

## Risk Assessment for Hereditary Breast and Ovarian Cancer Syndrome

**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.

Mother/Father/Sister/Brother/Children = 1st Degree Relatives  
Aunt/Uncle/Grandparent/Niece/Nephew = 2nd Degree Relatives  
Cousin/Great Grandparent = 3rd Degree Relatives

BREAST AND OVARIAN CANCER (BRACAnalysis)		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; one breast cancer before 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	One relative with TWO separate breast cancers; one diagnosed before the age of 50 (in self, first or second degree family members)			
Y	N	Triple negative breast cancer under the age of 60 (receptor status negative for ER, PR, and HER2) (in self, first or second degree family members)			
Y	N	Male breast cancer at any age (in self, first or second degree family members)			
Y	N	Breast or ovarian cancer at any age in Ashkenazi Jewish family members			
Y	N	Pancreatic cancer with two 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

Is your mother still living? \_\_\_\_\_ If yes, how old is she? \_\_\_\_\_ If no, how old was she when she passed away? \_\_\_\_\_

How many sisters do you have? \_\_\_\_\_ What are their current ages? \_\_\_\_\_

How many daughters do you have? \_\_\_\_\_ What are their current ages? \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Patient is appropriate for further risk assessment and/or genetic testing

Patient offered genetic testing: **Accepted** OR **Declined** HCP Signature: \_\_\_\_\_

Patient scheduled to return for testing:

Patient signature (if testing is declined): \_\_\_\_\_ Reason for decline: \_\_\_\_\_