

## North East Genetics referrals from Palliative Care

These guidelines are aimed to highlight which patients may benefit from a discussion about DNA storage and referral to the genetics service.

### Criteria for discussion

#### **THINK BRCA** in someone who meets any of the following criteria:

- **Breast cancer - under 40**
- **Male breast cancer**
- **High grade serous ovarian cancer**
- **Breast or ovarian cancer AND a FDR with breast or ovarian cancer\***
- **Breast or ovarian cancer AND 2 other relatives with breast or ovarian cancer (on same side of the family)**

*\*NOT including germ cell or borderline ovarian tumours; could be SDR (or even TDR) if intervening relatives are male*

*FDR = first degree relative; SDR = second degree relative; TDR = third degree relative.*

#### **THINK LYNCH** in someone who meets any of the following criteria:

- **Bowel cancer under 50**
- **Bowel or endometrial cancer AND a FDR with bowel or endometrial cancer**
- **Lynch spectrum cancer <60 plus FDR with Lynch spectrum cancer <60\***

*\*Lynch spectrum cancers: bowel; endometrial; ovarian especially mucinous; small bowel (non-carcinoid); biliary tract; brain; urinary tract; gastric; pancreatic*

#### **OTHER** referral may be appropriate in someone who meets any of the following criteria:

- **(Muscle or bone) sarcoma any age, plus a FDR with cancer <55**
- **Any cancer <55 plus FDR with any cancer <55**
- **Diagnosed with one of the following cancers <40 - Kidney/pancreatic adenocarcinoma/stomach/small bowel (non-carcinoid)**
- **Multiple primary cancers in the same individual – especially 2 Lynch spectrum cancers; or 2 BRCA spectrum cancers; or any 2 cancers <50; or any 3 cancers <70**

### Next steps

If patient meets the criteria above or has another potentially significant family history or requests DNA storage, do the following:

1. Collect & label one 3mls EDTA purple tube from patient.

2. Send this with completed paper form to Molecular Genetics lab at Centre for Life (address below).
3. The above will ensure DNA storage only (for later use if referral made in future). If patient or family wish to be reviewed by the Genetics team in near future (e.g. to consider eligibility for genetic testing or family screening recommendations), a referral needs to also be sent to the Genetics team via the palliative care team or their GP (address below).
4. With consent, consider informing the GP of the patient's Next of Kin (or other key family member) of patient's DNA storage (see Appendix 1 for letter template).

Contact the Molecular Genetics lab (via Centre for Life 0191 241 8600; or email [nuth.dna@nhs.net](mailto:nuth.dna@nhs.net)) for a supply of paper forms for your unit.

### Who to contact?

Send form & blood sample or genetics referral to the following address:

Consultant Clinical Geneticist (or Dr Martin/Dr Brennan)  
Institute of Genetic Medicine  
International Centre for Life  
Central Parkway  
Newcastle Upon Tyne  
NE1 3BZ

For further information or to discuss a case, please contact:

- North of the region: Dr Richard Martin, 0191 241 8600, [richard.martin11@nhs.net](mailto:richard.martin11@nhs.net)
- South of the region: Dr Paul Brennan, [paul.brennan2@nhs.net](mailto:paul.brennan2@nhs.net)

Further information can be found on the Genetics Service website at:

[https://www.newcastlelaboratories.com/lab\\_service/clinical-services/](https://www.newcastlelaboratories.com/lab_service/clinical-services/)

## Appendix 1

Suggested template for letter to send to the GP of the patient's relative to inform them of patient's DNA storage.

"Dear GP,

Re patient \_\_\_\_\_ (include NOK details)

*CC in NOK to letter*

Your patients relative \_\_\_\_\_ was seen by the pall care team in \_\_\_\_\_, with an underlying diagnosis of \_\_\_\_\_.

There is a family history of cancer that might suggest an inherited link and so have implications for other family members.

Their relative \_\_\_\_\_ has consented to blood DNA storage in the Genetics lab (or blood DNA storage was not possible)

- We have referred your patient to the Clinical Genetics service in view of this.

*Or (delete as appropriate)*

- Your patient does not wish to be immediately referred to the Clinical Genetics service to discuss this further but this is an option that is open to them at any stage in the future. Please can you make this referral in the future if requested to do so by your patient.

Best Wishes,

\_\_\_\_\_ (Your palliative care team details)"