



Article I. DI WTIS Clinical Indication for Scan by Priority Level Examples

Reference Guide

Version 4, April 2020

Please note that the document is being iterated and is subject to change. New updates and changes are expected and are based on user feedback. If you have any feedback please email ATC@cancercare.on.ca

Section 1.01 Clinical Indication for Scan by Priority Level Examples (To be used as Reference)

Priority	CT Cancer Staging and/or Diagnosis	CT Other	MRI Cancer Staging and/or Diagnosis	MRI Other	MRI Breast Cancer Screening
<p>1</p> <p><i>Emergent - An examination necessary to diagnose and/or treat disease or injury that is immediately threatening to life or limb.</i></p>	<p>Body</p> <ul style="list-style-type: none"> • Airway compromise due to tumour obstructing airway • Perforated bowel tumour • Ruptured liver tumour • SVC obstruction due to mediastinal tumour • Necrotizing fasciitis <p>Head</p> <ul style="list-style-type: none"> • Brain mass with signs of increased intracranial pressure 	<p>Body</p> <ul style="list-style-type: none"> • Aortic aneurysm rupture • Aortic dissection, great vessel dissection • Appendicitis or diverticulitis • Arterial dissection • Bowel obstruction or perforation • Complex Trauma (multi system trauma, brachial plexus trauma, penetrating injuries) • Intracranial hemorrhage • Pharyngeal abscess or foreign body • Pulmonary embolism • Possible appendicitis • Pancreatitis • Renal colic with fever • UTI with suspected obstruction <p>Head</p> <ul style="list-style-type: none"> • Acute stroke • Acute visual Loss • Cerebral Abscess • Loss of consciousness • Orbital cellulitis • Suspected facial bone fractures <p>MSK</p> <ul style="list-style-type: none"> • Pulseless limb 	<p>MSK</p> <ul style="list-style-type: none"> • Acute Cord Compression or Cauda Equina compression 	<p>Head</p> <ul style="list-style-type: none"> • Encephalitis/ Cerebral Abscess <p>MSK</p> <ul style="list-style-type: none"> • Acute Cord Compression or Cauda Equina Compression 	<p>All High Risk Breast Screening Procedures as defined by CCO Ontario Breast Screening Program should be Priority 4 for initial assessment and Priority 4 with Specified Procedure Date for annual follow-up scans</p>

Priority	CT Cancer Staging and/or Diagnosis	CT Other	MRI Cancer Staging and/or Diagnosis	MRI Other	MRI Breast Cancer Screening
		<ul style="list-style-type: none"> Open fracture assessment pre-op Pneumonia mediastinum 			

Priority	CT Cancer Staging and/or Diagnosis	CT Other	MRI Cancer Staging and/or Diagnosis	MRI Other	MRI Breast Cancer Screening
<p>2</p> <p><i>Urgent - An examination necessary to diagnose and/or treat disease or injury and/or alter treatment plan that is not immediately threatening to life or limb.</i></p> <p><i>Includes all inpatients except where Imaging is unrelated to patient admission based on clinical indication.</i></p>	<p>Body</p> <ul style="list-style-type: none"> Abscess Drainage Airway compromise secondary to cancer or other Biliary Drainage Burkitt's Lymphoma Painless Jaundice Vascular stent for encasement/stenosis 	<p>Body</p> <ul style="list-style-type: none"> Empyema Post-operative complication Pyelonephritis Renal colic with hematuria <p>MSK</p> <ul style="list-style-type: none"> Complex joint trauma 	<p>Head</p> <ul style="list-style-type: none"> High Grade Glioma Mass with hydrocephalus 	<p>Body</p> <ul style="list-style-type: none"> Complex trauma Post-operative complication <p>Head</p> <ul style="list-style-type: none"> Venous sinus thrombosis 	<p>All High Risk Breast Screening Procedures as defined by CCO Ontario Breast Screening Program should be Priority 4 for initial assessment and Priority 4 with Specified Procedure Date for annual follow-up scans</p>

Priority	CT Cancer Staging and/or Diagnosis	CT Other	MRI Cancer Staging and/or Diagnosis	MRI Other	MRI Breast Cancer Screening
<p>3</p> <p><i>Semi-Urgent - An examination necessary to diagnose and/or treat disease or injury and/or alter treatment plan, where provided clinical information requires that the examination be performed sooner than the P4 benchmark period.</i></p>	<p>Initial or re-staging of cancer (e.g. colorectal cancer, prostate staging (where indicated))</p> <p>Staging known or strongly suspected primary cancer or metastatic disease or restaging known cancer (primary or metastases)</p> <ul style="list-style-type: none"> Biopsy to confirm/exclude cancer (initial diagnosis) Biopsy to confirm metastatic disease and/or secondary primary <p>Body</p> <ul style="list-style-type: none"> Bladder cancer to look for upper track lesions Ovarian mass on other imaging, uterine mass that does not look like a fibroid Rising PSA for possible prostate cancer <p>MSK</p> <ul style="list-style-type: none"> MSK mass with features on other imaging (US or X-ray) concerning for malignancy, pathologic fracture 	<p>Body</p> <ul style="list-style-type: none"> Adrenal mass Gross hematuria without explanation at cystoscopy Hepatic mass in setting of cirrhosis Mass on chest x-ray Pancreatic mass or cyst Solid hepatic mass not typical for hemangioma Solid splenic mass not typical for hemangioma Suspected adenopathy on chest x-ray or US Renal mass or cyst with mass Query renal colic after negative U/S <p>MSK</p> <ul style="list-style-type: none"> CTA runoff for rest pain or peripheral artery aneurysm 	<p>Initial or re-staging of cancer (e.g. colorectal cancer, prostate staging (where indicated))</p> <p>Staging known or strongly suspected primary cancer or metastatic disease or restaging known cancer (primary or metastases)</p> <ul style="list-style-type: none"> Characterizing lesions <p>Body</p> <ul style="list-style-type: none"> MRI breast biopsy Prostate MRI for diagnosis (clinically relevant lesions) <p>Head</p> <ul style="list-style-type: none"> Leptomeningeal disease of brain or spine (r/o mets) New GBM diagnosis <p>MSK</p> <ul style="list-style-type: none"> Rule out sarcoma 	<p>Body</p> <ul style="list-style-type: none"> Assess for placenta accrete or uterine AVM Biliary obstruction/CBD stone Discharged from ER with acute severe low back pain Diverticulitis Fetal anomaly Non-resolving pneumonia or pleural effusion Placenta accreta <p>Head</p> <ul style="list-style-type: none"> Follow up of intracranial hemorrhage not requiring hospitalization or after hospital discharge Headache with neurological findings, visual defect or suspected orbital pathology not diagnosable by ophthalmology assessment Known MS with new or worsening symptoms Subacute Traumatic Brain Injury Transient ischemic attack – carotid imaging 	<p>All High Risk Breast Screening Procedures as defined by CCO Ontario Breast Screening Program should be Priority 4 for initial assessment and Priority 4 with Specified Procedure Date for annual follow-up scans</p>



				MSK <ul style="list-style-type: none">• Acute back pain with weakness• Biceps or triceps insertion tear• Hamstring origin tear, quadriceps insertion tear, Achilles tear• Soft tissue MSK injury that may require surgery• Osteomyelitis• Assess acuity of spinal compression fracture	
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Priority	CT Cancer Staging and/or Diagnosis	CT Other	MRI Cancer Staging and/or Diagnosis	MRI Other	MRI Breast Cancer Screening
<p>4</p> <p><i>Non-Urgent – An examination necessary to diagnose/treat disease or injury, where the provided clinical information does not require the study to be performed within the Semi-Urgent time frame (P3 benchmark period of 10 days).</i></p>	<p>Body</p> <ul style="list-style-type: none"> High Risk Lung cancer screening Routine surveillance of cancer survivor, cancer screening (high risk but asymptomatic) 	<p>Body</p> <ul style="list-style-type: none"> Coronary CTA Inflammatory bowel disease without acute flare or complication Interstitial lung disease or bronchiectasis for diagnosis or follow up Microhematuria or hematuria NOS Non-specific abdominal pain Pneumonia not resolving Surgical planning (e.g. TAVI, EVAR, bone loss assessment post shoulder dislocation, hernia assessment) Probable granuloma in lung 	<ul style="list-style-type: none"> Routine surveillance of cancer survivor, cancer screening (high risk but asymptomatic) <p>Head</p> <ul style="list-style-type: none"> Confirmation of Meningioma seen on CT 	<p>Body</p> <ul style="list-style-type: none"> Assess complex ovarian cyst, thoracic outlet syndrome R/o IPMN, assess hepatic mass (likely FNH, hemangioma or adenoma based on other imaging) R/o adenomyosis or endometriosis <p>Head</p> <ul style="list-style-type: none"> Epilepsy Multiple Sclerosis – routine follow up to check for new lesions with new medication Pituitary adenoma TMJ problems <p>MSK</p> <ul style="list-style-type: none"> Assessment of limbs or joints for mass, pain or deformity (not acutely post trauma and where suspicion of cancer is low). Possible mass (especially cyst or lipoma), meniscal or labral tear, tendon or ligament tear, bone bruise, r/o OA with normal x-ray Disc herniation Radiculopathy or sciatica (Chronic neck or back pain) Rotator cuff assessment Spinal stenosis 	<p>All High Risk Breast Screening Procedures as defined by CCO Ontario Breast Screening Program should be Priority 4 for initial assessment and Priority 4 with Specified Procedure Date for annual follow-up scans</p>

Specified Date Procedure

An examination to be completed after a medically specified time (or future date) period.

Priority Level	Specified Date Procedure
Priority 2 SDP	<p><i>An examination to be completed after a medically specified time (or future date) period.</i></p> <p>Reassessment of an acute process where timing is critical</p> <ul style="list-style-type: none"> • Abscess Growth • Reassess stroke • Rule out bleed 24h post tPA
Priority 3 SDP	<p>Active response to treatment</p> <ul style="list-style-type: none"> • After 3 cycles of chemotherapy • Assess fracture healing • Follow up abscess post-treatment
Priority 4 SDP	<p>Screening population (with defined risk factors)</p> <p>Guideline-based surveillance without active treatment decision pending</p> <ul style="list-style-type: none"> • Aortic dissection or aneurysm surveillance • Follow up Annual HR-OBSP • Follow up of benign or probably benign masses or other diseases such as: pituitary adenoma, meningioma, MS/ non-specific white matter disease, cerebral aneurysm, IPMN, probably benign mass in liver, kidney, adrenal or spleen • Monitoring of disease in the absence of treatment (e.g. small renal cell cancer) • Planned interval re-assessment during or after treatment (or 6 months post-surgery or 1 year post treatment completion) • Reassess pulmonary nodule or GGO as per Fleischner