



Patient demographics

Referral Form Cancer Genetics Program

to be completed by patient or referring physician

What type of cancer are you diagnosed with?

At what age?

Have you ever been diagnosed with any other type of cancer?

YES NO

If yes, what type?

At what age?

SUMMARY OF FAMILY HISTORY

Do you have a close relative (parent, brother, sister, or child) with cancer diagnosed before age 50?

YES NO

Do you have at least three relatives with cancer at any age?

YES NO

FAMILY HISTORY

	Cancer	If yes, who	What type	Age at diagnosis
Your Parents	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Your Father's Parents	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Your Mother's Parents	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Your Brothers and sisters	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Your Children	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

For Referring Physician Use Only

Physician Name: _____ Signature: _____ Date: _____

Please include pathology reports with referral if available

For Genetics Use Only

Does the patient fulfill referral criteria? YES NO

Genetics Nurse _____

Date _____

Genetics Referral Criteria – see back

HNPCC/FAP (each side of the family is considered separately)

Must meet one of the following criteria:

1. Multiple cases in the family of the following cancers related to the Hereditary Non-Polyposis Colorectal Cancer (HNPCC) spectrum. One relative should be affected with either colorectal or endometrial cancer. The index of suspicion would be increased if the age of onset is less than 50 years and family members are affected in more than one generation.

<u>Tumour Sites</u>		
Pancreatic	Sebaceous	Brain
Endometrial	Hepatobiliary	Colorectal
Ovarian	Small bowel	Ureter
Kidney (transitional cell)		Gastric

2. Patient diagnosed with colorectal cancer (CRC) below age 35.
3. Patient diagnosed with multiple primary cancers including synchronous/metachronous CRC (see above list for tumour sites).
4. More than 10 CR polyps cumulatively.
5. Abnormal MSI/IHC test results.
6. Patient diagnosed below age 50 **AND** family history of CRC or other HNPCC related cancer below age 50.
7. A relative of a known HNPCC or FAP mutation

BRCA 1 and BRCA 2 (each side of the family is considered separately)

Must meet one of the following criteria:

1. Ashkenazi Jewish and breast cancer < 50 years, or ovarian cancer at any age
2. Patient diagnosed with breast cancer below age 35
3. Male breast cancer, at any age
4. Invasive serous ovarian cancer, at any age
5. Breast cancer <60 years, **AND** a 1st or 2nd degree relative with ovarian or male cancer
6. Breast and ovarian cancer in same person, OR bilateral breast cancer with first case <50 years
7. Two cases of breast cancer, both <50 years, in 1st or 2nd degree relatives
8. Two cases of ovarian cancer, any age, in 1st or 2nd degree relatives
9. Ashkenazi Jewish and breast cancer at any age, **AND** any family history of breast/ovarian cancer
10. At least 3 cases of breast or ovarian cancer at any age
11. A relative of a known BRCA1 or BRCA2 mutation

*Testing criteria for HNPCC, FAP and BRCA1 and BRCA2 have been identified by The Ministry of Health and Long Term Care. Whenever possible, the highest risk individual in a family is tested first.

A genetic consultation will include:

- Three generation family history
- Pathology confirmation
- Assessment of risk
- Screening recommendations
- Offer testing **IF** criteria is met

Questionnaire
adapted from:

