Kingston General Hospital
Cancer Centre of Southeastern Ontario

Familial Oncology Program
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Patient Label

HEREDITARY BREAST and/or OVARIAN CANCER REFERRAL CRITERIA

IMPORTANT DEFINITIONS:

Close relatives are parents, children, sisters, brothers, aunts, uncles, grandparents and grandchildren.
Breast cancer refers to all invasive cancers and DCIS. LCIS is excluded.
Ovarian Cancer refers to all invasive non-mucinous epithelial cancer (e.g. serous) and includes primary peritoneal and fallopian tube cancers. Borderline/low malignant potential ovarian tumours are excluded.

INDIVIDUAL WITH: ****Please provide relevant pathology reports**

- □ Breast cancer diagnosed **< age 35**
- □ **Two primary** breast cancers, at least one diagnosed **< age 50**
- □ **Triple negative** (ER-,PR-,HER-) breast cancer diagnosed **< age 50**
- □ **Male** breast cancer diagnosed **at any age**
- □ Ovarian cancer diagnosed **at any age**
- □ Breast **AND** ovarian cancer diagnosed at any age
- □ **Ashkenazi Jewish** ancestry **AND** ovarian cancer at any age **OR** breast cancer diagnosed **< age 50**

FAMILY WITH:

****Affected relatives must be on the same side of the family**
****If your patient has cancer, include them in the count**
****Family history form to be completed by the patient and enclosed**

- □ ***BRCA1/2* mutation** identified
  - o Name of relative _____ and relationship to your patient _____
  - o Gene with mutation _____ **please include a copy of report if possible
- □ Breast cancer in **two close relatives < age 50**
- □ Breast cancer **< age 60 AND** a close relative with ovarian cancer **OR** male breast cancer
- □ **Two cases of ovarian cancer** in close relatives diagnosed at any age
- □ Breast or ovarian cancer in **three close relatives**
- □ **Ashkenazi Jewish** individual with breast cancer at any age **AND** family history of breast or ovarian cancer
- □ **Ashkenazi Jewish** unaffected individual who has close relative(s) with:
  - o Breast cancer < age 50
  - o Ovarian cancer at any age
  - o Male breast cancer

For surgeons and oncologists only: □ Expedited referral *(check if appropriate)*
Please provide: **Indication for expedited testing:*_____
**Approximate date when surgery or radiation therapy would occur:* _____
Note: requests will be reviewed for appropriateness. The minimum time for results is approximately 8 weeks from the date of blood draw