Hematology-Oncology Service Admission Criteria

1. All patients currently undergoing cancer therapy (radiation, chemotherapy, or palliative care) should be admitted to the Hematology-Oncology in-patient service, even if the presentation appears to be an unrelated problem. For example, post-menopausal breast cancer undergoing adjuvant chemo presents with right arm numbness and weakness should still go to the Hematology-Oncology service. The right arm symptoms could be related to the therapy or the disease. The Hematology-Oncology service is the best place to sort this out.

2. All other patients whose major problem is due to cancer should be admitted to the Hematology-Oncology service, even if not currently being treated. For example, a new patient with right arm numbness and weakness with a large right axillary mass and B symptoms with a past diagnosis of lymphoma. The rationale for this is that the right arm weakness is probably due to an axillary malignancy.

3. Cancer patients who are not currently being treated for cancer who have another non-oncologic problem should be admitted to the best service to care for their specific problem, besides Hematology-Oncology. For example, a patient with a lung cancer resected 3 yrs ago, no known cancer and no current treatment, presents with right arm numbness and weakness. They should go to another service to rule out CVA. Or, a patient with known CLL but not currently being treated who presents with chest pain should go to cardiology to assess infarction.

4. Patients with masses of unknown origin should go to a General Medicine or Family Practice Service, and the Hematology-Oncology service will consult on the work-up. When a diagnosis of cancer is made (serologic or tissue), that patient can then be transferred to the Hematology-Oncology Service. The reason for this is that masses can have multiple other origins besides malignancy.

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