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 "Referral Form – Cancer Genetics" and fax to 807-684-5823.
3. The Health Care Provider (HCP) must sign the form.

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 Health Care Provider Use Only *Please include pathology reports with referral if available*

Health Care Provider: _____ Signature: _____ Date: _____

TGENREFCANC

Place Patient Label with
Barcode Here

Hereditary Colon Cancer Syndrome (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 Lynch Syndrome. 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 60 (age 59 and under).
3. Patient diagnosed with multiple primary cancers including synchronous/metachronous CRC (see above list for tumour sites).
4. Ten or more colon adenomas or other polyposis.
5. Cancer that is MSI high or IHC deficient.
6. Patient diagnosed with one of the above cancers **AND** family history of CRC, MUTYH or other Lynch syndrome related cancer. At least one diagnosis should be below 50.
7. A family history of a known mutation which increases the risk for a hereditary colon cancer syndrome.

Breast/Ovarian Cancer Syndrome (each side of the family is considered separately)
Must meet one of the following criteria:

1. Ashkenazi Jewish and breast cancer 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 breast 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. At least 3 cases or breast or ovarian cancer at any age.
9. Triple negative breast cancer <60 years.
10. A family history of a known mutation which increases the risk of breast and/or ovarian cancer.
11. Patient unaffected with breast cancer and meets the criteria for a High Risk OBSP assessment.

Family histories suggestive of a rare hereditary cancer syndrome (not including Hereditary Breast/Ovarian or Hereditary Colon cancer syndromes)

Questionnaire adapted from: Toronto Sunnybrook Regional Cancer Centre