

Decatur Office:
 1874 Beltline Road SW, Suite 105
 Decatur, Alabama 35601-5514
 256.355.9711 • Fax 256.351.9717

OB-GYN ASSOCIATES

www.OBGYNalabama.com

Madison Office:
 1041 Balch Road, Suite 250
 Madison, Alabama 35758-8343
 256.704.2229 • Fax 256.704.2235

John A. Shannon, M.D., FACOG • David L. Spangler, M.D., FACOG • Mitchell W. Schuster, M.D., FACOG, FACS • C. Lee McCain, M.D., FACOG • Mark T. Purvis, M.D., FACOG • John L. Stafford, M.D., FACOG • Ashley L. Jones, M.D. • Rachel Acuff, M.D. • Emily Fligg, CRNP • Kristen Bentley, CRNP • Xochitl Dupre, CRNP

Family History Questionnaire for Hereditary Cancer Syndromes

Patient Name: _____ Date of Birth: _____

Gender: Male Female Ethnicity: _____

Phone Number: _____ Email Address: _____

Date Completed: _____

Please complete the below questionnaire to assist your healthcare provider in determining if your personal or family history may be placing you or other family members at increased risk to develop cancer, and if you may be eligible for genetic testing (which is often done via a blood test).

- Tips:**
- Each row should be completed independently
 - Affected relatives on your mother's side of the family should be listed in the pink boxes and affected relatives on your father's side of the family should be listed in the blue boxes
 - Age at diagnosis is the age at which the cancer was diagnosed
 - Other friends and family can assess their cancer risk by going to www.genedx.com/MyCancerHistory where they can complete a family history questionnaire and share it with a healthcare professional.

Past genetic testing for cancer: You: _____ Relative: _____ Result: _____

	You	Immediate Blood Relatives		Extended Blood Relatives (Aunts, Uncles, Grandparents, etc.)			
	Age at Diagnosis	Parents, Siblings or Children	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
Example <i>Breast Cancer</i>	38	<i>Sister</i>	52	<i>Aunt</i> <i>Male Cousin</i>	65 62	<i>Grandmother</i>	<i>Don't know</i>
Breast Cancer							
Ovarian Cancer							
Pancreatic Cancer							
Uterine/Endometrial Cancer							
Colon/Rectal Cancer							
Colon Polyps: (indicate number)							
Prostate Cancer							
Other (please specify)							

NCCN Genetic Testing Criteria for Hereditary Breast and Ovarian Cancer Syndrome

Family history of a known BRCA1 or BRCA2 mutation

Personal history of breast cancer diagnosed at age 45 or younger

Personal history of breast cancer diagnosed at age 50 or younger with one of the following:

- ≥ 1 close blood relative(s) with breast cancer at any age
- An unknown or limited family history
- Two breast primaries, the first of which was diagnosed at age 50 or younger

Personal history of a triple negative breast cancer diagnosed at age 60 or younger

Personal history of epithelial ovarian, fallopian tube, or primary peritoneal cancer at any age

Personal history of male breast cancer at any age

Personal history of breast cancer at any age with one or more of the following:

- ≥ 1 close blood relative(s) with breast cancer diagnosed at age 50 or younger
- ≥ 2 close blood relatives with breast cancer at any age
- ≥ 1 close blood relative(s) with epithelial ovarian/fallopian tube/primary peritoneal cancer
- Close male blood relative with breast cancer
- ≥ 2 close blood relatives with pancreatic cancer and/or prostate cancer (Gleason score ≥ 7) at any age
- For an individual of ethnicity associated with higher mutation frequency (e.g., Ashkenazi Jewish) no additional family history may be required*

Personal history of pancreatic cancer or prostate cancer (Gleason score ≥ 7) at any age with ≥ 2 close blood relatives with breast and/or ovarian and/or pancreatic and/or prostate cancer (Gleason score ≥ 7) at any age

- For pancreatic cancer, if Ashkenazi Jewish ancestry, only one additional affected relative is needed

Unaffected patient with a first or second-degree relative who meets any of the above criteria

- Testing unaffected individuals should only be considered when an appropriate affected family member is unavailable for testing

*Testing for Ashkenazi Jewish founder-specific mutation(s) should be performed first. Full sequencing may be considered if ancestry also includes non-Ashkenazi Jewish relatives or other criteria are met.

NCCN Testing Criteria For Lynch Syndrome (also known as HNPCC) and Polyposis Syndromes

Criteria for Lynch Syndrome genetic testing

Family history of a known Lynch syndrome mutation (MLH1, MSH2, MSH6, PMS2, EPCAM)

Patient has a cancer on the Lynch syndrome tumor spectrum that demonstrates microsatellite instability (MSI-H) or absence of a mismatch repair protein via immunohistochemistry (IHC)

Patient diagnosed with endometrial cancer at age 50 or younger

Meets Revised Bethesda Guidelines:

- Patient has a personal history of colorectal cancer AND meets one of the following:
 - Patient diagnosed at age 50 or younger
 - Presence of synchronous or metachronous Lynch syndrome-associated cancers*, regardless of age
 - Patient diagnosed at age 60 or younger with a colorectal cancer that demonstrates MSI-high histology (tumor-infiltrating lymphocytes, Crohn's-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern)
 - One or more first-degree relatives with a Lynch syndrome-associated cancers*, with one of the cancers being diagnosed at age 50 or younger
 - Two or more first- or second-degree relatives with Lynch syndrome-associated cancers*, regardless of age

Meets Amsterdam Criteria:

- Patient and at least two close relatives who all have or have had a cancer associated with Lynch syndrome AND all of the following criteria must be met:
 - One must be a first-degree relative of the other two;
 - At least two successive generations must be affected;
 - At least one of the cancers should be diagnosed at age 50 or younger;
 - Familial adenomatous polyposis (FAP) should be excluded

Unaffected patient with a close relative who meets any of the above criteria

- Testing unaffected individuals when no affected family member is available should be considered; significant limitations of interpreting test results should be discussed

Criteria for Adenomatous Polyposis (APC and MUTYH) genetic testing

Family history of a known APC mutation or two (biallelic) MUTYH mutations

Personal history of a total of >10 adenomas

Personal history of a desmoid tumor

Other Polyposis Syndrome Genetic Testing Criteria

Personal or family history of multiple GI hamartomatous polyps or serrated polyps