### Criteria for Referral for Cancer Genetics Evaluation

**Directions**: Evaluate cancer history on **both** sides of the family history. Include:

- Patient’s cancer history
- First degree relatives (parents, siblings, children)
- Second degree relatives (aunts, uncles, nieces, nephews, grandparents) and
- Third degree relatives (cousins, great-grandparents, great-aunts and uncles).

Refer patients who have cancer in their personal or family history on the same side who meet any of the following criteria.

<table>
<thead>
<tr>
<th>Breast and Ovarian Cancer</th>
<th>Colorectal and Endometrial Cancers</th>
<th>Endocrine Cancers</th>
<th>Pancreatic Cancer</th>
<th>Gastric Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Personal or family history of mutation in cancer susceptibility gene</td>
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<td>□ Personal or family history of mutation in cancer susceptibility gene</td>
</tr>
<tr>
<td>□ 1 person with breast cancer if</td>
<td>□ 1 person with endometrial cancer if</td>
<td>□ 1 person with colorectal cancer if</td>
<td>□ 2 people on same side of family with pancreatic cancer</td>
<td>□ 1 person with diffuse gastric cancer if</td>
</tr>
<tr>
<td>▶ diagnosed ≤ age 50 or</td>
<td>▶ diagnosed ≤ age 50 or</td>
<td>▶ ≥ 10 adenomas or</td>
<td>□ Personal or family history of pancreatic cancer</td>
<td>□ Personal or family history of diffuse gastric cancer if</td>
</tr>
<tr>
<td>▶ Ashkenazi Jewish or</td>
<td>▶ personal or family history of Lynch syndrome cancers* or</td>
<td>▶ polyposis or multiple hamartomas or</td>
<td>□ 1 person with pancreatic cancer AND personal or family history of melanoma, breast, ovarian, colon cancers</td>
<td>□ Personal or family history of diffuse gastric cancer if</td>
</tr>
<tr>
<td>▶ 2 breast primaries or</td>
<td>▶ personal or family history of Lynch syndrome cancers* or</td>
<td>▶ personal or family history of desmoids or</td>
<td>□ 2 people on same side of family with pancreatic cancer</td>
<td>□ 2 people on the same side of the family with diffuse gastric cancer</td>
</tr>
<tr>
<td>▶ Triple negative breast cancer or</td>
<td>▶ positive tumor testing for Lynch syndrome</td>
<td>▶ positive tumor testing for Lynch syndrome</td>
<td>□ 2 people on same side of family with pancreatic cancer</td>
<td>□ 2 people on the same side of the family with diffuse gastric cancer</td>
</tr>
<tr>
<td>▶ Male breast cancer or</td>
<td>□ 2 Lynch syndrome cancers* in one person, one diagnosed &lt; age 50</td>
<td>□ 2 Lynch syndrome cancers* on same side of family, one diagnosed &lt; age 50</td>
<td>□ 1 person with pancreatic cancer</td>
<td>□ 1 person with diffuse gastric cancer if</td>
</tr>
<tr>
<td>▶ Known gene mutation in family</td>
<td>□ 3 Lynch syndrome cancers* on same side of family (any age)</td>
<td>□ 3 Lynch syndrome cancers* on same side of family (any age)</td>
<td>□ 2 people on same side of family with pancreatic cancer</td>
<td>□ 2 people on the same side of the family with diffuse gastric cancer</td>
</tr>
<tr>
<td>▶ Personal or family history of any of the following cancers: ovarian, pancreatic, prostate, sarcoma, adrenocortical, brain, endometrial, thyroid, leukemia, lymphoma, diffuse gastric</td>
<td>□ person with 10 or more colorectal adenomas</td>
<td>□ person with 10 or more colorectal adenomas</td>
<td>□ 1 person with pancreatic cancer</td>
<td>□ 1 person with diffuse gastric cancer if</td>
</tr>
<tr>
<td>□ 2 people on same side of family with breast cancer</td>
<td></td>
<td></td>
<td>□ 1 person with pancreatic cancer</td>
<td>□ diagnosed ≤ age 50 or</td>
</tr>
<tr>
<td>□ 1 person with ovarian cancer</td>
<td></td>
<td></td>
<td>□ personal or family history of lobular breast cancer or colon cancer</td>
<td>□ personal or family history of lobular breast cancer or colon cancer</td>
</tr>
</tbody>
</table>

* **Lynch syndrome cancers** = colorectal, endometrial, stomach, ovarian, pancreatic, ureter, renal pelvis, biliary tract, brain, small bowel cancer, or sebaceous adenoma/carcinoma

**Melanoma**

- □ Personal or family history of mutation in cancer susceptibility gene
- □ ≥2 people on the same side of the family with melanoma and/or pancreatic cancer
Familial Renal Cancer

- Personal or family history of mutation in cancer susceptibility gene
- 1 person with kidney cancer if
  - Early age of onset or
  - multifocal or bilateral disease or
  - chromophobe or oncocytic pathology or
- 1 with renal cancer and personal or family history of:
  - uterine fibroids
  - cutaneous leiomyoma
  - thyroid or breast cancer
  - hemangioblastoma
  - pheochromocytoma
  - spontaneous pneumothorax
  - fibrofolliculoma
- ≥2 with renal cancer

Single Case of:

- Adrenocortical carcinoma
- Retinoblastoma
- Wilms tumor (bilateral)
- Pheochromocytoma
- Medullary thyroid cancer
- Paraganglioma or carotid body tumors
- Hepatoblastoma
- Hemangioblastoma of brain or spine
- Pleuropulmonary blastoma
- Choroid plexus carcinoma
- Pediatric rhabdoid tumor: kidney or brain
- Optic glioma

For More Information — Ohio Cancer Risk Assessment

- Akron Children’s Hospital
  Genetic Cancer Program: 330-543-8792
  www.akronchildrens.org/hereditarycancer

  — Canton —

- Aultman Hospital
  Cancer Genetics Program: 330-363-4363
  www.aultman.com

  — Cincinnati —

- Cincinnati Children’s Hospital Medical Center
  Hereditary Cancer Program: 513-636-4760

- Tri Health Institute
  Cancer Genetics Program: 513-865-5578

  — Cleveland —

- Cleveland Clinic, Center for Personalized Genetic Healthcare: 216-445-5686

- Hillcrest Hospital
  Cancer Program: 440-312-5634
  www.hillcresthospital.org

- MetroHealth Medical Center
  Hereditary Cancer Clinic: 216-778-4323

- University Hospital Center for Human Genetics
  Cancer Genetics Clinic: 216-844-3936

  — Columbus —

- Mount Carmel Health System

-资源 for Family History Collection

US Surgeon General www.hhs.gov/familyhistory
American Medical Association http://www.ama-assn.org/ama/pub/category/2380.html
March of Dimes http://www.marchofdimes.com/pnhec/4439_1109.asp
National Society of Genetic Counselors http://www.nsgc.org/consumer/familytree/index.cfm

Cancer Risk Program: 614-546-4330

OhioHealth Genetics Counseling: 614-566-4363
www.ohiohealthcancercare.com

Nationwide Children’s Hospital
Hematology/Oncology/BMT Genetics Program: 614-722-3695
http://bit.ly/mJCHkO

The Ohio State University James Cancer Hospital and Solove Research Institute
Clinical Cancer Genetics Program: 614-293-6694 or 888-329-1654
http://bit.ly/1b8Xufi

— Dayton —

Dayton Children’s— Dayton Children’s Hospital in affiliation with Good Samaritan Hospital
Cancer Genetics Program: 937-641-3800
http://bit.ly/19KGQou

Miami Valley Hospital
Cancer Genetics Services: 937-438-3830
http://bit.ly/13CXNgV

— Toledo —

Mercy St. Vincent Medical Center
Hereditary Cancer Program: 419-383-3727
www.mercyweb.org/childrens_genetics.aspx

ProMedica Cancer Institute, Hickman Cancer Center
at Flower Hospital: 419-824-1952
www.promedica.org/cancer genetics

— Youngstown —

Akron Children’s Hospital, Boardman Medical Pavilion,
Cancer Genetics Program: 330-729-1145
http://bit.ly/14ggUgF

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