

Hereditary Cancer Questionnaire

(to be completed by patients)

PATIENT NAME	
DATE OF BIRTH	TODAY'S DATE

Instructions: 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.

DOES CANCER RUN IN YOUR FAMILY? Check those that apply.

Please fill this form out to the best of your ability. Please only consider family members related to you **by blood**, such as your parents, grandparents, children, brothers, sisters, aunts, uncles, and cousins. If you share only one parent with a brother or sister, please indicate that.

TYPE OF CANCER/ TUMORS	YOURSELF/ PARENTS/ BROTHERS/ SISTERS/ CHILDREN	AGE AT DIAGNOSIS (Estimates are OK)	EXTENDED FAMILY (MOTHER'S SIDE) Aunts/Uncles/ Cousins/ Grandparents	AGE AT DIAGNOSIS (Estimates are OK)	EXTENDED FAMILY (FATHER'S SIDE) Aunts/Uncles/ Cousins/ Grandparents	AGE AT DIAGNOSIS (Estimates are OK)
<input checked="" type="checkbox"/> EXAMPLE: Colorectal Cancer	Me	42			Aunt Uncle	46 55
<input type="checkbox"/> BREAST CANCER (in women or men)						
<input type="checkbox"/> OVARIAN CANCER (peritoneal/ Fallopian tube)						
<input type="checkbox"/> UTERINE CANCER						
<input type="checkbox"/> COLORECTAL CANCER						
<input type="checkbox"/> PANCREATIC CANCER						
<input type="checkbox"/> PROSTATE CANCER						
<input type="checkbox"/> KIDNEY CANCER						
<input type="checkbox"/> MELANOMA						
<input type="checkbox"/> BRAIN TUMOR Type: _____						
<input type="checkbox"/> OTHER CANCER Type: _____						
<input type="checkbox"/> MORE THAN 10 COLORECTAL POLYPS (indicate how many)						
<input type="checkbox"/> No personal or family history of cancer						
<input type="checkbox"/> My family's heritage is Ashkenazi Jewish (an ethnic background that may have a higher likelihood of hereditary cancer)						
<input type="checkbox"/> I, or someone in my family, have had genetic testing for a hereditary cancer syndrome. (Please describe and provide a copy of test result if possible)						

Possible Genetic Testing Indications and Testing Options*

(to be completed by healthcare provider)

IF YOUR PATIENT HAS A PERSONAL AND/OR FAMILY HISTORY OF ANY OF THE FOLLOWING, HE/SHE MAY BE AN APPROPRIATE CANDIDATE FOR GENETIC TESTING.	Tests that include ONLY genes that have published medical management guidelines:	Tumor-specific test options including genes that may or may not have published management guidelines:	Comprehensive panel options addressing multiple cancer types including genes that may or may not have published management guidelines:
Hereditary Breast Cancer			
<input type="checkbox"/> Early onset breast cancer ($\leq 45y$) <input type="checkbox"/> Breast cancer in an Ashkenazi Jewish individual, triple negative breast cancer $\leq 60y$, or male breast cancer <input type="checkbox"/> Personal history of breast cancer AND multiple close family members with breast or prostate cancer [^] <input type="checkbox"/> Personal history of breast cancer AND at least 1 close relative with metastatic or intraductal prostate, early onset breast ($< 50y$), ovarian, or pancreatic cancer [^]	BRCAplus [®] BRCANext [™]	BRCANext-Expanded [™]	CancerNext [®] , CancerNext-Expanded [®]
Hereditary Gynecologic Cancer			
<input type="checkbox"/> Personal or family history of ovarian, Fallopian tube, or primary peritoneal cancer at any age <input type="checkbox"/> Uterine cancer $< 50y$ or with abnormal microsatellite instability/immunohistochemistry (MSI/IHC) <input type="checkbox"/> Multiple close family members with breast, uterine, colorectal, pancreatic, prostate, and other cancers [^]	BRCANext [™]	BRCANext-Expanded [™]	CancerNext [®] , CancerNext-Expanded [®]
Hereditary Colorectal Cancer			
<input type="checkbox"/> > 10 colorectal polyps in an individual <input type="checkbox"/> Colorectal cancer $< 50y$ or with abnormal MSI/IHC <input type="checkbox"/> Multiple close family members with colon, uterine, ovarian, and/or stomach cancer [^]	ColoNext [®]		CancerNext [®] , CancerNext-Expanded [®]
Hereditary Prostate Cancer			
<input type="checkbox"/> Prostate cancer (Gleason score ≥ 7) and Ashkenazi Jewish ancestry <input type="checkbox"/> Metastatic or intraductal prostate cancer at any age <input type="checkbox"/> Personal history of prostate cancer AND multiple close relatives with prostate or breast cancer [^] <input type="checkbox"/> Personal history of prostate cancer AND at least 1 close relative with metastatic or intraductal prostate, early onset breast ($< 50y$), ovarian, or pancreatic cancer		ProstateNext [®]	CancerNext [®] , CancerNext-Expanded [®]
Hereditary Pancreatic Cancer			
<input type="checkbox"/> Personal or family history of a first degree relative (parent, sibling, child) with pancreatic cancer at any age	PancNext [®]		CancerNext [®] , CancerNext-Expanded [®]
Other Hereditary Cancers			
<input type="checkbox"/> Kidney cancer $\leq 46y$ OR multiple primary kidney cancers <input type="checkbox"/> Multiple close family members with kidney cancer [^]		RenalNext [®]	CancerNext-Expanded [®]
<input type="checkbox"/> Brain tumor(s) $\leq 50y$ OR multiple close family members with brain tumors and other cancers/tumors [^]		BrainTumorNext [®]	CancerNext-Expanded [®]
<input type="checkbox"/> Pheochromocytoma or paraganglioma at any age		PGLNext [®]	CancerNext-Expanded [®]
<input type="checkbox"/> Diffuse gastric cancer $< 40y$ OR family history of 2 or more cases of stomach cancer and/or lobular breast cancer $< 50y$ OR multiple lobular breast cancer $< 50y$	BRCAplus [®]		CancerNext [®] , CancerNext-Expanded [®]
<input type="checkbox"/> Personal history of multiple primary melanomas OR multiple close family members with melanoma [^]		MelanomaNext [®]	CancerNext [®]

* This is a suggested list; not comprehensive. There are other situations where genetic testing may be appropriate.

[^] On the same side of the family.