

Radiation Oncology

Rectum/Colon Cancer and Anal Cancer Automated Triage

- If requirements met, patients should be booked into next available radiation oncology consultation slot without radiation oncology triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with triaging oncologist.

If all criteria present then make a preliminary appointment in next available consult slot, otherwise return to referring physician to complete indicated investigations/documentation.

Rectum Cancer Already Resected - for Adjuvant Treatment:

- Pathology Report – patient should have at least one:
 - T3 or T4 disease
 - Node positive disease
 - Positive margin
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months.
- Operative note

Ideally booking if possible after Medical Oncology consultation (unless booking can't be achieved within 14-day window).

Colon Cancer Already Resected - for Adjuvant Treatment:

- Referral specifically requests Radiation Oncology consultation.
- Pathology Report – patient should have:
 - Positive margin
 - T4 disease
- Staging CT Chest/Abdomen/Pelvis completed within 3 months.
- Operative note

Rectum Neoadjuvant:

- All rectal cancers should be discussed at GI MDT and involve the OPNP navigator program prior to booking consultations, if not already done referring physician should be advised to contact OPNP.
 - GI MDT DST note must be available and recommend RO involvement.
 - Pathology report confirming invasive malignancy
 - Staging CT Chest/Abdomen/Pelvis completed within past 3 months. (If metastatic disease, please refer to DST Note or RO triage before booking appointment with Radiation Oncology)
 - MR Rectum – at least one of:
 - T3 or T4 disease
 - Node positive disease
 - CRM positive or threatened
 - Positive for EMVI

- Endoscopy note is available

All neoadjuvant referrals should have both Radiation Oncology and Medical Oncology consultations booked at same time if possible (unless booking can't be achieved within 14-day window).

Colon Neoadjuvant:

- All cases requesting Radiation Oncology for colon cancer in the neoadjuvant setting should be assessed by triaging Radiation Oncologist to see if appropriate.

Anal Cancer:

- Pathology report with confirmation of malignancy (squamous cell carcinoma).
 - Staging CT Chest/Abdomen/Pelvis completed within past 3 months.
 - MRI pelvis within past 3 months.
 - In female patients with previous history of HPV infection a gynecology consult is strongly recommended but not required for triaging.
- All cases for anal cancer should receive Medical Oncology and Radiation Oncology consultations booked at same time if possible (unless booking can't be achieved within 14-day window).