Screening Questionnaire for Cancer Risk Assessment

Please think about both your mother’s side and father’s side of the family when answering these questions.

Do you or a close relative* have a history of:

- Breast cancer before age 50
- Breast cancer in a man
- Ovarian, fallopian tube, or primary peritoneal cancer
- Pancreatic cancer
- Triple negative breast cancer (ER-/PR-/Her2- receptors)
- Colon cancer before age 50
- Uterine (endometrial) cancer before age 50
- Metastatic prostate cancer (spread to other parts of body)
- 10 or more colon polyps in a lifetime
- Two or more primary (new) cancers in a single person
- Other cancer at an unusually young age

Do you have three or more close relatives on the same side of the family with the same type or related cancers (such as breast/ovary/pancreas or colon/uterine/ovary)?

Do you have a history of breast cancer at any age and are you of Ashkenazi Jewish ancestry?

Did a close relative test positive for a hereditary cancer gene mutation?

*Close relative means first-degree (siblings, parents, and children), second-degree (aunts/uncles, grandparents, nieces/nephews), and third-degree relatives (great-grandparents, great-aunts/uncles, first cousins).

If you answered YES to any one of these questions, please print and speak with your healthcare provider about a referral to the Family Cancer Risk Assessment Program at McGlinn Cancer Institute at Reading Hospital. You may be eligible for genetic counseling and possible genetic testing for hereditary cancer. Please call 484-628-9723 if you have questions or would like more information.