

# Germline Testing Indication

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|-------------|---|
| Cancer Type | <input type="radio"/> Breast cancer<br><input type="radio"/> CA Ovary OR Pancreatic Cancer<br><input type="radio"/> Metastatic Prostate Cancer<br><input type="radio"/> Adenomatous Polyps > 10 or Harmatoma > 2<br><input type="radio"/> Colon cancer or endometrial cancer<br><input type="radio"/> Multiple cancers or hereditary cancer syndromes<br><input type="radio"/> Pediatric cancer (< 18 y-o)<br><input type="radio"/> Rare cancer |
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Detail of multiple cancers or hereditary cancer syndrome

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Detail of pediatric cancer or rare cancer

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## Breast Cancer

Age with the first breast cancer

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Male breast cancer

- ☐ Yes  
☐ No

The patient has a triple-negative breast cancer

- ☐ Yes  
☐ No

Indication for testing in a female patient with breast cancer before the age of 50

- ☐ Second primary breast cancer  
☐ History of breast cancer in first-degree relatives  
☐ History of pancreatic cancer in first- or second-degree relatives.

Additional criteria for breast cancer germline testing

- ☐ At least 2 first-degree relatives with breast cancer, pancreatic cancer, or prostate cancer  
☐ At least 1 first-degree relatives with breast cancer before 50-year-old.  
☐ History of "SARCOMA"  
☐ History of OTHER cancers before 45-year-old  
☐ History of adrenocortical cancer, glioma, or choroid plexus cancer  
☐ At least 1 first/second-degree relatives with cancer before 45-year-old

## Colon Cancer or Endometrial Cancer

Additional criteria for germline testing for colon cancer or endometrial cancer

- ☐ Colon cancer or endometrial cancer before 50-year-old  
☐ History of synchronous/metachronous colon/endometrial cancer  
☐ At least 1 first-degree relative with colon/endometrial cancer before 50-year-old  
☐ Abnormal MMR protein or MSI-H in cancer tissue