

# PROVINCIAL LUNG CANCER (MEDICAL OR RADIATION ONCOLOGY) REFERRAL QUICK REFERENCE

## ROUTINE REFERRAL

*(Patients should only be referred to the cancer centre when they have a confirmed diagnosis of cancer)*

For routine referrals, please use Alberta Netcare eReferral

[www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm)

- \*Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral.
- Provide all required information and specific tests/investigations.
- Select referral locations (**Go to last page for referral processes**)
- See **QuRE Referral Consult Checklists** (<https://www.ahs.ca/qure>) for high-quality referral.

## EMERGENCY

*(Patient needs to be seen immediately)*

Refer directly to the emergency department or call RAAPID

(South: 1-800-661-1700 | North: 1-800-282-9911) for triage assistance/direct discussion with the most appropriate specialist.

### EMERGENCY:

- Spinal cord compression
- Malignant hypercalcemia (symptomatic)
- Significant hemoptysis (>100ml per 24 hours)
- Symptomatic central airway obstruction
- Clinically significant superior vena cava obstruction

## EXCLUSIONS

Consider referring to ATOP (Alberta Thoracic Oncology Program) or Thoracic Surgery for assistance with diagnosis, staging or surgical treatment of lung cancer. **Please submit your referral through eReferral Referral.** Go to [www.albertanetcare.ca/ereferral.htm](http://www.albertanetcare.ca/ereferral.htm) to get started.

### Calgary

ATOP, Foothills Medical Centre, Health Sciences Centre, Area 6B, 1403 29 Street NW  
Calgary, AB T2N 2T9  
Phone: 403-944-1774 | Fax: 403-944-8848

OR

Thoracic Surgery, Foothills Medical Centre, Main Building, Rm G33, 1403 29 Street NW  
Calgary, AB T2N 2T9  
Phone: 403-944-4279 | Fax: 403-270-8431

### Edmonton

ATOP, Royal Alexandra Hospital, Children's Centre, Room 4505, 10240 Kingsway Avenue NW  
Edmonton, AB T5H 3V9  
Phone: 780-735-3970 | Fax: 780-735-3971

- For more information on Provincial Lung Cancer Guidelines, please visit: [www.ahs.ca/info/cancerguidelines.aspx](http://www.ahs.ca/info/cancerguidelines.aspx)

Reason for Referral	Process	Recommended Info (Essential Investigations & Timeframes)	Extra Info (Attach if Available)
<b>MALIGNANT PLEURAL MESOTHELIOMA</b>	Refer to Cancer Centre	<b>&lt; 3 Months</b> <ul style="list-style-type: none"> <li>Tissue pathology / cytology</li> <li>CT chest</li> </ul> <b>&lt; 21 Days</b> <ul style="list-style-type: none"> <li>CBC with differential</li> <li>Renal function: creatinine</li> <li>Liver function: ALT/AST, alkaline phosphatase (AP), total bilirubin, LDH, albumin</li> <li>Electrolytes: calcium</li> </ul>	<b>&lt; 28 Days</b> <ul style="list-style-type: none"> <li>Chest x-ray</li> <li>Abdominal imaging (US or preferably CT)</li> </ul>
<b>NON SMALL-CELL LUNG CANCER</b>	Refer to Cancer Centre	<b>IF SYMPTOMATIC, PLEASE INDICATE LOCATION OF SYMPTOMS</b> <b>&lt; 3 Months</b> <ul style="list-style-type: none"> <li>Tissue pathology / cytology</li> <li>CT chest / upper abdomen</li> </ul> <b>&lt; 21 Days</b> <ul style="list-style-type: none"> <li>CBC with differential</li> <li>Renal function: creatinine</li> <li>Liver function: ALT/AST, alkaline phosphatase (AP), total bilirubin, LDH, albumin</li> <li>Electrolytes: calcium</li> </ul>	<b>&lt; 6 Months</b> <ul style="list-style-type: none"> <li>Pulmonary Function Test (PFT)</li> </ul>
<b>SMALL-CELL LUNG CANCER</b>	Refer to Cancer Centre	<b>IF SYMPTOMATIC, PLEASE INDICATE LOCATION OF SYMPTOMS</b> <b>&lt; 3 Months</b> <ul style="list-style-type: none"> <li>Tissue pathology / cytology</li> <li>CT chest / upper abdomen</li> </ul> <b>&lt; 21 Days</b> <ul style="list-style-type: none"> <li>CBC with differential</li> <li>Renal function: creatinine</li> <li>Liver function: ALT/AST, alkaline phosphatase (AP), total bilirubin, LDH, albumin</li> <li>Electrolytes: calcium, sodium</li> </ul>	<b>&lt; 6 Weeks</b> <ul style="list-style-type: none"> <li>CT or MRI brain</li> <li>Bone scan</li> </ul> <b>&lt; 6 Months</b> <ul style="list-style-type: none"> <li>Pulmonary Function Test (PFT)</li> </ul>
<b>THYMOMA/THYMIC CANCER</b>	Refer to Cancer Centre	<b>&lt; 3 Months</b> <ul style="list-style-type: none"> <li>CT chest / upper abdomen</li> </ul>	<b>&lt; 3 Months</b> <ul style="list-style-type: none"> <li>Tissue pathology / cytology</li> </ul> <b>&lt; 21 Days</b> <ul style="list-style-type: none"> <li>CBC with differential</li> <li>Renal function: creatinine</li> <li>Liver function: ALT/AST, AP, total bilirubin, LDH, albumin</li> <li>Electrolytes: calcium, sodium</li> </ul>
<b>Note:</b> Please refer to the Health Services Catalogue in Alberta Netcare eReferral for approximate wait times to be seen for all standard referrals.			

# REFERRAL PROCESS

For routine referrals to medical or radiation oncology for lung cancer, please use Alberta Netcare eReferral system. For more information on cancer centre referral and treatment, please contact one of the following cancer centres.

AHS Zone	Cancer Centre Locations	Contact
<b>NORTH ZONE</b>	Grande Prairie Cancer Centre, Grande Prairie	PH: 780-538-7588 FX: 780-532-9120
<b>EDMONTON ZONE</b>	Cross Cancer Institute, Edmonton	PH: 780-432-8771 FX: 780-432-8681
<b>CENTRAL ZONE</b>	Central Alberta Cancer Centre, Red Deer	PH: 403-343-4526 FX: 403-346-1160
<b>CALGARY ZONE</b>	Tom Baker Cancer Centre, Calgary	PH: 403-521-3722 FX: 403-521-3245
<b>SOUTH ZONE</b>	Jack Ady Cancer Centre, Lethbridge	PH: 403-388-6800 FX: 403-327-4160
	Margery E Yuill Cancer Centre, Medicine Hat	PH: 403-529-8817 FX: 403-529-8007

Visit Alberta Referral Directory (<https://albertareferraldirectory.ca>) for individual clinic contact information.

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