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:

- ☐ Known carrier of a gene mutation (*e.g. BRCA1*, *BRCA2* - ***fax results with form***)
- ☐ First degree relative of a carrier of a gene mutation (*e.g. BRCA1*, *BRCA2*), has previously **had** genetic counselling, and has **declined** genetic testing
- ☐ Previously assessed as having a ≥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***)

  IBIS 10 Year Risk: *BOADICEA 5 Year Risk:*

  IBIS Lifetime Risk: *BOADICEA Lifetime Risk:*
- ☐ 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:

- ☐ First degree relative of a carrier of a gene mutation (*e.g. BRCA1*, *BRCA2*) and has **not** had genetic counselling or testing
- ☐ A personal or family history of **at least one** of the following (*please check all that apply*):
  - ☐ Two or more cases of breast cancer and/or ovarian* cancer in closely related blood relatives†
  - ☐ Bilateral breast cancers
  - ☐ Both breast and ovarian* cancer in the same woman
  - ☐ Breast cancer at ≤35 years of age
  - ☐ Invasive serous* ovarian cancer
  - ☐ Breast and/or ovarian* cancer in Ashkenazi Jewish families
  - ☐ An identified gene mutation *(e.g. BRCA1*, *BRCA2)* in any blood relatives
  - ☐ 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? ◯ Yes ◯ No
Date 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 Physician	
First and last name	CPSO Number
Address (*including postal code*)	Telephone number
Signature	Date (dd/mmm/yyyy)

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**.

OBSP High Risk Screening Program

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 ≥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

Healthcare provider resources

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.

June 2015