

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)
✓ EXAMPLE: Colorectal Cancer	Me	42			Aunt Uncle	46 55
BREAST CANCER (in women or men)						
OVARIAN CANCER (including peritoneal/ Fallopian tube)						
UTERINE CANCER						
COLORECTAL CANCER						
PANCREATIC CANCER						
PROSTATE CANCER						
KIDNEY CANCER						
MELANOMA						
STOMACH CANCER						
BRAIN TUMOR Type: _____						
OTHER CANCER Type: _____						
MORE THAN 10 COLORECTAL POLYPS (indicate how many)						

No personal or family history of cancer

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 test result if possible)

*Identify if relative is male or female, when 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:	Comprehensive panel options addressing multiple cancer types including genes that may or may not have published management guidelines:
Hereditary Breast Cancer (Personal or first/second degree relative with)		
Early onset breast cancer (≤50y)	BRCAplus*, BRCANext*, CancerNext*	CancerNext-Expanded*
Breast cancer in an Ashkenazi Jewish individual, triple negative breast cancer, multiple breast cancers, or male breast cancer		
Personal history of breast cancer AND 2 close family members with breast or prostate cancer^		
Personal history of breast cancer AND at least 1 close relative with metastatic or high-risk prostate, early onset breast (≤50y), male breast cancer, ovarian, or pancreatic cancer^		
Hereditary Gynecologic Cancer (Personal or first/second degree relative with)		
Ovarian, Fallopian tube, or primary peritoneal cancer at any age	BRCANext*, CancerNext*	CancerNext-Expanded*
Uterine cancer <50 y, or at any age with abnormal microsatellite instability/immunohistochemistry (MSI/IHC), or at any age with a second Lynch syndrome cancer		
≥3 close family members with colorectal, endometrial, gastric, ovarian, pancreas, urothelial, brain, biliary tract, or small intestine cancers		
Hereditary Colorectal Cancer (Personal or first/second degree relative with)		
≥10 adenomatous colorectal polyps	CancerNext*, ColoNext*	CancerNext-Expanded*
Colorectal cancer <50y, or at any age with abnormal MSI/IHC, or at any age with a second Lynch syndrome cancer		
≥3 close family members with colorectal, endometrial, gastric, ovarian, pancreas, urothelial, brain, biliary tract, or small intestine cancers		
Hereditary Prostate Cancer (Personal or first/second degree relative with)		
Prostate cancer and Ashkenazi Jewish ancestry	CancerNext*	CancerNext-Expanded*
Metastatic or high-risk prostate cancer at any age		
Personal history of prostate cancer AND 2 close relatives with prostate or breast cancer^		
Personal history of prostate cancer AND at least 1 close relative with metastatic or high-risk prostate, early onset breast (≤50y), triple negative breast, male breast, ovarian, or pancreatic cancer		
Hereditary Pancreatic Cancer (exocrine)		
Personal or family history of a first degree relative (parent, sibling, child) with pancreatic cancer at any age	CancerNext*	CancerNext-Expanded*
Other Hereditary Cancers		
Personal history of kidney cancer ≤46y OR multiple primary kidney cancers		CancerNext-Expanded*
≥2 close family members with kidney cancer^		
Personal history of pheochromocytoma or paraganglioma at any age		CancerNext-Expanded*
Personal history of diffuse gastric cancer (DGC) at any age OR a family history of 2 or more first or second degree relatives with gastric cancer (at least one diagnosed ≤50 yo OR confirmed to be DGC), OR a first or second degree relative with lobular breast cancer and a personal or family history of DFG	BRCAplus*, CancerNext*	CancerNext-Expanded*
≥3 diagnoses of melanoma and/or pancreatic cancer in patient and/or close relatives. Personal diagnosis of melanoma and a first degree relative with pancreatic cancer^	CancerNext*	
Personal history of medullary thyroid cancer		CancerNext-Expanded*

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

[^] On the same side of the family.

First-degree relatives are your parents, brothers, sisters, and children. Second-degree relatives are your grandparents, grandchildren, half-brothers, half-sisters, aunts, uncles, nieces, and nephews.