Before your visit

In a typical hereditary breast ovarian cancer genetic counsling visit be prepared to answer the following set of questions, please check were applicable. About your self (same questions applies for your relatives below) Age at diagnosis of breast cancer, is it less than or equal 50 or more than 50 Male breast cancer if applicable Was the breast cancer triple negative, i.e Estrogen receptor negative, Progesterone receptor negative, and HER2 negative. Ovarian, fallopian tube, or primary peritoneal cancer. Bilateral breast cancer (both sides) diagnosed at same time or different times. Ashkenazi Jewish background /with breast or ovarian cancer. Pancreatic cancer if applicable. Prostate cancer if applicable About your immediate relatives such as parents, siblings, and children.
☐ About extended blood relative such as grandparents, aunts, uncles.

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Risk assessment
After providing all the above your health care provider will determine the appropriate genetic test for example
☐ limited testing to the previously identified mutations (founder mutation)
☐ limited panel. Please specify below.
☐ Extended panel. Please specify below
Please be advised that testing may take up to 3 weeks to get results Results
The result is usually categorized as one of the following,
No mutation detected or
Positive pathogenic variant or
Variant of uncertain signficance

Below I will discuss general guidlines of the discussion that take place with provider specifically after finding a positive pathogenic variant. In summary, the finding of postive pathogenic variant result indicate increased risk for cancer. Your healthcare provide will then provide with early detection, risk reduction plan that will focus on the following main items, A. Breast awarness, including breast self-examination for both men and women. Please write details here. B. Imaging exams, e.g. mammogram, MRI or other. Please write details below C. Risk reduction strategy by medications and/or surgery. Please write details below. D. Family members, please consider sharing information with your family members so that they can also be seen by their healthcare providers for further recommendations

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Genetic Testing Criteria for Hereditary Breast and Ovarian Cancer Syn-			
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drome (adapted from NCCN) ☐ An individual with ovarian cancer.			
An individual with breast cancer diagnosis meeting any of the following:			
A known mutation in a cancer susceptibility gene within family.			
Breast cancer diagnosed at age of 50 or less.			
Triple negative breast cancer diagnosed at age of 60 or less.			
Two breast primaries in a single individual. Breast cancer at any age, and			
≥1 close blood relative with breast cancer ≤50 years, or			
≥1 close blood relative with invasive ovarian cancer at any age, or			
≥2 close blood relatives with breast cancer and/or pancreatic cancer at any age, or			
Pancreatic cancer at any age, or			
From a population at increased risk.			
Male breast cancer			
An individual of Ashkenazi Jewish descent with breast, ovarian or pancreatic cancer at any age			
An individual with a personal and/or family history of three or more of specific cancers			
(check with your provider for details)			
An individual with no personal history of cancer but with strong close family history of breast			
cancer, or ovarain cancer occuring at younger age, or male breast cancer.			
(check with your provider for details)			

Genetic Screening Visit Questions

Why do l	I need genetic testing? Do I have a hereditary breast and ovarian cancer (HBOC)?
What spe	ecific gene I am tested for?
Do I need	d extended testing beyond the above?
How long	g will I have to wait for the results?
Will insu	arance pay for genetic screening?
What wil	Il the result mean for me and my treating team?
I suggest	her tools and resources I can look on my own? you looking at the following please also consider checking the genetics resources in the link page here http://www.breafocus.com/links/
-	yriad.com/patients-families/patient-resources/ ients.ambrygen.com/cancer

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