

CANCER EDUCATION DAY

Diagnostic Pathway & Referral Process

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Presenter Disclosure

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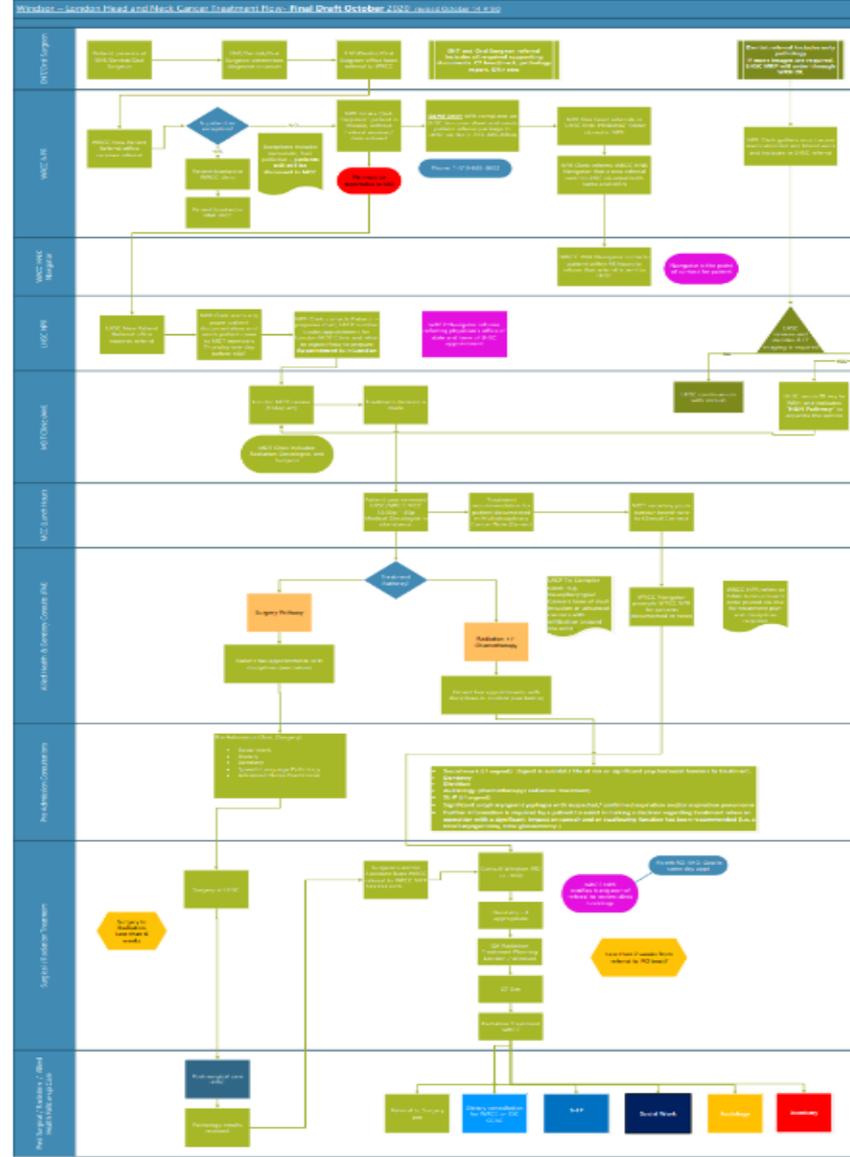
Head & Neck Cancer

- Our head and neck program typically receives fine-needle aspiration (FNA) biopsies or incisional/excisional biopsies of the following sites:
 - Lip
 - Tongue
 - Floor of mouth
 - Buccal mucosa
 - Mandible
 - Maxilla
 - Pharynx/ nasopharynx/ hypopharynx/ larynx
 - Sino-nasal cavity
 - Parotid gland
 - Vocal cord
 - Tonsils
 - Salivary glands
 - Adenoids

Head & Neck Nurse Navigator Support

- Our role is to ensure patients are diagnosed and treated within a timely manner and supported appropriately to ensure completion of treatment
- Provide patient education, care co-ordination, advocacy, resource connection and psychosocial & emotional support
- The NN role supports expediting the Head & Neck diagnostic pathway and referral process to enhance overall treatment adherence & completion

Diagnostic Pathway: Head & Neck Cancer Treatment Flow



Diagnostic Pathway: ENT/Oral Surgeon

- Patient presents to the ENT/Dentist/Oral Surgeon where a cancer diagnosis is determined
- ENT/Dentist/Oral Surgeon office faxes referral to the Windsor Regional Cancer Program (WRCP)
- Referral includes all supporting documents including CT head, neck **AND** chest, pathology report, bloodwork, OR notes

Diagnostic Pathway: Pathology & CT

- An ultrasound of the mass with fine needle aspiration (FNA) biopsy should be completed prior to a referral to the WRCP
- A pathology report of this biopsy should be included in the referral
- CT scans of head, neck and chest should be ordered once pathology report confirms carcinoma to rule out distant metastases before the referral to our center is sent
- Bloodwork including Creatinine is ordered for CT imaging requiring contrast
- OR/procedure notes included if applicable (if a lesion is removed with local anesthetic in office)

Diagnostic Pathway: New Patient Referral

- Once a pathology report confirms carcinoma, a referral is made to the New Patient Referral Program here at WRCP
- The referral is reviewed by our NPR clerks and is sent to LHSC for review
- The new referral is then sent to the Nurse Navigator

Diagnostic Pathway: LHSC Multidisciplinary Team & Multidisciplinary Cancer Conference

- Once a referral is complete, LHSC sends the patient's case for triaging and books the patient for their multidisciplinary team (MDT) clinic. This clinic includes a radiation oncologist, medical oncologist, surgeon and ENT who meet with the patient to discuss treatment options
- Treatment recommendations are later presented at their Multidisciplinary Cancer Conference (MCC), and tumour board notes are posted in Cerner to clinical connect
- Appropriate consultations/ additional diagnostic imaging are ordered by the LHSC team if required for the patient (panendoscopy; PET scan)

Diagnostic Pathway: Surgical/ Radiation Treatment

- If a patient is determined to be a surgical candidate, a referral back to WRCP is sent for patients when they are 6 weeks post-op who, in addition require radiation and/or chemotherapy
- If a patient is not a surgical candidate, then a referral is sent back to WRCP within 2 weeks of LHSC consultation if they are only a candidate for radiation and/or chemotherapy (if they decide to complete treatment closer to home)

Diagnostic Pathway: Allied Health Care Follow-up

- Once a patient returns for treatment at WRCP, if they are for both chemotherapy and radiation, our goal is for the patient to be seen by both the radiation oncologist and medical oncologist on the same day for their initial consultation (MDT clinic)
- At this appointment, the team will also order other allied health care consults including dietitian, SLP, SW, Audiology & Dentistry

Diagnostic Pathway: Nurse Navigator Role

- Once a new patient is received, the Nurse Navigator ensures all appropriate diagnostic criteria are included in LHSC referral
- Many times these referrals are sent to LHSC incomplete because the appropriate diagnostic imaging is not ordered or only partially ordered
- NN will contact referring physician for these orders
- Some oral surgeons do not have ordering privileges to request CT imaging, therefore the NN then contacts the PCP

Nurse Navigator Role

- NN monitors for these orders and works with CT department to ensure all imaging can occur on the same day
- Once CTs are completed, NN touches base with LHSC NPR to confirm MDT appointment
- NN then contacts the patient to explain referral process to LHSC and is the main point of contact for the patient

Nurse Navigator Role

- NN explains that the patient has the option to return to WRCP for chemotherapy and/or radiation treatment depending on MDT outcome at LHSC
- NN works with LHSC team for referrals sent back to WRCP

Nurse Navigator Role

- Once a patient returns to WRCP, the NN meets with them during their initial consultation
- An overview is provided to the patient regarding what to expect during treatment and how to navigate their cancer journey
- The NN follows the patient through treatment to ensure support throughout (specific consults ordered, if a patient requires a g-tube insertion)

Summary for Head & Neck Referrals

Referrals to the WRCP must include:

- Pathology report
- CT Head, Neck & Chest (at least ordered) per head & neck pathway
- Bloodwork (Cr for contrast)
- Operative reports (if applicable)

Contact Information

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Question & Answer