Abstract 582132

Identifying Carrier Status with a History of Cancer

R.L. Sanders, MSN, APRN, FNP-BC; R.F. Urbanovsky, MSN, APRN, FNP-BC; E.E. Noel, BSN, RN, ONC, CBCN

Baylor Scott & White Hillcrest

ABSTRACT

It is estimated 5-10% of all breast cancer can be attributed to a hereditary predisposition. A study in 2003 determined 9% of women with a significant family history warranted a genetic conversation. In 2016, a multidisciplinary team created a cancer genetic screening and high risk for breast cancer program. These programs were created to provide cancer risk assessment, genetic cancer screening, genetic cancer evaluation and testing, and develop a treatment plan with the patient.

OBJECTIVES

Screen women and men in the Breast Center for a personal and family history of cancer, not just breast cancer.

Determine who meets criteria, per NCCN, and insurance eligibility.

Have a consultation with the NP about personal and family history, develop a pedigree, test if appropriate.

METHODS

A multidisciplinary team was constructed to develop a risk assessment, genetic screening, evaluation, testing, and treatment plan protocol. This program began January 4, 2016.

The first year of the program, demonstrated our patient population is at a 5.7% risk of having a hereditary cancer predisposition. In addition, our program found a 7.2% high risk breast cancer population. During the second year, we had a hereditary cancer predisposition of 6.6% and a high risk breast cancer population of 9.4%. During this third year, our population of hereditary cancer predisposition is at 7.0% and a high risk population of 6.4%.

During the two years and ten months of the program, a new question arose. How many patients positive for a genetic mutation had a personal diagnosis of a Hereditary Breast and Ovarian Cancer (HBOC) classified cancer? An HBOC classified cancer includes breast, ovarian, prostate, melanoma, and pancreatic cancers (CDC, 2015).

CONCLUSIONS

During the past few years our program has evolved from bringing genetic evaluation to a genetically underserved area, to developing a program which includes cancer risk assessment, genetic cancer screening, evaluation, testing, and developing a treatment plan all in one location. In the population surveyed, we have found high as 6.7% high risk for breast cancer. Most general surgery offices treat breast cancer and in some cases treat women at increased risk for breast cancer. General surgery needs to spearhead genetic testing in the breast cancer population. As seen here, over-one-third of our positive mutations were found in a patient with an HBOC classified cancer. It is imperative to bring awareness for a genetics risk assessment to those who treat breast cancer, the surgical office. This program was developed to reduce the risk of breast cancer in our community. A program using a multidisciplinary approach should be utilized in General Surgery and Breast Care Clinics to perform genetic risk assessments.