Referral Criteria for Hereditary Cancer Syndromes

Referral Criteria - Hereditary Breast or Breast-Ovarian Cancer

1. Relatives of an individual with a confirmed pathogenic mutation in a known breast/ovarian cancer gene – BRCA1 or BRCA2 or other – if possible **please enclose report**

Breast Cancer:

1. Personal history of breast cancer diagnosed < age 35
2. Personal history of more than one primary breast cancer, at least one diagnosed ≤ age 50
3. Personal history of breast cancer diagnosed ≤ age 50 AND a close blood relative* with breast cancer diagnosed ≤ age 50 and/or a close blood relative with ovarian cancer** at any age
4. Personal history of breast cancer, AND two close blood relatives* with breast cancer and/or ovarian cancer** diagnosed at any age
5. Personal history of "triple negative" tumour (ER-ve, PR-ve, Her2-ve), diagnosed ≤ age 40
6. Personal history of breast cancer diagnosed < age of 60 AND a close blood relative* with ovarian cancer**
7. Personal history of breast cancer at any age and a close male blood relative* with breast cancer diagnosed at any age
8. Personal history of male breast cancer

Ovarian Cancer:

1. Personal history of ovarian cancer** diagnosed at any age

Unaffected Family Members:

1. Individuals who have a close blood relative* who meets any of the criteria above may be referred for genetic counselling

Ashkenazi Jewish Ancestry:

1. Personal history of breast cancer diagnosed any age
2. Unaffected individuals with a close blood relative with breast cancer or ovarian cancer**.

Other:

1. Families who have a significant clustering (above general population prevalence) of breast and/or ovarian cancer**, but wh**o** do NOT meet above criteria (for assessment only).

* close blood relative = first or second degree relative
** ovarian cancer = epithelial ovarian/fallopian tube/primary peritoneal

Very Important Point:

Testing for many genetic syndromes of hereditary cancer lack high sensitivity and/or specificity. Therefore, the initial patient tested in any family must be considered informative. This generally means that the initial patient tested in any family must be affected by the cancer in consideration. Only in **rare** circumstances can initial testing be done on an unaffected family member. Once a pathologic mutation has been established in a family, any family member may then be eligible for genetic testing.

For questions, please call 306-655-1692
April 2015

Referral Criteria – Hereditary Colorectal Cancer

1. Relatives of an individual with a confirmed pathogenic mutation in any colon cancer gene – if possible **please enclose report**

Familial Adenomatous Polyposis (FAP):

1. Suspected or known diagnosis of FAP or MYH polyposis in patient or first-degree relative
2. Personal history of ten or more adenomatous polyps

Lynch Syndrome (formerly known as Hereditary Non-Polyposis Colorectal Cancer or HNPCC):

1. Two or more close relatives with colon cancer, colorectal adenomas at young age or other Lynch syndrome related cancers such as endometrial, ovarian, gastric, hepatobiliary, small bowel, transitional cell carcinoma of the renal pelvis or ureter, and sebaceous adenomas
2. Personal history of colon cancer under the age of 50 or adenomas under the age of 40.
3. Tumour Immunohistochemistry (IHC) or Microsatellite Instability testing results suggestive of a germline mutation in the patient or deceased first degree relative.

Ashkenazi Jewish Ancestry:

1. Any individual of Ashkenazi Jewish descent with colorectal cancer or with a first degree relative with colorectal

Hamartomatous Polyposis Syndromes

1. Anyone with multiple hamartomatous polyps
2. Anyone with a first degree relative firmly diagnosed with a specific Hamartomatous Polyposis Syndrome

Referral Criteria – Other Specific Hereditary Cancer Syndromes

e.g., Multiple Endocrine Neoplasia, Von Hippel Lindau, Li Fraumeni, Cowden, and others

1. Individuals with suspected or known hereditary cancer syndromes
2. Unaffected individuals with a confirmed family history of a specific Hereditary Cancer Syndrome

Referral Criteria – Other

Cancer is common in the general population. Certain family characteristics may raise concern for hereditary cancer:

1. Two or more cases of an uncommon cancer in first and/or second degree relatives
2. Cancer that is diagnosed much younger than usual, and where there is another cancer of the same type, at any age, in a first and/or second degree relative
3. Clustering of cancer in a family, significantly above expected for the size of the family

Exceptions:

a. Lung – almost always due to personal or second-hand smoking, or environmental exposure
b. Cervical – almost always due to a viral infection

Very Important Point:

Testing for many genetic syndromes of hereditary cancer lack high sensitivity and/or specificity. Therefore, the initial patient tested in any family must be considered informative. This generally means that the initial patient tested in any family must be affected by the cancer in consideration. Only in rare circumstances can initial testing be done on an unaffected family member. Once a pathologic mutation has been established in a family, any family member may then be eligible for genetic testing.