

WHEN TO REFER TO CANCER GENETICS?

- **~30% of pediatric oncology patients may warrant referral to cancer genetics clinic**
- **Significant family history**
 - Multiple relatives on same side of family with same or related cancers
 - Close relatives w/ early (< age 50 in adults), multiple, or bilateral cancers
 - Pattern suggestive of AD inheritance
 - Ethnic background: Ashkenazi Jewish ancestry
 - **Do not rule out hereditary syndrome based on family history that appears unremarkable.**
- **Specific tumor types and laterality**
 - Bilateral/multifocal tumors or multiple primary cancers
 - Especially early cancer diagnoses
 - Specific tumor types
 - Ex: ACC, choroid plexus tumors, MTC
- **Presence of additional suggestive findings**
 - Congenital anomalies/ dysmorphic features
 - Developmental delays
 - ID, Autism Spectrum Disorders
 - Macrocephaly
 - Skin findings
 - Benign tumors, polyps

HOW TO REFER?

Call Department of Genetics Scheduling at 205.934.4983 OR

Fax Genetic Counseling Referral Request form to 205.975.6389. Include most recent/pertinent records.

Contact Meagan Farmer with questions.

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