

Austin Health Radiation Oncology Clinic holds daily sessions to discuss and plan the treatment of patients with malignant and non-malignant conditions that may require radiation therapy.

Department of Health clinical urgency categories for specialist clinics

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency department.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: *Paediatric oncology patients*

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Breast Cancer	<p>https://canceraustralia.gov.au/clinical-best-practice/breast-cancer/gp-guides-and-resources</p> <p>http://www.cancervic.org.au/for-health-professionals/optimal-care-pathways</p> <p>When to Refer: New Pathological Proven Diagnosis of Breast Cancer Recurrent Breast Cancer Breast Cancer patients who want follow up at Austin Health due to geographic relocation</p>	<p>To be included in referral Clinical history and examination</p> <p>Imaging If external to Austin Health</p> <p>Diagnostics If external to Austin Health</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.</p>	<p>An opinion on the role radiation treatment for the patient's breast cancer. Organisation of treatment if appropriate.</p>	<p>Dependant on stage and treatment planned. Can vary between 1 and 30.</p>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Prostate Cancer	When to Refer: New pathologically proven diagnosis of prostate cancer Recurrent prostate cancer following previous radical prostatectomy Metastatic prostate cancer with painful bone metastasis Prostate cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports including CT and bone scans Diagnostics All external pathology reports including PSA levels, prostate biopsy report or prostatectomy pathology report Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment and/or hormonal therapy for the patient's prostate cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 39
Head and Neck Cancer	When to Refer: New pathologically proven diagnosis of head and neck carcinoma Recurrent head and neck carcinoma Head and Neck carcinoma patients who want follow up at Austin Health due to geographic relocation or have had had radiotherapy in the past.	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All routine blood results including recent Hb level and renal function	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the patient's head and neck cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 35

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
		All external pathology reports including biopsy results Panendoscopy reports Surgical specimen reports Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.			
Non Melanoma Skin Cancer	When to Refer: New pathologically proven diagnosis of BCC, SCC or Merkel cell carcinoma for radical treatment Recently resected BCC, SCC or Merkel cell carcinoma for consideration of adjuvant radiotherapy Metastatic NMSC for palliative radiotherapy Previous treatment already tried:	To be included in referral Clinical history and examination Previous skin cancer therapies Imaging All external imaging reports Diagnostics All external biopsy and surgical specimen reports Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the non-melanoma skin cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 35

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Melanoma	When to Refer: Recently resected melanoma for consideration of adjuvant radiotherapy Metastatic melanoma for palliative radiotherapy	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All external biopsy and surgical specimen reports Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the melanoma. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 30
Bladder Cancer	When to Refer: New pathologically proven diagnosis of muscle invasive bladder cancer Metastatic bladder cancer for palliative radiotherapy	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All external cystoscopy reports, biopsy reports or surgical specimen reports All recent blood results including Hb level and renal function	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the bladder cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 32

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
		Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.			
Lung Cancer	When to Refer: New Pathological Proven Diagnosis of Lung Cancer Recurrent Lung Cancer Metastatic lung cancer with painful metastasis for palliative radiotherapy Lung Cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All biopsy reports Lung function test reports Bronchoscopy report Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the lung cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 30
Brain Tumours	When to Refer: New pathologically proven diagnosis of CNS tumour Recurrent CNS tumour CNS Cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the CNS cancer.	Dependant on stage and treatment planned. Can vary between 5 and 30

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
		Diagnostics All biopsy reports All pathology specimen reports Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.		Organisation of treatment if appropriate.	
Endometrial Cancer	When to Refer: New Pathological Proven Diagnosis of Endometrial Cancer deemed unsuitable for resection Recently resected endometrial cancer for consideration of adjuvant radiotherapy Recurrent Endometrial Cancer Endometrial Cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All external biopsy or surgical specimen reports All external EUA reports Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the endometrial cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 5 and 25 and may include appointments for brachytherapy.

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Cervical Cancer	When to Refer: New Pathological Proven Diagnosis of Cervical Cancer Recently resected cervical cancer with positive margins or lymph node metastasis for consideration of adjuvant radiotherapy Recurrent cervical Cancer Cervical Cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports Diagnostics All external biopsy reports All external EUA reports All external surgical specimen reports All external blood results including recent Hb level Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the cervical cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 5 and 30 and may include appointments for brachytherapy.
Upper GI Cancers (Oesophagus, Gastric, pancreatic)	When to Refer: New Pathological Proven Diagnosis of oesophageal, gastric or pancreatic cancer Upper GI cancers causing swallowing impairment for palliative radiotherapy Metastatic upper GI cancers for palliative radiotherapy Upper GI cancer patients who want follow up at Austin Health due to geographic relocation	To be included in referral Clinical history and examination Imaging All external imaging reports	Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.	An opinion on the role radiation treatment for the upper GI cancer. Organisation of treatment if appropriate.	Dependant on stage and treatment planned. Can vary between 1 and 28.

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
		<p>Diagnostics All external biopsy reports, endoscopy reports and surgical specimen reports</p> <p>Instruct patient to bring films & diagnostic results and medication list to the Specialist Clinic appointment.</p>			
<p>Rectal Cancers</p>	<p>When to Refer:</p> <p>New Pathological Proven Diagnosis of rectal or anal cancer Lower GI cancers causing bleeding or pain for palliative radiotherapy Metastatic lower GI cancers for palliative radiotherapy Lower GI cancer patients who want follow up at Austin Health due to geographic relocation</p> <p>Previous treatment already tried:</p>	<p>To be included in referral Clinical history and examination</p> <p>Imaging All external imaging reports</p> <p>Diagnostics 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>	<p>Referrals will be triaged by radiation oncology following which patients will be notified of outcomes.</p>	<p>An opinion on the role radiation treatment for the lower GI cancer. Organisation of treatment if appropriate.</p>	<p>Dependant on stage and treatment planned. Can vary between 1 and 28.</p>

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Haematology	<p>When to Refer: Patients with localised Stage 1-2 indolent lymphoma of nodal or extra-nodal origin (e.g. follicular lymphoma, marginal zone lymphoma) Patients requiring consolidation radiotherapy for lymphoma following planned chemotherapy</p> <p>Previous treatment already tried:</p>	<p>To be included in referral 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>	<p>Urgent: N/A</p> <p>Routine: Patients will be seen within 2 -10 business days in most cases.</p>	<p>An opinion on the role radiation treatment for the lower GI cancer. Discussion at multi-disciplinary meeting if necessary. Organisation of treatment if appropriate.</p>	<p>Can vary dependent on stage and intent: Palliation of indolent histologies: 2 to treatments Others: 10-20 treatments</p>