



The Cancer Genetics Program – Screening Tool

Check (✓) if Yes	<p><i>If you answer YES to any of these questions or if you have a family history that concerns you contact us at 937-641-3800 to schedule an appointment. We provide genetic counseling services for children AND adults.</i></p> <p style="text-align: center;">Do you or a close family member have any of the following?</p>
BREAST CANCER	
<input type="checkbox"/>	Breast cancer at age 45 or under
<input type="checkbox"/>	2 diagnoses of breast cancer in one person
<input type="checkbox"/>	Triple negative breast cancer < age 60
<input type="checkbox"/>	2 people on the <u>same side of the family</u> with breast cancer with one of them diagnosed under age 50
<input type="checkbox"/>	2 affected people on the <u>same side of the family</u> 1 with breast cancer and 1 with ovarian cancer
<input type="checkbox"/>	3 people on the <u>same side of the family</u> with breast or ovarian cancer at any age
<input type="checkbox"/>	Male breast cancer at any age
<input type="checkbox"/>	Breast cancer and Ashkenazi Jewish heritage
FEMALE CANCER	
<input type="checkbox"/>	Ovarian cancer at any age
<input type="checkbox"/>	Endometrial (uterine) cancer at age < 50
<input type="checkbox"/>	Endometrial cancer + colon cancer on the <u>same side of the family</u>
PANCREATIC CANCER	
<input type="checkbox"/>	3 or more people on the <u>same side of the family</u> with any of the following cancers: pancreatic, ovarian, breast, melanoma, aggressive prostate, colon, or endometrial (uterine)
<input type="checkbox"/>	1 or more people with pancreatic cancer and Ashkenazi Jewish heritage
<input type="checkbox"/>	2 of the cancers in the list* below in 1 person
<p>* LIST <input type="checkbox"/>Pancreas <input type="checkbox"/>Endometrial <input type="checkbox"/>Ovarian <input type="checkbox"/>Breast <input type="checkbox"/>Melanoma <input type="checkbox"/>Aggressive Prostate <input type="checkbox"/>Colorectal</p>	
COLON CANCER	
<input type="checkbox"/>	5 of more colon polyps in childhood or at an early age
<input type="checkbox"/>	10 or more colon polyps in one person
<input type="checkbox"/>	Colorectal cancer diagnosed < age 50
<input type="checkbox"/>	2 diagnoses of colorectal cancer in 1 person
<input type="checkbox"/>	2 of the cancers in the list** below in 1 person
<input type="checkbox"/>	2 people on <u>same side of the family</u> with cancer from the list** below with 1 diagnosed < age 50
<input type="checkbox"/>	3 people on the <u>same side of the family</u> with one of the cancers from the list** below
<p>** LIST <input type="checkbox"/>Colorectal <input type="checkbox"/>Endometrial <input type="checkbox"/>Ovarian <input type="checkbox"/>Stomach <input type="checkbox"/>Pancreas <input type="checkbox"/>Ureter/Kidney <input type="checkbox"/>Brain <input type="checkbox"/>Small Intestine <input type="checkbox"/>Biliary Tract</p>	
GENETIC TESTING	
<input type="checkbox"/>	Do you or a family member have a mutation in a gene causing increased risk for cancer?