Clinical

Documentation

New consult letter template

{Institution Name} - Oncology Genetics Consultation

Referring Provider: Dr. @REFPROVLNAME@
CC: Patient, {Additional providers in patient's care team}

Dear Dr. @REFPROVLNAME@,

It was a pleasure to meet with your patient, @FNAME@ @LNAME@ in the {clinical name} at {Institution Name} on ***. This letter will serve to review what was discussed during *** visit. Time spent counseling the patient was *** minutes. M***. @LNAME@ was referred due to ***. M***. @LNAME@ was accompanied to the clinic by ***. M***. @LNAME@'s cancer family history was assessed. A copy of the patient's full pedigree can be viewed on the Epic 'Media' tab***. **A disposition is included at the end of this correspondence as a reference.**

Personal History:

- @FNAME@ is *** years of age. {Patient's personal cancer history, including age at diagnosis, relevant pathology (i.e. ER, PR, Her2/neu status for breast cancer), and treatment}
- Her gynecological history is noted for menarche at age *** and last menstrual period ***. She gave birth to her first child at the age of ***. Her ovaries and uterus are *** intact. {Other relevant gynecologic history, such as oral contraceptive use, etc.}
- @FNAME@'s cancer screening history is noted for {most recent mammogram, PAP smear, colonoscopy, and other cancer screening histories and any relevant findings from screenings (polyps, breast biopsies, etc.)}.
- @FNAME@'s social history is noted for {alcohol, smoking, and illicit drug history}.
- @FNAME@ reports no other health problems, except {other relevant illnesses or health history, if needed}.

Family History: The below table summarizes the cancer diagnoses in the patient's family.

Relationship	Diagnosis	Age at Diagnosis

There are no other known diagnoses of cancer in the family. M***. @LNAME@ is of *** descent on the maternal side and *** descent on the paternal side. There is no known consanguinity between *** parents. There is no known Ashkenazi Jewish ancestry.

Impression:
M***. @LNAME@ is a *** year old *** with a {summary of relevant personal and/or family history of cancer}. *** presents to the cancer genetic counseling clinic to discuss the possibility of a hereditary cancer predisposition syndrome in *** family and the risks, benefits, and limitations of genetic testing.

Risk Assessment:
This risk assessment was built by using the patient's medical history and family history they provided. It is only as accurate as the history provided and may change over time with new developments in their personal and family history.

In reviewing M***. @LNAME@'s history, *** are suggestive of a potential hereditary cancer syndrome. The history is most suggestive of {If patient histories are suggestive of a particular syndrome/gene, insert name here}. {List of any specific genes/syndromes discussed} was discussed in detail at today's appointment.

{Summary paragraphs on specific genes/syndromes discussed and testing option offered}

The Genetic Information Nondiscrimination Act (GINA) was discussed in detail at today's appointment. GINA states that health insurers and employers cannot use genetic information against a person. Some exceptions apply to GINA for the military and employers with less than 15 employees. GINA does **not** apply to life, long term care, or disability insurance.

After thorough discussion, M***. @LNAME@ opted to *** pursue genetic testing today. {Information on specific test, estimated turnaround time, and billing information}

Familial Cancer:
Even if the patient's family does not represent a hereditary cancer family, it is true that having a family history of cancer can increase one's risk over the general population. It is believed that while some families have a single gene mutation running in the family (hereditary), others have a combination of many genes and environmental factors causing cancer to cluster in certain families (familial). Individuals with a family history of cancer should consult with their doctors about increased cancer screening and management, even in the absence of a genetic testing.

Additional Family History Findings:
{If other family history is provided that may be suggestive of a genetic condition outside of hereditary cancer, list here with recommendations/referral to geneticist}

Disposition:
1. M***. @LNAME@ was referred for genetic counseling by Dr. @REFPROVLNAME@ to discuss *** history of ***.
2. M***. @LNAME@ was counseled about *** as possible explanation*** for *** personal and/or family history of cancer. Genetic testing was discussed including the risks, benefits, and limitations, and M***. @LNAME@ opted to ***. {Information on specific test, estimated turnaround time, and billing information}
3. Given that family history is dynamic and constantly changing, it is recommended that a family history of cancer be updated at least every 5-10 years by a health care provider. Should a new cancer develop in the patient or their family, we ask that *** be referred back to our clinic to update their risk assessment and if necessary, alter our management and screening recommendations.
4. Finally, due to the dynamics of the field of cancer genetics, we ask that M***. @LNAME@ contact us on a regular basis to let us know of any changes in *** family history as well as to learn of any new testing or management options.

Thank you for allowing me to participate in the care of this patient. Should you have any questions or concerns, please do not hesitate to contact me at {clinic phone number}.

Sincerely,
***
***Genetic Counselor
@DEPARTMENTADDRESS@

Variant of uncertain significance results letter template

{Institution Name} - Oncology Genetics Consultation

Referring Provider: Dr. @REFPROVLNAME@
CC: Patient, {Additional providers in patient's care team}

Dear Dr. @REFPROVLNAME@,

M***. @LNAME@ was seen on *** as a follow up appointment to discuss *** genetic test result for the ***, which includes ***. Time spent counseling was *** minutes. A copy of their result can be found in the 'Media' tab in Epic.***

M***. @LNAME@ was seen in the {clinical name} at {Institution Name} on {initial consult date} to discuss their risk of having a gene mutation causing a hereditary cancer syndrome and increased risk for cancer development. M***. @LNAME@ decided to pursue genetic testing after our discussion, and blood was drawn that day and sent to {Lab information}. Below the result is explained and a plan for *** future cancer surveillance is laid out.

Genetic Testing Result:
M***. @LNAME@'s results revealed a variant of uncertain significance (VUS), {variant information}, in the *** gene. The hereditary cancer syndromes/risks associated with this gene are described below. **These are not the cancer risks for this patient. M***. @LNAME@'s cancer risks should be based off of *** personal and/or family history of cancer.** These results were discussed with *** on ***.

{Gene/Syndrome information}

Summary and Plan:
These results indicate that M***. @LNAME@ has a change in their *** gene that has not been classified as a mutation causing increased risk for cancer or benign polymorphism at this point. A VUS result does **not** rule out a hereditary cancer predisposition syndrome.

As discussed in M***. @LNAME@'s initial appointment, when an individual is found to have a VUS in the *** gene, increased surveillance for certain types of cancer may still be necessary. Screening and surveillance should be determined based off of M***. @LNAME@'s personal and/or family history of cancer, not necessarily the management guidelines for ***. M***. @LNAME@ should discuss this with *** appropriate healthcare providers to determine appropriate cancer management. {Personalized management recommendations based on personal/family history, if applicable}

M***. @LNAME@'s blood relatives are not recommended to be tested for the VUS found in them. {If testing is recommended in family members based on reported histories, mention here}

Eventually VUS results get reclassified into a positive (mutation causing an increased risk for cancer) or negative (benign polymorphism). It is unknown when the VUS found in M***. @LNAME@ will be reclassified. It could take as long as years. The lab will contact our office if the VUS has been reclassified. Due to the long amount of time this may take, M***. @LNAME@ is encouraged to check

in with our office once a year on the status of their VUS and with any changes in address or phone number.

Disposition:

- M***. @LNAME@ was found to have a variant of uncertain significance (VUS) in the *** gene. M***. @LNAME@'s cancer management and/or surveillance should be based on *** personal and/or family history of cancer. **It should NOT be based on this test result.** {Personalized management recommendations based on personal/family history, if applicable}
- M***. @LNAME@'s blood relatives are not recommended to be tested for the VUS found in them. {If testing is recommended in family members based on reported histories, mention here}
- Due to the long amount of time it can take for a VUS to be reclassified, M***. @LNAME@ is encouraged to contact our office once a year to check on the status of the variant found in ***.

Thank you for allowing me to participate in the care of your patient. Should you have any questions or concerns, please do not hesitate to contact me at {clinic phone number}.

Sincerely,
***
***Genetic Counselor
@DEPTADDRESS@

Positive result letter template

Dear Valued Patient,

You received genetic counseling on {initial consult date} to discuss your hereditary cancer genetic test result. This letter summarizes what was discussed during this appointment.

Genetic Testing Result:
You tested positive for a mutation in the *** gene.

Summary and Plan:
This result means that you have a change in your gene that puts you at a higher risk for certain types of cancer. A *** gene mutation is associated with an increased risk for *** cancer(s).

***The National Comprehensive Cancer Network (NCCN) has established appropriate surveillance and management guidelines for individuals who have a *** gene mutation. Your cancer surveillance and management should be according to these guidelines. Your recommended management based on these guidelines includes:

- ***

Your blood relatives should be informed of this result, as they may also be at risk to have the same *** mutation as you. Each of your first-degree relatives (siblings, parents, children) has a 50% chance of also carrying this mutation, unless previously tested negative. Children under the age of 18 are not recommended to have this testing. *** mutations are **not** associated with childhood cancers, and individuals should wait to be tested until they can make an informed decision for themselves whether they would like to have genetic testing or not.

Thank you for choosing {Institution Name} for your care. Should you have any questions or concerns, please do not hesitate to contact *** at {clinic phone number}.

Sincerely,
***

Negative result letter template

M***. @LNAME@'s genetic test results were discussed with *** by phone on ***. M***. @LNAME@ was seen in the {clinical name} on {initial consult date}. After thorough discussion, *** opted to pursue genetic testing through the {specific test and lab information}. A copy of their result will be scanned into Epic, as well as sent to the patient via the regular mail.

M***. @LNAME@'s results showed that *** is negative for gene mutations in the *** genes through sequencing and deletion/duplication analysis. {Insert any gene-specific analysis limitations, such as only deletion/duplication analysis for certain genes (i.e. *EPCAM*)}. These results indicate that it is unlikely that *** has a gene mutation in any of the genes tested. The limitations of the testing were previously discussed with the patient, including the chance that a mutation in a gene other than the ones tested might be the cause of cancer in them or their relatives. Individuals who test negative may still be at an increased risk to develop cancer based on their personal and/or family history of cancer. An appropriate cancer surveillance plan should be determined by the patient's physicians.

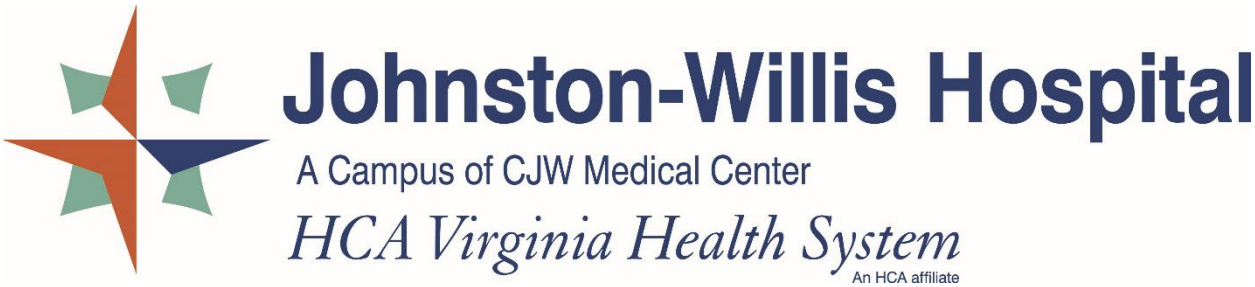
M***. @LNAME@ was encouraged to share a copy of *** results with *** family members.

Lifestyle factors to help reduce the risk of cancer were discussed, including healthy diet, exercise, limiting alcohol intake, and not smoking.

Thank you for allowing me to participate in the care of your patient. Should you have any questions or concerns, please do not hesitate to contact me at {clinic phone number}.

Sincerely,
***
***Genetic Counselor

Women's Imaging Center Letter for a High Risk Woman



High Risk Breast Nurse Navigator at
Comprehensive Breast Imaging Center at Sarah Cannon Institute

Provider:
Patient Name:
DOB:

We have recommended your patient to be seen by the Early Action Breast Program for High-Risk Patients. At this time your patient has chosen:

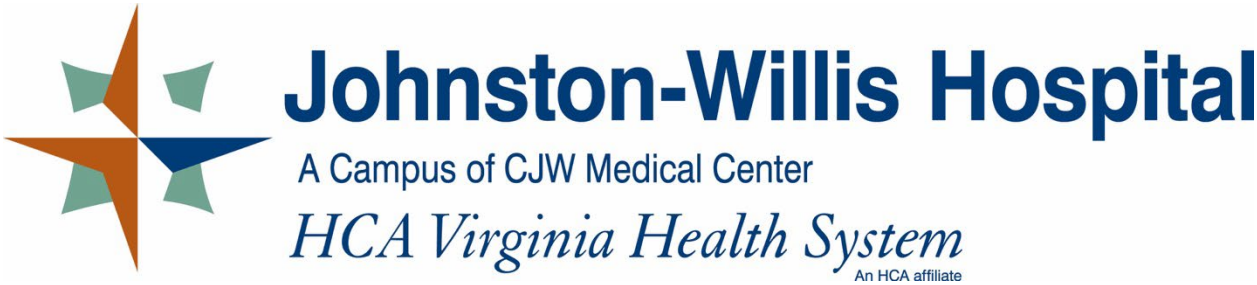
- Scheduled with High-Risk Breast Program. High Risk provider will order additional imaging tests.
- Speak with you before scheduling. Please contact us if your patient wants to schedule with the High-Risk provider.
- Call us back to schedule at a later date.
- Unable to reach patient. Please follow up with your patient. Annual Breast MRI is recommended
- Declined appointment with high-risk provider. Annual Breast MRI is recommended, please reach out to patient to schedule.

Additional comments:
Tyrer-Cuzick Lifetime score:
Medical Risk History:
Breast Density:

Thank you,
***Adrianne Alexander**, BSN, RN*
High Risk Breast Cancer Nurse Navigator
Comprehensive Breast Imaging Center
Sarah Cannon Cancer Institute at Johnston Willis Hospital
1401 Johnston Willis Drive Suite 1101
Richmond, VA 23235

Office (804) 483-5217
Cell (804) 807-4600
Fax (804) 386-0770

High Risk Patient Letter



[DATE]
[PATIENT ADDRESS]
Dear [PATIENT NAME],

Thank you for your recent visit to our Comprehensive Breast Imaging Center. We want to offer you the best care possible and based on the results of your screening mammogram you are receiving this additional letter because based on our calculations your breast cancer risk is higher than average. High risk women such as yourself can benefit from talking with specialized healthcare providers, receiving additional imaging tests, and/or taking medications to reduce your breast cancer risk.

I will be calling you in the next week to discuss your personal recommendations and to discuss any questions or concerns you may have. Please feel free to contact me directly at (804) 483-5217 if you would like to talk sooner.

Thank you for allowing us to be a part of your healthcare team.

Sincerely,

Adrianne Alexander, BSN, RN
High Risk Breast Cancer Nurse Navigator
Comprehensive Breast Imaging Center
Sarah Cannon Cancer Institute at Johnston Willis Hospital
1401 Johnston Willis Drive
Richmond, Virginia 23235
Office (804) 483-5217

High Risk Patient Letter

HCA Capital Division Breast Imaging Centers

Provider Preference for breast imaging patients

Physician Name:

Practice Name:

Office Phone Number:

Fax Number:

Direct Nursing Line:

Clinical Contact Designee:

Date:

****This form indicates my preference for the following services: (Please check the appropriate box) ****

- ❖ **Patient is identified as High Risk per NCCN guidelines:**

☐ I consent for HCA breast imaging staff to discuss a patient's high-risk status and for the High-Risk Breast Nurse Navigator to contact and educate the patient, if patient chooses, to facilitate an appointment with the program's High-Risk Breast Providers to discuss risk-reduction measures and appropriate follow-up care.

- Patient may choose a high-risk provider, if the patient doesn't have a preference; my preferred high-risk provider(s):
  - High Risk Provider 1st preference is: _____
  - High Risk Provider 2nd preference is: _____

- ❖ **Surgical Referral:**

☐ Following patient notification from the radiologist, I consent for the Nurse Navigator to contact patient and discuss the imaging/biopsy findings, in addition to scheduling with a breast specialist. I will be notified of the results (either positive or negative).

- Patient may choose a breast specialist, if the patient doesn't have a preference; my preferred breast provider(s):
  - Breast Specialist Provider 1st preference is: _____
  - Breast Specialist Provider 2nd preference is: _____

Providers will be notified via fax of the above services.

****These referral preferences will be audited annually and can be modified/updated at any time by notifying:**

Southside: Adrianne Alexander RN, BSN at PH: 804-483-5217 or FAX: 804-386-0770

Letter to Referring Provider: High-Risk Breast Patient

Johnston-Willis Hospital
A Campus of CJW Medical Center
HCA Virginia Health System
An HCA affiliate

High Risk Breast Nurse Navigator at

Comprehensive Breast Imaging Center at Sarah Cannon Institute

Provider:

Patient Name:

DOB:

We have recommended your patient to be seen by the Early Action Breast Program for High-Risk Patients. At this time your patient has chosen:

- Scheduled with High-Risk Breast Program. High Risk provider will order additional imaging tests.
- Speak with you before scheduling. Please contact us if your patient wants to schedule with the High-Risk provider.
- Call us back to schedule at a later date.
- Unable to reach patient. Please follow up with your patient. Annual Breast MRI is recommended
- Declined appointment with high-risk provider. Annual Breast MRI is recommended, please reach out to patient to schedule.

Additional comments:

Tyrer-Cuzick Lifetime score:

Medical Risk History:

Breast Density:

Thank you,

***Adrianne Alexander**, BSN, RN*
High Risk Breast Cancer Nurse Navigator
Comprehensive Breast Imaging Center
Sarah Cannon Cancer Institute at Johnston Willis Hospital
1401 Johnston Willis Drive Suite 1101
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