

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Oncology Office Numbers

Main: (559) 353-5480
FAX: (559) 353-5490
Physician Line: (559) 353-5480

Physician Liaison

(559) 353-7229

Oncology services at Valley Children's are offered through our Craycroft Cancer Center, one of the leading pediatric cancer centers in the country.

As a prominent member of the Valley Children's Oncology Group (COG) – the world's largest organization devoted exclusively to childhood and adolescent cancer research – we make the majority of the nearly 100 active clinical trials open at any time in COG available to our patients. Our oncology research extends to cutting-edge therapies, cancer biology and supportive care such as pain medications.

Our well-trained team of pediatric specialists has the unique expertise and vast experience of treating all forms of childhood cancers through dedicated programs such as neuro-oncology and long-term survivorship.

Craycroft Cancer Center Outpatient Center:

To reduce the stress and discomfort associated with a cancer diagnosis, every effort is made to treat patients on an outpatient basis. The outpatient oncology unit has multiple exam and treatment rooms, and an infusion center. A play area in the infusion center and a dedicated child life specialist provide play therapy to help children become more comfortable with tests and procedures.

Starship Craycroft Inpatient Oncology Unit:

Sometimes an inpatient stay is necessary. With 36 beds in private rooms and starship-themed décor, Starship Craycroft is a welcoming environment for patients undergoing difficult medical treatments. Each room has its own high-efficiency filter system to protect children with weakened immune systems from chemotherapy treatments. All rooms have televisions, with in-room movies and video games on-demand. Each room has its own bathroom facilities and accommodations for overnight family stays.

In addition to providing the same outpatient procedures and treatments, we provide inpatient care to children who:

- Have an acute illness in addition to their form of cancer or because of their weakened immune systems from chemotherapy
- Need more intensive chemotherapy
- Need numerous transfusions
- Are just starting their cancer treatment

We offer nurse navigators in the general oncology and neuro-oncology programs. These highly skilled nurses specialize in helping the transition between inpatient admissions and outpatient visits, and in coordinating the patient's appointments with multiple other divisions within the Hospital and at offsite locations.

Our pediatric oncology specialists are available 24 hours a day, 7 days a week for consultations and urgent patient appointments.

Please contact our oncology department directly with any immediate questions or concerns about a patient referral or potential diagnosis. Our phone number is (559) 353-5480 or fax (559) 353-5490.

| Disease State | Suggested Work-up & Initial Management | When to Refer |
|--|---|---|
| <p>Leukemia</p> <p>(May present with progressive bone pain, fevers, pallor, fatigue, bruises, petechiae, hepatosplenomegaly, lymphadenopathy, abnormal blasts on CBC, all or none of the symptoms)</p> | <p>When referring a patient: Always please include a complete history and physical, any previous labs or X-rays (plain films/ CT scans/ MRI/ ultrasounds on disk if possible). If biopsy has been done we will need the original biopsy tissue for confirmation and a copy of the OR report.</p> <p>Work-up: CBC, chemistry, phosphorus, uric acid, LDH, PT, PTT, chest X-ray (r/o mediastinal mass)</p> | <p>In addition to the guidelines below, referral is appropriate anytime based on the patient's clinical condition, family's level of concern and primary care provider's comfort level. Lab testing can be done prior to the visit here or the day of the patient's visit.</p> <p>If concerns or abnormal findings -- please call so that we can assist with the evaluation and accommodate the family as quickly as possible</p> |
| <p>Brain Tumors</p> <p>(May present with progressive headaches, vomiting especially in the morning not due to other causes, weakness, neck tilt, enlarging head circumference, balance/ ataxia problems, vision changes, new seizure unrelated to fevers/or other cause, changes in personality, excessive thirst/urination, all or none of the symptoms)</p> | <p>If symptoms warrant, vision or other tests should be done. MRI is most helpful to make the diagnosis, but often a CT scan can be obtained faster to assess a patient's need for neurosurgical intervention. If the patient is experiencing symptoms of increased intracranial pressure we may wish to refer the patient to Children's Hospital Central California Emergency Department to get an emergent CT scan and contact neurosurgery for rapid intervention.</p> | <p>If concerns or abnormal findings -- please call so that we can assist with the evaluation and accommodate the family as quickly as possible</p> |

| Disease State | Suggested Work-up & Initial Management | When to Refer |
|---|--|---|
| <p>Abdominal Tumors</p> <p>(May present with progressive abdominal swelling or mass, vomiting, constipation, unexplained fevers, hematuria, generalized symptoms, all or none of the symptoms)</p> | <p>Work-up: CBC, chemistry, phosphorus, uric acid LDH, alpha fetal protein (AFP), PT, PTT, urine analysis, urine for HVA/VMA, abdominal X-ray, and/or ultrasound of the abd/pelvis. These tumors may grow rapidly so early intervention is the key.</p> | <p>If concerns or abnormal findings -- please call so that we can assist with the evaluation and accommodate the family as quickly as possible</p> |
| <p>Other Soft Tissue Masses</p> <p>(May present with progressive pain, firm or painless swelling/mass at the area involved, decreased movements, bone pain, unexplained persistent pain after a "minor" injury, all or none of the symptoms)</p> | <p>Work-up: CBC, chemistry, phosphorus, uric acid, LDH, plain view X-ray to the area involved</p> | <p>If concerns or abnormal findings -- please call so that we can assist with the evaluation and accommodate the family as quickly as possible</p> |
| <p>Lymphadenopathy</p> <p>(Symptoms worrisome for lymphoma include but are not limited to: mobile, rubbery, non-tender lymph nodes, that progressively enlarge over time, persist despite antibiotic therapy, size larger than 2 cm in diameter, association with unexplained fevers, weight loss, night sweats. Enlarged axillary or supraclavicular lymph nodes warrant further investigation. Cough, breathing difficulties, difficulties swallowing should be treated as an emergency)</p> | <p>Work-up: CBC, chemistry, phosphorus, uric acid, LDH, PT, PTT, EBV, CMV, other viral titers as indicated, bartonella/toxoplasmosis titers as indicated, PPD for suspected atypical TB, chest X-ray (r/o mediastinal mass). One course of oral antibiotics may be helpful for suspected local bacterial adenitis.</p> | <p>Lymph node > 4 cm in diameter Lymph node < 4 cm in diameter present greater than one month, not responsive to one course of oral antibiotics If concerns or abnormal findings -- please call so that we can assist with the evaluation and accommodate the family as quickly as possible</p> |