

Referral Framework

All referrals are to include information below.

During normal working hours, contact
Radiation Oncology to discuss any referrals.

Send referral to;

Dubbo – Send referral via Argus to

WNSWLHD-ccdubonc@health.nsw.gov.au

Fax referral 6809 7279

Condition/Symptom	GP Management	Investigations Required Prior to Referral
Breast Cancer	<p>https://www.canceraustralia.gov.au/cancer-types/breast-cancer/clinicians-hub/gp-guides-and-resources</p> <p>https://www.cancervic.org.au/for-health-professionals/optimal-care-pathways</p> <p>When to Refer:</p> <p>New Pathological Proven Diagnosis of Breast Cancer</p> <p>Recurrent Breast Cancer</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>If external to NSW Health</p> <p>Diagnostics</p> <p>If external to NSW Health</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>
Prostate Cancer	<p>When to Refer:</p> <p>New pathologically proven diagnosis of prostate cancer</p> <p>Recurrent prostate cancer following previous radical prostatectomy</p> <p>Metastatic prostate cancer with painful bone metastasis</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports including CT and bone scans</p> <p>Diagnostics</p> <p>All external pathology reports including PSA levels, prostate biopsy report or prostatectomy pathology report</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>

<p>Head and Neck Cancer</p>	<p>When to Refer:</p> <p>New pathologically proven diagnosis of head and neck carcinoma</p> <p>Recurrent head and neck carcinoma</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All routine blood results including recent Hb level and renal function</p>
<p>Non-Melanoma Skin Cancer</p>	<p>When to Refer:</p> <p>New pathologically proven diagnosis of BCC, SCC or Merkel cell carcinoma for radical treatment</p> <p>Recently resected BCC, SCC or Merkel cell carcinoma for consideration of adjuvant radiotherapy</p> <p>Metastatic NMSC for palliative radiotherapy</p> <p>Previous treatment already tried:</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Previous skin cancer therapies</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All external biopsy and surgical specimen reports</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>
<p>Melanoma</p>	<p>When to Refer:</p> <p>Recently resected melanoma for consideration of adjuvant radiotherapy</p> <p>Metastatic melanoma for palliative radiotherapy</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All external biopsy and surgical specimen reports</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>

<p>Bladder Cancer</p>	<p>When to Refer:</p> <p>New pathologically proven diagnosis of muscle invasive bladder cancer</p> <p>Metastatic bladder cancer for palliative radiotherapy</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All external cystoscopy reports, biopsy reports or surgical specimen reports</p> <p>All recent blood results including Hb level and renal function</p>
<p>Lung Cancer</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of Lung Cancer</p> <p>Recurrent Lung Cancer</p> <p>Metastatic lung cancer with painful metastasis for palliative radiotherapy</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All biopsy reports</p> <p>Lung function test reports</p> <p>Bronchoscopy report</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>
<p>Brain Tumours</p>	<p>When to Refer:</p> <p>New pathologically proven diagnosis of CNS tumour</p> <p>Recurrent CNS tumour</p>	<p>To be included in referral</p> <p>Clinical history and Examination</p> <p>Imaging</p> <p>All external imaging reports</p>
<p>Endometrial Cancer</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of Endometrial Cancer deemed unsuitable for resection</p> <p>Recently resected endometrial cancer for consideration of adjuvant radiotherapy</p> <p>Recurrent Endometrial Cancer</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All external biopsy or surgical specimen reports</p> <p>All external EUA reports</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>

<p>Cervical Cancer</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of Cervical Cancer</p> <p>Recently resected cervical cancer with positive margins or lymph node metastasis for consideration of adjuvant radiotherapy</p> <p>Recurrent cervical Cancer</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All external biopsy reports</p> <p>All external EUA reports</p> <p>All external surgical specimen reports</p> <p>All external blood results including recent Hb level</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>
<p>Upper GI Cancers (Oesophagus, Gastric, Pancreatic)</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of oesophageal, gastric or pancreatic cancer</p> <p>Upper GI cancers causing swallowing impairment for palliative radiotherapy</p> <p>Metastatic upper GI cancers for palliative radiotherapy</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p>
<p>Rectal Cancers</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of rectal or anal cancer</p> <p>Lower GI cancers causing bleeding or pain for palliative radiotherapy</p> <p>Metastatic lower GI cancers for palliative radiotherapy</p> <p>Previous treatment already tried:</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>All external imaging reports</p> <p>Diagnostics</p> <p>All blood results including Hb levels, colonoscopy reports and biopsy Results</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>

Haematology	<p>When to Refer:</p> <p>Patients with localised Stage 1-2 indolent lymphoma of nodal or extra-nodal origin (e.g. follicular lymphoma, marginal zone lymphoma)</p> <p>Patients requiring consolidation radiotherapy for lymphoma following planned chemotherapy</p> <p>Previous treatment already tried:</p>	<p>To be included in referral</p> <p>Clinical history and examination</p> <p>Imaging</p> <p>Diagnostics – Biopsy results</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>
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