

OBSP Requisition for High Risk Screening

1. Client Information (or affix label)		
First name	Last name	
Date of birth (dd/mmm/yyyy)	OHIP number	
Telephone number	Secondary telephone number	Address (including postal code)

To receive high risk breast screening (i.e.: annual MRI and mammogram), women must be **between 30 and 69 and** be at high risk for breast cancer as identified through **Category A OR Category B**, after genetic assessment. **Women with bilateral mastectomies are not eligible.**

Category A: eligible for **direct entry** into the program. To fall under this category, **at least one** of the following criteria must be met:

<input type="checkbox"/> Known carrier of a gene mutation (e.g. BRCA1, BRCA2 - fax results with form)				
<input type="checkbox"/> First degree relative of a carrier of a gene mutation (e.g. BRCA1, BRCA2), has previously had genetic counselling, and has declined genetic testing				
<input type="checkbox"/> Previously assessed as having a $\geq 25\%$ lifetime risk of breast cancer on basis of family history (a genetic clinic must have used at least one of the tools below to complete this assessment – fax results with form)				
<table border="0"> <tr> <td>IBIS 10 Year Risk:</td> <td>BOADICEA 5 Year Risk:</td> </tr> <tr> <td>IBIS Lifetime Risk:</td> <td>BOADICEA Lifetime Risk:</td> </tr> </table>	IBIS 10 Year Risk:	BOADICEA 5 Year Risk:	IBIS Lifetime Risk:	BOADICEA Lifetime Risk:
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IBIS Lifetime Risk:	BOADICEA Lifetime Risk:			
<input type="checkbox"/> Received chest radiation (not chest x-ray) before age 30 and at least 8 years previously (e.g. as treatment for Hodgkin's Lymphoma)				

OR

Category B: genetic assessment required (i.e. counselling and/or testing) to determine eligibility for the program. To fall under this category, **at least one** of the following criteria must be met:

<input type="checkbox"/> First degree relative of a carrier of a gene mutation (e.g. BRCA1, BRCA2) and has not had genetic counselling or testing								
<input type="checkbox"/> A personal or family history of at least one of the following (please check all that apply):								
<table border="0"> <tr> <td><input type="checkbox"/> Two or more cases of breast cancer and/or ovarian* cancer in closely related blood relatives[†]</td> <td><input type="checkbox"/> Invasive serous* ovarian cancer</td> </tr> <tr> <td><input type="checkbox"/> Bilateral breast cancers</td> <td><input type="checkbox"/> Breast and/or ovarian* cancer in Ashkenazi Jewish families</td> </tr> <tr> <td><input type="checkbox"/> Both breast and ovarian* cancer in the same woman</td> <td><input type="checkbox"/> An identified gene mutation (e.g. BRCA1, BRCA2) in any blood relatives</td> </tr> <tr> <td><input type="checkbox"/> Breast cancer at ≤ 35 years of age</td> <td><input type="checkbox"/> Male breast cancer</td> </tr> </table>	<input type="checkbox"/> Two or more cases of breast cancer and/or ovarian* cancer in closely related blood relatives [†]	<input type="checkbox"/> Invasive serous* ovarian cancer	<input type="checkbox"/> Bilateral breast cancers	<input type="checkbox"/> Breast and/or ovarian* cancer in Ashkenazi Jewish families	<input type="checkbox"/> Both breast and ovarian* cancer in the same woman	<input type="checkbox"/> An identified gene mutation (e.g. BRCA1, BRCA2) in any blood relatives	<input type="checkbox"/> Breast cancer at ≤ 35 years of age	<input type="checkbox"/> Male breast cancer
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<input type="checkbox"/> Breast cancer at ≤ 35 years of age	<input type="checkbox"/> Male breast cancer							

* Includes cancer of the fallopian tubes and primary peritoneal cancer

[†] Closely related blood relative: 1st degree = parent, sibling, or child; 2nd degree = grandparent, aunt, uncle, niece, or nephew

2. Clinical History	
Date and location of most recent mammogram	Previous breast cancer? <input type="radio"/> Yes <input type="radio"/> No
Date and location of most recent MRI (if done)	Breast implants? <input type="radio"/> Yes <input type="radio"/> No
Previous genetic assessment for inherited breast cancer risk? <input type="radio"/> Yes (attach results) <input type="radio"/> No	Specify genetic assessment centre

3. Referring Physician		
First and last name	CPSO Number	
Address (including postal code)	Telephone number	
Signature	Date (dd/mmm/yyyy)	Fax number

By signing this form, you authorize your client to receive screening mammography and MRI (or, if appropriate, screening ultrasound). You also authorize the OBSP to book these screens, additional screens, as well as any follow-up appointments, including imaging tests and biopsies for evaluation of abnormal results. **Fax completed form to the OBSP High Risk Screening Referral Contact in your area (cancercare.on.ca/obsphighrisk).**

A) WHO IS ELIGIBLE FOR HIGH RISK SCREENING UNDER THE ONTARIO BREAST SCREENING PROGRAM (OBSP)?

Category A: eligible for direct entry into the program

1. Must be an Ontario resident
2. Must have a valid OHIP number
3. Are between the age of 30 and 69 and meet one of the following criteria:
 - a. Known to be a carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*)
 - b. First degree relative of a carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*), has previously had genetic counselling, and has declined genetic testing
 - c. Previously assessed by a genetic clinic (using the IBIS or BOADICEA risk assessment tools) as having a $\geq 25\%$ lifetime risk of breast cancer on basis of family history
 - d. Received chest radiation (not chest x-ray) before the age of 30 and at least 8 years previously

Category B: genetic assessment required (i.e. counselling and/or testing) to determine eligibility for the

1. Must be an Ontario resident
2. Must have a valid OHIP number
3. Are between the age of 30 and 69 and meet one of the following criteria:
 - a. First degree relative of a carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*) and has not had genetic counselling or testing
 - b. Has a personal or family history of breast or ovarian cancer suggestive of a hereditary breast cancer syndrome

B) WHAT IF MY CLIENT IS NOT ELIGIBLE?

If the criteria for neither Category A or Category B can be met, the woman is not eligible to be screened in the OBSP High Risk Screening Program and this form does not need to be faxed to the OBSP.

If this is the case, please ensure that you discuss risk appropriate screening with her.

C) HOW DO I ENROLL AN ELIGIBLE CLIENT?

Fax the completed requisition form to an OBSP High Risk Screening Site in your area. Once the form is received, the OBSP will:

1. Arrange for screening (i.e. mammography and MRI or ultrasound) for women who are eligible for direct entry into the high risk program OR
2. Refer women on to genetic assessment (i.e. counselling and/or testing) to determine if they are eligible for high risk screening

Once screened, the OBSP will recall women annually if their results are normal. If screening results are abnormal, the OBSP will arrange for a diagnostic work-up.

D) WHAT ARE THE IBIS AND BOADICEA TOOLS?

IBIS and BOADICEA are breast risk assessment tools that are used within genetic clinics to assess the probability of carrying a gene mutation (e.g. *BRCA1*, *BRCA2*) and the probability of developing breast cancer.

These tools have been chosen as the standard tools for assessing eligibility for entrance into the OBSP High Risk Screening Program. If a genetic assessment is completed, the healthcare provider will receive results from the genetic clinic.

E) IMPORTANT LINKS

OBSP High Risk Screening Program Information and Referral Contacts: cancercare.on.ca/obsphighrisk

Healthcare provider resources: cancercare.on.ca/presources

Cancer Care Ontario (CCO) is an organization committed to ensuring accessible services and communications to individuals with disabilities. To receive any part of this document in an alternate format, please contact CCO's Communications Department at: 1-855-460-2647, TTY (416) 217-1815, or publicaffairs@cancercare.on.ca.