Referral guidelines:
Parkville Familial Cancer Centre

The Parkville Familial Cancer Centre provides assessment and management for people with a strong inherited risk of cancer. The referral guidelines outline the individuals where a genetic contribution is most likely to be significant. If possible it is preferrable to refer a family member affected by a relevant cancer for initial investigation.

The listed criteria are a guide, but should you have any referral queries or concerns – please contact the Parkville Familial Cancer Centre to speak to the duty genetic counsellor.
Email: FamilialCancer@petermac.org or FamilyCancer@mh.org.au
Phone: 8559 5322 or 9342 7151

Additional guidance can be found at: https://www.eviq.org.au/cancer-genetics/referral-guidelines

We will assess levels of genetic cancer risk and whether a genetic consultation may be useful depending on the level of information in the referral. Please include:

- Patient name, address, date of birth, telephone number and email address (where possible)
- Ages of onset and sites of cancer in patient and their close relatives* on both sides of family
  **close relative = first degree (parents, siblings & children) and second degree (aunts, uncles, grandparents)*
- If anyone in the family has seen a genetics service previously, please provide their details
- Similarly, if a genetic condition or pathogenic variant is already known to be present in the patient's family, please make this clear on the referral

Referral is recommended for:

Individuals from families with pathogenic variants in cancer risk genes
Any potentially at-risk member of a family in which a cancer risk gene variant has been identified e.g. *BRCA1*, *BRCA2*, *CHEK2, MSH2*, *TP53*, *VHL*, *SDH,* etc.

Individuals where tumour testing indicates a high risk of an inherited genetic cause
Including:

- loss of expression on immunohistochemistry such as mismatch repair (MMR) proteins or SDH proteins in endocrine tumours
- A potentially inherited pathogenic variant (Mutation) in a known cancer predisposition gene found on tumour sequencing

Families with breast and/or ovarian cancer
An Individual with:

- High grade ovarian /fallopian / peritoneal cancer (non-mucinous)
- Breast cancer
  - Diagnosed ≤40yrs

- triple negative breast cancer either ≤60yrs or at any age if they also have a close relative with breast or ovarian cancer
- bilateral breast cancer where first diagnosis was ≤50yrs
- distant metastatic disease, (not local nodal involvement)
- The combination of Lobular breast cancer AND diffuse-type gastric cancer in the same person OR in close relatives
- Breast cancer in an individual assigned male at birth
- A strong family history. Defined as at least Two 1° or 2° relatives on one side of the family diagnosed with breast or ovarian cancer with additional high-risk features:
- additional family members with breast, ovarian, pancreatic, or high-grade prostate cancer (GS ≥8)
- Young onset (<50 yo) or bilateral breast cancer diagnoses
- breast cancer in a relative assigned male at birth
- a close relative with sarcoma or adrenal cancer

- Anyone with Ashkenazi Jewish ancestry and a personal or family history of breast or ovarian cancer

Families with gastrointestinal and genitourinary cancers
An Individual with:

- Colorectal cancer ≤50yrs or endometrial cancer ≤45yrs
- A strong family history. This is defined as at least Two 1° or 2° relatives on one side of the family diagnosed with colorectal/endometrial cancer with additional high-risk features:
    - multiple colon cancers in one individual
    - colon cancer diagnosed ≤50
    - additional lynch syndrome associated cancers (endometrial, ovarian, stomach, small bowel, renal pelvis or ureter, biliary tract, brain cancer)
    - DNA mismatch repair (MMR) deficiency on immunohistochemistry in tumour tissue
- Prostate cancer and <u>at least two</u> of the following high-risk features:
    - diagnosed ≤50
    - distant metastatic disease
    - high-grade cancer (Gleason score ≥8)
    - a history of breast, ovarian or prostate cancer in close family members
    - diffuse gastric cancer <50 years, or a family history of diffuse gastric cancer, lobular breast cancer, cleft palate and/or NZ Māori ancestry
    - non-clear cell renal cell cancer at any age
    - clear cell renal cancer diagnosed ≤40yrs, and/or bilateral/multifocal and/or with a family history of renal cancer

Families with polyposis
An Individual with:

- A suspected polyposis disorder: ≥ 10 adenomas dx ≤ 60yrs or ≥ 20 adenomas diagnosed at any age
- intra-abdominal or abdominal wall desmoid tumour diagnosed under age 60 years
- Suspected rare polyposis syndrome: ≥ 2 Juvenile or Hamartomatous polyps or any Peutz-Jeghers polyps, at any age
- Mixed polyposis syndrome: ≥ 20 polyps of any type diagnosed at any age

Rare Cancers and clusters
Individuals with particularly rare cancers, especially if diagnosed at a young age, consult EviQ referral guidelines: https://www.eviq.org.au/cancer-genetics/referral-guidelines.

Any individual with:

- multiple primary cancers under the age of 40
- a personal or family history of benign and malignant features suggestive of a rare cancer syndrome e.g. Neurofibromatosis (type 1 or 2), Multiple Endocrine Neoplasia (type 1 or 2), Von Hippel Lindau syndrome, Gorlin syndrome, Cowden syndrome etc.

Individuals with a personal and family history of haematological malignancies can be referred to the Clinical Haematology Service at Peter MacCallum Cancer Centre.
Email: haem.genomics@petermac.org
Phone: 03 8559 8421