647 Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754	• Referral letter	• Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram

FINDINGS ON GENERAL BREAST EXAM

High risk lesion found on breast biopsy (atypical hyperplasia)	<p>Calgary: Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945</p> <p>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</p> <p>Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 1-403-355-9754</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram • Past diagnostic imaging report(s)
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INCREASED RISK

Reason for Referral	Process	Mandatory Information	Attach if Available or Indicate Ordered/Not Applicable
Increased risk of breast cancer	<p>Calgary: Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945</p> <p>Edmonton: Allard Hereditary Breast and Ovarian Clinic PH 780-735-6562 FX 780-735-5611</p> <p>Lethbridge: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>Red Deer: Refer according to patient preference Breast Health Outpatient Clinics PH 587-231-5956 FX 587-231-5945</p> <p>Or Breast Cancer Supportive Care Clinic PH 403-270-2242 FX 403-270-2251</p> <p>Or Allard Hereditary Breast and Ovarian Clinic PH 780-735-6562 FX 780-735-5611</p>	<ul style="list-style-type: none"> • Referral letter • Copy of genetics letter, genetic test result or detailed family history 	<ul style="list-style-type: none"> • Diagnostic imaging report • age <30 years: breast ultrasound • age ≥30 years: mammogram • MRI report

INCREASED RISK			
Reason for Referral	Process	Inclusion Criteria	Attach if Available or Indicate Ordered/Not Applicable
Increased Risk for Hereditary Cancer Syndrome	<p>NORTHERN AB (North of Red Deer): Hereditary Cancer Clinic, Edmonton Genetics PH: 780-407-7333 FX: 780-407-6845</p> <ul style="list-style-type: none"> HCC Referral and family history form is required The HCC referral form is available online through the Alberta Referral Directory (ARD) <p>SOUTHERN AB (Red Deer and South): Hereditary Cancer Clinic, Calgary Genetics PH: 403-955-7373 FX: 403-476-8752</p> <ul style="list-style-type: none"> HCC Referral and family history form is required The HCC referral form is available online through the Alberta Referral Directory (ARD) A family history questionnaire An accurate family history is integral in the genetic risk assessment and triage. It can accompany the referral form, or be sent separately to the HCC within one month's time of referral (fax or mail preferred). 	<ul style="list-style-type: none"> Personal history < 35 years Breast cancer in both breasts < 50 years Both breast and ovarian cancer in the same woman Multiple related family members with breast and/or ovarian cancer, especially if diagnosed at a young age Male breast cancer Ashkenazi Jewish ancestry with breast and/or ovarian cancer A known BRCA 1 or BRCA 2 mutation in the family Triple Negative (ER-,PR- Her2-) 	<ul style="list-style-type: none"> Family history form Pathology of affected site

PROGRAM CONTACTS			
Program	Phone Number	Fax Number	Address
Breast Health Program	403-388-6324	403-388-6647	Chinook Regional Hospital Unit 2G 303, Main Floor 960 19 Street S Lethbridge, AB T1J 1W5
Breast Health Outpatient Clinics	587-231-5956	587-231-5945	Arthur J.E. Child Comprehensive Cancer Centre 3395 Hospital Dr NW Calgary, AB, T2N 4N1
Calgary Zone FAST Team	1--833-553-3278 ext. 3	1-833-627-7023	
Clinical Breast Health Program	403-314-6056	1-403-355-9754	Red Deer Regional Hospital Centre 3 rd floor South Complex 3942 50A Avenue Red Deer, AB T4N 4E7
Comprehensive Breast Care Program	780-613-5090	780-641-9523	Royal Alexandra Hospital Community Services Centre 10240 Kingsway Avenue NW Edmonton, AB T5H 3V9 Email: cbcp@ahs.ca
Hereditary Cancer Clinic (HCC) <i>Calgary Genetics Clinic</i>	403-955-7373	403-476-8752	Alberta Children's Hospital 3 floor Clinical Genetics 28 Oki Drive NW Calgary, AB T3B 6A8
Hereditary Cancer Clinic <i>Edmonton Genetics Clinic</i>	780-407-7333	780-407-6845	Stollery Children's Hospital 8-53 Med. Sciences Building 8440 112 Street Edmonton, AB T6G 2B7
Allard Hereditary Breast & Ovarian Cancer Clinic	780-735-6562	780-735-5611	Lois Hole Hospital for Women Community Service Centre, Room 250-3, 2 nd floor/West Wing 10240 Kingsway Avenue Edmonton, AB T5H 3V9

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