Joint Teaching Lecture

177

Management issues associated with inherited cancer risk

P.A. Daly. *St. James's Hospital and Trinity College, Dublin 8, Ireland*

Recent knowledge regarding inherited predisposition to cancer has increased interest among cancer patients, their relatives and the general public in risk assessment, genetic testing and preventive strategies. Cancer risk assessment should be undertaken with a knowledge of the benefits and limitations of the methods available for estimation of risk. Essential information includes the patient's perception of level of risk and a comprehensive family history which includes at least three generations. The pedigree should be updated regularly in terms of cancer cases and reported cases should be verified from pathology records and death certificates. The process of genetic testing is a complex one, involving, as it does, not just individuals but families. It requires multidisciplinary input from professionals with updated knowledge of continuing research in the area. Motivations for testing should be explored and ideally testing should begin with an affected individual within the family thereby assuring that a mutation, if found, offers definitive information to other family members opting for testing. Pre-test counselling is vital so that information is conveyed regarding the risks, benefits and limitations of testing. Legal, ethical and social issues need to be explored so that potential dilemmas are anticipated where possible and decisions are made regarding subsequent use and dissemination of information. Preventive strategies also have limitations and these need to be acknowledged. Further study is required to define optimal screening methodologies, chemoprevention strategies and prophylactic surgical procedures. Inherited cancer syndromes require special considerations in terms of appropriate surgery for established disease too. This further highlights the importance of recording a comprehensive family history in the cancer patient as a base on which many treatment decisions may be built in the light of current and emerging knowledge.

178

Impact of the genetic revolution on nursing practice

W.J. Ormiston[1]. [1]*St. James's Hospital, Department of Clinical Haematology & Onc., Dublin, Ireland*

Oncology nurses have always played an active role in promoting early detection and symptom management of patients with breast cancer. Breast cancer prevention is a relatively new concept. With the isolation of the BRCA 1 and 2 genes it is now possible to test women with a strong family history of breast cancer. With the genetic revolution many asymptomatic women are presenting for risk assessment and guidance with decision making. These rapid advances in cancer genetic technology mean that oncology nurses must have a basic understanding of cancer genetics.

Identification of people who are at risk of developing familial cancer is a new nursing responsibility. Nurses should be familiar with the basic risks involved with cancer family syndromes. The nurse may be the first health professional who interacts with an individual or family diagnosed with cancer at a very young age or who have other features suggesting an inherited predisposition. The nurse can then play an important role by obtaining a detailed family history.

It is important that individuals are referred to appropriate genetic counselling services and the oncology nurse can assist in this process by directing them to services available within their health services.

The field of oncology has seen many advances in genetics and molecular biology. As a result there are considerable opportunities for the motivated oncology nurse to actively pursue the application of cancer genetics, and it is very likely that career opportunities will emerge in this rapidly-changing area.