

**Hereditary Gastrointestinal Cancer
Genetic Diagnosis Laboratory
遺傳性腸胃癌基因診斷化驗室**

Department of Pathology

The University of Hong Kong

Queen Mary Hospital, Hong Kong

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Directors: Prof. S.Y. Leung 梁雪兒教授

**Hereditary Gastrointestinal Cancer
Registry**

遺傳性腸胃癌支援中心

Department of Pathology

Rm 245 Old Wing, St. Paul's Hospital

No. 2 Eastern Hospital Road, Causeway Bay, Hong Kong

Tel (電話): (852) 2830 3729

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Dr. S.T. Yuen 袁兆燦醫生

**A Charitable Genetic Diagnosis Service for Patients with Suspected Hereditary Gastrointestinal and
Other Types of Cancer Provided by Department of Pathology, QMH, HKU**

The Hereditary Gastrointestinal Cancer Genetic Diagnosis Laboratory, Department of Pathology, The University of Hong Kong, Queen Mary Hospital is accepting referrals from doctors in both public and private sectors for **genetic diagnosis** in patients putatively affected by hereditary colorectal or other types of cancers. We are currently providing **genetic tests for the Hereditary Non-Polyposis Colorectal Cancer Syndrome (HNPCC), the Familial Adenomatous Polyposis syndrome (FAP), and various other Polyposis syndrome.** This programme is supported by the **Hong Kong Cancer Fund** and is totally **free of charge.**

We will provide appropriate genetic diagnosis, genetic counseling and psychosocial support for patients in need. For patient referral from the private sector, these services will be provided through our newly set-up charitable patient referral centre named "Hereditary Gastrointestinal Cancer Registry" based in St Paul's Hospital. All genetic tests will be performed by the Hereditary Gastrointestinal Cancer Genetic Diagnosis Laboratory, Department of Pathology based in HKU, Queen Mary Hospital. We will provide the genetic diagnosis result back to you to facilitate your planning of appropriate preventive strategies for the patients and their at-risk family members.

Referral criteria

- A. Families affected by Familial Adenomatous Polyposis (FAP) or other polyposis syndromes.
- B. Families at risk of Hereditary Non-Polyposis Colorectal Cancer Syndrome (HNPCC) and satisfying one of the followings:
 - 1. Colorectal cancer diagnosed in a patient who is less than 50 years of age
 - 2. Presence of synchronous, metachronous colorectal, or other HNPCC-related tumours*, regardless of age
 - 3. Two members in a family (first degree relatives) with colorectal or HNPCC-related tumours*, with one of the cancers being diagnosed under the age of 50
 - 4. Three or more members in a family with colorectal or HNPCC-related tumours*, regardless of age

***HNPCC-related tumours**

Colorectal cancer

Endometrial carcinoma (or carcinoma of uterine corpus)

Ovarian carcinoma

Gastric (stomach) adenocarcinoma

Biliary tract adenocarcinoma (including gall bladder, bile duct or cholangiocarcinoma)

Pancreatic adenocarcinoma

Small bowel (or small intestine) adenocarcinoma

Transitional cell carcinoma of the renal pelvis or bladder

Brain (Glioma or glioblastoma)

Sebaceous gland adenomas

Keratoacanthomas

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For patient referral or if you have any question, please contact us. Our Registry Coordinator is based at St. Paul's Hospital:

Miss Gillian Fong
Coordinator
Hereditary Gastrointestinal Cancer Registry
c/o Department of Pathology
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St. Paul's Hospital
No.2 Eastern Hospital Road
Causeway Bay
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Fax: 2894 9501
Email: colonreg@hku.hk
Web address: <http://www.hku.hk/patho/colonreg>

Directors of the Laboratory and the Registry:

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Details about the referral procedure

We encourage you to fax us the form, filling in the patient's contact phone number after obtaining their consent, so that we can contact them directly. You can also contact our Coordinator directly. We will establish a detail family pedigree for the patients. Appropriate genetic testing will be arranged with their consent. We will also contact you regarding their clinical history. After the genetic testing, we will inform you about the result. We will also counsel the patient to release the genetic diagnosis, explain to them the implications, recommend appropriate cancer preventive strategies, and refer the patients and their family members back to you for subsequent clinical screening.

March 2007