

AYA CANCER SERVICE ELIGIBILITY

Attach the patient label or complete the fields below

Last Name _____ First Name _____

NHI _____ Date of birth _____



Does the young person have a primary malignant tumour (or any CNS tumour) AND were they aged 12-24 years when diagnosed?

YES

NO

DO THEY HAVE ANY OF THE FOLLOWING DIAGNOSES?

- A localised neuroendocrine tumour
- An early stage melanoma
- A CNS tumour of benign/uncertain behaviour
- Essential thrombocythemia

AND DO BOTH OF THE FOLLOWING APPLY?

- Planned treatment is surveillance only OR minor surgery OR medication only
- No anticipated late effects

DO ANY OF THE FOLLOWING SPECIAL CIRCUMSTANCES APPLY?

- They are likely to require a bone marrow transplant
- They are aged 25-29 years and following the AYA ALL Pathway
- They are aged 25-29 years and under the AYA Sarcoma Service

YES

NO

YES

THE FOLLOWING ARE INELIGIBLE FOR AYA CANCER SERVICES

- Benign / uncertain neoplasms (non-CNS) e.g. lipoma, mature teratoma
- In situ neoplasm e.g. CIN-III and melanoma in situ
- Cancer predisposition syndromes (e.g. NFI) without a current or previous tumour diagnosis
- Haematological conditions that aren't cancer and are unlikely to require a bone marrow transplant

General AYA supports may be offered by the care team, such as links to electronic copies of AYA Cancer Network resources.

ELIGIBLE FOR LEVEL 1 SUPPORT: EARLY AYA SUPPORT

STEP 1: Notify the Regional AYA Cancer Keyworker (required for ALL eligible AYAs, scan QR code below for regional contact links).

STEP 2: The Keyworker will - in consultation with the care team - identify the most appropriate person to contact the young person with AYA support (e.g. Keyworker, AYA Champion, or CNS).

If the young person meets any of the following criteria, contact should be made by the Keyworker, who will consider escalation within the AYA Psychosocial Support Framework.

- Māori
- Pasifika
- Living rurally
- High suspicion of health service engagement risk factors

NO

ELIGIBLE FOR LEVEL 2, 3 or 4 SUPPORT

Notify the regional AYA Cancer Keyworker (required for all eligible AYAs, scan QR code below for regional contact links).

The Keyworker will proceed to the AYA Psychosocial Support Framework for triage.

Designated Contact Name: _____

Role: _____ Date: _____

- I have established that the AYA has been informed of their diagnosis and confirmed with their care team that it is an appropriate time to make contact
- I have contacted the AYA (via their parent/guardian if <16)
- I have provided the AYA with an AYA-friendly information sheet relevant to their diagnosis, treatment, and supports.
- I have provided them with the AYA Cancer Network Info Sheet as legally required (in person, via post, or text link)

Additional resources/links/supports provided:

Unless concerns are raised by the care team or the young person, there will be no further follow up from AYA Cancer Services. The young person may be re-referred or self-refer to the service if their circumstances change (e.g. cancer recurrence).

