

Central Referral Office
Send Referral by Fax: 204-786-0621
Inquiry? Call: 1-844-320-4545

Thoracic Oncology Referral Guide

(Gastroesophageal & Esophageal, Non-Small Cell Lung Cancer, Small Cell Lung Cancer, Thymoma, Mesothelioma, SBR, Suspected lung cancer)

NOTE: This checklist is provided as a guide and is not intended as clinical guidance.

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

Please send a copy of the original results/reports if available or indicate the date and location if ordered.

Thoracic DSG Disease	Requirements	Required/Preferred
Gastroesophageal & Esophageal cancer	<input type="checkbox"/> Pathology report with cancer diagnosis	Required
	<input type="checkbox"/> CT chest and abdomen	Required
	<input type="checkbox"/> PET	Preferred <i>Note:</i> PET scan scheduled date only is required if localized disease assessed by thoracic surgery and sent for neoadjuvant radiation. If stage IV disease on CT scan then send without PET.
	<input type="checkbox"/> Endoscopy report	Preferred
	<input type="checkbox"/> Name of involved or consulted thoracic surgeon (if not metastatic)	Preferred
	<input type="checkbox"/> Molecular Markers	Preferred
	<input type="checkbox"/> History and Physical exam from referring MD	Preferred
	Non-Small Cell Lung Cancer	<input type="checkbox"/> Pathology report with cancer diagnosis
<input type="checkbox"/> CT chest and abdomen		Required
<input type="checkbox"/> CT or MRI brain for staging		Preferred
<input type="checkbox"/> PFT		Preferred
<input type="checkbox"/> PET		Preferred <i>Note:</i> PET scan scheduled date only is required if localized disease and assessed by thoracic surgery and sent for radical radiation.
<input type="checkbox"/> Molecular Markers		Preferred
<input type="checkbox"/> History and Physical exam from referring MD		Preferred

Thoracic DSG Disease	Requirements	Required/Preferred
Small Cell Lung Cancer	<input type="checkbox"/> Pathology report with cancer diagnosis	Required
	<input type="checkbox"/> CT chest and abdomen	Required
	<input type="checkbox"/> History and physical exam from referring MD	Preferred
	<input type="checkbox"/> CT or MRI brain for staging	Preferred
	<input type="checkbox"/> Bone Scan	Preferred
	<input type="checkbox"/> History and Physical exam from referring MD	Preferred
SBRT	<input type="checkbox"/> Name of involved or consulted surgeon (if not referred by surgeon and not metastatic)	Required
	<input type="checkbox"/> Pathology with cancer diagnosis	Preferred
	<input type="checkbox"/> PET	Preferred
	<input type="checkbox"/> PFT	Preferred
	<input type="checkbox"/> History and Physical Exam	Preferred
Mesothelioma	<input type="checkbox"/> Pathology report with cancer diagnosis	Required
	<input type="checkbox"/> CT chest and abdomen, Pelvis	Required
	<input type="checkbox"/> PET	Preferred <i>Note: PET scan scheduled date only is required.</i>
	<input type="checkbox"/> PFT	Preferred
	<input type="checkbox"/> History and Physical Exam	Preferred
Thymoma	<input type="checkbox"/> Pathology report with cancer diagnosis	Required
	<input type="checkbox"/> CT chest and abdomen and brain	Preferred
	<input type="checkbox"/> History and Physical Exam	Preferred
Suspected lung cancer	<input type="checkbox"/> Pathology report with cancer diagnosis	Required
	<input type="checkbox"/> History and Physical Exam	Preferred

ADDITIONAL INFORMATION

Please send a copy of the original results/reports if available or indicate the date and location if ordered.

Pathology & Operative Reports	<input type="checkbox"/> FNA biopsy – cytology <input type="checkbox"/> Core biopsy <input type="checkbox"/> Cytology from bronchoscopy <input type="checkbox"/> Pathology from definitive surgery <input type="checkbox"/> Bronchoscopy / mediastinoscopy
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Blood work	<input type="checkbox"/> CBC <input type="checkbox"/> Biochemistry, LFT's <input type="checkbox"/> PT/PTT
Diagnostic Imaging	<input type="checkbox"/> Abdominal X-Ray <input type="checkbox"/> Chest X-Ray
Other Information	<input type="checkbox"/> Hospital discharge summary, if applicable <input type="checkbox"/> Pulmonary function tests <input type="checkbox"/> Spirometry

Additional support for clinicians is available at the Cancer Question Helpline for Health Care Professionals:
Call/Text: 204-226-2262 Email: cancerquestion@cancercare.mb.ca Web: cancercare.mb.ca/cancerquestion