

MEETING ABSTRACT

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# Early experience in a breast and ovarian cancer risk management clinic in Malaysia

NA Taib<sup>1,5\*</sup>, YL Woo<sup>2,5</sup>, SY Yoon<sup>6</sup>, R Kartini<sup>3</sup>, MK Thong<sup>4</sup>, CH Yip<sup>1,5</sup>, SH Teo<sup>6</sup>

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## Background

The discovery of *BRCA1* and *BRCA2* in the mid 1990's has transformed the management of breast and ovarian cancer families. As part of the **Malaysian Breast Cancer Genetic Study [MyBrCa]**, University of Malaya and CARIF have established a genetic counseling, genetic testing and risk management clinic for high-risk breast and ovarian cancer families. We studied the uptake and acceptance of screening and prophylactic surgery amongst women who carry a *BRCA1* or *BRCA2* mutation.

## Methods

Between Jan 03 and Dec 10, a total of 384 patients in the MyBrCa Study had full sequencing and large rearrangement analysis of both *BRCA1* and *BRCA2* genes. Of these, 56 index patients (15%) were found to carry deleterious mutations. All patients and their relatives who carry mutations in these genes were offered follow-up in a dedicated risk management clinic. The clinic is run jointly by a consultant breast surgeon, gynae-oncologist, a genetic counselor and supported by a consultant radiologist.

## Results

Of 56 index patients, 40 (71%) chose to know their genetic test results. In addition, 18 female relatives were identified as carriers. Six had passed away. Thus, 52 female carriers are being followed-up [43 affected, 9 unaffected individuals]. Of these, 25 women or 62.5% [24 previously affected by breast cancer and 1 unaffected BRCA carriers] chose to attend a dedicated risk

management clinic at University Malaya Medical Centre. Of these 24 affected women, 4 (17%) already had bilateral mastectomies for bilateral breast cancers, 5 (24%) chose to have risk reducing mastectomy (RRM), the remaining 16 (76%) chose breast surveillance [only 6 had MRI] and none took up chemoprevention with Tamoxifen. Of the 19 women who did not have previous TAHBSOs, 12 (63%) chose risk reducing salpingo-oophorectomy (RRSO).

## Conclusions

The uptake of RRM was lower than RRSO. This study shows that although specialized risk management clinics are acceptable in a high proportion of clients, reasons for not wanting to attend a risk management clinic should be explored.

## Author details

<sup>1</sup>Department of Surgery, University Malaya Medical Centre, Malaysia. <sup>2</sup>Department of Obstetrics and Gynaecology, University Malaya Medical Centre, Malaysia. <sup>3</sup>Department of Biomedical Imaging, University Malaya Medical Centre, Malaysia. <sup>4</sup>Department of Paediatrics, University Malaya Medical Centre, Malaysia. <sup>5</sup>UM Cancer Research Institute, Malaysia. <sup>6</sup>Cancer Research Initiatives Foundation, Malaysia.

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<sup>1</sup>Department of Surgery, University Malaya Medical Centre, Malaysia  
Full list of author information is available at the end of the article