Dr. Althea McPhail, Lab Director / CLIA #11D2108137
1180 Beaver Ruin Rd., STE B, Norcross, GA 30093
cliolab.com

Hereditary Cancer Screening Questionnaire (to be completed by patients)

* Must be submitted with OncoScreen (Cancer) Requisition Form

Patient Name: _____ Date of Birth: _____ Age: _____

Gender (M/F): _____ Today's Date: _____ Healthcare Provider: _____

This is a screening tool to help your healthcare provider determine if you would benefit from hereditary cancer genetic testing. Your healthcare provider will review this form looking for any risk factors for a hereditary cancer syndrome such as similar types of cancer running in the family, cancers diagnosed at young ages, or multiple cancer diagnoses in the same person.

Please fill this form out to the best of your ability. In addition to yourself, please only consider family members related to you by blood, such as your Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great-Grandchildren. Check all that applies and be as thorough as possible.

	Type of Cancer	Yourself/Parents/ Brothers/Sisters Children	Ageat Diagnosis	Extended Family (Mother's Side)	Ageat Diagnosis	Extended Family (Father's Side)	Ageat Diagnosis
☑	**Example:** Colorectal Cancer	Brother	36	Aunt Cousin	44 58	Grandfather	65
☐	**Breast Cancer** (in women or men)						
☐	**Ovarian Cancer** (peritoneal/ fallopiantube)						
☐	**Uterine (Endometrial)** CANCER						
☐	**Colorectal Cancer**						
☐	**Pancreatic Cancer**						
☐	**Kidney (Renal) Cancer**						
☐	**Other Cancer** Type_____						
☐	**Other Cancer** Type_____						
☐	**Other Cancer** Type_____						
☐	**More Than 10 Colorectal Polyps** (indicate how many)						

☐ My family's heritage is Ashkenazi Jewish (an ethnic background that may have a higher likelihood of hereditary cancer)

☐ I, or someone in my family, have had genetic testing for a hereditary cancer syndrome.
(Please describe and provide a copy of result if possible)

_____

_____

Possible Indications for Genetic Testing and Potential Testing Options*
(to be completed by healthcare provider)

Weighing The Options:

- Single Gene/Syndrome Testing: These tests are targeted, analyzing one gene or syndrome at a time, and are often chosen if the patient/family is highly suspicious for one gene/syndrome and/or desires the lowest possible Variants of Unknown Significance rate.
- Comprehensive Panel: These tests are more comprehensive and provide the greatest chance of identifying a mutation. They can be tumor-specific or general. Since there are more genes on these tests, the Variants of Unknown Significance rates are higher and some genes do not have published management guidelines.

Patient's Personal & Family History	Single Gene/Syndrome Tests	Comprehensive Panels
Hereditary Breast Cancer		
❑ Early onset breast cancer (≤45, ≤35 for TP53)	BRCA1/BRCA2, TP53	Breast Cancer Panel OncoScreen Panel
❑ Multiple primary cancers in one person (e.g. two primary breast cancers or breast and ovarian cancer)	BRCA1/BRCA2	
❑ Breast cancer in an Ashkenazi Jewish individual, triple negative breast cancer ≤60, or breast cancer in a man		
❑ Multiple close family members with breast and/or other cancers**		
Hereditary Gynecologic Cancer		
❑ Ovarian, fallopian tube, or primary peritoneal cancer at any age	BRCA1/BRCA2, Lynch syndrome^	Lynch Syndrome Panel OncoScreen Panel
❑ Uterine cancer < 50 or with abnormal MSI/IHC	Lynch syndrome^	
❑ Multiple close family members with ovarian or uterine, and other cancers**		
❑ Multiple primary cancers in one person (e.g. uterine and breast or colorectal cancer)		
Hereditary Colorectal Cancer		
❑ >10 colorectal polyps in an individual	APC, MUTYH	Colorectal Cancer Panel Lynch Syndrome Panel OncoScreen Panel
❑ Colorectal cancer < 50 or with abnormal MSI/IHC	Lynch syndrome,^ APC, MUTYH	
❑ Multiple close family members with colon, uterine, ovarian, and/or stomach cancer**		
❑ Multiple primary cancers in one person (e.g. two primary colorectal cancers or colorectal and uterine cancer)		
Hereditary Pancreatic Cancer		
❑ Pancreatic cancer ≤ 60	Lynch syndrome,^ BRCA1/BRCA2, PALB2, CDKN2A	Pancreatic Cancer Panel Lynch Syndrome Panel OncoScreen Panel
❑ Multiple primary cancers in one person (e.g. pancreatic and melanoma)		
❑ Multiple close family members with pancreatic and/or other cancers**		
Hereditary Kidney Cancer		
❑ Kidney cancer ≤45	VHL	OncoScreen Panel
❑ Multiple primary kidney cancers		
❑ Multiple close family members with kidney or other cancers**		
Hereditary PGL/PCC		
❑ Paraganglioma or Pheochromocytoma at any age	SDHAF2 , SDHB , SDHC , SDHD, RET	OncoScreen Panel
Other Hereditary Cancers		
❑ Multiple types of tumors in one person or in a family, which are suspicious for more than one syndrome		OncoScreen Panel

*This list of testing indications is not comprehensive and the testing options are suggestions. There are other situations not listed where genetic testing may be appropriate. Other genes and tests are available at **nplinc.com**.

**On the same side of the family

^Lynch syndrome is caused by mutations in the MLH1, MSH2, MSH6, PMS2, and EPCAM genes