Possible Indications for Hereditary Cancer Genetic Testing

TO BE COMPLETED BY HEALTHCARE PROVIDER

PATIENT NAME: _____ DATE OF BIRTH: _____

HEREDITARY CANCER PANEL TESTING: This test analyzes the most frequent genes for mutations that are associated with an increased susceptibility to cancer.

PATIENT'S PERSONAL & FAMILY HISTORY	POTENTIAL TEST PANELS
Hereditary Adenomatous Polyposis	
☐ >10 adenomas ☐ Adenomas and any of the following manifestations: duodenal/ampullary adenomas, desmoid tumors, papillary thyroid cancer, congenital hypertrophy of the retinal pigment epithelium (CHRPE), epidermal cysts, and/or osteomas ☐ Family history of FAP or MAP	Adenomatous Polyposis Panel
Hereditary Breast Cancer	
☐ Early onset breast cancer (≤45 yo, ≤35 yo for TP53) ☐ Multiple primary cancers in one person (e.g. two primary breast cancers or breast and ovarian cancer) ☐ Breast cancer in an Ashkenazi Jewish individual, triple negative breast cancer ≤60 yo, or breast cancer in a man ☐ Multiple close family members with breast and/or other cancers	Breast Cancer Panels Breast/Ovarian Cancer Panel
Hereditary Gynecological Cancer (Breast/Ovarian/Endometrial)	
☐ Ovarian, fallopian tube, or primary peritoneal cancer at any age ☐ Uterine cancer ≤50 yo or with abnormal MSI/IHC ☐ Multiple close family members with ovarian or uterine, and other cancers ☐ Multiple primary cancers in one person (e.g. uterine, breast or colorectal)	Breast/Ovarian Cancer Panel Ovarian Cancer Panel Endometrial Cancer Panel
Hereditary Colorectal Cancer	
☐ >10 colorectal polyps in an individual ☐ Colorectal cancer <50 yo or with abnormal MSI/IHC ☐ Multiple close family members with colon, uterine, ovarian, and/or stomach cancer ☐ Multiple primary cancers in one person (e.g. two primary colorectal cancers or colorectal and uterine cancer	Colorectal Cancer Panel Lynch/Colorectal Cancer Panel
Hereditary Endocrine Neoplasia	
☐ Parathyroid hyperplasia plus personal or family history of pituitary tumors or Pancreatic tumors ☐ Medullary thyroid cancer, any age with or without parathyroid hyperplasia, pheochromocytoma, marfanoid body habitus, ganglioneuromatosis, or mucosal neuroma	Endocrine Neoplasia Panel
Hereditary Gastric Cancer	
☐ ≥2 cases of gastric cancer in first or second-degree relatives, with ≥1 confirmed case(s) of DGC diagnosed <50 yo ☐ ≥3 cases of DGC in first- or second-degree relatives, diagnosed at any age ☐ DGC <40 yo ☐ Family history of DGC LBC, with at least one case diagnosed <50 yo	Gastric Cancer Panel

Hereditary Li-Fraumeni Syndrome	
☐ Sarcoma < 45 yo and first degree relative with cancer < 45 yo and another first or second degree relative with any cancer <45 yo or sarcoma at any age LFS tumor spectrum < 46 yo and a first or second degree relative with LFS tumor (excluding breast cancer) < 56 yo or with multiple tumors Multiple tumors (except multiple breast tumors), two belonging to the LFS tumor specrum and one occurring < 46 yo ☐ Adrenocortical carcinoma (ACC) or choroid plexus tumor, regardless of family history	Li-Fraumeni Syndrome Panel
Hereditary Liver Cancer	
☐ First degree family history of liver cancer Hereditary hemochromatosis, tyrosinemia, α-1-antitrypsin deficiency, porphyria cutanea tarda, glycogen storage disease, or Wilson disease Beckwith-Wiedemann or Simpson-Golabi-Behemal syndrome ☐ Hereditary progressive familial intrahepatic cholestasis ☐ Family history of adenomatous polyposis	Liver Cancer Panel
Hereditary Lung Cancer	
☐ Lung cancer < 60 yo ☐ Family history of nonsmall cell lung cancers (e.g., adenocarcinoma) ☐ >1 primary lung cancer	Lung Cancer Panel
Hereditary Melanoma Cancer	
☐ Multiple affected first degree relatives with melanoma cancer ☐ Skin findings, such as multiple nevi ☐ Family history of other cancers (e.g., breast, ovarian, uterine, pancreatic, kidney or mesothelioma)	Melanoma Cancer Panel
Hereditary Pachyonychia Congenita	
☐ Palmoplantar keratoderma, thickened and friable finger and toe nails, hyperhidrosis, spiny follicular hyperkeratosis, natal teeth, alopecia, epidermoid cysts, or oral leukoplakia	Pachyonychia Congenita Panel
Hereditary Pancreatic Cancer	
☐ Pancreatic cancer ≤60 yo ☐ Multiple primary cancers in one person (e.g. pancreatic and melanoma) ☐ Multiple close family members with pancreatic and/or other cancers	Pancreatic Cancer Panel Melanoma Cancer Panel
Hereditary Prostate Cancer	
☐ Multiple affected first degree relatives with prostate cancer ☐ Prostate cancer ≤55 yo ☐ Prostate cancer with a family history of other cancers (e.g., breast, ovarian, pancreatic)	Prostate Cancer Panel
Hereditary Renal Cancer	
☐ Kidney cancer ≤45 yo ☐ Multiple primary kidney cancers ☐ Multiple close family members with kidney or other cancers	Renal Cancer Panel
Hereditary PGL/PCC	
☐ Pheochromocytoma or paraganglioma at any age ☐ Family history of one or more paragangliomas or pheochromocytomas ☐ A pattern of cancer in which individuals with similar or related cancers are on one side of the family and spanning multiple generations	PGL/PCC Panel
Other Hereditary Cancers	
☐ Multiple types of tumors in one person or in a family, which are suspicious for more than one syndrome	TruSight Cancer Predisposition Panel

This list of testing indications is not comprehensive and the testing options are suggestions only. There are other situations not listed where genetic testing may be appropriate and additional tests are available.