

# Risk Assessment for Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age of First Period: \_\_\_\_\_ Age of First Child: \_\_\_\_\_

How many years of Hormone Replacement Therapy(if applicable): \_\_\_\_\_ Age started Menopause(if applicable): \_\_\_\_\_

Have you or any of your relatives been tested for hereditary cancer (HBOC/BRCAAnalysis or Lynch/COLARIS)? YES NO

**Instructions:** This is a screening tool for the common features of hereditary cancer syndromes. If you circle Y (yes) for any statement below, you may be appropriate for hereditary cancer testing. When you circle Y, please provide the family member's relationship to you, the site of their cancer and their age when they were diagnosed with cancer.

COLON AND UTERINE CANCER (COLARIS)			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Uterine (endometrial) cancer before age 50				
Y	N	Colorectal cancer before age 50				
Y	N	Two or more of the following cancers on the same side of the family: colon, uterine (endometrial), ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis. <i>Please Circle which cancers.</i>				
Y	N	A family member with a known Lynch Syndrome mutation				

BREAST AND OVARIAN CANCER (BRCAAnalysis)			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Breast cancer at age 45 or younger (in self, first or second degree family members)				
Y	N	Ovarian cancer at any age (in self, first or second degree family members)				
Y	N	Two relatives on the same side of the family with breast cancer under the age of 50				
Y	N	Three relatives on the same side of the family with breast and/or ovarian cancer at any age				
Y	N	Triple negative breast cancer under the age of 60 (receptor status negative for ER, PR and HER2)				
Y	N	Male breast cancer at any age				
Y	N	Breast or ovarian cancer in Ashkenazi Jewish family members				
Y	N	Pancreatic cancer with 2 or more breast and/or ovarian cancers on the same side of the family				
Y	N	A family member with a known BRCA mutation				

Are you of Jewish descent? YES NO

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Patient offered hereditary cancer testing? YES NO

If YES ACCEPTED or DECLINED Decline Signature: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BRCA- Personal or Family History**

One person with: (out to 2<sup>nd</sup> degree)

- Breast (diagnosed ≤45)
- Ovarian any age
- Male breast any age
- Breast with Ashkenazi Jewish heritage any age
- Bilateral breast (diagnosed ≤50)
- Triple negative breast (diagnosed ≤60)

Two persons with: (out to 3<sup>rd</sup> degree)

- Breast Cancer age (2 diagnosed ≤50)
- Breast Cancer & Ovarian Cancer (any age)

Three Persons with: (out to 3<sup>rd</sup> degree)

- Breast and/or pancreatic and/or ovarian (any age)

**Lynch\*-**

Personally affected:

Colon or Endometrial (diagnosed <50) or dx at any age with another Lynch\* cancer in person/family

**Family History**

3 persons, 2 generations, 1 ≤50 with Lynch\* cancers

\*Colon, endometrial, stomach, ovarian, brain, kidney, small bowel