

Referral criteria for genetic counselling for familial cancer risk assessment

Breast cancer

- Breast cancer diagnosed **age ≤50**
- **Triple negative** breast cancer diagnosed at age ≤60
- ≥2 primary cancers in the same person: bilateral/breast and ovarian
- Male breast cancer at any age
- ≥3 cases of breast, ovarian, pancreatic, and/or aggressive prostate cancer in close relatives
- Lobular breast cancer and diffuse gastric cancer in close relatives
- Ashkenazi Jewish ancestry and breast cancer at any age. Afrikaner ancestry: lowered threshold to refer.
- Patient with significant anxiety about their family history even if not judged at increased risk (please send us a short letter to indicate that this is the reason for referral)

Ovarian cancer

• Patient diagnosed with ovarian/fallopian tube/primary peritoneal cancer

Colorectal cancer

- Colorectal cancer ≤50
- Colorectal tumour and a high risk result on IHC or MSI testing
- Metachronous colorectal cancer or 2nd primary Lynch syndrome related cancer*
- Two relatives affected with colorectal cancer or Lynch syndrome related cancer* both ≤60
- Three relatives affected with colorectal cancer or Lynch syndrome related cancer* at any age
- > 10 adenomatous bowel polyps, at any age
- > 5 adenomatous bowel polyps, at any age, with family history of polyps/colorectal cancer/related cancer*
- Features suggesting a specific syndrome, e.g. FAP, Peutz-Jeghers, juvenile polyposis
- * endometrial, ovarian, small bowel, ureter, renal pelvis and stomach cancer

Prostate cancer

- Early onset (under 55 years), aggressive, metastatic or castrate-resistant prostate cancer.
- ≥3 cases of prostate cancer in close relatives where the lack of breast cancer family history may be explained by few female relatives/family structure.

Gastric cancer

- ≥2 cases of gastric cancer, one dx at age <50 in close relatives
- ≥3 cases of gastric cancer in close relatives
- Diffuse gastric cancer dx at age <40
- Diffuse gastric cancer and lobular breast cancer in same person

All affected relatives should be on the same side of the family.

Please indicate ages of diagnoses if known in your referral letter.

In most cases, testing needs to start in an affected family member. If an affected family member is available, we would recommend that they be referred in the first instance. However, we are always willing to see unaffected family members to discuss an appropriate testing strategy for their family.