Tyrer-Cuzick Model Order Form

Version 2. Updated: 07/19/2021

IMPORTANT: Each section and line item of this form must be completed for Tyrer-Cuzick model reporting.

ORDER INFORMATION

Name: _____

Date of Birth: _____

Ordering Provider: _____

Order Date: _____

PATIENT ELIGIBILITY

☐ **My patient meets the following eligibility criteria for Tyrer-Cuzick model reporting:**

- Female
- 84 years of age or less
- No personal history of breast cancer
- No personal or family history of a pathogenic or likely pathogenic variant in the following breast cancer susceptibility genes:
  - ***ATM – BARD1 – CDH1 – CHEK2 – NF1 – PALB2 – PTEN – STK11 – TP53***
- Has a hereditary cancer genetic test order that includes ***BRCA1*** and ***BRCA2*** comprehensive analysis

PATIENT'S PERSONAL HISTORY

Age: _____ yrs. old Height: _____ ft. _____ in. Weight: _____ lbs.

Age at first menstruation: _____ yrs. old ☐ Unsure

Number of live births: _____ Age at first child's birth (if applicable): _____ yrs. old

Menopausal status: ☐ Pre-menopausal ☐ Peri-menopausal ☐ Post-menopausal ☐ Unsure

Age of onset (if post-menopausal): _____ yrs. old ☐ Unsure

Has the patient ever used Hormone Replacement Therapy (HRT)? ☐ Yes ☐ No

If yes, treatment type: ☐ Estrogen Alone ☐ Combined

If yes, select one of the following:

☐ Current HRT user, began _____ yrs. ago; intend to use for _____ more yrs.

☐ Past HRT user, stopped _____ yrs. ago; used for _____ yrs.

BREAST HEALTH HISTORY

Has the patient had a prior breast biopsy? ☐ No prior breast biopsy ☐ No proliferative disease ☐ Hyperplasia (not atypical) ☐ Atypical hyperplasia ☐ Lobular carcinoma in-situ (LCIS) ☐ Results unknown

Has the patient had a breast density assessment? ☐ Yes ☐ No ☐ Unsure

If yes, complete **one** of the following: Volpara® Volumetric Density _____% VAS Percentage Density _____%

BI-RADS ATLAS Density (select one of the following): ☐ Almost entirely fatty ☐ Scattered Fibgrolandular density ☐ Heterogeneously dense ☐ Extremely dense ☐ Unknown

FAMILY HISTORY

Number of daughters: _____ Number of sisters: _____ Number of maternal aunts (mother's sisters): _____

Number of paternal aunts (father's sisters): _____

Have any of the patient's relatives had germline genetic testing for the ***BRCA1*** and/or ***BRCA2*** gene(s)? ☐ Yes ☐ No

If yes, please indicate their relationship to the patient, including whether they are maternally or paternally related, and their ***BRCA1/2*** genetic test result (positive, negative, or unknown).

_____

_____

Any additional relevant personal and/or family history information provided in/with the patient's genetic test requisition form (including medical notes/pedigrees) will also be incorporated when performing the Tyrer-Cuzick model.

Please note that any unknown or inaccurate information may impact the patient's Tyrer-Cuzick model calculation.

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