

Familial Breast Cancer – Clinical Questions

Topic A: What is the carrier probability at which genetic testing should be offered to people who are (a) unaffected but with a family history of breast/ovarian/related cancer; (b) unaffected with a family history and no living relative and (c) affected patients?
Topic B: What are the optimal methods for assessing the carrier probability of a patient at different thresholds for genetic testing in women and men at risk of familial breast cancer?
Topic C: What is the effectiveness of chemoprevention for the reduction of the incidence of breast cancer in women with a family history of breast, ovarian or related (prostate/pancreatic) cancer?
Topic D: What are the specific surveillance needs of women with a family history who have no personal history of breast cancer?
Topic E: What are the risks and benefits of HRT for women under the age of 50, with a BRCA1 or BRCA2 mutation who have undergone a bilateral salpingo oophorectomy?
Topic F: What are the familial risk thresholds at which genetic testing should be offered to an affected person with a family history of breast cancer to: <ol style="list-style-type: none">1. Inform future care2. Inform predictive genetic testing for relatives
Topic G1: Does knowing the mutation status of a patient at or soon after cancer diagnosis affect the different cancer treatment options and/or does it usefully inform immediate decisions about risk reducing options?
Topic G2: Who should discuss the implications of genetic testing with the patient and when is the most appropriate time for such a discussion to occur?
Topic H1: What level of risk indicates that risk reducing surgery is a viable option?
Topic H2: What are the factors that indicate that offering risk reducing surgery is not appropriate?
Topic I: What are the specific surveillance needs of people with a personal history of breast cancer and a familial risk, who have not undergone a risk reducing mastectomy?
Topic J: What is the effectiveness of mastectomy compared with breast conserving surgery plus radiotherapy for people with newly diagnosed breast cancer including high-grade ductal carcinoma in situ (DCIS) with a TP53 mutation or at high risk of TP53 mutation?