



4 April 2019

All GPs in Coffs Harbour and surrounding areas

Dear Colleague,

RE: Haematology Services, Mid North Coast Cancer Institute.

The haematology service at the Mid North Coast Cancer Institute (MNCCI) has expanded significantly over the past 15 years, providing an important and valuable service to the community. Recruitment for a third haematologist is currently underway, which will further improve service delivery for patients.

While the number of haematologists available at MNCCI has increased, the waiting time for patients to be seen in the clinic has also grown.

In order to improve the waiting times for our patients, we are implementing changes to our service delivery model and referral practices. We are asking for the assistance of General Practitioners to ensure appropriate referral to the haematology clinic, so we can provide a more efficient and timely service.

We have outlined the changes in referral practices for the clinic below:

1. All patients with High-grade lymphomas (diffuse large B-cell lymphoma or Hodgkin's disease) will now be discharged back to their GP three months' post completion of chemotherapy (the vast majority of patients with high-grade lymphomas and Hodgkin's disease are significantly more likely to remain in remission and eventually achieve a cure, rather than relapsing).

For each individual patient discharged from the clinic, a detailed outline of how they should be followed up will be provided to their GP.

Patient who are discharged from the clinic will only be seen in the clinic again if a new referral letter stating why they need to be seen is provided by their GP.

2. Patients with low-grade Monoclonal gammopathy of unknown significance have a very low (approximately one per cent annually) risk of developing more sinister plasma cells or dyscrasias such as myeloma. The vast majority of these patients will remain well long-term from a haematology point of view.

These patients will be discharged from our clinic with a detailed outline of their clinical follow up requirements.

3. Patients with Iron deficiency. The vast majority of patients with iron deficiency have significant losses, either gastrointestinal, menorrhagia or inadequate intake (such as dietary or coeliac disease). It is very rare that iron deficiency is associated with a haematological diagnosis eg paroxysmal nocturnal haemoglobinuria.
MNCCI haematologists are happy to organise iron infusions for patients through the infusion centre at the hospital, where clinically appropriate. There are a number of exceptions including:



- All patients who are pregnant should be referred directly to the obstetricians.
- Paediatric cases (under 16 years of age) should be referred to the paediatricians.

Patients with haemoglobin levels less than 70 should ideally be referred to the Emergency Department, as they may require an immediate transfusion (please note that not every patient with a haemoglobin less than 70 will require a transfusion, depending on their clinical symptoms).

If you are referring a patient to the infusion centre at the hospital for an iron infusion, the referral letter should include the iron studies and full blood count results as this will allow us to gauge the number of iron infusions they require.

Please note, patients with iron deficiency may need to be investigated by a gastroenterologist or gynaecologist depending on the presentation. These referrals will not be arranged by the Haematology department.

Patients who are referred to the hospital for iron infusions will not be seen in the haematology department, and all followup should be carried out by the GP.

4. Patients who present to their GP with signs or symptoms suggestive of Lymphoma should have a tissue diagnosis made prior to referral to the haematology department. Please note a FNA (fine needle aspirate) is inadequate for any diagnosis of lymphoma. The minimal requirement is a core biopsy or preferably an excisional biopsy. Patients who have suspected lymphoma should be referred directly for a biopsy to one of the radiology centres or directly to a surgeon. Once histopathology is available, they then can be referred to the haematology department.
5. Adequate haematology referrals. When referring to the haematology department, GPs are encouraged to provide an appropriate letter and a list of diagnoses. This should include a brief synopsis of the patient's symptoms and the appropriate investigations that have been carried out. Referrals that do not provide adequate information will be returned to the GP with a letter asking for an appropriate referral.

Adequate referrals allow us to triage patients appropriately and provide an efficient and timely service.

If you require clarification of the referral processes for the haematology department at MNCCI, or you have any questions regarding this letter, please contact our friendly team on 6656 5737

Yours sincerely

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