## Suspected Malignancy

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American Society of Clinical Oncology (ASCO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How developed</td>
<td>This form was developed by physician volunteers and vetted through the Clinical Practice Committee of the American Society of Clinical Oncology (ASCO). ASCO will be working with its other committees to review, edit and disseminate this and other tools to enhance care coordination. The use of this form is optional and members should make individual determinations about using or modifying these tools in their practice.</td>
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| Additional essential patient information | • Clinical question defining why the patient is suspected of having a malignancy.  
• If not included elsewhere in the referral, important to provide (though provision should not slow referral):  
  • Co-morbid conditions (active problem list)  
  • Current medications  
  • Allergies  
  • Pertinent past history |
| Additional patient information, if available | • Pathology report (or information where any diagnostic procedures were done)  
• Any lab and imaging reports including plain films/CT/MRI/PET scans.  
• If imaging done and you do not have report(s), indicate where scan(s) was/were done. |
| Alarm symptoms/conditions | None provided |
| Tests/procedures to avoid prior to consult | If scans have not been done, do not order. |
| Common rule-outs to consider prior to consults | None provided |
| Relevant “Choosing Wisely” elements | None Provided |
| Healthcare professional and/or patient resources | Patient Information:  
http://www.cancer.net/navigating-cancer-care (includes information on basics relating to diagnosing cancer and questions to ask the doctor) |