Genetic Support Foundation

Referring Patients with Prostate Cancer to Genetics

WHY SHOULD I REFER TO GENETICS?

Approximately 10% of prostate cancer diagnoses are associated with an inherited genetic variant that can be passed down through a family. These genetic variants often increase the risk of multiple types of cancer including prostate, breast, ovarian, and pancreatic cancer.

Identifying a hereditary cancer risk through genetic testing can help inform cancer treatment, screening, and prevention recommendations for the patient and their family members.

WHEN SHOULD I REFER TO GENETICS?

The National Comprehensive Cancer Network (NCCN) has published guidelines detailing when genetic evaluation is clinically indicated. Even if you are not certain whether your patient meets criteria, a referral to genetics may be considered to allow for comprehensive assessment.

Patients with prostate cancer meeting any of the following criteria should be referred to a genetic counselor:

- ☐ Metastatic prostate cancer
- ☐ Any high or very-high-risk prostate cancer features:
  - High-risk: cT3a, Grade Group 4 or 5, or PSA >20 ng/mL
  - Very-high-risk: cT3b-cT4, primary Gleason pattern 5, 2 or 3 high-risk features, or >4 cores with Grade Group 4 or 5
- ☐ ≥1 close relative* with: breast cancer at age ≤50, triple negative breast cancer, male breast cancer, ovarian cancer, pancreatic cancer, or metastatic/high-risk/very-high-risk prostate cancer
- ☐ ≥3 close relatives* (including patient) with: prostate and/or breast cancer
- ☐ Ashkenazi Jewish ancestry

In addition, an unaffected patient with a first-degree relative meeting any of the criteria above should be referred to genetics.

*Close relatives: first, second, or third-degree relatives on the same side of the family

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic Version 3.2024 — February 12, 2024