Ambry Genetics®
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Hereditary Urologic 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 urologic 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.

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	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)
☑ EXAMPLE: Prostate Cancer	Me	56			Father Uncle	60 64
☐ PROSTATE CANCER						
☐ BREAST CANCER (in women or men)						
☐ OVARIAN CANCER (including Fallopian tube/peritoneal)						
☐ PANCREATIC CANCER						
☐ KIDNEY (RENAL) CANCER						
☐ COLORECTAL CANCER						
☐ UTERINE (ENDOMETRIAL) CANCER						
☐ OTHER CANCER Type: _____						
☐ OTHER CANCER Type: _____						

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

☐ I, or someone in my family, have had genetic testing for a hereditary cancer syndrome. Please describe below.

_____

_____

_____

Possible Genetic Testing Indications and Testing Options[1]

(to be completed by healthcare provider)

WEIGHING THE OPTIONS:

- **Tumor-Specific Panel**: These tests simultaneously analyze multiple genes based on a particular type of cancer/tumor. There may be published management guidelines for some or all of the genes, and these tests are often chosen if the patient/family cancer history is suspicious for multiple syndromes.
- **Comprehensive Panel**: These tests are more comprehensive and provide the greatest chance of identifying a mutation. Since there are more genes included on these tests, the variant of unknown significance (VUS) rates are higher and some genes do not have published management guidelines.

PATIENT'S PERSONAL & FAMILY HISTORY	TUMOR-SPECIFIC PANELS	COMPREHENSIVE PANELS
Hereditary Prostate Cancer		
☐ Prostate cancer ≤50y	ProstateNext	CancerNext
☐ Multiple primary cancers (*e.g.* prostate and male breast)		
☐ Metastatic prostate cancer at any age		
A personal history of prostate cancer (Gleason score ≥7) at any age AND at least 1 of the following:		
☐ ≥2 family members[2] with prostate cancer at any age*	ProstateNext	CancerNext
☐ ≥1 family member[2] with breast cancer ≤50y or ovarian cancer (includes Fallopian tube/peritoneal) at any age*		
☐ ≥2 family members[2] with breast, prostate, and/or pancreatic cancer at any age*		
No personal history of prostate cancer AND at least 1 of the following:		
☐ ≥3 family members[2] with prostate cancer (Gleason score ≥7) at any age*	ProstateNext	CancerNext
☐ ≥1 family member[2] with breast cancer at ≤45y or ovarian cancer (includes Fallopian tube/peritoneal) at any age*		
☐ ≥3 family members[2] with any combination of prostate (Gleason score ≥7), breast, or pancreatic cancers at any age*		
Hereditary Kidney Cancer		
☐ Kidney cancer ≤46y or multiple primary kidney cancers	RenalNext	CancerNext-*Expanded*
☐ ≥3 family members[2] with kidney cancer		
Lynch Syndrome^		
☐ Personal history of colorectal or uterine cancer ≤50y OR personal history of more than one Lynch syndrome cancer[3] (like colorectal AND upper urinary tract cancer) at any age		CancerNext
☐ Personal history of colorectal cancer at any age and ≥2 family members[2] with Lynch syndrome cancers[3]		
☐ ≥3 family members[2] with colorectal, uterine, ovarian, or other Lynch syndrome cancers[3]		

**Meets National Comprehensive Cancer Network® (NCCN®) genetic testing guidelines for BRCA1/2, therefore, testing of only these two genes may be considered.*

^Genetic testing for Lynch syndrome is indicated in these situations, therefore, testing of MLH1, MSH2, MSH6, PMS2, and EPCAM only may be considered.

[1]This is a suggested list; not comprehensive. There are other situations where genetic testing may be appropriate. Other single gene and panel tests are available at ambrygen.com/cancer.

[2]On the same side of the family

[3]Lynch syndrome cancers include: colorectal, uterine, stomach, ovarian, small bowel, hepatobiliary tract, upper urinary tract, brain, pancreatic, and sebaceous

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