



Verspeeten Family Cancer Centre
London Health Sciences Centre

**Medical Oncology
Colon/Rectum Cancer
Automated Triage**

Date:
July 2024

Version:
2.0

General Booking Notes:

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 are met, patients should be booked into the 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
- If uncertain review referral request with triaging oncologist, with response in 24 hours.

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

If reviewed at MDT and MDT note 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.

| Must be completed Results Available | Must be Requested Results do not need to be available | Prefer to have but not necessary |
|--|--|--|
| Tissue confirmation of invasive malignancy including pathology report. | | Staging CT Chest (optional, not required for booking) |
| MSI status (MMR proteins). | | CEA if available but not required (preferably, drawn prior to surgery) |
| CT Abdomen/Pelvis completed within 3 months of consultation request. ➤ Should CT Chest/Abdomen/Pelvis be older than 3 months a new one is to be ordered. 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

| Must be completed Results Available | Must be Requested Results do not need to be available | Prefer to have but not necessary |
|---|--|--|
| Tissue confirmation of malignancy including pathology report. | <p>If known metastatic disease at time of referral extended k-Ras status preferred.</p> <p>➤ If k-ras status not available, should be ordered. Patient should be scheduled to Medical Oncology in next available slot and not wait for k-ras to be complete.</p> | Operative or endoscopy note if available. |
| MSI status of pathology (MMR proteins). | | Staging CT Chest (optional not required for booking) |
| <p>CT Abdomen/Pelvis completed within 3 months of consultation request.</p> <p>➤ 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.</p> | | CEA if available. |

Booking Notes:

- All referrals for metastatic or palliative cases should be reviewed by triaging oncologist prior to returning to referring Physician.

Rectum Neoadjuvant

| Must be completed Results Available | Must be Requested Results do not need to be available | Prefer to have but not necessary |
|--|--|--|
| Tissue confirmation of invasive malignancy including pathology report. | MSI status of pathology (MMR proteins). ➤ If MSI status not available, should be ordered, but patient should be scheduled to Medical Oncology in next available slot and not wait for MSI to be complete. | Staging CT Chest (optional but 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. | | Endoscopy report, if available. |
| MR Rectum | | |

Booking Notes:

- All rectal cancers should be discussed at GI MDT and involve the OPNP navigator program.
- The referring physician should be asked to present at GI MDT and encouraged to use the OPNP program. Referrals that meet the criteria above may be booked in advance of GI MDT presentation.
- 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

| Must be completed Results Available | Must be Requested Results do not need to be available | Prefer to have but not necessary |
|---|---|--|
| Tissue confirmation of malignancy (invasive squamous cell carcinoma) ➤ If another pathology reported, a referring physician should present a GI MDT prior to referral. | PET scan should be requested (not required for booking) | Staging CT chest (optional but not required for booking) |
| CT Abdomen/Pelvis completed within 3 months of consultation report. ➤ 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. | | |
| MRI pelvis within the past 3 months. ➤ Should MR pelvis be older than 3 months a new one is to be ordered. Patient should be scheduled to Medical Oncology in the next available slot and not wait for imaging to be completed. | | |

Booking Notes:

- 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.