



PATIENT INFORMATION: Hereditary Cancer Risk Evaluation

Cancer Risk Evaluation is the process of determining your personal risk of cancer and then undergoing screening tests to reduce your risk. This evaluation should be part of everyone's routine checkup with their primary care physician. For some people this is not enough. People with blood relatives who have had cancer often need a more detailed analysis called "**Hereditary Cancer Risk Evaluation**". This evaluation helps determine both your personal risk for cancer and risks that might extend to your relatives. Our focus is on colon cancer and the cancers that can be related to colon cancer. Most importantly, we help you develop a plan to reduce cancer risk in your family.

Cancers that occur because of inherited factors may occur at a younger age and more often than usual. They may need special screening tests and treatment that is different from usual recommendations.

To help you in this process, providers at Minnesota Gastroenterology have developed a program to help determine your hereditary cancer risk.

What are the steps in Hereditary Cancer Risk Evaluation?

1. **Collect Information:** You first will need to collect a detailed and accurate history of all known cancers or precancerous conditions that have occurred in your family. You may need to contact your relatives for help. Try to make this history as accurate as possible. You can do this by filling out the enclosed comprehensive family history form. Please take the time to be very complete. You will need to answer the questions about ALL of your family members.

2. **Contact one of the genetic counselors on the enclosed list for an appointment** if you are concerned about your cancer risk or if your physician recommends it based on your questionnaire. Genetics counselors are experts in interpreting complex family histories in order to assess cancer risk. They can help determine whether your family has an inherited cancer syndrome and whether genetic testing will be helpful. They can help you make an informed decision about such testing.
 - A genetic counselor may call you prior to the visit to review the family history and determine what medical records might be needed for the visit.
 - **Genetics Counseling Appointment:** During the appointment the counselor will review your family history, discuss how genetic risk factors might play a role in cancer, provide risk assessment and discuss the goals, risks, benefits and limitations of genetic testing. Genetic testing is not always helpful but the counselor will help you make an informed decision about such testing and answer all your questions. A health management plan involving screening and prevention can also be designed in light of individualized risks. You should always check with the counselor for updates if there are any changes in your personal or family history.
 - **Discussion of genetic test results:** If you proceed with genetic testing, you will speak with the genetic counselor when results are available. This will allow risks and management options for you and your family to be adjusted accordingly.



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3. Schedule a follow up appointment at Minnesota Gastroenterology

During this visit we will review the information provided by the genetics counselor and final cancer screening recommendations will be made in conjunction with our doctors and your primary care physician.

- 4. Long Term Follow-up:** We will keep your name and test results in your secure medical records. When subsequent exams are due (colonoscopy, upper endoscopy), we make reasonable attempts to contact you and ask you to schedule appointments with us. Ultimately, you have sole responsibility for follow up exams and for informing your relatives of our recommendations. We cannot guarantee that we will be able to reach you in future years and we cannot take responsibility for informing your family (who are not our patients) of test results or recommendations.

Further information can be found at the following web sites:

www.gastro.org,

www.cancer.org,

www.clevelandclinic.org,

www.myriad.com,

www.hopkinsmedicine.org,

www.mayoclinic.com



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Comprehensive Family History Questionnaire

Last Name: _____ First Name: _____ MI: _____

Birth Date ___/___/___

Today's Date ___/___/___

Do you have any relatives enrolled in this program? Yes No

If yes, name and relation to relative(s):

Your referring physician's name: _____

Do you have medical insurance? Yes No

If yes, who is your insurer? _____

YOUR BACKGROUND

Do you know where your ancestors are from? (examples: England, Germany, Russia, Ireland, etc.) Yes No

My mother's ancestors are from: _____

My father's ancestors are from: _____

Are you of Ashkenazi Jewish ancestry? Yes No Not sure

Have you ever been screened for colon cancer? Yes No

If yes, what type of screening and in what year? _____ Year _____



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You may be at risk for a hereditary colon cancer if you have multiple family members who have had colon cancer or certain related cancers. To help determine if you are at risk, please tell us about your family history. You may need to contact family members to be sure of their cancer diagnoses. A more accurate risk assessment can be made with complete information.

First think about ALL family members on your mother's side of the family. Please list those who have had COLON cancer, colon POLYPS, UTERINE cancer, OVARIAN cancer or STOMACH cancer.

Name (First and Last)	Relationship to you	Location or Type of Cancer	Age at Diagnosis	Living? Y/N
Example: Mary Smith	<i>aunt</i>	<i>uterine</i>	47	Y N
				Y N
				Y N
				Y N
				Y N
				Y N



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Now think about your father's side of the family. Please list those who have had COLON cancer, colon POLYPS, UTERINE cancer, OVARIAN cancer or STOMACH cancer.

Name (First and Last)	Relationship to you	Location or Type of Cancer	Age at Diagnosis	Living? Y/N
				Y N
				Y N
				Y N
				Y N
				Y N

Now think about your siblings. Please list those who have had COLON cancer, colon POLYPS, UTERINE cancer, OVARIAN cancer or STOMACH cancer.

Name (First and Last)	Relationship to you	Location or Type of Cancer	Age at Diagnosis	Living? Y/N
				Y N
				Y N
				Y N
				Y N
				Y N



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Please list any relatives who have had cancers not mentioned above (relative and type of cancer):

Thank you for completing the questionnaire.

Cancer Risk Assessment Programs in Minnesota

CentraCare Clinic
St. Cloud
320-654-3655

Park Nicollet
St. Louis Park
952-993-1902

HealthEast
St. John's Hospital
St. Paul
651-312-1557

St. Mary's Hospital
Duluth Clinic
218-786-3012

Hubert H. Humphrey Cancer Center
Unity Hospital & Mercy Hospital
Fridley and Coon Rapids
763-236-4645

United Hospital
St. Paul
612-863-8651

Hubert H. Humphrey Cancer Center
North Memorial Hospital
Robbinsdale
763-520-3815

University Medical Center - Fairview
Minneapolis
612-625-2134

Mayo Clinic
Rochester
507-284-3215

Virginia Piper Cancer Institute
Abbott Northwestern Hospital
Minneapolis
612-863-8651