

INCLUSION CRITERIA^a

One or more of the following:

- Early-age-onset breast cancer^b
- Two breast primaries^c or breast and ovarian cancer^d in a single individual
- or
- Two breast primaries^c or breast and ovarian cancers^d in close relative(s) from the same side of family (maternal or paternal)
- Clustering of breast cancer with male breast cancer, thyroid cancer, sarcoma, adrenocortical carcinoma, endometrial cancer, pancreatic cancer, brain tumors, dermatologic manifestations or leukemia/lymphoma on the same side of family
- Member of a family with a known mutation in a breast cancer susceptibility gene
- Populations at risk^e
- Any male breast cancer
- Ovarian cancer:^d One or more on same side of family^f

Referral to cancer genetics professional recommended

ASSESSMENT

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Patient needs and concerns:

- Knowledge of genetic testing for cancer risk, including benefits, risks, and limitations
- Goals for cancer family risk/assessment

Detailed family history:

- Expanded pedigree to include first-, second-, and third- degree relatives (parents, children, siblings, aunts, uncles, grandparents, great-grandparents, nieces, nephews, grandchildren, first cousins)
- Types of cancer
- Bilaterality
- Age at diagnosis
- Medical record documentation, particularly pathology reports of primary cancers

Detailed medical and surgical history:

- Any personal cancer history
 - Carcinogen exposure: History of radiation therapy
 - Reproductive history
 - Hormone use
 - Previous breast biopsies
 - Pathology verification of cancers
- Focused physical exam (refer to specific syndrome):**
- Breast/ovarian
 - Head/neck exam
 - Dermatologic
 - Thyroid
 - Head circumference

See Criteria for [Hereditary Breast/Ovarian Syndrome \(HBOC-1\)](#)

[Li-Fraumeni Syndrome \(LIFR-1\)](#)

[Cowden Syndrome \(COWD-1\)](#)

These Guidelines are a work in progress that will be refined as often as new significant data becomes available. The NCCN Guidelines are a statement of consensus of its authors regarding the views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN guideline is expected to use independent medical judgment in the contact of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

^aThe maternal and paternal sides of the family should be considered independently for familial patterns of breast/ovarian cancer.

^bClinically use age ≤ 50 y because studies define early onset as ranging from ≤ 40 to ≤ 50 y. For the purposes of these guidelines, invasive and ductal carcinoma in situ breast cancers should be included.

^cTwo breast primaries including bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors.

^dFor the purposes of these guidelines, fallopian tube and primary peritoneal carcinoma should be included.

^eFor populations at risk, requirements for inclusion may be lessened (eg, women of Ashkenazi Jewish descent with breast or ovarian cancer at any age.)

^fFor example, a single ovarian cancer is sufficient if the patient is of Ashkenazi Jewish descent, or has limited family structure.

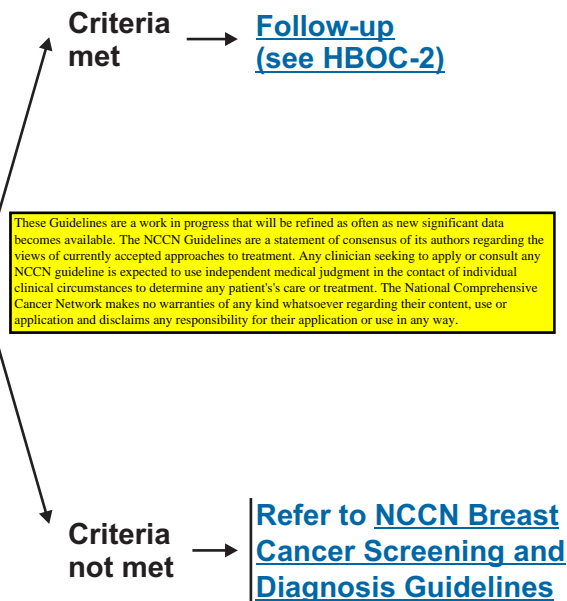
Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

HBOC CRITERIA^{a,b}

- **Member of family with a known BRCA1/BRCA2 mutation**
- **Personal history of breast cancer + one or more of the following:**
 - ▶ Diagnosed age ≤ 40 y,^c with or without family history
 - ▶ Diagnosed age ≤ 50 y^c or two breast primaries,^d with ≥ 1 close blood relative with breast cancer ≤ 50 y or ≥ 1 close blood relative with ovarian cancer
 - ▶ Diagnosed at any age, with ≥ 2 close blood relatives with ovarian cancer at any age
 - ▶ Diagnosed at any age with ≥ 2 close blood relatives with breast cancer, especially if ≥ 1 woman is diagnosed before age 50 y or has two breast primaries^d
 - ▶ Close male blood relative with breast cancer
 - ▶ Personal history of ovarian cancer
 - ▶ If of certain ethnic descent associated with deleterious mutations (eg, founder populations of Ashkenazi Jewish, Icelandic, Swedish, Hungarian or other) or history of breast and/or ovarian cancer in close blood relative; no additional family history required
- **Personal history of ovarian cancer + one or more of the following:**
 - ▶ ≥ 1 close blood relative with ovarian cancer
 - ▶ ≥ 1 close female blood relative with breast cancer at age ≤ 50 y or two breast primary cancers^d
 - ▶ ≥ 2 close blood relatives with breast cancer
 - ▶ ≥ 1 close male blood relative with breast cancer
 - ▶ If of Ashkenazi Jewish descent, no additional family history is required
- **Personal history of male breast cancer particularly if one or more of the following is also present:^e**
 - ▶ ≥ 1 close male blood relative with breast cancer
 - ▶ ≥ 1 close female blood relative with breast or ovarian cancer
 - ▶ If of certain ethnic descent associated with deleterious mutations (eg, founder populations of Ashkenazi Jewish, Icelandic, Swedish, Hungarian or other), no additional family history is required
- **Family history only—Close family member meeting any of the above criteria**

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^aOne or more of these criteria is suggestive of hereditary breast/ovarian cancer syndrome that warrants further professional evaluation.

^bWhen investigating family histories for HBOC, all close relatives on the same side of the family should be included. Close relatives include first-, second-, and third-degree relatives. Other malignancies reported in some families with HBOC include prostate, pancreatic, and melanoma. The presence of these cancers may increase suspicion of HBOC.

^cMay consider age range between ≤ 40 and ≤ 50 y if clinical situation warrants.

^dTwo breast primaries including bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors.

^eMales with limited family history may have an underestimated probability of familial mutation.

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[Back to Assessment](#)
[\(see BR/OV-1\)](#)