

Referral guidelines: Parkville Familial Cancer Centre

The Parkville Familial Cancer Centre provides assessment and management for people with a high familial risk of cancer. Across the population, there is a broad range of future cancer risk, with most people being at population or low risk of developing cancer. Around 20% of the population have some increase in familial cancer risk, but only ~4% are considered to be at high familial risk of developing cancer. The referral guidelines outline the individuals where a genetic contribution is most likely to be significant. If possible it is preferable to refer a family member affected by a relevant cancer for initial investigation.

The Parkville Familial Cancer Centre service Melbourne, Geelong, Bendigo, Warrnambool and Mildura areas. There are Familial Cancer Centres located across Victoria – please see the Human Genetics Society of Australasia website (www.hgsa.org.au) to find your patient's local genetics service under Health Professionals Resources>Clinical Genetics Services>VIC, Cancer Genetic Counselling Services.

The number of patients referred to our service exceeds our capacity. **As a result, we are unable to offer appointments to patients who do not have a high familial risk of cancer, this includes patients who wish to self-fund genetic testing.** For patients who do not have a high familial risk of cancer and/or wish to access self-funded genetic testing, they can seek referral to a private genetics service. A list of private services can be found on the Human Genetics Society of Australasia website (www.hgsa.org.au) under Health Professionals Resources>Clinical Genetics Services>VIC, Private Services.

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.evig.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

The below criteria are a guide to which patients or families might have a high familial risk of breast and/or ovarian cancer. When we receive a referral, we will assess the reported personal and/or family history of breast and/or ovarian cancer using a more comprehensive algorithm (called [CanRisk](#)) to determine if the patient or their family are at high or potentially high familial risk of cancer. **Referrals for patients that do not have a high or potentially high familial cancer risk will not be accepted.** If a referral isn't accepted, it doesn't mean there isn't any familial risk, just that the familial cancer risk is not increased enough to require detailed assessment and management through a high-risk service.

An Individual with:

- High grade ovarian / fallopian / peritoneal cancer (non-mucinous)
- Breast cancer
 - Diagnosed ≤ 40 yrs
 - Triple negative breast cancer either ≤ 60 yrs or at any age if they also have a close relative with breast or ovarian cancer
 - Bilateral breast cancer where first diagnosis was ≤ 50 yrs
 - Distant metastatic disease (doesn't include 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 yrs) 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 ≤ 50 yrs or endometrial cancer ≤ 50 yrs
- 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

- Diffuse gastric cancer <50 years, or a family history of diffuse gastric cancer, lobular breast cancer, cleft palate and/or NZ Māori ancestry
- Prostate cancer and at least two 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
- 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