CancerCare Manitoba
ActionCancerManitoba

Central Referral Office
Send Referrals by Fax: 204-786-0621
For Inquiries Call: 1-844-320-4545

CancerCare Referral Form: Gynecologic Oncology

Referral Date:

REFERRAL INSTRUCTION

- A complete referral **must include**:
  a. This referral form
  b. Referral letter including history of present illness, past medical history, and medication list
  c. Disease site-specific referral requirements on page 2 of this form.
- Incomplete referrals will be returned
- Patient must be aware of referral to CancerCare Manitoba
- If the referral is emergent, please phone the "on call" medical or radiation oncologist, gynecologic oncologist, surgical service or hematologist through paging for Health Sciences Centre at 204-787-2071 or St. Boniface Hospital paging at 204-237-2053.

PATIENT INFORMATION

Surname: Given name & initial: Previous name(s): Preferred name (if different from given name): DOB: PHIN: Need for an interpreter? ☐ Yes ☐ No Specify language:	Address: City: Postal Code: Preferred Phone: Emergency contact/support person name: Relationship: Preferred phone:

REFERRAL INFORMATION

Diagnosis: ☐ Presumptive ☐ Confirmed Reason for consultation: ☐ New diagnosis ☐ Recurrent/progressive disease	Referring health care provider: Surgeon (if applicable): Primary care provider: In-patient? ☐ Yes ☐ No Hospital-specify unit: Unit phone:

Please see page 2 for required criteria

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Gynecologic Oncology Referral Requirements

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

ENDOMETRIAL/UTERINE

- ☐ Pathology report required
- ☐ For all pathology stating: **grade 3, serous, clear cell, mesonephric, carcinosarcoma or sarcoma** please order

  CT chest, abdomen, pelvis
  (requested to be done within 2 weeks) (date ordered_____)

CERVIX

- ☐ Pathology report required
- ☐ If ≥stage 1A2 on pathology order
  - ☐ MRI pelvis
    (requested to be done within 2 weeks) (date ordered_____)

PELVIC MASS

- ☐ Required bloodwork: **Ca125, CA19-9, CEA, CA15-3**
  - ☐ If patient <35 years of age: AFP, b-HCG, alk phos, LDH
- ☐ Pelvic imaging required (one of: ultrasound, CT, MRI)
- ☐ If carcinomatosis or obvious metastasis on imaging, then order urgent CT guided biopsy
  (date ordered_____)

If pelvis mass found on ultrasound or MRI is ORADS ≤3 with normal tumour markers consult will not be accepted.

Referrals we do not accept:

- Abnormal PAP results – please redirect to colposcopy clinic (https://hsc.mb.ca/adults/womens-health/find-a-clinic/#colposcopyclinic)
- Undiagnosed vulvar lesion - please redirect to colposcopy clinic (https://hsc.mb.ca/adults/womens-health/find-a-clinic/#colposcopyclinic)
- Undiagnosed post-menopausal bleeding - refer to general gynecology or colposcopy purple flower (https://hsc.mb.ca/adults/womens-health/find-a-clinic/#colposcopyclinic)
- Pelvis mass with ORADS ≤3 with normal tumour markers will not be accepted
  - Endometrial Intraepithelial Neoplasia (EIN) or Complex Atypical Hyperplasia (CAH) – please send to general gynecology. Gyne Onc will accept referral if patient is not a surgical candidate and cannot use a Mirena.

NOTE: This checklist is provided as a guide and is not intended as clinical guidance