Hereditary Cancer Questionnaire
(to be completed by patients)

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. You may also use the “My Family History” tool to complete this information online at patients.ambrygen.com/cancer.

**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.

<table>
<thead>
<tr>
<th>TYPE OF CANCER/ TUMORS</th>
<th>YOURSELF/PARENTS/ BROTHERS/ SISTERS/CHILDREN</th>
<th>AGE AT DIAGNOSIS (estimates are OK)</th>
<th>EXTENDED FAMILY (MOTHER’S SIDE)</th>
<th>AGE AT DIAGNOSIS (estimates are OK)</th>
<th>EXTENDED FAMILY (FATHER’S SIDE)</th>
<th>AGE AT DIAGNOSIS (estimates are OK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Colorectal Cancer</td>
<td>Me</td>
<td>42</td>
<td>Aunts/Uncles/Cousins/Grandparents/Other</td>
<td>46</td>
<td>Uncle</td>
<td>55</td>
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<tr>
<td>BREAST CANCER (in women or men)</td>
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<tr>
<td>OVARIAN CANCER (peritoneal/ Fallopian tube)</td>
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<tr>
<td>UTERINE (ENDOMETRIAL) CANCER</td>
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<tr>
<td>COLORECTAL CANCER</td>
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<tr>
<td>PANCREATIC CANCER</td>
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<tr>
<td>PROSTATE CANCER</td>
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<tr>
<td>KIDNEY (RENAL) CANCER</td>
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<tr>
<td>MELANOMA</td>
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<tr>
<td>BRAIN TUMOR Type:</td>
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<tr>
<td>OTHER CANCER Type:</td>
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<tr>
<td>MORE THAN 10 COLORECTAL POLYPS (indicate how many)</td>
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</tr>
</tbody>
</table>

☐ 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)

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### Possible Genetic Testing Indications and Testing Options*

*(to be completed by healthcare provider)*

<table>
<thead>
<tr>
<th><strong>PATIENT’S PERSONAL</strong> <strong>&amp; FAMILY HISTORY</strong> (If any box is checked based on the reverse page, your patient may be an appropriate candidate for genetic testing)</th>
<th><strong>If you/your patient are interested in a multigene panel with ONLY genes that have published medical management guidelines:</strong></th>
<th><strong>If you/your patient are interested in a multigene, tumor-specific panel including genes that may or may not have published management guidelines:</strong></th>
<th><strong>If you/your patient are interested in a multigene, comprehensive panel addressing multiple cancer types including genes that may or may not have published management guidelines:</strong></th>
</tr>
</thead>
</table>
| **Hereditary Breast Cancer**  
(Please refer to Ambry’s HBOC Decision Tree for further details regarding choosing the best test for your patient)  
☐ Early onset breast cancer (≤45y)  
☐ Breast cancer in an Ashkenazi Jewish individual, triple negative breast cancer ≤60y, or breast cancer in a man  
☐ Multiple close family members with breast and/or other cancers**  | BRCAPlus  
BreastNext  
CancerNext  |  |  |
| **Hereditary Gynecologic Cancer**  
(Please refer to Ambry’s HBOC and/or Colorectal Cancer Decision Tree for further details regarding choosing the best test for your patient)  
☐ Ovarian, Fallopian tube, or primary peritoneal cancer at any age  
☐ Uterine cancer <50y or with abnormal MSI/IHC  
☐ Multiple close family members with ovarian or uterine, and other cancers^  | GYNplus  
OvaNext  
CancerNext  |  |  |
| **Hereditary Colorectal Cancer**  
(Please refer to Ambry’s Colorectal Cancer Decision Tree for further details regarding choosing the best test for your patient)  
☐ >10 colorectal polyps in an individual  
☐ Colorectal cancer <50y or with abnormal MSI/IHC  
☐ Multiple close family members with colon, uterine, ovarian, and/or stomach cancer^  | ColoNext  
CancerNext  |  |  |
| **Hereditary Prostate Cancer**  
☐ Prostate cancer ≤50y  
☐ Metastatic prostate cancer at any age  | ProstateNext  
CancerNext  |  |  |
| **Hereditary Kidney Cancer**  
☐ Kidney cancer ≤46y OR multiple primary kidney cancers  
☐ Multiple close family members with kidney or other cancers^  | RenalNext  
CancerNext-Expanded  |  |  |
| **Other Hereditary Cancers**  
☐ Brain tumor(s) ≤50y OR multiple close family members with brain tumors and other cancers/tumors*  
☐ Pheochromocytoma or paraganglioma at any age  
☐ Diffuse gastric cancer (<40y, 2 cases at any age, or with lobular breast cancer - 1<50y)  
☐ Personal history of multiple primary melanomas OR multiple close family members with melanoma and other cancers^ (i.e. pancreatic, renal)  
☐ Pancreatic cancer <60y OR multiple close family members with pancreatic and/or other cancers^  | BRCAPlus, ColoNext  
MelanomaNext  
PancNext  
CancerNext  | BrainTumorNext  
CancerNext-Expanded  
PGLNext  
CancerNext-Expanded  
CancerNext  
CancerNext  
CancerNext  |  |

*This is a suggested list; not comprehensive. There are other situations where genetic testing may be appropriate. Details about other genes/tests, including single syndrome testing options and CustomNext-Cancer, are available at [ambrygen.com](http://ambrygen.com).*

**If your patient lists a personal history of multiple primary cancers including, but not limited to the cancers/tumors on this list, genetic testing may be indicated.*

^On the same side of the family.*