



Stadler, MP

Mona P. Stadler , M.S.
Magee-Womens Hospital
Cancer Genetics Program
300 Halket Street, Room 3522
PITTSBURGH, PA 15213-3180

The information on this form reflects your current listing in the Cancer Genetics Services Directory on Cancer.gov (<http://cancer.gov>), the National Cancer Institute's site for disseminating comprehensive cancer information. Please review the following checklist to ensure that your listing is current. If you have any questions, call the PDQ Directory Desk at (301) 402-6722.

1. _____ Please verify that the name, address, telephone, and e-mail information is correct. This address is used for internal data verification purposes and may be the same as practice locations (listed on Cancer.gov).

Contact Information

Additions/Corrections

Magee-Womens Hospital
Cancer Genetics Program
300 Halket Street, Room 3522
PITTSBURGH, PA 15213-3180

Phone: 800-454-8156

Fax: 412-641-1132

EMail: mstadler@mail.magee.edu

Publish your e-mail address in the Cancer Genetics Services Directory? Yes No

Web Address:

Preferred database verification contact method: E-Mail Mail

2. _____ Please review the practice locations for consultations and referral of patients. Please list any additional locations on a separate sheet up to a maximum of 4 locations.

Practice Locations

Cancer Genetics Program
University of Pittsburgh Medical Center &
Magee-Womens Hospital, 8th Floor
300 Halket Street
PITTSBURGH, PA 15213-3180
Phone: 800-454-8156

Cancer Genetics Program
University of Pittsburgh Cancer Institute &
Magee Womens Hospital, 7th Floor
300 Halket Street



PITTSBURGH, PA 15213-3180
Phone: 800-454-8156

Magee-Womens Hospital
Cancer Genetics Program
300 Halket Street, Room 3522
PITTSBURGH, PA 15213-3180
Phone: 800-454-8156

3. ___ Please review and update type of health care professional information. (Check all that may apply)

Type of Health Care Professional

- ___ Clinical Psychologist (Ph.D., Psy.D.)
___ Clinical Social Worker (M.S.W., D.S.W.)
_x Genetic Counselor (M.S., M.Sc., M.A., C.G.C.)
___ Geneticist (Ph.D.)
___ Nurse (R.N., B.S.N., M.S.N., M.S., M.A., Ph.D.)
___ Other
___ Physician (M.D., D.O., or foreign equivalent)

4. ___ Please review and update your genetics and oncology specialties and board certifications listed below.

Specialties and Certification

Table with 4 columns: Specialty, Board Certified, Board Eligible, Board Year. Lists various specialties like Clinical Biochemical Genetics, Clinical Cytogenetics, etc.

5. ___ This is information not previously collected. Please indicate if you are member of, or affiliated with, an interdisciplinary team with substantial expertise in cancer genetics. Also, indicate services or expertise that you or members of your team provide in relation to cancer genetics.

Member of Interdisciplinary Team ___ Yes ___x___ No

Interdisciplinary Team Services Provided

- ___ Appropriate pre- and post-test counseling and informed consent (including ethical, legal, and social issues related to testing and disclosure of test results)
___ Follow-up plan of care (including medical care, psychological support, and counseling about options for prevention or early detection guidelines)
___ Genetic susceptibility testing (including information on limitations, specific tests available, and regulations concerning testing procedures such as CLIA and CAP/ACMG)
___ Patient cancer risk assessment

_____ Patient genetics education

6. _____ Please indicate if there are restrictions or limitations to services provided (e.g., a person must be eligible for a clinical trial in order to receive services):

_____ Yes (Please specify)

-

_____x_____ No

7. _____ Please verify the familial cancer predisposing syndromes for which you provide services. A list of cancer sites and types associated with each syndrome will also be provided for searching in the directory.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Adenomatous polyposis | <input checked="" type="checkbox"/> Ataxia-telangiectasia |
| <input checked="" type="checkbox"/> Basal cell nevus | <input type="checkbox"/> Bloom syndrome |
| <input checked="" type="checkbox"/> Breast/other (BRCA2) | <input checked="" type="checkbox"/> Breast/ovarian (BRCA1) |
| <input type="checkbox"/> Carcinoid, familial | <input checked="" type="checkbox"/> Carney syndrome |
| <input type="checkbox"/> Chordoma | <input checked="" type="checkbox"/> Colon(HNPCC) |
| <input checked="" type="checkbox"/> Cowden syndrome | <input type="checkbox"/> Esophagus, with tylosis |
| <input type="checkbox"/> Fanconi's anemia | <input checked="" type="checkbox"/> Gastric cancer, familial |
| <input type="checkbox"/> Hodgkin's lymphoma | <input checked="" type="checkbox"/> Li-Fraumeni syndrome |
| <input checked="" type="checkbox"/> Melanoma | <input checked="" type="checkbox"/> Multiple endocrine neoplasia 1 |
| <input checked="" type="checkbox"/> Multiple endocrine neoplasia 2 | <input checked="" type="checkbox"/> Neurofibromatosis 1 |
| <input checked="" type="checkbox"/> Neurofibromatosis 2 | <input type="checkbox"/> Osteochondromatosis |
| <input checked="" type="checkbox"/> Pancreatic cancer, familial | <input checked="" type="checkbox"/> Paraganglioma, familial |
| <input checked="" type="checkbox"/> Peutz-Jeghers syndrome | <input checked="" type="checkbox"/> Prostate cancer, familial |
| <input checked="" type="checkbox"/> Renal cancer, familial | <input checked="" type="checkbox"/> Retinoblastoma |
| <input type="checkbox"/> Rothmund-Thomson syndrome | <input type="checkbox"/> Testicular carcinoma, familial |
| <input checked="" type="checkbox"/> Tuberous sclerosis | <input checked="" type="checkbox"/> Von Hippel-Lindau syndrome |
| <input type="checkbox"/> Werner's syndrome | <input checked="" type="checkbox"/> Wilms' tumor |
| <input type="checkbox"/> Xeroderma pigmentosum | |

8. _____ Please indicate your membership in any of the following national societies or special interest groups:

- American College of Medical Genetics (ACMG)
- American Psychological Association (APA)
- American Society of Clinical Oncology (ASCO)
- American Society of Human Genetics (ASHG)
- International Society of Nurses in Genetics (ISONG)
- National Society of Genetic Counselors (NSGC)
- NSGC Special Interest Group in Cancer
- Oncology Nursing Society (ONS)
- ONS Cancer Genetics Special Interest Group



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9. Please sign and date below.

SIGNATURE: _____ DATE: _____

Thank you for your cooperation in updating this information so that your directory listing in the Cancer Genetics Services Directory is accurate. Please return this mailer by Fax to 301-402-6728 or mail to:

Cancer Information Products and Systems
Attn: CIAT
Cancer Genetics Services Directory Coordinator
6116 Executive Blvd.
Suite 3002B MSC-8321
Bethesda, MD 20892-8321



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