REQUEST FOR CANCER GENETICS CONSULTATION

☐ **Algoma Public Health - Sault Ste. Marie**
Phone: (705) 942-4646 Ext 3123 **Fax:** (705) 759-5789

☐ **HSN, Genetic Counselling Services - Sudbury**
Phone: (705) 675-4786 **Fax:** (705) 523-7178

☐ **North Bay Parry Sound District Health Unit**
Phone: (705) 474-1400 Ext 2305 **Fax:** (705) 474-0153

☐ **Porcupine Health Unit - Timmins**
Phone: (705) 360-7319 Ext 10 **Fax:** (705) 268-4443

Please ensure legibility of addressograph

Patient details (Please complete if no addressograph or addressograph is illegible)

Date of Birth: _____/_____/_____ OHIP #: _____
yyyy mm dd

Name: (Last) _____ (First): _____

Address: _____ City: _____ Postal Code: _____

Telephone (home): (_____) _____ Work: (_____) _____ Mobile: (_____) _____

The following medical information is necessary for us to triage the referral

- This patient has a personal history of cancer ☐ No ☐ Yes

  If yes, what type(s) of cancer _____Age at diagnosis:_____

✷ COPY OF PATHOLOGY REPORT REQUIRED WITH REFERRAL ✷

- This patient has a family history of cancer ☐ No ☐ Yes
  If yes, please provide details below:

Relationship to Patient *eg. paternal aunt, maternal grandmother*	Type of Cancer	Age at Diagnosis

- A mutation has been identified in the family ☐ Yes ☐ No ☐ Unknown
  If yes, which gene? (Please enclose report if available) _____
- This referral is urgent ☐ Yes ☐ No
  If yes, please specify why:
  _____
- Expedited BRCA1/2 testing is requested ☐ Yes, results will alter immediate clinical management ☐ No
- Expected start date for radiation treatment: _____
- Expected date of surgery:_____
- MSI/IHC has been done on colon cancer tissue ☐ Yes ☐ No Patient has been informed of result ☐ Yes ☐ No
- Additional information:_____
- Patient is aware that the referral has been made: ☐ Yes ☐ No
- Preferred language: □ English □ French

Referring Physician (Please Print Clearly)
Name: _____ Signature: _____

Telephone: ( ) _____ Fax: ( ) _____

Referral Criteria

Individuals considered to be at increased risk for an inherited cancer can be referred to a Genetics Clinic. Referrals may be made both for individuals with cancer and those without cancer.

PLEASE NOTE THAT GENETIC TESTING MAY OR MAY NOT BE OFFERED IN THE COURSE OF A GENETICS CONSULTATION

The following clues from an individual's personal or family history may suggest an increased risk for hereditary cancer. A pertinent family history should be on the same side of the family.
Referrals for other hereditary cancer syndromes not addressed by this document can be made to your local genetics centre.

Colon Cancer:

- Multiple cases in the family of the following cancers related to the Hereditary Non-Polyposis Colorectal Cancer (HNPCC) spectrum with at least one relative affected with colorectal or endometrial cancer. Age of onset less than 50 years, in closely related relatives and in more than one generation would raise the index of suspicion.
  - colorectal
  - endometrial
  - kidney
  - gastric
  - ovarian
  - ureter
  - small bowel
  - hepatobiliary
  - sebaceous (adenoma or carcinoma)
  - pancreatic
  - brain
- Age at diagnosis of colorectal cancer less than 35 years.
- Multiple primary cancers in one family member (see 1. above for tumour sites).
- Family member with Familial Adenomatous Polyposis (FAP), or 10 or more adenomatous polyps, confirmed by pathological examination (suggestive of attenuated FAP).
- Family member with a colonic adenoma or cancer with high microsatellite instability.
- Family member with a known mutation causing either HNPCC or FAP.

Breast and/or Ovarian Cancer:

- Multiple cases of breast cancer (particularly where diagnosis occurred less than 50 years) and/or ovarian cancer (any age) in the family – especially in closely related relatives in more than one generation.
- Age at diagnosis of breast cancer less than 35 years.
- A family member diagnosed with both breast and ovarian cancer.
- Breast and /or ovarian cancer in Ashkenazi Jewish families.
- Family member(s) with primary cancer occurring in both breasts -especially if one or both cancers were diagnosed before age 50.
- A family member diagnosed with invasive serous ovarian cancer.
- Presence of male breast cancer in the family.
- Family member with an identified BRCA1 or BRCA2 mutation.
- Presence of other associated cancers or conditions suggestive of an inherited cancer syndrome.

Expedited testing for BRCA1 and BRCA2 is available when:

1. Patient is currently receiving treatment for breast cancer and positive results of expedited testing would allow the patient and her doctor the option of proceeding with prophylactic mastectomy, instead of radiation therapy. If mastectomy is chosen, the patient can avoid unnecessary radiation and have the full range of options for reconstructive surgery. Patient's surgery or radiation therapy is to begin no sooner than 8 weeks from the date of blood draw, but before routine results would be expected, based on the current TAT for testing in the province.
Please note: this criterion EXCLUDES elective reconstruction and/or prophylactic surgery as a reason for expedited testing, unless it is being done at the same time as surgery to treat the patient's cancer.

2. Patient requires surgery for other urgent medical reasons (e.g. hysterectomy for uterine bleeding causing anemia) and may use the information to alter surgical decisions (e.g. salpingo-oophorectomy to be done with hysterectomy). Patient's surgery is to take place no sooner than 8 weeks from the date of blood draw, but before the routine results would be expected, based on the current TAT for testing in the province.
Please note: This does NOT include unaffected patients who want to make a decision about prophylactic surgery only.