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SANTA CLARA VALLEY MEDICAL CENTER
Hospital & Clinics

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Adult Cancer Genetics Referral Guidelines

Adult Cancer Genetics Clinic Location:	Valley Specialty Center basement 751 S. Bascom Ave.
Adult Cancer Genetics Clinic Phone:	(408) 885-6932
Adult Cancer Genetics Clinic Fax:	(408) 885-3079

This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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ADULT CANCER

1. **Background**
   a) NCCN guidelines are followed for adult cancer referrals- please refer to links below.
      I. Breast/Gyn and pancreatic cancer syndromes: https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf
      II. Colorectal cancer syndromes: https://www.nccn.org/professionals/physician_gls/pdf/genetics_colon.pdf
   b) "Close blood relative" is generally considered first-, second-, or third-degree relative.
   c) Breast cancer includes ductal or lobular carcinoma in situ, or Stage 0 breast cancer.

2. **Pre-referral evaluation and treatment**
   a) Obtain patient's complete personal and family history.

3. **Indications for referral**
   a) Anyone with a mutation identified on tumor genomic testing that has clinical implications if also identified in the germline (Ex. Lynch mutation or BRCA1/2).

   b) If results would aid in systemic therapy decision-making.
      - Example: PARP inhibitors for HER2- metastatic breast cancer.

   c) Individuals meeting criteria below, but with previous limited genetic testing, interested in pursuing multi-gene panel testing.
      - Example: Personal history of breast cancer, but negative testing in 2010 that only evaluated BRCA genes- may benefit from broader scope of test.

   d) **<u>Personal history of cancer:</u>**
      I. **Breast cancer**
         i. Diagnosed ≤45
         ii. Diagnosed ≤60
            - Triple negative breast cancer (ER-, PR-, HER2-)
            - ≥1 close blood relative with breast cancer at any age
         iii. Diagnosed at any age with ≥1 of the following:
            - Ashkenazi Jewish ancestry
            - Multiple primary cancers or bilateral breast cancer
            - Male breast cancer at any age
            - Unknown or limited family history

- ≥1 close blood relative with breast cancer at ≤50
- ≥1 close blood relative with ovarian, pancreatic, male breast, or metastatic or intraductal prostate cancer at any age (r/o BRCA)
- ≥1 close blood relative with soft-tissue sarcoma, osteosarcoma, CNS tumor, breast cancer, or adrenocortical carcinoma (r/o TP53)
- ≥3 total diagnoses of breast cancer in patient and/or their family

II. **Ovarian cancer**
   i. Diagnosed at any age
   ii. Includes fallopian tube and primary peritoneal cancer

III. **Pancreatic cancer**
   i. Diagnosed at any age

IV. **Prostate cancer**
   i. Metastatic or intraductal diagnosed at any age
   ii. High-grade (Gleason score ≥7) at any age with:
      - Ashkenazi Jewish ancestry
      - ≥1 close blood relative with breast cancer at ≤50
      - ≥1 close blood relative with ovarian, pancreatic, or metastatic or intraductal prostate cancer at any age
      - ≥2 close blood relatives with breast or prostate cancer at any age

V. **Colorectal or Endometrial cancer**
   i. Diagnosed <50
   ii. Diagnosed at any age with any of the following:
      - Tumor shows evidence of mismatch repair (MMR) deficiency by loss of MMR protein expression (MLH1, MSH2, MSH6 or PMS2)
      - Tumor with MSI-high microsatellite instability (MSI-H) histology
      - Multiple primary cancers, especially if Lynch syndrome-related
      - ≥1 close blood relative with Lynch-related cancer, diagnosed <50
      - ≥2 close blood relatives with Lynch-related cancer, any age
         - <u>Lynch syndrome-related cancers include</u>: colorectal, endometrial, gastric, ovarian, pancreatic, urinary, brain biliary tract, small intestinal cancer, sebaceous adenoma…

- Colorectal, endometrial or breast cancer with dermatology manifestations of Cowden disease.

VI. **Colorectal polyps**
   i. ≥10 adenomatous colon polyps diagnosed at any age
   ii. Personal history of desmoid tumor, hepatoblastoma, papillary thyroid cancer, or CHRPE (evaluate for familial adenomatous polyposis, FAP)

VII. **Other cancer**
   i. As a general rule, genetic testing may be offered to any individual with cancer at any age, who also has a family history of that same type of cancer in ≥2 close blood relatives, especially if diagnosed <50.
   ii. Individuals diagnosed with cancer at an early age (<40) are more likely to have a hereditary form of cancer.
   iii. Tumors with unusual or rare histology may indicate a hereditary cancer.

e) **<u>Family history of cancer:</u>**

I. Anyone with the following family history should be referred for genetic testing:

   i. A close blood relative who has a known pathogenic/likely pathogenic mutation in a cancer-susceptibility gene.
   ii. A close blood relative with two or more primary cancers.
   iii. ≥ 2 relatives with same type of cancer on the same side of the family.
   iv. A close blood relative with breast cancer before age 45.
   v. A close blood relative with male breast cancer at any age.
   vi. A close blood relative with ovarian, pancreatic, or metastatic/high grade prostate cancer at any age.
   vii. Multiple (3+) close blood relatives with various types of cancers, especially if any were diagnosed before the age of 50.

f) **<u>For referral questions</u>:**

I. Contact Cancer Genetics Service in the Sobrato Cancer Center at (408) 793-2500 to review if referral is appropriate.
II. Contact one of the department members by email:
   - Jing Wang Chiang, MD, Director of Cancer Genetics:
     - Jing.Chiang@hhs.sccgov.org
   - Allyson Starman, MS, LCGC, Genetic Counselor:

- allyson.starman@hhs.sccgov.org

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