

## ONCOLOGY CLINIC (OC)

### PATIENTS WHO SHOULD BE ENROLLED:

Patients diagnosed with:

- Malignancies

This clinic is not intended to follow skin cancers that are uncomplicated and have been successfully treated.

If the clinician is undecided as to whether to enroll a patient in this clinic the Regional Medical Director may be consulted.

### BASELINE HISTORY AND PROCEDURES:

Document data on the following forms:

- [DC4-770HH](#), *Oncology Baseline History and Procedures*
- [DC4-701F](#), *Chronic Illness Clinic*
- [DC4-770H](#), *Oncology Clinic Flow Sheet*
- [DC4-730](#), *Problem List*

Documentation shall include a diagnosis and statement as to the control of the disease (Good, Fair, or Poor).

Baseline history will be appropriate to the diagnosis and include, at minimum:

- Date of diagnosis
- Tissue diagnosis
- Staging
- History of previous or current treatment (chemotherapy, radiation therapy, etc.)
- Complications
- Consultations
- Pertinent medical and surgical history

Physical examination will include particular attention to the involved system and documentation as to the presence or absence of extension of the disease.

Baseline procedures will be appropriate to the disease and will include, at minimum:

- CBC with platelets
- X-rays or

If clinically indicated:

- Ultrasound
- Appropriate marker studies (e.g. PSA, CEA, AFP, CA19-9)

Clinicians may request guidance from consultants as needed if uncertain as to which studies should be done.

**TREATMENT RECOMMENDATIONS:**

Treatment as prescribed by clinician (specialist) according to current national guidelines.

**CONDITIONAL MEDICAL RELEASE (CMR)**

Patients with metastases or a life expectancy less than a year will have a CMR completed. Example diagnoses of a terminally ill patient include but are not limited to colon, liver, lung, ovarian and cervical stage IV carcinomas, pancreatic cancer, and selected oropharynx or brain cancer, etc... If in doubt of prognosis, please confer with the Regional Medical Director.

**EDUCATION:**

Education will include:

- Disease process
- Risk reductions
- Treatment compliance
- Smoking cessation, if applicable

**FOLLOW-UP VISITS:**

Schedule patients based on clinical need.

At each Chronic Clinic visit the clinician shall document:

- Review of the record (labs, treatment records, MARs, etc.)
- Evaluate the control of the disease (Good, Fair, or Poor)
- Current status of the patient compared with the previous Chronic Clinic visit (Improved, Unchanged, or Worsened).
- Provide education as outlined above.

Document follow-up visits on forms:

- [DC4-770H](#), *Oncology Clinic Flow Sheet*
- [DC4-701F](#), *Chronic Illness Clinic*
- [DC4-730](#), *Problem List*, if there are changes or additional diagnoses

Physical examination at every Chronic Clinic visit will evaluate and document:

- Patient Exam relevant to diagnosis
- Persistence of residual disease, if present
- Recurrence of disease
- Emergence of additional malignancy/metastasis
- Procedures will be performed as clinically indicated and at appropriate intervals:
- CBC with platelets-at least annually
- Marker studies
- radiological studies

Clinicians may request guidance from consultants as needed if uncertain as to when studies should be done.

**GOALS:**

- Cure
- Prevent spread of malignancy
- Prevent complications
- Prolong life
- Relieve suffering

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This Health Services Bulletin Appendix Supersedes prior revision dates:

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