

Cancer Genetics Consultation Provider Screening Form

Does the Patient Have a Personal and/or Family History of:

- Breast, colon or endometrial cancer \leq age 50
- Triple negative breast cancer \leq age 60
- Male breast cancer
- Ovarian/ fallopian tube/ primary peritoneal cancer
- A personal or family history of breast or ovarian cancer and Ashkenazi Jewish ancestry
- Colon or endometrial tumor with microsatellite instability (MSI) and/or abnormal immunohistochemical (IHC) staining for mismatch repair proteins (MLH1, MSH2, MSH6, PMS2)
- Twenty or more cumulative colon/ GI polyps
- Multiple primary, bilateral or early onset (\leq 45) cancers of any type
- A known mutation in a cancer susceptibility gene
- A personal and/or family history of 3 or more of the following (same side of family):

Breast cancer	Colon or small bowel cancer
Pancreatic cancer	Ovarian cancer
Prostate cancer (Gleason score \geq 7)	Endometrial cancer
Melanoma	Thyroid cancer
Sarcoma	Kidney cancer
Adrenocortical carcinoma	Diffuse gastric cancer
Brain tumors	Sebaceous adenomas
Leukemia or lymphoma	Hamartomatous GI polyps
Parathyroid or pituitary adenoma	Ureter or biliary tract cancer
- A personal or family history of any of the following:

Retinoblastoma	Pheochromocytoma
Paraganglioma or carotid body tumors	Medullary thyroid cancer
Hepatoblastoma	Hemangioblastoma of brain/spine

When in doubt, you are always welcome to refer and we can further evaluate.