Referral Guidance for Hereditary Cancer Genetic Assessment

The full eligibility criteria and gene panels for hereditary cancer testing (HCT) can be found at cancercareontario.ca/en/guidelines-advice/types-of-cancer/70161. Genetic testing is most informative when first performed for an individual with a personal history of cancer - refer them first if possible. A genetic assessment can determine test eligibility and guide appropriate test selection and interpretation. A genetics clinic will ultimately determine if an appointment and testing is indicated.

Who should be referred for genetic assessment?

- ❑ **KNOWN FAMILIAL VARIANT:** Confirmed hereditary pathogenic/likely pathogenic variant in a blood relative[1]
- ❑ **YOUNG** age at diagnosis, such as:
  - Age 18 or younger for any cancer
  - Age 45 or younger for renal cancer
  - Age 50 or younger for breast, prostate, colorectal, endometrial, gastric, gastroesophageal junction cancers
- ❑ **MULTIPLE** primary cancers in an individual
- ❑ **MULTIPLE** of the same or related* cancers on the same side of a family[1], such as:
  - breast and ovarian cancer
  - colon and endometrial cancer
  - melanoma and pancreatic cancer

  ** For additional details on cancer associations within specific hereditary cancer syndromes, see the full HCT guidance linked above.*
- ❑ **SPECIFIC OR RARE DIAGNOSIS,** such as any of the following cancers:
  - Pheochromocytoma or paraganglioma
  - Ovarian cancer
  - Male breast cancer
  - Triple negative breast cancer
  - High-risk or metastatic prostate cancer[2]
  - Pancreatic cancer
  - Biliary tract cancer
  - Abnormal mismatch repair (MMR) immunohistochemistry (IHC) (pathology results suggestive of Lynch syndrome)
  - Multiple adenomatous gastrointestinal polyps[3] (i.e., ≥10 polyps at ≤60 years; ≥20 polyps at any age)
- ❑ **ANCESTRY** associated with higher cancer risk:
  - Ashkenazi Jewish ancestry with breast, prostate, colorectal cancer or GI polyps
  - Māori ancestry with diffuse gastric cancer

What are the next steps?

If a referral is appropriate, use the Ontario Genetics Clinic Directory to find your local clinic that is suited to your patient (e.g., adult vs. pediatric). Submit a detailed referral along with any prior related reports.

Ask your patient to gather relevant information, including:

- ❑ Age at diagnosis AND type of cancer in relative(s) with as many details as possible (e.g., clarifying if a gynecologic cancer in a family member was cervical, endometrial, or ovarian)
- ❑ Relatives' pathology and/or genetic test reports or family letter (if available)

Still have questions? Consider consulting with a geneticist via the Ontario eConsult program. For general assistance navigating genetic services contact a genetic counsellor through gcConnect (1-844-564-4363 or gcConnect@ontariohealth.ca). Do not share PHI with gcConnect. A comprehensive list of provincial cancer resources and programs is on the Ontario Health website: ontariohealth.ca/clinical/cancer

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[1] Typically includes first- and second-degree relatives; exceptions may include limited or uninformative family history (e.g., adoption, no contact with family, small family size, all brothers or all sisters depending on cancer type, etc.)
[2] One or more features: T3 (or higher) staging, Grade Group 4 or 5, lymph node involvement, PSA ≥20
[3] Consider referring patients suggestive of other colorectal polyposis conditions based on the full HCT eligibility criteria

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
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