

## UCSF 500 Cancer Gene Panel Consent Form

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Your doctor suggested a special test on tissue from your cancer. This form will tell you about how this test is done and what kind of results to expect. This form also provides you with information about possible risks related to the test. If you wish to proceed with this test, please provide your consent at the end of the form.

### **What is the purpose of this test?**

The primary purpose of this test is to identify genetic changes (called mutations) in your cancer. This test could help your doctor improve treatment for your cancer by finding mutations that can be attacked with particular medicines. These medicines might be available as part of clinical trials or are already approved for the use in some cancers. Test results might also tell your doctor which medicines have a low chance of helping you and therefore should be avoided. In addition, the test will provide information on genetic changes that are inherited and increase the risk of developing cancer.

### **How will the test be done?**

This test will be done on two samples: 1) cancer (tumor) tissue removed during a biopsy or surgery and 2) normal cells, in the form of a blood or saliva sample. We use both tissues to improve the interpretation of the test results. The test will look at about 500 genes in your samples. Mutations in the genes on this test have been linked to cancer. Your results will usually be available in 3-4 weeks.

### **What could I learn from this test?**

As described above, this test could help your doctor improve treatment for your cancer.

The part of the test done on normal tissue could also tell you if your cancer was caused by an inherited risk factor (passed down from your parents). An inherited risk factor is more likely if you had cancer at a young age, or have a family history of cancer. In some cases, a genetic risk factor could mean that you have a higher chance of developing future cancers. Your doctor might recommend additional cancer monitoring or prevention measures for you.

If you have an inherited risk factor, this could mean that other family members also have a higher risk of cancer, and we recommend that you tell them. We are happy to provide more information to those family members, if desired. Some family members will learn that they are not at increased risk, and others who have the inherited risk factor have the chance to do early detection and/or prevention for cancer.

### **What are some limitations of this test?**

It is possible that this test could miss a mutation in one of the tested genes. It is also possible that there are genes that are involved in your cancer that are not on this test.

While this test could tell you about some inherited risk factors, it is not designed for this purpose. If you have

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questions about your personal and family history of cancer, you should see a genetic counselor to talk about this, as different tests may be recommended.

We are choosing to report the results that are known to be useful at this time. Some results that do not have a clear use at this time are not included in the report provided to your doctor.

All laboratory tests have a small chance of technical or human error.

### **Are there any risks related to this test?**

The following are minimal risks of this test:

Loss of Privacy: As with all of your personal health information, we take many steps to ensure that your information is kept private. In the event of a security breach, your results could be shared with third parties.

Discrimination: Strong federal and state laws prohibit genetic discrimination in health insurance and employment. It is illegal for health insurance companies to change premiums or drop coverage based on a genetic test result.

Physical Risk: Drawing blood may cause temporary discomfort from the needle stick, bruising and infection.

Psychological Risk: Talking about cancer in your family and learning about cancer risk can be upsetting. Your genetic counselor is trained to help you deal with those feelings.

### **Doctor and patient responsibilities**

Providing a complete medical history and family history will improve the interpretation of your genetic test results. Interpretation of your test results will be based on our current knowledge. In some cases, we may re-contact your doctor with an update. Due to the rapid pace of new developments, if you are interested in updates, we recommend that you ask your doctor about possible new interpretations of your test results.

### **How will my information be used?**

The test results will be reported to your doctor directly and will be part of your medical record.

If your test identifies an inherited risk factor for cancer, the results will also be reported to the genetic counselors at UCSF. Information about your test results will be provided to other family members only if you agree to do so. The Cancer Genetics and Prevention Program will contact you to help with interpretation of the results and coordinating follow-up care for you and your family members. The UCSF genetic counselors are available by calling (415) 885-7779.

### **Cost and Payment Policy**

Your health insurance company may cover none, part, or all of the cost of this test. Please contact our financial counselors at (415) 353-1966 with questions about costs.

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**By initialing and signing below, I confirm that:**

I want to proceed with the UCSF 500 test to identify genetic mutations in my cancer. This test could help my doctor improve treatment for my cancer.

- I understand I can choose to receive only the results of the tumor testing, without learning about the results of inherited genes from testing on normal tissue.

\_\_\_\_\_ Yes, I want information about the testing of my normal tissue, in addition to the tumor tissue. This could tell me about the risk of other cancers for me, and my relatives, and help my family to do early detection or prevention of cancer.

If I am deceased, or am otherwise unable to consent, important genetic information for my relatives may be communicated to my designated representative:

- Name:
- Relationship:
- Phone:
- Email:
- Mailing Address:

\_\_\_\_\_ No, I do not want information about the testing of my normal tissue. I only want the results of the testing of my tumor tissue. This could reduce the information I receive about inherited mutations which indicate an increased risk of other cancers for me and my relatives.

I understand I have the option of speaking with a genetic counselor before and/or after I receive my test results. With certain test results, genetic counseling will be recommended to help interpret the results and make plans for follow-up care.

Name of patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_

For Children Under the Age of 18:

Signature of parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of parent/legal guardian: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_