

Breast Cancer Risk Assessment Worksheet

Institution ID Number

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Patient ID Number

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Date of Assessment

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Date of Next Appointment

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Primary risk factors:

1. What is your ethnicity? Caucasian/Non-black Black
2. How old are you?

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3. How old were you when you had your first period?

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4. How old were you when your first child was born?

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 (Enter 0 for none.)
5. Have any of your first-degree relatives (mother, sister, daughter) had breast cancer? yes no don't know If yes, how many?

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 (Enter 0 for none.)
6. How many breast biopsies have you had?

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 (Enter 0 for none.)
7. Did any of the breast biopsies or HALO Breast PAP show atypical cells? yes no don't know not applicable

Note: The algorithm used is based on the Gail Model (1999), which is only valid for Caucasian or African American populations.

Additional risk factors:

1. Do you have a personal history of breast cancer? yes no don't know
2. Do you or any family member have a BRCA 1 or BRCA 2 gene mutation? * yes no don't know
3. Do you have a personal history of ovarian cancer? yes no don't know
4. Do you have any nipple discharge? yes no don't know
5. Are you of Ashkenazi Jewish background? yes no don't know
6. Have any of your second-degree relatives (niece, aunt or grandmother) had breast or ovarian cancer? yes no don't know
7. Do you have any relatives on your father's side with breast cancer? yes no don't know
8. Are you postmenopausal with dense breasts? ** yes no don't know



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Notes:

When this form is faxed to the USF Breast Health Program, it is sent to a secure custom database. Risk calculations will be performed automatically and faxed back to the sending fax machine. Therefore, it is important to have your fax machine configured to receive return faxes. The data from page 1 will be sent back to you as it was interpreted by our system. Please verify the returned data for accuracy. The risk estimate will be returned on the bottom of page 2.

The Primary Risk Factors will be used to calculate the Five Year Risk, based on the Gail Model (1999). A 5 Year Risk of 1.7% or greater, is considered to be elevated and it is recommended a patient be referred to the USF Breast Health Program for more comprehensive assessment and counseling.

The Additional Risk Factors on page 1 are not included in the risk calculations, but are considered to be significant in assessing the risk of breast cancer. Therefore, if a patient has one or more of the Additional Risk Factors, it is recommended they also be referred to the USF Breast Health Program for further assessment. This is recommended even where the 5 Year Risk calculation is below the 1.7% threshold.

When referred to the USF Breast Health Program for a more comprehensive assessment, a complete history will be taken and all known risk factors will be recorded. A lifetime risk will be calculated using additional algorithms such as BRCA Pro, Claus and Myriad. Using this data, an extensive risk assessment document will be generated which will include the risk calculations from all models, a genealogy chart, and a list of recommendations to help manage a high risk patient.

Any patient, whether low risk or high risk, who is interested in seeing a breast health care specialist should contact the USF Breast Health Program at 813-396-9946 for an appointment.

**Please visit our web site at:
www.usfbreasthealth.org**

* If you or someone in your family has a BRCA1 or BRCA2 gene mutation, please tell your doctor so they can recommend appropriate services.

** Breast Density is usually measured when you have a mammogram, and will be included on the report your doctor receives from the imaging center. If you have had a mammogram, ask your doctor if the density measurement is 50% or more, or if the description says "heterogeneously dense" or "extremely dense". If so, your breasts are considered to be dense.

Please do not enter data here. The risk value will be calculated automatically after form verification. The risk value is only an estimate and you should consult your physician to discuss these results.

5 Year Risk: .

