

Monash Health Referral Guidelines

FAMILIAL CANCER

EXCLUSIONS

Services not offered by Familial Cancer

- Patients who are seeking treatment for cancer: refer to [Medical Oncology](#)
- Patients with non-cancer related genetic conditions: refer to [Genetic Services](#)

REFERRAL CRITERIA

The following criteria are a guide

PERSONAL HISTORY

- Breast cancer \leq 35 yrs
- Triple negative breast cancer (TNBC) \leq 60 yrs of age at diagnosis (TNBC: oestrogen, progesterone and HER2 receptor negative)
- Personal history of breast or ovarian cancer AND Ashkenazi Jewish ancestry
- Male breast cancer at any age
- Epithelial ovarian, fallopian or primary peritoneal cancer at any age
- Multiple primary tumours, (excluding lung and skin) \leq 70 yrs e.g. breast and ovarian, fallopian tube, primary peritoneal, endometrial and colorectal.
- Colorectal cancer or endometrial cancer \leq 50 yrs
- Rare tumour- pheochromocytoma, paraganglioma, sarcoma, choroid plexus carcinoma, adrenocortical carcinoma, retinoblastoma, diffuse gastric cancer, clear cell renal cancer \leq 45 yrs
- Multiple colorectal polyps (10 or more)
- Medullary thyroid cancer at any age
- Diffuse gastric cancer \leq 40 yrs

FAMILY HISTORY

- Blood relative of a known cancer predisposition gene e.g. BRCA1, BRCA2, APC, MYH, MLH1, MSH2, MSH6, PMS2, PTEN, VHL, SDHA/B/C/D, RET, NF2, CDH1 etc.
- Family history of breast or ovarian cancer in any first or second degree relative AND Ashkenazi Jewish ancestry
- 2 or more first or second degree relatives on the same side of the family with colorectal, endometrial, ovarian or rare tumour (as above) at any age
- First degree relative diagnosed with colorectal or endometrial cancer \leq 50 yrs (with/without a family history of cancer)
- 2 or more first or second degree relatives on the same side of the family with either breast cancer \leq 60 yrs and/or ovarian cancer at any age.

Head of unit:
A/Prof. Marion Harris

Program Director:
Prof. William Sievert

Last updated:
12/06/2019

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PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
 including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Ages of onset and sites of cancer in patient and 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 our service before, please provide the relative/s name and date of birth as well as their genetics clinic reference number (where known).



[Click here](#) to download the outpatient referral form.

CONTACT US

Medical practitioners

To discuss referral queries or concerns please contact the Familial Cancer Centre:

Phone: 9594 2009 (ask to speak to the duty counsellor)

Email: familial.cancer@monashhealth.org

Submit a fax or email referral

Referrals must be addressed to:

**Dr Marion Harris, Monash Health
Familial Cancer Centre**

- Fax referral form to Familial Cancer: **9594 6046**
- Email referral form to Familial Cancer: familial.cancer@monashhealth.org

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