Genetic Testing as a Component of Breast Cancer Screening

Brian P. Rose

To the Editor—We read with great interest the recent commentary by Freimanis and Yacobozzi on the fundamental importance of breast cancer screening and how such screening processes are positively and sometimes negatively impacted by the recent North Carolina breast density law [1, 2]. Undoubtedly, multiple factors act in tandem with breast cancer screening, diagnosis, and treatment. Although the authors make several excellent points and recommendations, they only briefly mention the potential benefit of genetic counseling. Should we expand genetic testing to patients as a means of screening?

More than 1 in 10 new cancer diagnoses have a genetic component, which makes it essential that clinicians take a thorough family history [2]. Collecting family history of not only first-degree relatives but also second-degree relatives aids in the determination of genetic screening and the timing of imaging follow-up and surgery [3]. A comprehensive profile of high-risk patients can then be achieved, which could allow us to better appreciate the public health benefits of breast cancer detection, diagnosis, and prevention.

Freimanis and Yacobozzi repeatedly mention the delicacy of the psyche in breast cancer patients and how adequate screening can generate peace of mind [1]. In our experience, this peace of mind can be extended beyond patients to their families and relatives through counseling and education.

Genetic counseling is a rare luxury that even academic medical centers struggle to provide, but we must teach providers, nurse navigators, and public health educators that true screening extends beyond the radiographic image and physical examination. At Owen Drive Surgical Clinic of Fayetteville, we are currently developing a model to screen high-risk patients in a private practice setting. In addition, policy statements about genetic testing criteria have been adopted by several governing organizations, including the American Society of Clinical Oncology and the National Comprehensive Cancer Network. While there is some overlap among these guidelines, there is also a significant amount of gray area, which negatively impacts consensus among providers. NCMJ

Brian P. Rose, MPH associate director of clinical research, Owen Drive Surgical Clinic of Fayetteville, Fayetteville, North Carolina.

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Reference

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Address correspondence to Mr. Brian P. Rose, Owen Drive Surgical Clinic of Fayetteville, Department of Research, 513 Owen Dr, Fayetteville, NC 28304 (bpr0807@gmail.com).

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