



May 1, 2019

Dear Dr. «pcp_name»,

Your patient, «first_name» «last_name», recently enrolled in the Genetic Risk Assessment for Cancer Education and Empowerment (GRACE) Project that is being conducted at the Rutgers Cancer Institute of New Jersey. The goal of this project is to contact individuals living in New Jersey who are at increased risk for hereditary breast and ovarian cancer (HBOC) and who have not had cancer genetic risk assessment (genetic counseling) or genetic testing.

Ms. «last_name» gave us permission to send you a summary of her family/medical history and genetic risk assessment recommendations based on information that she provided. The tailored summary letter for Ms. «last_name» is attached. Ms. «last_name» indicated she would be calling your office in the near future [to obtain a referral for genetic risk assessment

For individuals with a medical history like Ms. «last_name»'s, the National Comprehensive Cancer Network (NCCN) recommends further cancer genetic risk assessment. NCCN guidelines emphasize the importance of offering genetic testing "in the context of professional genetic expertise for pre-and post-test counseling." (Please see criteria for further genetic risk evaluation included with this letter.) We have also provided information on resources in New Jersey that offer genetic risk assessment for HBOC. Ms. «last_name» is interested in pursuing cancer genetic risk assessment. We hope that you will make a referral for a cancer genetic risk assessment and encourage Ms. «last_name» to follow-up with cancer genetic risk assessment during her next visit.

While Ms. «last_name» wishes to pursue cancer genetic risk assessment, she has significant barriers that may be prohibitive. In time, your patient may be able to overcome these barriers to cancer genetic risk assessment. We hope that you will encourage Ms. «last_name» to get cancer genetic risk assessment and that your office staff can work with her to overcome any barriers during her subsequent visit. Please refer to NCCN guidelines for cancer screening guidelines based on your individual patient's needs.

Unfortunately at this time Ms. «last_name» does not want to pursue cancer genetic risk assessment. We hope that you will discuss Ms. «last_name»'s increased risk for hereditary breast and ovarian cancer and the importance of cancer genetic risk assessment during her subsequent visits.

If you have any questions about Ms. «last_name»'s participation in the GRACE Project, please call us at 732-235-8545. Thank you for your important role in Ms. «last_name»'s health!

Sincerely,

Anita Kinney, PhD, RN
Principal Investigator
Rutgers Cancer Institute of New Jersey

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