Clinical Oncological Society of Australia

Media Release

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Prophylactic mastectomy not the only option for young women at hereditary cancer risk

Genetics seen as crystal ball, but an "awfully murky one"

MELBOURNE: Young women at hereditary risk of breast cancer may be making hasty choices about treatment, without fully considering their options, according to a visiting US expert.

Dr Mark Robson, from Memorial Sloan-Kettering Cancer Centre in New York, claimed today (11/11) that young women identified at being at risk because they carried a gene mutation, such as BRCA 1 or 2, were opting in greater numbers to undergo prophylactic mastectomy.

In Australia for the Clinical Oncological Society of Australia's Annual Scientific Meeting, Dr Robson, a physician and genetics researcher, said the trend was due to a number of factors, not least the widely accepted figure of 87%, perceived to be the risk of breast cancer for a woman with a genetic mutation.

"It is a very high number, but there are some issues with the research behind it," Dr Robson said. "The studies that generated that number were somewhat biased, and other studies have suggested the risks may be quite a bit lower.

"When a woman is confronted with this kind of figure at the outset, she may think that she is destined to get cancer. This trumps all other considerations and could lead her to a decision she may regret years later."

Dr Robson said another factor that influenced decision making could be media coverage, such as emotive stories about patients who had undergone mastectomy. "You don't see stories about surveillance with MRI, or breast conservation options. The media focus on mastectomy can precondition women and their families to see mastectomy as the only option."

Dr Robson said that while great strides had been made in genetics, the public's view seemed to be that genetics was a "crystal ball", however in reality it was "an awfully murky one".

Clinical Oncological Society of Australia President and breast cancer surgeon, Professor Bruce Mann, said it was incumbent upon familial cancer specialists and clinicians to help women and their families at a time of great stress and uncertainty.

"By taking the time to talk with patients and their families about their concerns and anxieties, and exploring the various treatment options, they will be far better placed to make a decision that is in their best interests," Professor Mann said.

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