**Referrals to be sent by email to:** **gst-tr.geneticsreferrals@nhs.net**

**Please enclose a copy of the family history questionnaire with your referral**

**Patient details** (failure to provide a working telephone number may result in rejection of referral)**:**

Full name: Date of birth: NHS number:

Address:

Email:

Telephone number: Mobile:

Hospital number:

GP name: GP telephone number:

GP address:

Is the patient terminally ill? Y/N \*Has DNA sample been stored? Y/N

Consanguinity: Y/N Ethnicity:

Has patient had cancer? Y/N **If yes, please enclose histopathology report with referral.**

If yes: Cancer type: Age of diagnosis: Where treated:

Previous primary cancer:

Has Tumour testing been done (i.e. MSI/IHC)? Y/N

If yes, what was result (please attach result to referral):

Other significant medical/surgical history:

**Is there a known mutation in the family? Y/N (please attach report if available)**

**If no, what is personal or family history?**

|  |  |  |
| --- | --- | --- |
| **Personal or family history of polyps\*1** | **Personal History**  | **Family History**  |
|  | **Adenomatous polyp**≥5 adenomas and CRC≥ 5 adenomas <40y≥ 10 adenomas <60y≥ 20 adenomas ≥60y≥ 5 adenomas <60y AND FDR with ≥ 5 adenomas <60y |  | CRC with deficient mismatch repairPrevious CRC diagnosed <50y |  | At least 3 relatives with CRC/Lynch syndrome related cancer over 2 generations, with 1 relative diagnosed <50y and 1 relative being a FDR in the cluster.**Serrated polyps**Five or more serrated lesions/polyps proximal to the rectum, all being at least 5 mm in size, with two or more being at least 10 mm in size.More than 20 serrated lesions/polyps of any size distributed throughout the large bowel, with at least five being proximal to the rectum. |
|  | **Juvenile polyps**≥ 5 juvenile polyps of the colorectum≥ 2 juvenile polyps throughout the GI tract (upper and lower)≥ 1 juvenile polyp and a FDR/SDR has juvenile polyp |  | CRC and another Lynch syndrome-related cancer (any age) |
|  | CRC and ≥ 1 FDR with Lynch syndrome-related cancer (both diagnosed <60y) |
|  | **Clinical signs indicating potential diagnosis of FAP**FAP-related CHRPEDesmoid tumour (+nuclear ß-catenin expression; CTNNB1 WT where testing performed) |  | CRC and ≥ 2 FDR/SDR/TDR with Lynch syndrome-related cancer (all diagnosed <75y) |
|  | CRC and ≥ 3 FDR/SDR/TDR with Lynch syndrome-related cancer (any age) |

**\*1 Please send copy of histology for all polyps with the referral**

***FDR****=* ***First degree relative****-parents, siblings, children;* ***SDR*** *=* ***Second degree relatives****-grandparents, aunts, uncles on same side of family*

***Lynch syndrome-related cancer****-bowel, uterus, stomach, ovarian, pancreas, ureter or renal pelvis, biliary tract, prostate, brain, bladder, sebaceous gland adenomas and keratoacanthomas (skin tumours);*

***CRC = Colorectal cancer; CHRPE = Congenital hypertrophy of the retinal pigment epithelium***

If the patient doesn’t meet criteria on the previous page, is there another reason for referral? Eg. high anxiety

**Psychosocial Issues:**

**Referrer details:**

Name and Specialty:

Email: Telephone number:

Treatment centre: Address:

I have discussed this referral with the patient Signature: Date:

**How to Assess Colorectal and Lynch-Related Cancer Family History?**

* Establish cancer type in each affected relative
* Establish age at diagnosis
* If a relative has had more than one primary cancer, consider each cancer separately. These cancers must not be recurrences or secondary cancers
* Assess the maternal and paternal lineages as two separate entities
* If you would like assistance in doing this calculation, please ring the on-call cancer clinician on 02071881364

**\*How to organise the storage of a DNA sample?**

* A 5ml blood in potassium sample (EDTA) can be collected locally and sent to our laboratory for storage
* If you would like assistance, please ring the on-call cancer clinician on 02071881364