

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 Program, 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
- 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

Reason for Referral	Process	Mandatory Information	Attach if Available or Indicate Ordered/Not Applicable
NON-EMERGENCY REFERRALS			
Breast cancer invasive	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram
Ductal carcinoma in situ (DCIS)	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram
FINDINGS ON DIAGNOSTIC IMAGING (DI)			
Abnormal findings on diagnostic imaging (Breast Imaging Reporting And Data Systems) BIRADS 4-5)	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram 	<ul style="list-style-type: none"> • Diagnostic imaging guided biopsy results • Inform if the patient is on anticoagulants, NSAIDS or ASA

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: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram 	
FINDINGS ON GENERAL BREAST EXAM			
Abnormal findings on breast exam, <ul style="list-style-type: none"> • Including mastalgia / mastodynia (breast pain) 	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</p> <ul style="list-style-type: none"> • If patient has lump(s), refer to Comprehensive Breast Care Program <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 403-314-6072 If patient has lump(s), refer to Clinical Breast Health Program</p>	<ul style="list-style-type: none"> • Referral letter 	<ul style="list-style-type: none"> • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram
Suspicious abnormality found on breast exam	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter 	<ul style="list-style-type: none"> • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram

Reason for Referral	Process	Mandatory Information	Attach if Available or Indicate Ordered/Not Applicable
High risk lesion found on breast biopsy (atypical hyperplasia)	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Diagnostic imaging report <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram • Past diagnostic imaging report(s)
Increased risk of breast cancer	<p>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</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 <ul style="list-style-type: none"> • age <30 years: breast ultrasound • age ≥30 years: mammogram • MRI report

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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • The HCC referral form is available online through the Alberta Referral Directory (ARD) • A family history questionnaire <ul style="list-style-type: none"> • 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
Calgary Breast Health Program	403-944-2240	403-944-2250	Foothills Medical Centre Women's Health Centre, Suite 187 1403 29 Street NW Calgary, AB, T2N 2T9
Clinical Breast Health Program	403-314-6056	403-314-6072	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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