In general the person being referred should be affected or have an affected first degree relative

(Except in families with breast/ovarian cancer where the affected relative is through a male).

All affected relatives should be on the same side of the family.

Fulfilling the referral criteria does not mean a person will definitely be seen in the genetics clinic. **In most cases, genetic testing needs to start in an affected family member**. If an affected family member is available, we would recommend that they be referred to their local genetics service in the first instance.

For all cancer referrals please provide:

* Clinical information (including histology reports) for your patient if they have had cancer
* A completed Family History Enquiry form (insert link) completed by your patient
* Clinical information about relatives if appropriate (for example genetic test reports).

**Known cancer susceptibility gene**

* If a cancer susceptibility gene has been identified in the family

**Breast cancer**

Families with:

* four or more breast cancers\*
* three breast cancers\* diagnosed at average age under 60 years
* two breast cancers\* diagnosed at average age under 50 years
* both breast and ovarian cancer. This includes a single individual who develops both cancers
* male breast cancer at any age
* Ashkenazi Jewish ancestry and at least 1 breast or ovarian cancer
* a recognised BRCA1 or BRCA2 gene mutation in family

Female diagnosed with invasive breast cancer who:

* was diagnosed under 40 years
* has triple negative breast cancer\*\* diagnosed under 60 years (Please include pathology report with referral)
* was diagnosed under 50 years and has an affected relative\* diagnosed under 50 years
* was also diagnosed with ovarian cancer
* meets the family history described above (counting her own breast cancer as one of the cases)

**\*** Someone with bilateral breast cancer counts as two affected individuals.

\*\* Triple negative breast cancer relates to a breast cancer that is negative for oestrogen receptors, progesterone receptors and HER-2 expression.

If your patient does not fulfil our guidelines, you may wish to refer them to the local secondary breast care service, to assess whether or not they may be eligible for additional screening.

**Colon cancer**

An individual with:

* colorectal cancer diagnosed at any age that has loss of mismatch repair proteins (MMR) on immunohistochemistry (IHC)\*
* colorectal cancer diagnosed under 40 years (irrespective of MMR IHC status) \*
* a parent, sibling or child diagnosed with colorectal cancer under 50 years
* two close relatives with colorectal cancer diagnosed under 60 years
* three close relatives with colorectal cancer diagnosed under 70 years
* a close relative with colorectal cancer diagnosed under 50 years AND a family history of endometrial, ovarian, urothelial, gastric or hepatobiliary cancer
* a diagnosis of or family history of a high-risk susceptibility condition, for example: Familial Adenomatous Polyposis (FAP), MutYH Associated Polyposis (MAP), Juvenile Polyposis, Peutz Jegher syndrome, Lynch syndrome (also known as hereditary non-polyposis colorectal cancer (HNPCC)
* 10 or more colorectal adenomas

\*Please include histopathology and immunohistochemistry reports with referral.

Please refer to guidelines for colorectal screening for moderate and high risk groups: <https://www.bsg.org.uk/wp-content/uploads/2019/12/Guidelines-for-the-management-of-hereditary-colorectal-cancer.full_.pdf>

**Gynaecological cancer**

* Individual diagnosed with high-grade serous ovarian cancer (not borderline or low grade)
* Any family with two or more cases of ovarian cancer
* Any family with endometrial cancer AND colorectal cancer or ovarian cancer with at least one case under the age of 50 years
* Any family with ovarian cancer at any age with two or more cases of breast cancer under the age of 60 years
* Individual diagnosed with endometrial cancer under the age of 50 years

**Endocrine cancer**

An individual/family with:

* Medullary thyroid carcinoma
* MEN (Multiple Endocrine Neoplasia)
* Phaeochromocytomas / paragangliomas
* Parathyroid carcinoma or familial hyperparathyroidism

**Kidney cancer**

An individual/family with:

* Confirmed diagnosis of a genetic kidney cancer syndrome (eg Von Hippel-Lindau (VHL), Birt-Hogg-Dubé, hereditary leiomyomatosis and renal cell cancer, 3p translocation, tuberous sclerosis)
* Kidney cancer under the age of 30
* Multiple kidney cancers in the same individual
* 2 first or second degree relatives with kidney cancer
* Kidney lesion and clinical features suggestive of an underlying genetic cause eg. skin lesions or other primary tumour(s)
* Multiple renal angiomyolipomas (2 or more of >3cm, or more than 3 of any size)

**Other unusual cancers / childhood cancer**

An individual/family with:

* Bilateral Wilms tumour
* Choroid plexus carcinoma or childhood adrenal cortical carcinoma
* Atypical rhabdoid teratoid tumour
* Multiple cancer or sarcoma at a young age (<45 years) on the same side of the family

In any families with unusual patterns of cancer where there is a suspicion of an inherited predisposition, please contact us to discuss on an individual basis.

**Secondary care services**

**The following are examples of secondary care services available in the Wessex region:**

**Dorset (excluding Poole and Bournemouth)**

All family history of breast cancer referrals will be initially assessed by radiographers at the Dorset breast screening unit at Poole Hospital who will arrange screening, with annual recall, for those deemed to be at moderate additional risk. Those thought to be at high additional risk will be referred onto the genetics service.

Please make referrals to:

Gemma Marsden  
Breast Cancer Research Nurse

Dorset Breast Screening Unit

Poole Hospital

Longfleet Road

Poole

BH15 2JB

The referral letter must be accompanied by a completed [family history questionnaire](http://www.uhs.nhs.uk/Media/Controlleddocuments/Referral-forms/Genetics/Family-history-enquiry-form-(cancer).doc)|.

Referrals regarding other types of cancer should be made direct to the genetics service if they meet the above criteria.

# Bournemouth and Poole

All referrals for a family history of cancer should be sent to:

Community Oncology Nurse Specialist Team

Cancer Genetics Family History Risk Assessment Clinic

Dorset Healthcare University NHS Foundation Trust

Acorn Building

241 Ringwood Road

St Leonards

BH24 2RR

Tel: 01202 714965

The team will assess each referral and triage appropriately. High additional risk families will be sent on to the cancer genetic service.

Referrals can be sent without a [family history questionnaire](http://www.uhs.nhs.uk/Media/Controlleddocuments/Referral-forms/Genetics/Family-history-enquiry-form-(cancer).doc)|, but if possible but your patient may still wish to complete one as this may speed up the risk assessment process.

**Winchester and Basingstoke**

A family history of breast cancer is usually initially assessed by the breast family history clinic. Referrals should be made to:

Dr Karen Anderson

North and Mid Hants Breast Screening Unit

Florence Portal House

Royal Hampshire County Hospital

Romsey Road

Winchester

Hampshire

SO22 5DG

The team will assess each referral and triage appropriately. High additional risk families will be sent on to the cancer genetic service.

**Southampton**

A family history of breast cancer is usually initially assessed by the breast family history clinic. Referrals should be made to:

Mr Ramsey Cutress

Consultant Surgeon

Southampton Breast Imaging Unit

Mailpoint 105

Princess Anne Hospital

Coxford Road

Southampton

SO16 5YA

A family history of colorectal cancer is usually initially assessed by the bowel family history clinic. Referrals should be made to:

Sue Park

Colorectal Nurse Practitioner

Colorectal Surgery

Southampton General Hospital

Tremona Road

Southampton

SO16 5YA

The team will assess each referral and triage appropriately. High additional risk families will be sent on to the cancer genetic service.

**Bailiwick of Guernsey**

Family histories of breast cancer are usually initially assessed by the breast family history clinic. Referrals should be made to:

Sharon Treacey

Breast Care Nurse

Breast Unit

Princess Elizabeth Hospital

Rue Mignot

St Andrews

Guernsey

GY6 8TW

The team will assess each referral and triage appropriately. High additional risk families will be sent on to the cancer genetic service.

**Portsmouth**

Family histories of breast cancer are usually initially assessed by the breast family history clinic. Referrals should be made to:

Rosemary Buck

Breast Services

Queen Alexandra Hospital

Southwick Hill Road

Cosham

Portsmouth

PO6 3LY

**Isle of Wight**

Family histories of breast cancer are usually initially assessed by the breast family history clinic. Referrals should be made to:

Heather Nelson

Clinical Nurse Specialist

Applegate Breast Care Nurses

St Mary’s Hospital

Newport

Isle of Wight

PO30 5TG

The team will assess each referral and triage appropriately. High additional risk families will be sent on to the cancer genetic service.

**Salisbury**

Family histories of breast cancer are usually initially assessed by the breast family history clinic. Referrals should be made to:

Sonnya Dabill

Specialist Breast care Nurse

Salisbury District Hospital

Salisbury

Wiltshire

SP2 8BJ

**Other unusual cancers / childhood cancer**

An individual/family with:

* Bilateral Wilms tumour
* Choroid plexus carcinoma or childhood adrenal cortical carcinoma
* Atypical rhabdoid teratoid tumour
* Multiple cancer or sarcoma at a young age (<45 years) on the same side of the family

In any families with unusual patterns of cancer where there is a suspicion of an inherited predisposition, please contact us to discuss on an individual basis.