WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Cancer Genetics Program
2220 Kildare Road
Windsor, ON N8W 2X3
Phone: 519-254-5577 ext. 58620

Erie St. Clair Regional Cancer Program
Ontario Health (Cancer Care Ontario)

Cancer Genetics Referral Form

FAX: 519-255-8688

Referral date (DD/MM/YYYY): _____ □ Female □ Male □ Other: _____

Patient name: _____

DOB (DD/MM/YYYY): _____ Health Card #: _____

Address: _____ City: _____ Postal Code: _____

Tel (preferred): _____ Email: _____

Tel (alt): _____ Ashkenazi Jewish ancestry? □ Yes □ No

Interpreter req'd: ☐ No ☐ Yes, specify language: _____

Does your patient have a PERSONAL history of cancer? ****If YES, please send all relevant cancer pathology reports with referral****

☐ NO ☐ YES, type(s): _____ age(s) diagnosed: _____

Does your patient need to be seen URGENTLY? (i.e. for upcoming surgical decision-making or treatment options)**?**

☐ NO ☐ YES, reason for urgency & date of medical intervention: _____

Has your patient HAD GENETIC TESTING (incl. germline & tumour testing)**?** ****If YES, please send copies of all results with referral****

☐ NO ☐ YES, result: _____

Please check reason(s) for referral:

☐ Personal history suggestive of hereditary cancer syndrome (*see page 2 for outline of current genetic testing criteria*)

Please specify: _____

_____

_____

☐ Family history suggestive of hereditary cancer syndrome (*see page 2 for outline of current genetic testing criteria*)

Please specify family history including types of cancer, ages of diagnosis, and relationships to patient: _____

_____

_____

_____

_____

_____

☐ Family member with a known hereditary cancer gene mutation (i.e. *BRCA1, BRCA2, MLH1, MSH2, MSH6, PMS2, TP53*)

Gene: _____

Relative's full name & DOB: _____

Relative's biological relationship to patient (e.g. maternal aunt): _____

Genetics clinic where relative seen: _____

Referring physician: _____ Billing number: _____

Address: _____

Tel: _____ Fax: _____

March 2023

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Outline of Current Genetic Testing Criteria**

Cancer Care Ontario (CCO) Hereditary Cancer Testing Eligibility Criteria Version 3: Oct 1, 2022

Hereditary Breast and Ovarian Cancer

- Breast cancer ≤45y
- Breast cancer ≤50y with limited family structure
- Breast cancer ≤50y with second primary breast cancer
- Triple negative invasive breast cancer ≤60y
- Male breast cancer, any age
- Invasive epithelial ovarian cancer, any age
- Breast cancer + family history of ≥1 of: breast cancer ≤50y, triple negative breast cancer ≤60y, ovarian cancer, male breast cancer, high risk prostate cancer, pancreatic cancer, or ≥2 additional breast/prostate cancer cases

Prostate Cancer

- Metastatic prostate cancer, any age
- High risk, locally advanced prostate cancer, any age
- Prostate cancer + ≥1 close relative(s) with high risk prostate cancer
- Prostate cancer + ≥2 close relative(s) with breast/prostate/pancreas/ovarian cancer

Polyposis/GI

- Colorectal adenomas
  - ≥20 adenomas, any age
  - 10-19 adenomas ≤60y
  - 5-9 adenomas and:
    - ≤40y + extracolonic FAP/MAP manifestation
    - ≤50y + CRC ≤50y or endometrial cancer ≤60y
    - ≤50y + glioblastoma (GBM) or astrocytoma
    - ≤50y + ≥10 additional polyps (i.e. unbiopsied)
    - FDR with ≥1 of: CRC ≤50y, EC ≤60y, GBM, astrocytoma
    - ≥2 close relatives with CRC or EC at any age
- Fundic gland polyps (FGP)
  - ≥100 FGPs
  - Clustering/multiple FGP (in absence of proton pump inhibitor use) sparing antrum and curvature
  - ≥30 FGPs (in absence of PPI use) sparing antrum and curvature + FDR gastric cancer ≤50y or FDR with FGPs
- Hamartomatous polyps
  - ≥2 hamartomatous polyps, any age
- Serrated polyps
  - ≥20 serrated polyps with ≥5 proximal to rectum
  - ≥5 serrated polyps proximal to rectum, all being ≥5mm and ≥2 being ≥10mm
- PHx of any of the following extracolonic tumours:
  - Cribriform-morular variant of papillary thyroid cancer
  - Hepatoblastoma
  - Desmoid <40
  - RPE hamartomas

Soft Tissue/Sarcoma

- Sarcoma ≤45y + ≥1 of the following:
  - Close relative with early onset malignancy
  - Syndromic presentation

CNS

- Brain tumour + ≥1 of the following:
  - Multiple tumours and/or cancers
  - ≥2 close relatives w/ brain tumours or associated cancers

Lynch Syndrome (LS)

- *IHC (immunohistochemistry) analysis*
  - LS cancer* ≤50y
  - ≥2 LS cancers* with one ≤60y
  - LS cancer* + ≥2 close relatives with LS cancers*
- *Genetic testing*
  - Affected individual/unaffected FDR from family who meets <u>all</u> of:
    - ≥3 relatives with LS cancers*
    - ≥2 successive generations
    - ≥1 diagnosed <50y
    - 1 case in a FDR of other 2
  - IHC-deficient tumour (exception sebaceous neoplasm)
    - BRAF/MLH1 promoter methylation normal
  - IHC-deficient sebaceous neoplasm + ≥1 of: ≤60y, multiple, ≥1 close relative with LS cancer*

*LS cancers include: colorectal, endometrial, gastric, gastroesophageal junction, ovarian, pancreatic, ureter and renal pelvis, biliary tract, brain, small bowel and sebaceous adenomas

Pancreatic Cancer

- Pancreatic adenocarcinoma, any age

Melanoma

- ≥3 primary malignant melanomas, any age
- Malignant melanoma + ≥2 close relatives with melanoma and/or pancreatic cancer
- Malignant melanoma ≤40y with ≥1 close relative(s) with melanoma and/or pancreatic cancer
- Uveal melanoma, any age

Hereditary Renal Tumour Syndromes

- Renal tumour + ≥1 of the following:
  - Bilateral/multifocal disease
  - Diagnosis ≤45y
  - ≥1 close relative(s) with renal tumour
  - Non-clear cell pathology
  - Syndromic presentation
  - PHx/FHx of associated tumours (i.e. hemangioblastoma)

Gastric Cancer

- Gastric/GE cancer ≤50y
- Diffuse gastric cancer (DGC) + Maori ethnicity
- DGC any age with PHx/FHx of cleft lip/palate
- DGC and lobular breast cancer (LBC), both ≤70y
- Bilateral LBC, both ≤70y
- Gastric in situ/pagetoid spread of signet ring cells ≤50y
- Affected individual/unaffected FDR from family who meets <u>any</u> of:
  - ≥2 close relatives with gastric cancer, one confirmed DGC
  - ≥1 DGC and ≥1 LBC ≤70y in different relatives
  - ≥2 LBC ≤50y
  - ≥3 gastric cancer, any type, in close relatives

GISTs

- Multiple primary GISTs
- GIST with syndromic manifestations
- SDH-deficient GISTs or GISTs with NF1/SDH variants
- GIST + ≥1 close relative with GIST

Pheo/PGL

- Pheochromocytoma/paraganglioma, any age

**Genetic Testing Criteria are subject to change and referrals will be evaluated by the most up-to-date criteria which may be different than the criteria captured on this form.