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
<table>
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<tr>
<th>Reason for Referral</th>
<th>Process</th>
<th>Mandatory Information</th>
<th>Attach if Available or Indicate Ordered/Not Applicable</th>
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<tr>
<td><strong>NON-EMERGENCY REFERRALS</strong></td>
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| Breast cancer invasive | Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250 | • Referral letter  
  • Pathology report | • Cytology results  
  • Diagnostic imaging report  
  • age <30 years: breast ultrasound  
  • age ≥30 years: mammogram |
|  | 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 403-314-6072 | | |
| Ductal carcinoma in situ (DCIS) | Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250 | • Referral letter  
  • Pathology report | • Cytology results  
  • Diagnostic imaging report  
  • age <30 years: breast ultrasound  
  • age ≥30 years: mammogram |
|  | 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 403-314-6072 | | |
| **FINDINGS ON DIAGNOSTIC IMAGING (DI)** | | | |
| Abnormal findings on diagnostic imaging (Breast Imaging Reporting And Data Systems) BIRADS 4-5) | Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250 | • Referral letter  
  • Diagnostic imaging report  
  • age <30 years: breast ultrasound  
  • age ≥30 years: mammogram | • Diagnostic imaging guided biopsy results  
  • Inform if the patient is on anticoagulants, NSAIDS or ASA |
<p>|  | 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 403-314-6072 | | |</p>
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<tr>
<td>Benign findings on diagnostic imaging (Breast Imaging Reporting And Data Systems) BIRADS 2-3)</td>
<td>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</td>
<td>• Referral letter&lt;br&gt;• Diagnostic imaging report&lt;br&gt;• age &lt;30 years: breast ultrasound&lt;br&gt;• age ≥30 years: mammogram</td>
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<td>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</td>
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<td>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</td>
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<td>Abnormal findings on breast exam, including mastalgia / mastodynia (breast pain)</td>
<td>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</td>
<td>• Referral letter</td>
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<td>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</td>
<td>• Diagnostic imaging report&lt;br&gt;• age &lt;30 years: breast ultrasound&lt;br&gt;• age ≥30 years: mammogram</td>
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<td>Red Deer: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</td>
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<td>Suspicious abnormality found on breast exam</td>
<td>Calgary: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</td>
<td>• Referral letter</td>
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<td>Edmonton: Comprehensive Breast Care Program PH 780-613-5090 FX 780-641-9523</td>
<td>• Diagnostic imaging report&lt;br&gt;• age &lt;30 years: breast ultrasound&lt;br&gt;• age ≥30 years: mammogram</td>
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| High risk lesion found on breast biopsy (atypical hyperplasia) | **Calgary:** Calgary Breast Health Program  
PH 403-944-2240  FX 403-944-2250  
**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 403-314-6072 | • Referral letter  
• Pathology report | • Diagnostic imaging report  
• age <30 years: breast ultrasound  
• age ≥30 years: mammogram  
• Past diagnostic imaging report(s) |
| Increased risk of breast cancer                          | **Calgary:** Calgary Breast Health Program  
PH 403-944-2240  FX 403-944-2250  
**Edmonton:** Allard Hereditary Breast and Ovarian Clinic  
PH 780-735-6562  FX 780-735-5611  
**Lethbridge:** Breast Health Program  
PH 403-388-6324  FX 403-388-6647  
**Red Deer:** Refer according to patient preference  
Calgary Breast Health Program  
PH 403-944-2240  FX 403-944-2250  
Or  
Allard Hereditary Breast and Ovarian Clinic  
PH 780-735-6562  FX 780-735-5611 | • Referral letter  
• Copy of genetics letter, genetic test result or detailed family history | • Diagnostic imaging report  
• age <30 years: breast ultrasound  
• age ≥30 years: mammogram  
• MRI report |
<table>
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<tr>
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<th>Attach if Available or Indicate Ordered/Not Applicable</th>
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</thead>
</table>
| Increased Risk for Hereditary Cancer Syndrome | **NORTHERN AB (North of Red Deer):** Hereditary Cancer Clinic, Edmonton Genetics  
PH: 780-407-7333  
FX: 780-407-6845  
- HCC Referral and family history form is required  
  - The HCC referral form is available online through the Alberta Referral Directory (ARD) |  
- 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-)  
- Family history form  
- Pathology of affected site | |
|                                         | **SOUTHERN AB (Red Deer and South):** Hereditary Cancer Clinic, Calgary Genetics  
PH: 403-955-7373  
FX: 403-476-8752  
- 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). | | |
### PROGRAM CONTACTS

<table>
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<tr>
<th>Program</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Address</th>
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<tbody>
<tr>
<td>Breast Health Program</td>
<td>403-388-6324</td>
<td>403-388-6647</td>
<td>Chinook Regional Hospital Unit 2G 303, Main Floor 960 19 Street S Lethbridge, AB T1J 1W5</td>
</tr>
<tr>
<td>Calgary Breast Health Program</td>
<td>403-944-2240</td>
<td>403-944-2250</td>
<td>Foothills Medical Centre Women’s Health Centre, Suite 187 1403 29 Street NW Calgary, AB T2N 2T9</td>
</tr>
<tr>
<td>Clinical Breast Health Program</td>
<td>403-314-6056</td>
<td>403-314-6072</td>
<td>Red Deer Regional Hospital Centre 3rd floor South Complex 3942 50A Avenue Red Deer, AB T4N 4E7</td>
</tr>
<tr>
<td>Comprehensive Breast Care Program</td>
<td>780-613-5090</td>
<td>780-641-9523</td>
<td>Royal Alexandra Hospital Community Services Centre 10240 Kingsway Avenue NW Edmonton, AB T5H 3V9 Email: <a href="mailto:cbcp@ahs.ca">cbcp@ahs.ca</a></td>
</tr>
<tr>
<td>Hereditary Cancer Clinic (HCC) Calgary Genetics Clinic</td>
<td>403-955-7373</td>
<td>403-476-8752</td>
<td>Alberta Children’s Hospital 3 floor Clinical Genetics 28 Oki Drive NW Calgary, AB T3B 6A8</td>
</tr>
<tr>
<td>Allard Hereditary Breast &amp; Ovarian Cancer Clinic</td>
<td>780-735-6562</td>
<td>780-735-5611</td>
<td>Lois Hole Hospital for Women Community Service Centre, Room 250-3, 2nd floor/West Wing 10240 Kingsway Avenue Edmonton, AB T5H 3V9</td>
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</tbody>
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