Dear Hereditary Cancer Listserv Members:

**Thanksgiving is “National Family History Day.”** Encourage your patients to talk to their families over the holidays about their medical histories.

**Elicit a Family History:** Approximately 5-10% of primary care patients have a significant family history of cancer and obtaining a family history facilitates risk stratification and appropriate medical management recommendations[^2,3].

- Record disease history and age of onset
  - 1st degree relatives (mother, father, siblings, children)
  - 2nd degree relatives (grandparents, aunts, uncles, nieces and nephews)
  - 3rd degree relatives (great-grandparents, great-aunts and uncles, first cousins)
- Ask additional questions about treatment and outcomes for the affected relatives in order to resolve inaccuracies.[^4]
- Update family history annually: Madlensky et al. observed a 70% increase in the number of patients considered to be at high risk for Hereditary Breast Ovarian Cancer over a 7-year period, due to the development of new cancers in their families.[^5]

Several tools are available to help record a family history:
- Patient questionnaire: [https://www.myriadpro.com/tools-your-practice/family-history-questionnaire](https://www.myriadpro.com/tools-your-practice/family-history-questionnaire)

**Interpretation of Family History:** In general, early onset cancers (prior to age 50), multiple family members with the same or related cancers, and individuals with more than one primary cancer are all red flags for a hereditary cancer syndrome.

**Red flags for Hereditary Breast Ovarian Cancer (HBOC):**
- Breast cancer before age 50
- Ovarian cancer at any age
- Two primary breast cancers in an individual at any age
- Both breast and ovarian cancer in an individual at any age
- Male breast cancer at any age
- Two or more breast cancers in a family, one under age 50
- Women of Ashkenazi Jewish descent with breast or ovarian cancer at any age
- A previously identified BRCA mutation in the family

**Red flags for Lynch syndrome (HNPCC):**
- Colon cancer before age 50
- Endometrial cancer before age 50
- 2 or more Lynch-associated cancers[^2,3]
- A previously identified Lynch syndrome mutation in the family

[^2,3]: colon, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain and sebaceous adenomas.

**Red Flags for Polyposis syndromes:**
- Individuals clinically affected with FAP (100 or more colorectal adenomas)
- Individuals with multiple colorectal adenomas (usually 10 or more cumulative adenomas)
- Relatives of APC or MYH mutation carriers
For more information about the family history red flags for hereditary cancer, contact your Myriad Account Executive, and for assistance with interpreting a particular patient's family history, contact your Regional Medical Specialist.

* Assessment criteria based on medical society guidelines. For these individual medical society guidelines, go to [www.myriadpro.com/guidelines](http://www.myriadpro.com/guidelines)

**References:**


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