High Risk Ontario Breast Screening Program (OBSP)
Breast Cancer Genetic Assessment Results Form

The original High Risk OBSP Requisition Form **must be attached** to this form.

1. PATIENT INFORMATION (or affix label)

First Name		Last Name
Date of Birth (YYYY/MM/DD)		OHIP Number
Telephone Number	Secondary Telephone Number	Address *(including postal code)*

2. INFORMATION ABOUT GENETIC ASSESSMENT (i.e., genetic counselling and/or testing)

☐ Genetic assessment declined by patient

☐ Genetic assessment not performed (patient does not meet High Risk OBSP referral criteria)

2.a) Genetic Counselling

Name of genetics clinic referred to	Date referral received (YYYY/MM/DD)
Source of referral ☐ OBSP ☐ Directly from clinician	Date of initial genetic counselling (YYYY/MM/DD)

2.b) Genetic Testing (i.e., lab test, if applicable)

Name of lab performing genetic testing	Date genetic testing requested (YYYY/MM/DD)
Date genetic test report issued (YYYY/MM/DD)	Date patient informed of genetic test results (YYYY/MM/DD)

2.c) Results (check **at least one** box)

☐ First degree relative of a carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*) and has declined genetic testing

☐ Assessed as having a ≥25% lifetime risk of breast cancer on basis of personal and family history

IBIS 10 Year Risk: IBIS Lifetime Risk:

CanRisk 10 Year Risk: CanRisk Lifetime Risk:

☐ Newly identified carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*)

☐ BRCA1 ☐ BRCA2 ☐ Result (HGVS nomenclature)

☐ Other ☐ ACMG category

☐ Through genetic assessment (i.e., counselling and/or testing), patient was found to be not eligible for the High Risk OBSP

☐ Genetic testing declined by patient

After genetic assessment, patient declined to participate in the High Risk OBSP due to:

☐ Personal choice ☐ Prophylactic bilateral mastectomy ☐ Other

3. FORM COMPLETED BY

First and Last Name		Date (YYYY/MM/DD)
Address *(including postal code)*	Signature	Telephone Number
Approving Physician *(for genetic testing)*	Signature	CPSO Number

4. SEND HIGH RISK OBSP RESULTS TO

Provider First and Last Name	CPSO/CNO Number

Fax completed form to a High Risk OBSP site in your area. Please visit cancercareontario.ca/highriskobsp for a list of High Risk OBSP sites.
Please send results to referring primary care provider.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca

Ontario Health

High Risk Ontario Breast Screening Program (OBSP) Requisition Form

To receive screening through the High Risk OBSP, women, trans and nonbinary people must be **between ages 30 and 69** and be at high risk for breast cancer as identified through **Category A** or **Category B**, after genetic assessment. Fax the completed requisition to a High Risk OBSP site in your area. Please visit cancercareontario.ca/highriskobsp for a list of High Risk OBSP sites.

1. PATIENT INFORMATION (or affix label)

First Name		Last Name
Date of Birth (YYYY/MM/DD)		OHIP Number
Telephone Number	Secondary Telephone Number	Address *(including postal code)*

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

- ☐ Known carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*) – ***(fax results with form)***
- ☐ First degree relative of a carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*), has previously **had** genetic counselling, and has **declined** genetic testing
- ☐ Previously assessed as having a ≥25% lifetime risk of breast cancer on basis of personal and family history *(a genetics clinic must have used **one** of the tools below to complete this assessment)* – ***(fax results with form)***

  IBIS 10 Year Risk: IBIS Lifetime Risk:

  CanRisk 10 Year Risk: CanRisk Lifetime Risk:
- ☐ Received chest radiation (not chest x-ray) to treat another cancer (e.g., Hodgkin Lymphoma) before age 30 and at least eight years ago

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:

- ☐ An identified pathogenic or likely pathogenic gene variant that is associated with increased breast cancer risk (e.g., *BRCA1, BRCA2, TP53, PALB2*) in a close blood relative[1]
- ☐ A **personal history and/or close blood relatives**[1] with at least one of the following:
  - ☐ One case of breast or ovarian[2] cancer and at least one other case of breast, ovarian, prostate or pancreatic cancer, on the same side of the family[3]
  - ☐ More than one primary breast cancer in the same person
  - ☐ Both breast and ovarian[2] cancer in the same person
  - ☐ Family history of breast cancer ≤35 years of age
  - ☐ Breast and/or ovarian[2] cancer in people of Ashkenazi Jewish descent
  - ☐ Invasive ovarian[2] cancer
  - ☐ Breast cancer in a person assigned male at birth
- ☐ A **personal history** of at least one of the following:
  - ☐ Breast cancer ≤45 years of age
  - ☐ Breast cancer ≤50 years of age if limited family structure[4]
  - ☐ Triple negative breast cancer[5] ≤60 years of age

Please see bottom of page 2 for definitions of 1-5

2. CLINICAL HISTORY

Date (YYYY/MM/DD) and location of most recent mammogram ***(attach report if available)***	Previous breast cancer? ☐ Yes ☐ No
Date (YYYY/MM/DD) and location of most recent MRI *(if done)*	Breast implants? ☐ Yes ☐ No
Previous genetic assessment for inherited breast cancer risk? ☐ Yes ***(attach results)*** ☐ No	Specify genetic assessment centre

3. REFERRING PROVIDER (or affix label)

First and Last Name	CPSO/CNO Number
Address *(including postal code)*	Telephone Number
	Fax Number
Signature	Date (YYYY/MM/DD)

If your patient is eligible for high risk screening, by signing this requisition, you authorize the use of screening mammography and breast MRI (or screening breast ultrasound if breast MRI is not medically appropriate) for your patient's initial and ongoing annual screening, as well as any follow-up appointments, including imaging tests and biopsies for evaluation of abnormal results.

Ontario Health

High Risk OBSP Requisition Form

WHAT TO INCLUDE WITH YOUR REFERRAL

- ☐ Completed High Risk OBSP Requisition Form indicating Category A or Category B eligibility
- ☐ Most recent mammogram report *(if available)*
- ☐ Previous genetic testing or risk assessment results *(required for Category A and if available, include for Category B)*

FREQUENTLY ASKED QUESTIONS

Who is eligible for the High Risk OBSP?

To be eligible for screening through the High Risk OBSP, women, trans and nonbinary people must:

- be between ages 30 and 69;
- have valid Ontario Health Insurance Plan coverage;
- have a referral from their family doctor or nurse practitioner;
- have no breast cancer symptoms;
- have not had a bilateral mastectomy; and
- meet criteria listed in Category A or B *(see page 1)*.

People with a personal history of breast cancer and/or breast implants may get screened through the High Risk OBSP if they meet eligibility criteria.

Will everyone who is referred be eligible for screening through the High Risk OBSP?

Not everyone who is referred will be eligible for breast cancer screening in the High Risk OBSP. People referred through Category A are eligible for the program. People referred through Category B require a genetic assessment to determine program eligibility.

As a referring primary care provider, what are my responsibilities?

As the referring primary care provider, it is your responsibility to:

- talk to your patient about their breast health and screening test options;
- refer only people who meet the High Risk OBSP eligibility criteria (Category A) or genetic assessment referral criteria (Category B) using the High Risk OBSP Requisition Form; and
- ensure appropriate follow-up of abnormal results and/or additional screening requirements (e.g., short-term follow-up) for your patients in conjunction with High Risk OBSP sites.

What are the next steps after I refer someone?

Once the High Risk OBSP requisition is received, the High Risk OBSP site will:

1. Arrange for screening for people who are eligible for direct entry into the program; or
2. Refer people on to genetic assessment (i.e., counselling and/or testing) to determine if they are eligible for the program.

The High Risk OBSP will recall participants annually if their results are normal. If screening results are abnormal, the High Risk OBSP site will arrange for diagnostic work-up.

What are the IBIS and CanRisk tools?

IBIS and CanRisk are risk assessment tools that are used by genetics clinics to assess the probability of developing breast cancer, as well as the probability of carrying a pathogenic or likely pathogenic variant known to be associated with increased breast cancer risk.

The primary care provider will receive the genetic assessment results when completed.

Why must risk assessments be completed by genetics clinics?

Risk assessments (using the IBIS or CanRisk risk assessment tools) should be completed by genetics clinics to ensure consistent and standardized care for everyone across the province. In addition to conducting the risk assessment, genetics clinics will provide genetic counselling to patients. This includes reviewing their breast cancer risk score, as well as discussions about genetic testing (if appropriate), personal risk factors, family history and options for screening and prevention of breast cancer.

Please direct questions about referrals to a High Risk OBSP site in your area.

Please visit cancercareontario.ca/highriskobsp to get the contact information for High Risk OBSP sites in your area.

DEFINITIONS

1. **Close blood relative:** First degree = parent, sibling, or child; second degree = grandparent, aunt, uncle, niece, or nephew; may include third degree relatives based on the family structure.
2. **Ovarian cancer:** Includes all epithelial ovarian cancer, including cancer of the fallopian tubes and primary peritoneal cancer. Borderline (formerly low malignant potential) tumours of the ovary are excluded.
3. **Same side of the family:** All cancer cases must be in close blood relatives of one biological parent (e.g., a parent with breast cancer and that same parent's sibling with prostate cancer).
4. **Limited family structure:** Examples include adoption or few close relatives assigned female at birth.
5. **Triple negative breast cancer:** Breast tumours that are negative for estrogen receptors (ER), progesterone receptors (PR) and human epidermal growth factor receptor 2 (HER2).

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