

UKGTN Testing Criteria

Test name: Breast/Ovarian Cancer, Familial, 14 Gene Panel	
Approved name and symbol of disorder/condition(s): See website listing	OMIM number(s):
Approved name and symbol of gene(s): See website listing	OMIM number(s):

Patient name:	Date of birth:
Patient postcode:	NHS number:
Name of referrer:	
Title/Position:	Lab ID:

Referrals will only be accepted from one of the following:	
Referrer	Tick if this refers to you.
Consultant Clinical Geneticist/Registered Genetic Counsellor	<input type="checkbox"/>
OR named Multi-Disciplinary Team clinician: Consultant Oncologist Consultant Gynaecologist Consultant Breast Surgeon	<input type="checkbox"/>

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	Tick if this patient meets criteria
Woman with breast cancer who has ONE of the following: <ol style="list-style-type: none"> 1. Bilateral invasive ductal breast cancer and both cancers diagnosed <40 years 2. Grade 3 triple negative breast cancer diagnosed <40 years or <50 if family history unclear or unknown 3. Non- mucinous epithelial ovarian cancer 4. A first-degree relative* with breast cancer and both diagnosed <40 years 5. A first-degree relative* with a histologically confirmed non-mucinous epithelial ovarian cancer 6. A family history with a pathology adjusted Manchester score greater than or equal to 15 	<input type="checkbox"/>
OR Woman with ovarian cancer who has: <ol style="list-style-type: none"> 1. Histology consistent with a high-grade serous epithelial carcinoma OR 2. A family history with a pathology adjusted Manchester score greater than or equal to 15 	<input type="checkbox"/>

<p>OR Man with a BRCA-related (prostate, breast or pancreas) cancer who has:</p> <ol style="list-style-type: none"> 1. A family history with a Manchester score greater than or equal to 15 	
<p>OR Affected individual with Ashkenazi Jewish/ Polish ancestry who has:</p> <ol style="list-style-type: none"> 1. Female breast cancer diagnosed <50 or a male <i>BRCA</i>-related cancer (founder mutation screen) 	
<p>OR Unaffected individuals: Referrals only accepted from Consultant Clinical Geneticist or Registered Genetic Counsellor</p> <ol style="list-style-type: none"> 1. Unaffected individual who has a family history with a Manchester score greater than or equal to 20 <i>AND</i> a first-degree relative with breast/ ovarian/prostate/ pancreatic cancer where there are no affected relatives available for testing (ovarian cancer and cancer in first-degree relative should be confirmed) 2. Unaffected individual with Ashkenazi Jewish/ Polish ancestry who has a first-degree relative with female breast cancer diagnosed <50 or a male <i>BRCA</i>-related cancer and a Manchester score greater than or equal to 10 (founder mutation screen[§]) <p>*Or a second-degree relative via a father [§]This should only be done if testing cannot be performed in an affected relative.</p>	

Additional Information:

First-degree relative: parent, sibling, child

Second-degree relative: uncle, aunt, nephew, niece, grandparent, grandchild, half-sibling

At risk family members where familial mutation is known do not require a full panel test but should be offered analysis of the known mutation

If the sample does not fulfil the clinical criteria or you are not one of the specified types of referrer and you still feel that testing should be performed please contact the laboratory to discuss testing of the sample.