

Medical Oncology Colon/Rectum Cancer Automated Triage

- Patient is within appropriate catchment area (if patient is from Kitchener/Waterloo, Cambridge, Windsor, Owen Sound and Sarnia referring physician should be directed to closest cancer center; patients with rectal cancer from Owen Sound and Sarnia area should be referred to the closest Centre with Radiation Oncology).
- If requirements met patients should be booked into next available medical oncology consultation slot without medical oncologist triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with triaging oncologist.
- Patients for potential trial should be triaged by a triaging oncologist in order to be seen in timely manner
- If unknown primary, a triaging physician to review

If all criteria present then make a preliminary appointment (may be potentially cancelled should patient fail to undergo tests) in next available consult slot, otherwise return to referring physician to complete indicated investigations/documentation.

Colon/Rectum Cancer Resected for Adjuvant Treatment:

- Tissue confirmation of invasive malignancy including pathology report.
- MSI status of pathology (MMR proteins).
- Staging CT Chest/Abdomen/Pelvis completed within past 8-10 weeks.
- Recent CEA level within past 3 months.
- Operative note/colonoscopy report.

Colon/Rectum Cancer with Metastatic Disease Palliative:

- Tissue confirmation of malignancy including pathology report.
- MSI status of pathology (MMR proteins).
- If known metastatic disease at time of referral extended k-Ras status required.
 - If k-ras status not available, must be ordered.
- Staging CT Chest/Abdomen/Pelvis completed within past 8-10 weeks.
- If liver disease recent MR liver within the past 3 months.
- Recent CEA level within past 3 months.
- Operative or endoscopy note if available.

Rectum Neoadjuvant:

- All rectal cancers should be discussed at GI MDT and referred to the OPNP navigator program prior to booking consultations
- Tissue confirmation of invasive malignancy including pathology report.
- MSI status of pathology (MMR proteins).
 - If not available at least ordered.
- If known metastatic disease at time of referral extended k-Ras status required.
 - If k-ras status not available, must be ordered.

- Staging CT Chest/Abdomen/Pelvis completed within past 8-10 weeks.
- MR Rectum
- Recent CEA level within past 3 months.
- Endoscopy note.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible.

Anal Cancer:

- Tissue confirmation of malignancy (squamous cell carcinoma)
- Staging including CT of the chest, abdomen, pelvis completed within past 8-10 weeks
- MRI pelvis within past 8-10 weeks.
- Blood work CBC, Lytes, Creat, AST, ALT, Bili with last 3 months (preferably including HIV status but not mandatory)
- In female patients with previous history of HPV infection a gynecology consult is strongly recommended but not required for triaging.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible.