Sinai Health | Zane Cohen Centre for Digestive Diseases

Zane Cohen Centre for Digestive Diseases
60 Murray Street, 3rd floor Box 24
Toronto, Ontario Canada M5T 3L9
t 416-586-4800 x 2401
f 416-586-5924
toll free 1-877-586-5112
www.zanecohencentre.ca

REFERRAL FOR HEREDITARY GI CANCER CLINIC
Fax to: 416-586-5924

Referral Date: _____

Referring Physician:

Name: _____ **Billing Number:** _____

Phone: _____ **Fax:** _____

Institution/Address: _____

URGENCY:
☐ Yes (specify reason) _____
☐ No

INTERPRETER NEEDED:
☐ Yes (specify language) _____
☐ No

Blood drawn for Sinai Health Genetic Lab
☐ Yes – mainstream testing ordered
☐ Yes – banked
☐ No

PATIENT INFORMATION:

Name: _____ ☐ Male ☐ Female

Health card #: _____ DOB: _____
Version code (DD/MMM/YEAR)

Phone #: _____ Email: _____

Address: _____

Reason for Referral (see next page for criteria):

☐ Path included (Please send us all scopes, cancer or polyp, IHC, methylation, BRAF, etc)

_____

_____

_____

Referral reason	Criteria for testing
☐ Adenomatous Polyposis	• ≥ 20 at any age • ≥ 10 under age 60 (path required) • ≥ 5 with personal or family history (assess by GC) or young w other FAP features
☐ FAP features	• Desmoid under age 40 • Cribiform moluar variant papillary thyroid • Hepatoblastoma • Retinal pigment epithelial harmartoma
☐ Serrated Polyposis	• > 20 serrated polyps (at least 5 proximal to rectum) • > 5 serrated polyps (all ≥ 5 mm, at least 2 ≥ 10 mm, all proximal to rectum)
☐ Fundic Gland Polyposis	• > 100 FGP (including carpeting) • > 30 FGP and FDR with fundic gland polyposis or gastric cancer • Clustering in absence of PPI use and sparing antrum and lesser curvature
☐ Hamartomatous Polyps	• ≥ 5 Juvenile Polyps • > 2 Peutz-Jeghers hamartoma • Mixed (suggestion of *PTEN* hamartoma)
☐ Gastric or GEJ Adenocarcinoma	• Diagnosed w gastric or GEJ adenocarcinoma ≤ 50 • Diffuse gastric cancer + personal or family history of lobular breast cancer, 1 <70 • Diffuse gastric cancer + cleft lip/palate or of Maori descent • Bilateral lobular breast, one under age 70 • Multiple gastric cancers in family or gastric + lobular in family

☐ Colorectal cancer or Endometrial cancer or Other LS cancer (ureter, small bowel, non-serous ovarian, renal pelvis, etc)	• Diagnosed < 50 – requiring MMR IHC
	• Two primary LS cancer, one < 60 – requires IHC
	• Personal hx of LS cancer + family hx – requires IHC
	• Diagnosed < 35 yrs old (regardless of IHC)
	• Amsterdam I/II family history (regardless of IHC)
	• CRC + polyposis (regardless of IHC)
	• MMR IHC deficient
	  * MSH2 or MSH6 or PMS2 (only) deficiency
	  * MLH1 +/- PMS2 deficient – **Negative** for *BRAF* and *MLH1* methylation
	  * MLH1 +/- PMS2 deficient – Positive for *BRAF*/methylation but still suspicious (i.e. multiple primaries, young age of onset, strong fam hx)
	• Unaffected but strong family history

☐ Known syndrome in family	Lynch syndrome (confirmed germline MMR mutation), FAP, MAP, Peutz-Jeghers syndrome, Juvenile Polyposis Syndrome, Hereditary Gastric Cancer, GAPPS, *GREM1, POLE, POLD1, NTHL1, MSH3, MLH3*
☐ Ashkenazi Jewish	• Personal history of CRC or multiple polyps • Close relative with CRC < 60, breast, ovarian, pancreas or multiple colon polyps