

Dear:

You have been referred to the High Risk Ontario Breast Screening Program (HR OBSP) for consideration of the extra and more frequent test in this screening program. Your referral has been directed to the cancer genetics clinic to determine if you qualify for the more frequent mammogram and MRI that are included in this screening program.

Please read the following instructions carefully

Before your appointment is booked, we require you to complete the enclosed personal and family history questionnaire **to the best of your ability** as soon as possible. The answers to this questionnaire help us to better understand if you are eligible for the extra screening in this program.

Once this questionnaire is received by our office, we will notify you by phone and/or mail of an appointment date and time to meet with a genetic counsellor. Appointments will be booked based on the order in which the questionnaire is received. If you have family members that have had cancer, you may be asked to get consent/permission from them so we can collect more information about their cancer diagnoses.

If more information is required, a genetic counsellor may contact you directly.

Please be aware that due to our waiting list, your appointment may be scheduled several months after the questionnaire is received.

Please fax or mail the questionnaire back to us at the address below. An addressed envelope has been included in this package for your convenience. If we do not receive the completed questionnaire within 45 days, an appointment will not be scheduled, we will close your file and your family doctor will be notified.

Ontario Breast Screening Program – High Risk
Grand River Regional Cancer Centre
835 King Street West
Kitchener, ON N2G 1G3
Fax: (519) 749-4382
Attention: Tracy Crouse – J221

If you have any questions regarding this family history questionnaire or change your mind regarding the scheduling of an appointment, please contact Denise Allan at (519) 749-4370 x2832.

Genetic Counselling Fact Sheet for Hereditary Cancer

What does hereditary mean?

Hereditary means something that is passed down to you by your ancestors or family members. In a medical sense, hereditary refers to the passing on of a medical condition or an increased risk for developing certain medical conditions.

Are all cancers hereditary?

No, most cancers are not hereditary. Non-hereditary cancers occur for many reasons, including:

- Age (our risk of developing cancer increases as we age)
- Lifestyle (certain lifestyle habits can increase our risk of cancer, such as smoking, excessive alcohol consumption, high fat diet, being overweight, or exposing skin to the sun without protection)
- Environment (we may be exposed to harmful substances in our living/working areas, many of which are unknown to us)
- Chance (many cancers happen for unknown reasons, or chance)
- Genes (some genes may play a very weak role in who develops cancer)
- Certain health conditions we may have that can make us more prone to certain types of cancer

Most cancers happen for a combination of reasons. Only a *small* number of cancers are actually hereditary, meaning they are due to a single gene, inherited from a parent that can play a strong role in who develops or does not develop cancer.

Who should receive genetic counselling?

Some factors that may suggest hereditary cancer include:

- Multiple family members from the same side of the family with cancer (especially breast and ovarian or colon and uterine)
- Cancer at a young age
- People with cancer more than once (a new primary cancer)

What is genetic counselling for hereditary cancer?

At your appointment, a genetic counsellor will review your personal medical history and your family's medical history to determine the likelihood of hereditary cancer in your family and/or your cancer risk. If you are at higher risk, the genetic counsellor will discuss screening recommendations (to find cancers earlier when they are more treatable) and prevention options (ways to reduce your chance of developing cancer).

Some families who are considered high risk for hereditary cancer will be offered genetic testing to try to find a genetic cause for cancer in the family. **Genetic testing, which is usually completed by collecting and analyzing a blood sample, is not offered to everyone who receives genetic counselling.**

Genetics Assessment Questionnaire- Part 1

Please answer the following questions:

1) What are your main concerns/questions that you would like answered at your genetics appointment?

2) Has anyone in your family ever had genetic counselling? Yes_____ No _____

If Yes;

What is their relationship to you? _____

When were they seen? _____

Where were they seen? _____

Was genetic testing offered? Yes_____ No_____ Don't Know _____

Was genetic testing completed? Yes_____ No_____ Don't Know _____

Was a genetic mutation found? Yes _____ No _____ Don't Know _____

3) What is your ethnicity or family country of origin?

Mother's side _____

Father's side: _____

Ashkenazi Jewish? No_____ Yes_____ Mother_____ Father_____

Questionnaire - Part 2

1) **How old were you when you got your period? :** _____ years old.

2) **Have you delivered any babies?** Yes____ No _____

If yes: date of birth for the first baby: _____

3) **Do you still have periods? Please circle:**

- a. Still have regular periods
- b. Periods are becoming irregular / I am starting to miss periods
- c. I am having hot flashes or other symptoms

4) **Have your periods stopped? Please circle:**

- a. stopped completely at age: _____
- b. stopped completely because of surgery (complete hysterectomy) with removal of both ovaries at age: _____
- c. not sure- have had surgery to remove uterus only, ovaries not removed or have no symptoms.

5) **Have you ever taken hormone replacement therapy / HRT?**

(i.e. estrogen to stop post-menopausal symptoms, this includes pill, patch, cream (please specify). * This does not include birth control pills.

- a. When did you start? _____
- b. When did you stop? _____

6) **What is your height** (feet/inches or cm) _____

7) **How much do you weigh?** (pounds or kgs) _____

8) **Have you ever had a breast biopsy (had a needle to remove tissue/fluid from your breast or had a surgery to remove a lump from your breast)?**

When: _____

What hospital: _____

Could we have permission to view the report from this biopsy? Yes____ No _____

9) **Do you have Ashkenazi Jewish (Eastern European Jewish) ancestry on either side of your family?**

Breast cancer genes are more common among people with Ashkenazi Jewish ancestry.

Yes: _____ No _____

Personal History

YOUR NAME	M/F	Date of Birth (M/D/Y)	If deceased, list year or age of death.	Cancer Type (e.g. breast, or none if never had)	Age at Diagnosis
Mother's initials + details					
Father's initials + details					
Your children- initials					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Family History

YOUR BROTHERS & SISTERS - initials Total number of brothers _____ Total number of sisters _____	M/F	Date of Birth (M/D/Y)	If deceased, list year or age of death.	Cancer Type (e.g. breast, or none if never had)	Age at Diagnosis	# Children	
						M	F
1.							
2.							
3.							
4.							
5.							
6.							
7.							

FAMILY HISTORY

GRANDPARENTS	Approximate Year of Birth	If deceased, list year or age of death.	Cancer Type (e.g. breast, or none if never had)	Age at Diagnosis
YOUR GRANDMOTHER'S initials (on your <u>mother's</u> side)				
YOUR GRANDFATHER'S initials (on your <u>mother's</u> side)				
YOUR GRANDMOTHER'S initials (on your fathers side)				
YOUR GRANDFATHER'S initials (on your <u>father's</u> side)				

YOUR MOTHER'S BROTHERS & SISTERS- initials Total number of Aunts on mother's side _____ Total number of Uncles on mother's side _____	M / F	Approximate Year of Birth	If deceased, list year or age of death.	Cancer Type (e.g. breast, or none if never had)	Age at Diagnosis	# Children	
						<i>M</i>	<i>F</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							

FAMILY HISTORY

YOUR FATHER'S BROTHERS & SISTERS- initials Total number of Aunts on your father's side _____ Total number of Uncles on your father's side _____	M / F	Approximate Year of Birth	If deceased, list year or age of death.	Cancer Type (e.g. breast, or none if never had)	Age at Diagnosis	# Children	
						M	F
1.							
2.							
3.							
4.							
5.							
6.							
7.							

OTHER FAMILY MEMBERS diagnosed with cancer eg. Cousins, nieces and nephews, Great-grandparents, great aunts and uncles, grandchildren						
Name (Please Print) Last, First, (Maiden in Brackets) Initials	M/ F	Approximate Year of Birth	Relationship to you and name of parent (eg. cousin, John Doe's daughter)	If deceased, list year or age of death.	Cancer Type (e.g. breast)	Age at Diagnosis
1.						
2.						
3.						
4.						
5.						
6.						