Testing for BRCA1/2 Mutations at Breast Cancer Diagnosis Aids in Surgical Decision-Making

Many different treatment options are available to women with newly diagnosed breast cancer. In women who carry BRCA1 or BRCA2 mutations, the risk for a second primary breast cancer is nearly 65% by the age of 70. For this reason, bilateral mastectomy has emerged as a treatment option for women in this group. Making the decision between bilateral mastectomy and lumpectomy can be difficult, and thus high-risk patients may consider genetic testing at the time of their initial breast cancer diagnosis to aid in this process. The authors of this paper evaluate factors associated with testing for BRCA1/2 mutations at the time of initial breast cancer diagnosis.


Purpose:
To evaluate factors that are associated with the decision to undergo BRCA1/2 testing at diagnosis, including the roles of treatment decision making and physician recommendation.

Study Population:
This study included 231 women with newly diagnosed DCIS to Stage IIIa breast cancer who were appropriate for testing of BRCA1/2 but who had not yet received definitive local breast cancer treatment.

Results:
• Of the 231 women eligible for this study, 177 (76%) chose to undergo testing for BRCA1/2
• The majority of women tested (79%) used genetic test results to aid in their surgical decision-making
• The two strongest factors influencing a patient’s acceptance of testing were physician recommendation and personal indecision about definitive local treatment

Bottom Line:
Genetic testing at the time of a breast cancer diagnosis is well-accepted by patients as it aids in their overall surgical decision-making.