



PATIENT NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____

TODAY'S DATE _____

PROVIDER NAME _____

This form helps your healthcare provider determine your risk for certain types of cancer that run in families. Answer these questions to the best of your ability.

When answering these questions, consider only family members who are related to you by blood.

PARENTS	CHILDREN	AUNTS & UNCLAS	GREAT AUNTS & UNCLAS
BROTHERS & SISTERS	GRANDCHILDREN	NIECES & NEPHEWS	
HALF SIBLINGS	GRANDPARENTS	COUSINS	

1

Have you or any relatives had **BREAST CANCER?**

NO YES

N Y

Have 2 or more family members (including yourself) had breast cancer and/or prostate cancer?

Have you or any relatives had **HIGH-GRADE PROSTATE CANCER?**

NO YES

N Y

Have you or any family members had metastatic or intraductal prostate cancer?

Metastatic means the cancer spread to a different part of the body. Intraductal prostate cancer is a rare, aggressive cancer that grows inside the ducts of the prostate.

Do you have Ashkenazi Jewish heritage?
Answer "YES" if at least one of your grandparents is Ashkenazi Jewish.

Have you or any family members been diagnosed with:

N Y

Breast cancer at age 45 or younger?

N Y

Triple-negative breast cancer at age 60 or younger?

Triple negative means the breast cancer tested negative for all three receptors (estrogen, progesterone and HER2). 10-20% of breast cancers are triple negative.

N Y

Male breast cancer?

N Y

Two primary breast cancers in the same person, with the first cancer diagnosed at age 50 or younger?

This means that the second breast cancer was a new cancer, not caused by the first breast cancer spreading. This is rare.

If YES to any, complete the other side of this form.

2

Have you or any relatives had **OVARIAN¹, FALLOPIAN TUBE, PERITONEAL OR PANCREATIC² CANCER?**

NO YES

If YES, complete the other side of this form.

3

Have you or any relatives had **LYNCH SYNDROME-RELATED CANCERS?**

NO YES

N Y

Have 2 or more family members (including yourself) had any of these cancers?

- COLORECTAL CANCER
- UTERINE / ENDOMETRIAL CANCER
- STOMACH / GASTRIC CANCER
- SMALL BOWEL CANCER
- RENAL PELVIS / URETER CANCER
- SEBACEOUS ADENOMA / CARCINOMA
- BILIARY TRACT
- BRAIN TUMORS

N Y

Have you or any of your close relatives (parents, children, siblings) been diagnosed with colorectal or uterine/endometrial cancer at age 49 or younger?

N Y

Have you or any family members been diagnosed with:

- colorectal or uterine/endometrial cancer
- AND another Lynch syndrome-related cancer (in the same person)?

If YES, complete the other side of this form.

4

Have you or any relatives had **COLORECTAL POLYPS?**

NO YES

N Y

Have you or any family members had more than 10 total adenomatous colorectal polyps over a lifetime?

Adenomatous polyps are the most common type of polyps, but other types are possible. If you or your relatives have a family history of juvenile, hamartomatous, and/or serrated polyps, talk to your healthcare provider, as further evaluation may be needed.

If YES, complete the other side of this form.

If all your answers are NO, you don't need to complete the other side.

OPT-OUT: I decline to complete the Cancer Compass form at this time. PATIENT SIGNATURE: _____ DATE: _____

This risk assessment is based on the information provided by the patient and the following NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Testing Criteria for High-Penetrance Breast and/or Ovarian Cancer Susceptibility Genes, Testing Criteria for Pancreatic Cancer Susceptibility Genes, Criteria for the Evaluation of Lynch Syndrome, and Risk Assessment / Genetic Evaluation for Possible Polyposis Syndromes. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic (v1.2020) and the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal (v1.2019). © National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed December 17th, 2020. To view the most recent and complete versions of the guidelines, go online to NCCN.org. The limitations of interpreting test results for an unaffected individual should be discussed. When possible, it is best practice to test an affected family member, whose results would be more informative for the family. The NCCN Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

PERSONAL / FAMILY HISTORY OF CANCER

PATIENT NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____

Provide info about family members with these conditions only

- | | | | | | |
|---------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|--------------------------------------------|----------------------------------------------------|
| <input type="radio"/> BREAST CANCER | <input type="radio"/> OVARIAN ¹ , FALLOPIAN TUBE, OR PERITONEAL CANCER | <input type="radio"/> LYNCH SYNDROME-RELATED CANCERS | <input type="radio"/> COLORECTAL CANCER | <input type="radio"/> SMALL BOWEL CANCER | <input type="radio"/> SEBACEOUS ADENOMA/ CARCINOMA |
| <input type="radio"/> PROSTATE CANCER | <input type="radio"/> PANCREATIC ² CANCER (OV, FT, PN) | <input type="radio"/> COLORECTAL POLYPS | <input type="radio"/> UTERINE/ ENDOMETRIAL CANCER | <input type="radio"/> RENAL PELVIS/ URETER | <input type="radio"/> STOMACH/GASTRIC CANCER |
| | | | <input type="radio"/> BRAIN TUMORS | <input type="radio"/> BILIARY TRACT CANCER | |

If you have more affected relatives, use the "other" space in each category.

***AVAILABLE TO TEST?**

Tell us if affected relatives are available for testing by writing the appropriate letter code in the box. Some health plans require this information to determine eligibility.

- N** Unavailable due to personal reasons **E** Estranged; unable to contact
D Deceased **Y** Available for testing

Relatives that belong to both your mother's and father's sides

YOU

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Pathology available: Yes No OV, FT, PN PANCREATIC

YOUR SIBLING

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

YOUR CHILD

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

YOUR NIECE/NEPHEW

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

YOUR GRANDCHILD

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

OTHER relationship: _____

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

Relatives on your mother's side

MOTHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ OV, FT, PN
 Pathology available: Yes No PANCREATIC

FATHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ PROSTATE
 Pathology available: Yes No PANCREATIC

MATERNAL AUNT/UNCLE

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

PATERNAL AUNT/UNCLE

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

MATERNAL AUNT/UNCLE

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

PATERNAL AUNT/UNCLE

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

MATERNAL GRANDMOTHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ OV, FT, PN
 Pathology available: Yes No PANCREATIC

PATERNAL GRANDMOTHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ OV, FT, PN
 Pathology available: Yes No PANCREATIC

MATERNAL GRANDFATHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ PROSTATE
 Pathology available: Yes No PANCREATIC

PATERNAL GRANDFATHER

- Age(s) diagnosed: _____ LYNCH type: _____ BREAST
 Available to test?*: _____ POLYPS total # adenomas: _____ PROSTATE
 Pathology available: Yes No PANCREATIC

OTHER MATERNAL relationship: _____

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

OTHER PATERNAL relationship: _____

- Female Male LYNCH type: _____ BREAST
 Age(s) diagnosed: _____ POLYPS total # adenomas: _____ PROSTATE
 Available to test?*: _____ Pathology available: Yes No OV, FT, PN PANCREATIC

OFFICE USE ONLY

- N Y Are shaded answers checked on front side?
 If YES, patient likely meets NCCN criteria.³ Offer testing.
- N Y Are outlined answers checked on the front side?
 If YES, complete the COUNTING CANCERS questions at right.
- N Y Yes to any COUNTING CANCERS questions?
 If YES, patient likely meets NCCN criteria.³ Offer testing.
- N Y Patient accepted testing? Date drawn: _____

Please attach a test requisition form when submitting a sample for testing.

COMPLETED BY: _____

COUNTING CANCERS Relatives in top category count on BOTH sides of the family.

- N Y 3 people on the same side of the family with BREAST, or PROSTATE CANCER?
- N Y 3 people on the same side of the family with LYNCH-RELATED CANCERS?
- N Y 2 people on the same side of the family with BREAST, or PROSTATE CANCER, with one person diagnosed with breast cancer at age 50 or younger?
- N Y 2 people on the same side of the family with LYNCH-RELATED CANCERS, with one person diagnosed at age 49 or younger?

¹ Epithelial ovarian cancers only

² Exocrine pancreatic cancers only

³ Health plan criteria may vary. Additional information may be required.