THUNDER BAY Regional Health SCIENCES CENTRE

GENETICS PROGRAM

REFERRAL FORM – CANCER GENETICS

Place Patient Label with Barcode Here

Guidelines for Completion

1. Review the Cancer Genetics Referral Criteria – on back.
2. Complete all fields on the Genetics Program "Cancer Referral Form" and fax to 807-684-5823.
3. Primary Care Provider must sign the form.
4. Referral form will be stored with the patient's chart in the Genetics Program.

What type of cancer are you diagnosed with? _____ At what age? _____

Have you even 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	☐ Yes ☐ No			
Your Father's Parents	☐ Yes ☐ No			
Your Mother's Parents	☐ Yes ☐ No			
Your Brothers and Sisters	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
Your Children	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

For Referring Physician Use Only *Please include pathology reports with referral if available*

Physician Name: _____ Signature: _____ Date: _____

For Genetics Use Only

Does the patient fulfill referral criteria? ☐ Yes ☐ No

Genetics Nurse: _____ Date: _____

TGENREFCANC

Place Patient Label with
Barcode Here

HNPCC/FAB (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.

Tumour Sites		
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 10CR 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 50.
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 or breast or ovarian cancer at any age.
11. A relative of a known BRCA1 or BRCA2 mutation.

*Testing criteria for NPCC, 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: Sunnybrook-Toronto Sunnybrook Regional Cancer Centre