

Gastroesophageal 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).
- 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.
- If uncertain review referral request with triaging oncologist.

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

Gastric/Gastroesophageal/Esophageal (no prior Med or Rad Onc Treatment) All Cancer Resected:

- Final pathology report of resected specimen with confirmation of malignancy, including Her2 if adenocarcinoma.
 - If Her2 status is “equivocal” or “intermediate” (2+) by immunohistochemistry], FISH confirmation is mandatory (cytogenetics).
- Staging CT Chest/Abdomen/Pelvis within 3 months of expected booking date.
 - PET-CT is acceptable alternative.
- Operative note.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible, ideally within 4 weeks of Surgical Resection.

Gastric/Gastroesophageal/Esophageal with preoperative Med and/or Rad Onc Treatment -- All Cancer Resected:

- Final pathology report of resected specimen with confirmation of malignancy, Her2 if adenocarcinoma.
 - If Her2 status is “equivocal” or “intermediate” (2+) by immunohistochemistry], FISH confirmation is mandatory (cytogenetics).
- Staging CT Chest/Abdomen/Pelvis within 3 months of expected booking date.
 - PET-CT is acceptable alternative.
- Operative note.

Should receive Medical Oncology consultations ideally within 4 weeks of Surgical Resection.

Gastric/Gastroesophageal/Esophageal with No prior Med or Rad Onc Treatment, Not Resected and No Metastatic Disease:

- Pathology Report confirming malignancy, Her2 if adenocarcinoma.

- If Her2 status is “equivocal” or “intermediate” (2+) by immunohistochemistry], FISH confirmation is mandatory (cytogenetics).
- Staging CT Chest/Abdomen/Pelvis within 3 months of expected booking date
- PET-CT is available or planned.
 - For gastric or some gastro-esophageal junction (GEJ) cancers a diagnostic laparoscopy is acceptable alternative to PET pre-operatively.

Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible. **Exception:** gastric cancers (not involving the GE junction) do not need RO.

Gastric/Gastroesophageal/Esophageal Metastatic or Unresectable:

- Pathology Report confirming malignancy, including MMR, and Her2 if adenocarcinoma.
 - If Her2 status is “equivocal” or “intermediate” (2+) by immunohistochemistry], FISH confirmation is mandatory (cytogenetics).
- Ensure that staging CT Chest/Abdomen/Pelvis within last 3 months.
 - PET CT acceptable alternative but not needed.

Should receive Medical Oncology consultation next available

Radiation Oncology Consultation should be booked in addition if patient has dysphagia or pain with swallowing, especially in absence of feeding tube.

Gastric/Gastroesophageal/Esophageal Requiring Immediate Review with On-Call Triage Physician:

If pathology report says “neuroendocrine” or “small cell” review with triaging oncologist on-call as case may be urgent and/or not fit the schemata above

Untreated brain metastases:

- Pathology Report confirming malignancy.
- If no tissue available, review with triaging or on-call radiation oncologist.
- CT Head (+/- MRI) within 4 weeks
- Ensure MR head requested if not available
- Review with on-call Radiation Oncologist before booking into urgent clinic.

Untreated Spinal Cord Compression:

- Pathology Report confirming malignancy.
- If no tissue available, review with triaging or on-call radiation oncologist.
- MR spine

This is usually an on-call Radiation Oncology emergency; do not book into a clinic spot without speaking to on-call radiation oncologist first.