

Medical Oncology NET Automated Triage:

- Patient is within appropriate catchment area. Should a patient be referred for the second opinion it needs to be triaged by Medical Oncologist.
- If requirements met patients should be booked into the next available medical oncology consultation slot without a medical oncologist triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with a triaging oncologist.
- **Once consultation is scheduled please send all referrals to ET for registry purposes.**

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.

- Tissue confirmation of invasive malignancy including pathology report. Pathology should report on Ki67; otherwise, review of pathology required.
 - **If Ki67 be equal to or greater than 20% review with a triaging oncologist.**
- Staging CT Chest/Abdomen/Pelvis completed within past 12 weeks.
- Octreotide scan (or preferably Ga68 scan if available) should be done or at least requested (a consult will be scheduled within 1-2 weeks after scan is performed).
- Recent/baseline serum chromogranin A required
 - (request 24- hour urine for 5HIAA but not required to book consultation slot).
- Operative note/colonoscopy report required if procedure was performed.
- If referral request describes concern for carcinoid related heart disease/heart failure cardia ECHO should be attached
- In a referral, a full list of medication should be attached.