Adolescent and young adults with cancer: Model of care for NSW/ACT

User guide

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Overview

This model of care describes the optimal care and management for adolescent and young adults (AYA) with cancer aged 15 to 25 years in New South Wales (NSW) and the Australian Capital Territory (ACT).

This user guide is supported by the following documentation:

- Adolescent and young adults with cancer: Model of care – Summary.
- Improve care for adolescents and young adults with cancer (AYA) in a few simple steps (infographic).

Acknowledgements

The Adolescent and young adult (AYA) with cancer: Model of care and its components have been developed with funding from the NSW Ministry of Health, through collaboration and engagement with key stakeholders in adolescent and young adult cancer care.

We wish to thank all parties for their contribution and feedback to this model of care. This has included oncology clinicians and allied health teams in all local health districts in NSW and ACT.

We wish to thank the members of the Adolescent and Young Adults Steering Committee and the Adolescent, Young Adult Clinical Advisory Group and local health services that contributed to the broader consultation.
Introduction

The Adolescent and young adult (AYA) with cancer: Model of care was developed in response to a review undertaken in 2017 by the NSW Ministry of Health on cancer services for adolescent and young adults (AYA) aged 15 to 25 years.

The review identified the need to further define and scope a model of care for AYA experiencing and surviving cancer in NSW and ACT.

While relatively rare, cancer affecting the AYA population offers unique challenges for individuals, their families and treating team. The distinct needs of AYA with cancer compared with adult and paediatric individuals are associated with the unique life stages disrupted by their diagnosis, treatment and survivorship.

It is important that professionals working with this age group are aware of the physical, psychosocial and practical needs that are disrupted by their cancer care pathway.¹

There is evidence to suggest that the unmet needs of AYA with cancer are highlighted by the inadequate access to a wide range of services, such as clinical trials, psychosocial support, educational advice, financial support, peer support, fertility information and intervention.²⁻⁴

The evidence suggests that providing better tumour-specific and age-appropriate care and support has significant benefits to the emotional wellbeing and treatment effectiveness for AYA with cancer.³

The Commonwealth supported the Australian Youth Cancer Framework and provided funding that supports state-based Youth Cancer Services (YCS) which is managed by CanTeen.

This user guide provides relevant information to support each stage of the ‘AYA with cancer’ pathway. For the purposes of brevity, this document uses AYA to refer to adolescent and young adults living with cancer; survivors of cancer; and their families.
Australian framework for providing cancer care to adolescent and young adults

The Australian Youth Cancer Framework details the strategic direction for the establishment of AYA cancer care in Australia, and the support required to meet the needs of AYA with cancer and their families.\textsuperscript{1} This is a recommended resource for those involved in providing care to AYA with cancer.

Youth Cancer Services

It is recommended that AYA be referred to a Youth Cancer Service (YCS) promptly after diagnosis. YCS specialise in supporting AYA with cancer and their families by offering psychosocial and practical support throughout the cancer care pathway. During each stage of the cancer care pathway, the ways in which a YCS can assist the AYA and the treating team will be detailed. Further information on YCS and how to refer to these services is detailed from page 24 onwards.

Optimal care throughout the cancer care pathway

Discussed below are the key considerations and services recommended to ensure age-appropriate care is provided to AYA with cancer at each stage of their cancer care pathway.

Diagnosis and initial assessment

It is essential that AYA receive age-appropriate support and care during their diagnosis and initial assessment. Detailed below are key elements that should be considered and addressed during the diagnosis stage.

- Primary care services
  
  It is critical for AYA to have an ongoing and consistent relationship with a general practitioner (GP) and other primary care providers (practice nurses, Aboriginal health workers, Aboriginal medical centres, and allied health professionals) throughout their cancer care pathway.

  A useful article entitled ‘Adolescents, young adults and cancer: What GPs need to know’ contains important information for GPs wanting to know more about how to support AYA with cancer.

Multidisciplinary cancer care teams

Multidisciplinary teams (MDT) are considered an essential part of best practice, providing a comprehensive assessment of the AYA with cancer that enables care coordination and improves clinical outcomes.

The tumour-specific MDT will determine the optimal pathway for an AYA that supports best practice care to be delivered. Every person with a suspected or diagnosed cancer should be referred to tumour-specific MDT. Through the MDT, a person with a complex or rare disease may be directed to a subspecialist centre.

The MDT will consider the individual needs and personal preference of the AYA and their family. Best practice care can be provided through a variety of services, depending on the needs, preference and location of the AYA with cancer.

The location of MDTs in NSW and ACT, and the contact details of the specialists who are active members, are available on the Canrefer website at www.canrefer.org.au. Canrefer provides specific information on MDTs that oversee people with cancer in NSW and ACT.

The NSW and ACT Primary Care Youth Services offer care to young people, run by teams with expertise in managing the needs of this age group. Clinicians should consider these services if an AYA with cancer has social disadvantages, such as housing concerns.

NSW Primary Care Youth Services:


ACT Primary Care Youth Services:

It is recommended that the following key components for AYA be discussed at an MDT meeting (where possible, a tumour-specific MDT):

- Oncofertility, including sexual health care
- Psychosocial support
- Education/vocational support
- Access to clinical trials
- Referral to a Youth Cancer Service for age-appropriate support services

### Oncofertility services

Fertility can be affected by individual or combined treatment that is used in curative protocols for haematological or solid malignancies. Treatments can include chemotherapy, radiotherapy, surgery, bone marrow transplantation conditioning and immunotherapy.

It is recommended that oncofertility be discussed as soon as possible after diagnosis, and should be reassessed throughout the cancer care pathway. This maximises potential fertility preservation and ensures appropriate follow-up of those that undertake fertility preservation during survivorship. To manage costs, fertility preservation occurs in a public setting unless the AYA prefers to attend and cover the cost of a private service.

Oncofertility care requires a discussion about fertility risk and preservation options, as well as the management of sexual dysfunction, hormonal dysfunction, complex contraception and fertility-related psychosocial support. Fertility preservation procedures for AYA with cancer are bulk billed at the following services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
<th>Contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Hospital For Women</td>
<td><a href="http://www.futurefertility.com.au">www.futurefertility.com.au</a></td>
<td>02 9382 9287</td>
</tr>
</tbody>
</table>
An AYA with cancer may choose to pursue private fertility preservation; however, where available, the option of bulk billed services should be offered as private services have significant associated costs.

**Youth Cancer Services can assist by:**
- liaising with oncofertility services, including bulk billed services for urgent review
- providing information on how cancer treatment might impact on fertility.

The Cancer Council also provides information on fertility:  

- **Sexual health**
  
  Cancer and its treatment can have psychological and physical effects for AYA with cancer. Some cancer treatment may affect the ability to have sex, while other treatments may impact body image, which may change how an AYA with cancer feels about having sex.

  Treatments for cancer can result in short- and long-term effects of sexual function for AYA with cancer.\(^6\)

  When required, a referral to a psychologist should be made to support AYA with cancer to help manage any changes in their sexual function.

  Referrals may need to be made to gynaecological/andrology services to assist with the physical side effects of certain treatments.

  The Cancer Council website has useful information about sexuality, intimacy and cancer:  

  **Youth Cancer Services can assist by:**
  - offering psychosocial support to help with intimacy concerns
  - referring to gynaecological or andrology hospital services.

- **Psychosocial support**
  
  AYA have specific psychosocial needs due to the unique life stages which are disrupted by their cancer diagnosis and treatment. The timing of diagnosis coincides with various age-related issues, characteristic of adolescence and young adulthood.\(^2\) Therefore, psychosocial support needs to be tailored to address these age-appropriate needs.
It is essential that AYA have access to psychosocial support throughout the cancer care pathway, with access to psychosocial screening and care, and therapeutic interventions from social workers and psychologists.

Psychosocial screening can be undertaken by any staff member that is skilled and competent (e.g. registered nurses).

The Adolescent and Young Adult Oncology Psychosocial Care Manual, developed by CanTeen, promotes best practice in psychosocial screening, assessment and care plan development for AYA with cancer in Australia:


AYA can access a limited number of sessions with a private clinical psychologist upon referral from GP or specialist through the Mental Health Plan (MHP). The MHP provides a rebate for a number of sessions through Medicare. A session may incur out-of-pocket expenses for the AYA.

Youth Cancer Services can assist by:

✓ providing psychosocial support from their clinical psychologist and/or social worker
✓ offering ongoing support throughout the cancer care pathway and into survivorship.

• Clinical trials
Access to clinical trials for AYA is one of the guiding principles in the Australian Youth Cancer Framework which plans to increase research into the needs of young people with cancer.

Listed below are a number links which can be used to search for current clinical trials:

- A registry of clinical trials outside of NSW can be found on the Australian New Zealand Clinical Trials Registry: [www.anzctr.org.au/BasicSearch.aspx](http://www.anzctr.org.au/BasicSearch.aspx)

Youth Cancer Services can assist by:

✓ having an awareness of current eligible clinical trials for AYA
linking AYA to a clinical trial coordinator

 helping to assess clinical trial eligibility.

• **Education and vocation support**

AYA with cancer have been found to achieve lower levels of education and increased chance of repeating school years. This is why a needs assessment for education support is essential for this age group.

AYA should have their education and vocation needs assessed during diagnosis and into survivorship. Their needs can change over time and they will often require extra support to re-integrate back into school and employment. AYA may need extra consideration while taking exams. Therefore, a member of the treating team may be required to write to the education board to inform them of the impact of diagnosis and treatment on the education of AYA.

There are a number of support services that offer expert support in education and vocation needs to AYA.

- **CanTeen**: [www.canteen.org.au/](http://www.canteen.org.au/)

**Youth Cancer Services can assist by:**

- liaising with school teachers and head teachers
- writing reports to the education board to request special consideration for AYA.

• **Community services**

AYA should be assessed for referral to appropriate community services that can offer extensive support and care with financial, accommodation, psychosocial, education and peer support. Community services can offer essential support to AYA which may be outside of the realm of the treating team.

The following community services provide support to AYA, including (but not limited to) psychosocial, education and peer support.

**CanTeen** specialises in offering age appropriate support and services to AYA. They have dedicated psychologists as well as the provision of other age appropriate services such as links to peer support. It is strongly recommended that any AYA be referred to Canteen
RedKite provides extensive support to young people with cancer and their families throughout the cancer care pathway. They are able to offer support with financial assistance, counselling, education and vocation needs as well as support through grief and loss. It is strongly recommended that AYA with cancer be referred to Redkite.

www.redkite.org.au

Youth Cancer Services can assist by:
- having knowledge of a wide range of community services
- linking AYA with appropriate services.

Hospital services
AYA with cancer should be referred to hospital services as and when they are required. The following services may be considered depending on the individual needs of the AYA with cancer:
- Drugs, alcohol support
- Mental health
- Gynaecological services
- Andrology services
- Exercise physiology
- Nutrition and dietician
- Music therapy
- Physiotherapy
- Sexual health clinic
- Speech pathologist
- Occupational therapist
- Smoking cessation (higher rates of smoking in this group)

Youth Cancer Services can assist by:
- having knowledge of a wide range of hospital services
- linking AYA with cancer with appropriate services dependant on their needs.
Treatment

Where an AYA with cancer chooses to undergo treatment will depend on patient preference, psychosocial/family support, as well as geographic distance to home.

Complex and rare tumours may be required to be treated in specialist centres, which may not be the local treating hospital for the AYA.

AYA will require extensive support during the treatment stage.

During treatment, the following should continue to be assessed, which have been detailed in the previous section:

- Continued primary health care engagement
- Continued MDT management
- Oncofertility, including sexual health concerns and treatment
- Psychosocial needs
- Continued assessment for community and hospital support services
- Continued education and vocation support

Youth Cancer Services can assist by:

- continuing to offer psychosocial support
- continuing to assess oncofertility issues
- continuing to manage side effects and complications
- continuing to assess education and vocation needs.
Survivorship

Many AYA with cancer experience long-term effects of a cancer diagnosis and treatment. As such, AYA with cancer should continue to be supported following completion of treatment.\(^8\)

The following principles should continue to be assessed after treatment, which have been detailed in the previous section:

- Continued primary health care engagement
- Continued MDT management
- Oncofertility, including sexual health concerns and treatment
- Psychosocial needs
- Ongoing supportive care needs
- Continued assessment for community and hospital support services
- Continued education and vocation support
- Ongoing management of late effects of treatment

Useful resources:

- **The CanTeen website** provides information of possible long-term side effects of treatment for AYA:

- **The AYA Oncology Psychosocial Survivorship Care Process Manual** provides information for key care elements during this stage of the cancer care pathway:

Youth Cancer Services can assist by:

- offering ongoing psychosocial support
- providing ongoing supportive care needs
- providing ongoing management side effects and complications
- assisting with transition of AYA with cancer from paediatric to adult setting.
Transitioning AYA with cancer from paediatric to adult care
AYA with cancer who are initially diagnosed and treated in a children’s hospital may have their care transferred to an adult hospital as they progress through their cancer care pathway.

The YCS can support AYA during the transition.

The team helps with:

- developing stronger links with their GP or medical specialist
- face-to-face and telephone support
- facilitating care coordination
- health coaching
- navigating the health system
- ensuring they have entitlements and their own Medicare card.

Another useful resource is The Sydney Children’s Hospitals Network model for transition. This is called ‘Trapeze’, and supports AYA across NSW (not just those who have been seen by The Sydney Children’s Hospitals Network).

For more information, visit [www.trapeze.org.au](http://www.trapeze.org.au), email [trapeze.schn@health.nsw.gov.au](mailto:trapeze.schn@health.nsw.gov.au) or call 02 9382 5457.
Palliative care

A referral to a palliative care service may be made soon after treatment is determined as experts in symptom management. This may be while active treatment is still underway.

This stage of the cancer care pathway requires the involvement of a number of services and teams to provide a tailored and flexible approach to support the AYA and their family through a very emotional and difficult time. Palliative care should adopt a person- and family-centred approach, which is focused on providing physical, emotional, social and spiritual support.9

Where appropriate, the AYA should be offered palliative care support to ensure there is a tailored symptom management, and (when appropriate) an end-of-life plan, based on the wishes of the AYA.

A palliative care referral should be considered for supportive care throughout the cancer trajectory, for symptom management, psychological support, advocacy, coordination of care in the community, as well as end-of-life care, if needed. An

Useful resources:

- **Cancer Australia** lists palliative care resources, including palliative care for adolescents:
  edcan.org.au/edcan-learning-resources/case-based-learning-resources/osteosarcoma/end-of-life/transition-to-palliative-care

- **A nationwide directory of palliative care services**, community support services, hospices and counselling services can be found here:
  palliativecare.org.au/directory-of-services

- **Bereavement Care** can provide comprehensive and accessible counselling and support services for the terminally ill and their families, and for those recently bereaved:

- The resource **Difficult Discussions: Helping young people with cancer voice their choices** is a guide designed to assist young people (aged 15 to 25 years) living with a serious illness to communicate their end-of-life preferences to family, caregivers and friends.
AYA can be referred to the palliative care team, or to a Youth Cancer Service.

**Youth Cancer Services can assist by:**

- providing AYA appropriate palliative care decision making with patients and families
- arranging early referral to palliative care team
- assisting palliative care team with developing end-of-life plan for AYA with cancer
- offering psychosocial support to AYA and their family
- offering bereavement support
- coordinating community/in-patient palliative care services and engagement with GPs.
**Specific populations**

Discussed below are AYA with cancer groups who may require specific support.

**Patients requiring a bone marrow transplant**

Patients requiring a bone marrow transplant (BMT) with a malignancy require a specialised multidisciplinary care approach. Some patients requiring BMT may have had their treatment at a young age and may not have appreciated the long-term impact of their treatment as they enter adulthood.

Due to the nature, and often the extended time period for treatment and recovery, AYA requiring BMT often require extra support with:

- financial assistance associated with extra costs of travelling to BMT for treatment
- access to affordable accommodation for family
- oncofertility assessment and impact
- decision making and preparation for BMT
- managing the complication following BMT
- psychological effects following BMT.

Lifelong follow-up of patients requiring BMT has been recommended to assist in the quality of survival.


**Aboriginal and Torres Strait Islander AYA with cancer**

It is important for Aboriginal AYA to receive culturally-appropriate care throughout their cancer care pathway.

All Aboriginal AYA should be referred to the Aboriginal liaison officer or an Aboriginal health worker at an Aboriginal medical service (AMS) at the beginning of the cancer care pathway.

To find a local AMS in NSW, go to Aboriginal Health and Medical Research Council: [www.ahmrc.org.au](http://www.ahmrc.org.au) (search under ‘Members’).

**AYA with cancer living in rural and remote areas**

AYA living in rural and regional areas have a higher risk of mortality from cancer compared with those living in metropolitan areas.\(^\text{10}\) As such, it is important for
AYA who live in rural and remote areas to have access to age-appropriate care to ensure they receive equitable treatment and support.

Accommodation support is essential to ensure that the AYA and their family are able to attend treatment and medical appointments, when required. In NSW, AYA may be eligible for the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) through NSW Health. For more information, visit www.enable.health.nsw.gov.au/services/iptaas

Accommodation support may also be provided by the following organisations; however, this will be subject to their conditions and availability:

- **Ronald McDonald House**: [www.rmhc.org.au](http://www.rmhc.org.au)
- **Leukaemia Foundation** (for AYA with leukaemia, lymphoma, myeloma and related blood disorders): [www.leukaemia.org.au](http://www.leukaemia.org.au)

**Youth Cancer Services can assist by:**

- offering flexible access to their services, including clinical psychology over the telephone or telehealth
- linking AYA with cancer to local support services
- helping to arrange accommodation for the AYA and their family when they are required to travel for treatment and care.
### Assistance and support

#### Financial assistance
AYA with cancer may be able to access financial assistance from the following organisations; however, the decision about what financial support may be offered is determined by the individual organisation:

- **RedKite**: [www.redkite.org.au](http://www.redkite.org.au)
- **Leukaemia Foundation** (for AYA with leukaemia, lymphoma, myeloma and related blood disorders): [www.leukaemia.org.au](http://www.leukaemia.org.au)

#### Accommodation support
AYA with cancer may be able to access accommodation support from the following organisations; however, this will be subject to their conditions and availability:

- **Ronald McDonald House**: [www.rmhc.org.au](http://www.rmhc.org.au)
- **Leukaemia Foundation** (for AYA with leukaemia, lymphoma, myeloma and related blood disorders): [www.leukaemia.org.au](http://www.leukaemia.org.au)
Data collection
The components of care for an AYA with cancer will be supported through the consistent collection of data.

This data will provide meaningful information to support continuous improvement across NSW and ACT.

There is a nationally-agreed minimum dataset that all states and territories are committed to collecting.

The consistent collection of AYA data will effectively identify any differences between geographical areas or populations that will support both state and local improvements in AYA cancer outcomes.

Professional development for those involved with AYA with Cancer
E-learning modules can help develop knowledge and skills in the provision of quality AYA cancer care. They can be accessed and utilised, free of charge, by anyone involved in the care of AYA with cancer.

AYA cancer care modules are available on eviQ Education:
Youth Cancer Services

Youth Cancer Services (YCS) are made up of teams who have specialised training and experience in supporting AYA with cancer. AYA with cancer aged 15 to 25 years should be referred to a YCS soon after diagnosis, although they can be referred at any stage of the cancer care pathway. It is the choice of the AYA with cancer as to whether they choose to use the YCS.

An AYA with cancer may not need to be referred if they are able to obtain extensive age-appropriate support in the private sector, or if their cancer diagnosis is low-risk.

AYA with any cancer type can be referred to a YCS; however, the disease types below are less likely to require a referral to a YCS as they are generally low risk with minimal complications. Individual assessments of these groups will determine if they require referral to a YCS.

- **Melanoma in situ**: Pathological classification, Clark I or below, less than 1mm. No positive margins at excision. No re-excisions.

- **Thyroid grade I**: Pathological classification, papillary G1. No positive margins at excision. No nodal involvement. No re-excisions.

- **Neuroendocrine grade I**: Pathological classification, neuroendocrine. No positive margins at excision. No nodal involvement. No further treatment indicated. Incidental finding at appendectomy for query appendicitis. No re-excisions.

Services provided by Youth Cancer Services

Services provided by the YCS begin from diagnosis and follow the AYA with cancer through treatment, survivorship and palliative care. The services provided by the YCS may include (but are not limited to):

- provision of psychosocial support through a social worker and clinical psychologist on an ongoing basis throughout their cancer care pathway, including survivorship
- facilitating referral for oncofertility, when appropriate
- provision of practical help with education (e.g writing to the education board)
- coordination of enrolment onto appropriate clinical trials
- referral to support services in the hospital and local community, including (but not limited to) sexual health, alcohol and drug support, financial
assistance, education assistance, exercise and nutrition advice, bereavement support

- linking to services to assist with financial issues and housing
- linking to a palliative care team and support through palliative care
- assistance in transitioning from paediatric to adult care
- coordination of meetings if an AYA with cancer is due to attend another medical appointment at a hospital located at a YCS site
- assistance with booking appointments and coordinating care with various oncology specialists.

Flexible access to Youth Cancer Services

YCS provide flexible access to their services through the use of telehealth to meet the needs of AYA in all locations across NSW and ACT.

AYA mode of access to YCS needs consideration in order to reduce the need for travel to the centres.

Secondary consultation

YCS secondary consultation provides support, advice and/or guidance to healthcare professionals from across NSW and ACT in the delivery of care and resources for AYA with cancer.

Secondary consultations can involve senior clinicians, nursing staff and/or psychosocial team member of YCS. They can be conducted by phone, videoconference or face to face consultation.

Locations of Youth Cancer Services in NSW and ACT

<table>
<thead>
<tr>
<th>Youth Cancer Service</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sydney</strong></td>
<td></td>
</tr>
<tr>
<td>Collaboration between Prince of Wales Hospital and The Children’s Hospital, located on the Randwick Campus</td>
<td>02 9382 0945</td>
</tr>
<tr>
<td><strong>Western Sydney</strong></td>
<td>02 9845 2142 / 0408 732 714</td>
</tr>
<tr>
<td>Collaboration between Westmead Hospital and The Children’s Hospital Westmead, located on the Westmead campus</td>
<td></td>
</tr>
<tr>
<td><strong>Royal Prince Alfred Hospital (Sarcoma)</strong></td>
<td>0467 730 463</td>
</tr>
<tr>
<td>A specialist sarcoma-focused service, provided in a collaboration between Royal Prince Alfred and Chris O’Brien Lifehouse, located at Camperdown</td>
<td></td>
</tr>
<tr>
<td><strong>Hunter and Northern NSW</strong></td>
<td>02 4014 4682 /</td>
</tr>
</tbody>
</table>
An AYA can be referred to a YCS at any stage in their cancer care pathway; however, it is recommended they are referred promptly after diagnosis. GPs, emergency department staff, and any other qualified medical professional, can refer to a Youth Cancer Service.

The contact details for each NSW and ACT YCS can be found here: [www.canteen.org.au/youth-cancer/find-ycs/nsw/](http://www.canteen.org.au/youth-cancer/find-ycs/nsw/)

A referral form to the YCS can be found in Appendix A.

**Staff in Youth Cancer Services**

The core members of the team may include (but are not limited to):

- **Cancer Care Specialist (Oncologist/Haematologist):** Medical specialist with experience of treating cancers most commonly affecting AYA, and has knowledge of age-appropriate care. Alongside the treating specialist, they can assist in medical management and follow-up surveillance.

- **Clinical nurse consultant (CNC):** Specialist with experience treating AYA with an understanding of the unique needs of the age group. The CNC role often involves care coordination of treatment, follow up, transition from paediatric to adult care and providing psychosocial support. They are often the first point of contact for AYA and referrers.

- **Social worker:** Specialist with experience working with AYA and understanding their needs. This role has a broad reach and can include offering psychosocial support, education information and coordinating referrals to support services.

- **Clinical psychologist:** Specialist with experience and training in the psychosocial issues affecting AYA, and providing age-appropriate support and care.

- **Care coordinator:** Assists AYA navigate the health care system, including transition from paediatric to adult care. This role is often performed by the CNC or social worker.

- **Research nurse:** Dedicated to the collection of AYA data to be used to develop service improvement and to enhance opportunities for AYA cancer research.
References


Appendix A

Referral Form

The YCS provides medical, nursing and psychosocial support for adolescents and young adults (16-35 years) with a recent diagnosis of cancer.

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>DOB:</th>
<th>MFIN No:</th>
</tr>
</thead>
<tbody>
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<td>Name:</td>
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</tr>
<tr>
<td>Gender:</td>
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</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td>Other (please advise):</td>
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<tr>
<td>Country of birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred language:</td>
<td></td>
<td></td>
</tr>
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<td>Interpreter required (male/female):</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal</td>
<td>Torres Strait Islander</td>
</tr>
<tr>
<td>Street address:</td>
<td>Suburb:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Phone home:</td>
<td>Mobile:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Emergency contact/Next of kin

<table>
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<tr>
<th>Full name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Has patient provided consent to share information with this person?</td>
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</tr>
</tbody>
</table>

Patient's General Practitioner

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
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</table>

Diagnosis and Treatment Information

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<th>Diagnosis:</th>
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<tbody>
<tr>
<td>now diagnosis</td>
<td>relapse/recurrence</td>
</tr>
<tr>
<td>Current treatment:</td>
<td></td>
</tr>
</tbody>
</table>

Is patient participating in a clinical trial? | Yes | No | Unknown |

Name/number of trial:

<table>
<thead>
<tr>
<th>Treating Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor name:</td>
</tr>
<tr>
<td>Treating hospital:</td>
</tr>
</tbody>
</table>

Referral Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Mobile:</td>
</tr>
</tbody>
</table>

Reason for referral:

<table>
<thead>
<tr>
<th>Referrer signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Is the patient aware of this referral to the NSW-ACT Youth Cancer Service? | Yes | No |

Please return this form to your nearest NSW-ACT Youth Cancer Service

Newcastle: e: oycscn@calvarymater.org.au f: 02 4014 4747
Sydney (Randwick): e: SESLHD-SydneyYCS@health.nsw.gov.au f: 02 9382 6909
Westmead: e: westernsydneyYCS@health.nsw.gov.au f: 02 9845 2171
RPAH/Sarcoma (Cremorne): e: syd@fh.org.au f: 02 9615 5426
ACT: e: AYANCC@act.gov.au f: 02 6244 2887

Office Use Only

| Date received: | Staff member: | Date of initial patient contact: |