Verspeeten Family Cancer Centre London Health Sciences Centre	Gastroesophageal Cancer Automated Triage	**Date:** June 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).

- If requirements met patients should be booked into next available medical oncology consultation slot without medical oncologist triage required.If outstanding items missing review with triaging oncologist to determine booking in next available slot vs returning referral until complete.
- discuss with triaging MO/RO
- If case reviewed at MDT and MDT note confirms consultation by MO and/or RO with items missing then can book in next available appointment (should not wait for outstanding items if approved by MDT)
- If uncertain of appropriateness of referral or staging tests not completed review with triaging oncologist to determine booking in next available slot vs returning referral until complete.

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

Must be completed Results Available	**Must be Requested Results do not need to be available**	**Prefer to have but not necessary**
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).		
Either staging CT Chest/Abdomen/Pelvis or PET CT within 3 months of referral.		
Operative note.		

Booking Notes:

- If imaging not completed, not available or outside 3 month window review with triaging oncologist to determine booking in next available slot vs returning referral until imaging complete.
- Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible (if unable to co-ordinate appointments then next available individual MO and RO appointments, not at same time is acceptable).

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

Must be completed Results Available	Must be Requested Results do not need to be available	Prefer to have but not necessary
Final pathology report of resected specimen with confirmation of malignancy.		
Either staging CT Chest/Abdomen/Pelvis or PET CT within 3 months of referral.		
Operative note.		

- If imaging not completed, not available or outside 3 month window review with triaging oncologist to determine booking in next available slot vs returning referral until imaging complete.

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

Must be completed Results Available	Must be Requested Results do not need to be available	Prefer to have but not necessary
Pathology Report confirming malignancy, Her2 if adenocarcinoma. ➢ If Her2 status is “equivocal” or “intermediate” (2+) by immunohistochemistry], FISH confirmation is mandatory (cytogenetics).		
Either staging CT Chest/Abdomen/Pelvis or PET CT within 3 months of referral.		
		For gastric or some gastro-esophageal junction (GEJ) cancers a diagnostic laparoscopy is encouraged, but not mandatory.

Booking Notes:

- If imaging not completed, not available or outside 3 month window review with triaging oncologist to determine booking in next available slot vs returning referral until imaging complete.
- Should receive both Medical Oncology and Radiation Oncology consultations booked at same time if possible (if unable to co-ordinate appointments then next available individual MO and RO appointments, not at same time is acceptable).
  Exception: gastric cancers (not involving the GE junction) do not need RO.

Gastric/Gastroesophageal/Esophageal Metastatic or Unresectable

Must be completed Results Available	**Must be Requested Results do not need to be available**	**Prefer to have but not necessary**
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).		
Either staging CT Chest/Abdomen/Pelvis or PET CT within 3 months of referral.		

Booking Notes:

- If imaging not completed, not available or outside 3 month window review with triaging oncologist to determine booking in next available slot vs returning referral until imaging complete.
- 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:

Must be completed Results Available	**Must be Requested Results do not need to be available**	**Prefer to have but not necessary**
❑ Pathology Report confirming malignancy.		
❑ CT Head (+/- MRI) within 4 weeks		
	Ensure MR head requested if not available	

Booking Notes:

- If no tissue available, review with triaging or on-call radiation oncologist.
- Review with on-call Radiation Oncologist before booking into urgent clinic.

Untreated Spinal Cord Compression

Must be completed **Results Available**	**Must be Requested** **Results do not need to be available**	**Prefer to have but not necessary**
Pathology Report confirming malignancy.		
MR spine		

Booking Notes:

- If no tissue available, review with triaging or on-call radiation oncologist.
- This is usually an on-call Radiation Oncology emergency; do not book into a clinic spot without speaking to on-call radiation oncologist first.