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ATTN: Utilization Manager

*Re: Patient Name: Date of Birth: ID Number:*

Dear Utilization Manager,

I am writing to request coverage for genetic testing for genes related to Hereditary Breast and Ovarian Cancer Syndrome, Lynch Syndrome and a number of other syndromes that predispose a patient to a number of different cancers. I have determined that this test is medically necessary for the above patient due to the following family history which is suggestive of this condition:

A family history of the following: ***(relevant cancers include: (relevant cancers include: breast, ovarian, colon, rectal, pancreatic, gastric, endometrial, melanoma, and prostate; specify maternal or paternal relatives, specify bilateral or multiple primary cancers.)***

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancer Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_  
Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancer Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_  
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Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancer Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

This patient has not been affected with cancer, but has a family history of cancer that meets commonly accepted guidelines for evaluation of hereditary breast/ovarian cancer risk and/or Lynch Syndrome such as NCCN guidelines. I have requested testing for a number of syndromes because the nature of the patient’s family history is such that there are a number of different mutations that could reasonably explain the familial occurrences of cancer and testing them concurrently will reduce overall cost and help guide treatment options..

Women who carry a BRCA1 or BRCA2 mutation have lifetime risks of up to 87% for breast cancer and up to 44% for ovarian cancer. Men with mutations carry up to an 8% risk of breast cancer and 20% of prostate cancer. Carriers of a Lynch Syndrome mutation have an increased risk of many cancers including colorectal, endometrial, gastric, pancreas, brain and others. These increases can be dramatic including a risk as high as 82% for colorectal cancer by age 70 and 60% for endometrial cancer. Other syndromes, such as Familial Adenomatous Polyposis, caused by a mutation on the APC gene, increase the likelihood of colorectal cancer to over 99% by age 80.

In addition, mutation carriers who have already been diagnosed with cancer have a significantly increased risk of developing another primary cancer. Because medical society guidelines recommend an aggressive approach to medical management for individuals identified as having a genetic mutation, test results are necessary to guide the doctor in choosing the appropriate course of treatment and/or surveillance should the patient ever get sick.

The American Society of Clinical Oncology recommends that genetic testing be offered to individuals with suspected inherited cancer risk in whom test results will aid in medical management decision-making. For this patient in particular, the genetic test results are needed in order to consider:

***[Please check all that apply]***

\_\_\_\_\_ Salpingo-oophorectomy  
\_\_\_\_\_ Risk-reducing mastectomy  
\_\_\_\_\_ Intensive breast surveillance  
\_\_\_\_\_ Tamoxifen treatment  
\_\_\_\_\_ More frequent colonoscopies\_\_\_\_\_ Endometrial Biopsy\_\_\_\_\_ Ovarian Cancer Screenings (including CA-125 measurement, transvaginal ultrasound etc.)\_\_\_\_\_ Colectomy  
\_\_\_\_\_ Hysterectomy  
\_\_\_\_\_ Other ***[describe]*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The patient has provided informed consent to pursue genetic testing, based on my discussion of the personal and/or family history, the potential test results, and the implications for medical management.

Please do not hesitate to contact me if you need more information.

Sincerely,

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