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:

- 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:

- BRCA1/2 mutation identified
  - Name of relative _______________ and relationship to your patient _______________
  - 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:
  - Breast cancer < age 50
  - Ovarian cancer at any age
  - 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**