Sunnybrook
HEALTH SCIENCES CENTRE

Cancer Genetics and High Risk Program Referral Form

FAX to: 416-480-5859

REFERRAL DATE (YYYY/MM/DD):_____

First name:_____
Last name:_____
Date of birth:_____ (YYYY/MM/DD) ☐ Male ☐ Female ☐ _____
Address: _____
_____
Health card:_____ Version code: _____
Preferred tel: _____
Email*: _____
*** Required to send link to the online family history questionnaire (FHQ).** FHQ can be mailed if needed.

PATIENT IDENTIFICATION

Referring physician:_____ Referring physician signature:_____
Physician billing number:_____ Address:_____ Tel:_____ Fax: _____

PLEASE NOTE:
- Most patients will be contacted directly by **email** with a link to complete an online FHQ
- **We may decline to see your patient if upon review of the completed FHQ the criteria below are not met.**

In order for us to complete a breast cancer risk assessment for eligible female patients, please provide BI-RADS breast density category OR attach the most recent mammogram report with breast density reported:_____

☐ **URGENT** (please provide reason):_____

1. PERSONAL history of cancer: ☐ No ☐ Yes, type: _____ Age diagnosed: _____

If breast cancer, did the patient have bilateral mastectomy? ☐ No ☐ Yes

2. CHOOSE ALL REFERRAL CRITERIA THAT APPLY:

≤ - less than or equal to
≥ - greater than or equal to

☐ Personal and/or family history in close relatives of one or more of the following:
- ☐ Breast cancer at ≤ 45 years.
- ☐ Breast cancer at ≤ 50 years with limited family structure (e.g. adoption)
- ☐ Triple negative breast cancer at ≤ 60 years.
- ☐ Bilateral breast cancer, especially if one was diagnosed ≤ 50 years.
- ☐ Ovarian cancer (including fallopian tube and primary peritoneal) at any age.
- ☐ Male breast cancer at any age.
- ☐ Pancreatic adenocarcinoma at any age.
- ☐ Metastatic prostate cancer OR high risk prostate cancer at any age.
- ☐ HBOC-related cancers** at any age and Ashkenazi Jewish ancestry.
- ☐ Multiple cases of HBOC-related cancers** on the same side of the family – describe cancer history:

  _____

- ☐ ≥ 20 adenomatous colorectal polyps at any age OR > 20 serrated colorectal polyps at any age.
- ☐ 10-19 adenomatous colorectal polyps ≤ 60 years.
- ☐ 5-9 adenomatous colorectal polyps either < 50 years and/or positive family history of colorectal and/or endometrial cancer.
- ☐ Colorectal cancer OR endometrial cancer at ≤ 35 years (IHC intact or absent).
- ☐ Two cases of colorectal cancer and/or endometrial cancer at ≤ 50 years (IHC intact or absent).
- ☐ Immunohistochemistry (IHC) absent for MSH2, MSH6 or PMS2
- ☐ IHC absent for MLH1 < 70 years and BRAF or MLH1 promoter hypermethylation normal/negative.
- ☐ Multiple primary LS-related cancers*** in the same person, especially if one of both was diagnosed ≤ 50 years.
- ☐ Multiple cases of LS-related cancers*** on the same side of the family – describe cancer history:

  _____

- ☐ Gastric or Gastroesophageal (GE) junction adenocarcinoma at ≤ 50 years.
- ☐ Multiple gastrointestinal stromal tumours (GIST) in the same person OR in multiple family members.
- ☐ ≥ 3 primary malignant melanomas in the same person OR at least 3 close relatives with melanoma and/or pancreatic cancer.
- ☐ Renal cell carcinoma ≤ 45 years OR bilateral/multifocal disease OR non-clear cell pathology at any age.
- ☐ Pheochromocytoma OR paraganglioma at any age.
- ☐ Sarcoma < 45 years and family history of young onset malignancy in close relatives.

☐ Other personal or family history suggestive of hereditary cancer syndrome. Please describe cancer history:

_____

☐ Family member with a known mutation in a cancer susceptibility gene (e.g. *ATM, BRCA1, CHEK2, FH, MSH6, RAD51D, TP53,* etc)

Specify gene and mutation:_____

Relative's name:_____ Relationship to patient:_____

Attach genetic report and/or genetic counselling letter, if available.

To inquire about a referral, call 416-480-6835. To inquire about a returned FHQ and/or appointment, call 416-480-5000 Ext. 85336

****HBOC (Hereditary breast and ovarian cancer syndrome)-related cancers include: breast, ovarian, pancreatic and prostate.**

*****LS (Lynch syndrome)-related cancers include: colorectal, endometrial, gastric, ovarian, pancreas, ureter and renal pelvis, biliary tract, brain, small intestinal cancers and sebaceous adenomas.**

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(2021/12/06)

FOR OFFICE USE ONLY: CLINIC:_____
HFN:_____ **DATE (YYYY/MM/DD):**_____ **TIME (h):**_____