

# Risk Assessment for Hereditary Cancer Syndromes

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

Date of Birth: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Instructions: Please circle Y for those that apply to YOU and/or YOUR FAMILY (on both your mother's/maternal or father's/paternal side). Next to each statement, please list the relationship to you and age of diagnosis. You and the following family members should be considered:

*Mother Father Brother Sister Children Paternal Uncle/Aunt Maternal Uncle/Aunt First Cousins  
Niece/Nephew Maternal Grandmother/Grandfather Paternal Grandmother/Grandfather*

Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary cancer syndromes. Share this information with your healthcare professional to help determine your hereditary cancer risk.

BREAST AND OVARIAN CANCER	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Y N Breast cancer before age 50	_____	_____	_____
Y N Ovarian cancer	_____	_____	_____
Y N Two primary (unrelated) breast cancers in the same person or on the same side of the family	_____	_____	_____
Y N Male breast cancer	_____	_____	_____
Y N Triple negative breast cancer* (ER-, PR-, HER2-pathology)	_____	_____	_____
Y N Pancreatic cancer with breast or ovarian cancer in the same person or on the same side of the family	_____	_____	_____
Y N Ashkenazi Jewish ancestry with breast, ovarian or pancreatic cancer in the same person or on the same side of the family	_____	_____	_____

COLON AND UTERINE CANCER	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Y N Uterine (endometrial) cancer before age 50	_____	_____	_____
Y N Colorectal cancer before age 50	_____	_____	_____
Y N Two or more Lynch syndrome cancers* in the same person or on the same side of the family	_____	_____	_____

(\*Lynch syndrome cancers include: colorectal, uterine/endometrial, ovarian, stomach, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain or sebaceous adenomas)

POLYPOSIS SYNDROMES	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Y N 10 or more cumulative (lifetime) colorectal adenomas (colon polyps)	_____	_____	_____

MELANOMA	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Y N Two or more melanomas in an individual or family	_____	_____	_____
Y N Melanoma and pancreatic cancer in an individual or family	_____	_____	_____

Y N Have you or any member of your family ever been tested for hereditary risk of cancer?  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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Candidate for further risk assessment and/or genetic testing:  
 HBOC  Lynch  Polyposis  Melanoma

Patient offered genetic testing:  Accepted  Declined

Information given to patient to review

Follow-up appointment scheduled Date: \_\_\_\_\_

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Date

\*For a better understanding of triple negative breast cancer, please ask your healthcare provider.

Assessment criteria based on medical society guidelines. For these individuals society guidelines go to [www.myriadtests.com/patient\\_guidelines](http://www.myriadtests.com/patient_guidelines)

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