

# 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. You may also use the "My Family History" tool to complete this information online at [ambrygen.com/patient](http://ambrygen.com/patient).

## 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 /Other	AGE AT DIAGNOSIS (estimates are OK)	EXTENDED FAMILY (FATHER'S SIDE) Aunts/Uncles/Cousins/ Grandparents /Other	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 (ENDOMETRIAL) CANCER						
<input type="checkbox"/> COLORECTAL CANCER						
<input type="checkbox"/> PANCREATIC CANCER						
<input type="checkbox"/> PROSTATE CANCER						
<input type="checkbox"/> KIDNEY (RENAL) 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)

<b>PATIENT'S PERSONAL** &amp; FAMILY HISTORY</b> (If any box is checked based on the reverse page, your patient may be an appropriate candidate for genetic testing)	If you/your patient are interested in a multigene panel with <b>ONLY</b> genes that have <b>published medical management guidelines</b> :	If you/your patient are interested in a multigene, <b>tumor-specific panel</b> including genes that may or may not have published management guidelines:	If you/your patient are interested in a multigene, <b>comprehensive panel</b> addressing multiple cancer types including genes that may or may not have published management guidelines:
<b>Hereditary Breast Cancer</b>			
(Please refer to Ambry's HBOC Decision Tree for further details regarding choosing the best test for your patient)			
<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 breast cancer in a man <input type="checkbox"/> Multiple close family members with breast and/or other cancers^	BRCAplus	BreastNext	CancerNext
<b>Hereditary Gynecologic Cancer</b>			
(Please refer to Ambry's HBOC and/or Colorectal Cancer Decision Tree for further details regarding choosing the best test for your patient)			
<input type="checkbox"/> Ovarian, Fallopian tube, or primary peritoneal cancer at any age <input type="checkbox"/> Uterine cancer $< 50y$ or with abnormal MSI/IHC <input type="checkbox"/> Multiple close family members with ovarian or uterine, and other cancers^	GYNplus	OvaNext	CancerNext
<b>Hereditary Colorectal Cancer</b>			
(Please refer to Ambry's Colorectal Cancer Decision Tree for further details regarding choosing the best test for your patient)			
<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
<b>Hereditary Prostate Cancer</b>			
<input type="checkbox"/> Prostate cancer $\leq 50y$ <input type="checkbox"/> Metastatic prostate cancer at any age		ProstateNext	CancerNext
<b>Hereditary Kidney Cancer</b>			
<input type="checkbox"/> Kidney cancer $\leq 46y$ OR multiple primary kidney cancers <input type="checkbox"/> Multiple close family members with kidney or other cancers^		RenalNext	CancerNext-Expanded
<b>Other Hereditary Cancers</b>			
<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 ( $< 40y$ , 2 cases at any age, or with lobular breast cancer - 1 $< 50y$ )	BRCAplus, ColoNext		CancerNext
<input type="checkbox"/> Personal history of multiple primary melanomas OR multiple close family members with melanoma and other cancers^ (i.e. pancreatic, renal)		MelanomaNext	CancerNext
<input type="checkbox"/> Pancreatic cancer $< 60y$ OR multiple close family members with pancreatic and/or other cancers^		PancNext	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.