

# Risk Assessment for Hereditary Cancers

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Instructions:** This is a screening tool for the common features of hereditary cancer syndromes. Please circle Y (yes) for those that apply to YOU and/or YOUR FAMILY – BOTH MOM'S SIDE AND DAD'S SIDE OF FAMILY. If you circle Y (yes) for any statement below, you may be appropriate for hereditary cancer testing. Include any of the family members below:

Yourself	Mother	Father	Sister (s)	Brother (s)	Children
Aunt (s)	Uncle (s)	Grandmother (s)	Grandfather (s)	Niece (s)	Nephew(s)

			YOU	FAMILY MEMBER	MOM'S SIDE	DAD'S SIDE	AGE AT DIAGNOSIS		
<b>Y</b>	<b>N</b>	Breast Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Breast Cancer in both Breasts or Breast Cancer twice in the same person	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Male Breast Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Triple Negative Breast Cancer under 60	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Pancreatic Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Ovarian Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Colon / Colorectal Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Uterine / Endometrial Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Stomach / Bladder Cancer	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Other Cancers	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Ashkenazi Jewish Ancestry	_____	_____	_____	_____	_____		
			_____	_____	_____	_____	_____		
<b>Y</b>	<b>N</b>	Have you or any member of your family ever had genetic testing for Hereditary Risk of Cancer	_____	_____	_____	_____	_____		

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

- Candidate for further risk assessment and/or genetic testing.
- Patient does not meet criteria at this time.
- Follow-up appointment scheduled.

Patient offered genetic testing.

- Accepted
- Declined

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Date

# Risk Assessment for Hereditary Cancers

**Hereditary Cancer Red Flags:** (To be completed by Healthcare Professionals – Check all that apply)

*Integrated BRACAnalysis<sup>®</sup> with Myriad myRisk<sup>™</sup>*

## Hereditary Breast and Ovarian Cancer Syndrome Red Flags

*Hereditary Breast and Ovarian Cancer Syndrome associated cancers include: breast (including DCIS), ovarian, pancreatic or aggressive prostate cancer (Gleason score of >7)*

### One Case:

- Ovarian Cancer at any age (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- Breast Cancer before age 45 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- Triple Negative Breast Cancer (ER-, PR-,HER2-) before age 60 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- Male Breast Cancer at any age (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- A previously identified HBOC mutation in family

### Two Cases (in same person or on same side of family):

- 2 Breast Cancers at least one before age 50 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- Breast Cancer plus one additional HBOC syndrome cancer at least one before age 50 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)

### Three Cases (in same person or on same side of family):

- 3 HBOC Syndrome Cancers at any age (Personal, 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> degree relative)

*COLARIS<sup>®PLUS</sup> with Myriad myRisk<sup>™</sup>*

## Hereditary Colorectal Cancer Syndromes Red Flags

*Hereditary Colorectal Cancer Syndrome associated cancers include: colorectal, endometrial (uterine), stomach, ovarian, pancreas, kidney (renal pelvis), bladder, brain, or sebaceous adenomas*

### One Case:

- Colorectal Cancer before age 50 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- Endometrial cancer before age 50 (Personal, 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- A previously identified Lynch mutation in family

### Two Cases (in same person or on same side of family):

- Colorectal Cancer plus one additional Lynch Syndrome Cancer at least one under age 50 (in same person or on same side of the family)
- Endometrial Cancer plus one additional Lynch Syndrome Cancer at least one under age 50 (in same person or on same side of the family)

### Three Cases (in same person or on same side of family):

- 3 Lynch Syndrome Cancers at any age (Personal, 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> degree relative)

#### 1<sup>st</sup> Degree Relatives:

Mother, Father, Sister(s),  
Brother(s), Daughter(s), Son(s)

#### 2<sup>nd</sup> Degree Relatives:

Grandparent(s), Aunt(s), Uncle(s),  
Niece(s), Nephew(s), Grandchildren

#### 3<sup>rd</sup> Degree Relatives:

Cousin(s), Great Grandparent(s),  
Great Aunt(s), Great Uncle(s)