

Familial Oncology Program 25 King St. West

25 King St. West Kingston, Ontario K7L 5P9

Tel: (613) 544-2631 ext. 2800

Fax: 613-545-5722

Patient Label

HEREDITARY POLYPOSIS and COLORECTAL CANCER REFERRAL CRITERIA

IMPORTANT POINTS and DEFINITIONS:

First degree relatives include parents, children and sisters/brothers

Second degree relatives include aunts/uncles, grandparents and grandchildren.

Lynch syndrome (**LS)/HNPCC Tumor Spectrum** includes: colorectal, endometrial, small bowel, gastric, ureter, kidney (*transitional cell or urothelial only*), ovarian, primary brain, pancreatic, primary hepatobiliary tract, sebaceous adenoma/carcinoma and keratoacanthoma.

INDIVIDUAL WITH:	**Please provide relevant pathology reports
☐ colorectal cancer diagnosed < 35	5y
☐ two primary colorectal cancers (metachronous or synchronous) with at least one diagnosed <55y
☐ colorectal cancer and another p i	rimary LS related cancer with at least one diagnosed <55y
□ immunodeficient tumor (MLH1, M• please have patient co	ISH2, MSH6 or PMS2) complete family history questionnaire to accompany referral.
☐ 10 or more histologically confirme	ed adenomatous polyps (synchronous or cumulative)
☐ other histologically distinct polyp(Peutz Jegher, juvenile polyposis or	(s) (hamartomatous, juvenile) suggestive of a specific genetic syndrome (eg. Cowden)
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
□ known pathogenic gene mutation • Name of relative • Gene with mutation_	n in a family member and relationship to your patient ** please include copy of report if available
☐ LS related cancers in 2 first/seco colorectal	nd degree relatives with both diagnosed <50y ; and at least one cancer must be
 LS related cancer (as above) in 3 at least 2 relatives must be at least one cancer is diagr 	in first-degree relationship
 first degree relative of a decease colorectal cancer diagnosed two primary colorectal cancer 	

colorectal cancer and another primary LS related cancer with at least one diagnosed <55y, OR

immunodeficient tumor (MLH1, MSH2, MSH6 or PMS2)