

Familial Oncology Program

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Patient Label

GENERAL CANCER GENETICS REFERRAL CRITERIA

IMPORTANT POINTS:

- ▶ For breast/ovarian OR polyposis/colorectal referrals, please use cancer-specific forms
- ▶ Although cancer is relatively common, hereditary forms of cancer are comparatively rare.
- ▶ Factors which are suggestive of a hereditary cancer syndrome in a family include:
 - Two or more cases of an *uncommon* cancer in first/second degree family relatives (i.e. endocrine tumors)
 - Cancers occurring at much younger ages than usual (i.e. thyroid cancer in childhood/adolescence)
 - Cancers occurring in paired organs (i.e. both kidneys, both eyes)
 - More than one type of cancer in a single person
 - ***NOTE: cancer incidence increases with age; therefore, the presence of more than one common cancer (breast, colon, etc.) when diagnosed at later ages is less suggestive of a hereditary predisposition in the absence of supporting family history.***
 - Clustering of cancer in a family that is greater than expected for family size
 - ***EXCEPTIONS include lung cancer and cervical cancer which are most often due to non-hereditary factors***
- ▶ Genetic testing is most informative when initiated in a family member who has been diagnosed with the cancer in consideration. Once a pathogenic mutation has been identified in a family, other relatives may then be eligible for genetic testing regardless of whether they have had cancer or not.

TO REQUEST GENETIC ASSESSMENT FOR OTHER RARE CANCER SUSCEPTIBILITY SYNDROMES, PLEASE DETAIL RELEVANT FACTORS SPECIFIC TO YOUR PATIENT BELOW AND ATTACH THE ACCOMPANYING FAMILY HISTORY QUESTIONNAIRE. *All General Cancer Genetics Referrals will be reviewed by the Genetics Team for suitability. You will be notified of the decision.*