

Referral Guidance for Hereditary Cancer Genetic Assessment

A genetics clinic will determine if a genetic assessment is indicated and if genetic testing is offered. The full criteria and additional details for hereditary cancer testing can be found at

cancercareontario.ca/en/guidelines-advice/types-of-cancer/70161.

Who are high-risk families? Families that check one or more of the following boxes:

Note: Genetic testing is best initiated on a family member with cancer – refer them first if possible.

- ☐ **MULTIPLE CANCERS:** A combination of the same or related cancers on the same side of the family
 - **2 or more:** breast / ovarian / high risk prostate¹ / pancreatic adenocarcinoma
¹One or more features: T3 (or higher) staging, Grade Group 4 or 5, lymph node involvement, PSA 20 or higher.
 - **2 or more:** breast / gastric
 - **2 or more:** colorectal / endometrial / ovarian / gastric / pancreatic adenocarcinoma / ureter / renal pelvis / biliary tract / small bowel / brain / sebaceous adenomas / sarcoma
 - **2 or more:** malignant melanoma / pancreatic adenocarcinoma
 - Multiple primary cancers in the same individual
- ☐ **YOUNG:** Cancer diagnosis at a young age
 - **Age 50 or younger** with a cancer suggestive of Lynch syndrome²
²Colorectal, endometrial, gastric/GE junction, small bowel, pancreas, hepatobiliary, ovarian, renal pelvis/ureter, glioblastoma, sebaceous neoplasm/keratoacanthoma with abnormal mismatch repair immunohistochemistry
 - **Age 45 or younger** with breast or kidney cancer
- ☐ **SPECIFIC OR RARE DIAGNOSIS:** Any one of the following cancers
 - Ovarian cancer
 - Breast cancer: Male breast cancer any age, or triple negative breast cancer at age 60 or younger
 - High risk or metastatic prostate cancer
 - Pancreatic adenocarcinoma
 - Abnormal mismatch repair immunohistochemistry on cancer pathology (suggestive of Lynch syndrome)
 - Multiple adenomatous gastrointestinal polyps (10 or more at age 60 or younger, or 20 or more at any age)
 - Pheochromocytoma or paraganglioma
 - Medullary thyroid cancer
- ☐ **CANCER GENE CARRIER:** Confirmed hereditary pathogenic/likely pathogenic variant in a blood relative
- ☐ **ETHNICITY:** Individual with breast, colorectal cancer/polyps, or prostate cancer AND ancestry with higher risk of cancer (e.g. Ashkenazi Jewish)

Where to refer your patient? Your local cancer genetics clinic:

Please visit ontariohealth.ca/genetics-clinics or contact us at OH-PGP@ontariohealth.ca to find your local clinic.

How to prepare your patient? Ask your patient to gather:

Family history, including age/type of cancer in relatives, and if possible, pathology and genetic test reports.