

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.
- Patients for potential trial should be triaged by a triaging oncologist in order to be seen in timely manner. Updated trails and eligibility will be provided by The GI DST Lead.
- If uncertain review referral request with triaging oncologist, with response in 24 hours.

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

Please review with Triaging Medical Oncologist prior to returning to referring physician if criteria missing.

Triaging Medical Oncologist will decide if consult can be seen with missing items and decision will be made by the following business day upon request by NPR. If accepted book into next available slot.

If reviewed at MDT and MDT recommends consultation with missing diagnostics/pathology may book in next available slot and document MDT approval for consultation booking.

Colon/Rectum Cancer Resected for Adjuvant Treatment:

- Tissue confirmation of invasive malignancy including pathology report (MSI status should be requested if not available, but booking can occur without MSI status being complete).
- Staging CT Chest (optional not required for booking)
- Staging CT Abdomen/Pelvis completed within 3 months of consultation request.
 - Should CT Chest/Abdomen/Pelvis be older than 3 months it is recommended to consider ordering a new one in node positive disease (at a referring physician discretion). Patient should be scheduled to Medical Oncology in next available slot and not wait for imaging to be completed.
- Operative note/colonoscopy report.

Colon/Rectum Cancer with Metastatic Disease Palliative:

- Tissue confirmation of malignancy including pathology report. (MSI status should be available for consultation). If referring physician feels should be seen prior to MSI status complete please ask triaging Medical Oncologist to approve.
- K-ras should be available, if K-ras status not available, should be requested. Patient should be scheduled to Medical Oncology in next available slot and not wait for k-ras to be complete.
- Staging CT Chest (optional not required for booking)
- CT Abdomen/Pelvis completed within 3 months of consultation request.
 - Should CT Chest/Abdomen/Pelvis be older than 3 months it is recommended to consider ordering a new one (at a referring physician discretion). Patient should be scheduled to Medical Oncology in next available slot and not wait for imaging to be completed.
- Operative or endoscopy note if available.

Rectum Neoadjuvant:

- All rectal cancers should be discussed at GI MDT and involve the OPNP navigator program if OPNP not involved please request referring physician to refer to the OPNP.
 - Patients who meet all criteria below can still be booked in advance of GI MDT (within 2 weeks of referral) but referring physician should be asked to present case at GI MDT.
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- Tissue confirmation of invasive malignancy including pathology report.
 - MSI status should be available if not available, should be requested. Patient should be scheduled to Medical Oncology in next available slot and not wait for MSI to be complete.
 - Staging CT Chest (optional not required for booking)
 - Abdomen/Pelvis completed within 3 months of consultation request.
 - Should CT Chest/Abdomen/Pelvis be older than 3 months it is recommended to consider ordering a new one (at a referring physician discretion). Patient should be scheduled to Medical Oncology in next available slot and not wait for imaging to be completed.
 - MR Rectum within 3 months of consultation request.
 - Endoscopy report.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible, but if not possible, booking should not be delayed if simultaneous booking not possible.

Anal Cancer:

All anal cancers should be discussed at GI MDT and involve the OPNP navigator program if OPNP not involved please request referring physician to refer to the OPNP

- Tissue confirmation of malignancy (invasive squamous cell carcinoma)
- If another pathology reported, a referring physician should present at GI MDT.
- PET scan should be requested (not required for booking)
- Staging CT Chest (optional not required for booking)
- Abdomen/Pelvis completed within 3 months of consultation request.
 - Should CT Chest/Abdomen/Pelvis be older than 3 months it is recommended to consider ordering a new one (at a referring physician discretion). Patient should be scheduled to Medical Oncology in next available slot and not wait for imaging to be completed.
- MR Rectum within 3 months of consultation request.
- Endoscopy report.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible, but if not possible, booking should not be delayed if simultaneous booking not possible.