LACK OF MEANS FOR COUNSELING BREAST CANCER PATIENTS HARBOURING A BRCA 1/2 MUTATIONS IS ASSOCIATED WITH SOMETIMES UNNECESSARY SURGERY

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INTRODUCTION

- About 3% of breast cancer patients under the age of 50 harbour a BRCA 1/2 mutation.
- Contralateral prophylactic mastectomy (CPM) for patients already diagnosed and treated for unilateral early breast cancer was associated with reduced risk of contralateral recurrence and reduction in the risk of breast cancer-related death.
- This risk reduction was more obvious in young patients.
- However, data about improvement of overall survival is still scarce and comes only from small observational trials.

OBJECTIVES

To assess the percent of already treated early breast cancer patients harbouring a BRCA mutation that choose to perform CPM versus close follow up with clinical exam and breast imaging.

METODS

- Following BRCA testing during a grant in 2016, 6 early breast cancer patients treated between 2009 and 2015 , aged 28 to 56 years, were diagnosed with BRCA 1/2 mutation.
- They were all explained both advantages and disadvantages of CPM versus clinical and imagistical follow up of the contralateral breast.
- Unfortunately we do not have multidisciplinary teams specialised in dealing with BRCA mutation carriers.
- Our national health insurance does not have the financial power to cover high resolution imaging for those patients (breast MRI) as requested by follow up guidelines.
- After being told all cons and pros, the decision of weather to perform CPM was taken entirely by patients.

RESULTS

All our 6 BRCA positive patients chose to perform CPM.

CONCLUSIONS

- Being a BRCA carrier is a great burden. Until now, all our patients chose to perform CPM, even if data about overall survival benefit is limited and surgery can have its serious physical and physiological side effects. This is caused mainly by fear to develop a second cancer .
- Although CPM might be the best approach for young patients, as suggested by some data, it might not be the best choice for older women.
- In order to avoid unnecessary surgery, there is increased need to develop a recurrence- risk assessment tool for these special patients ; we also need specialised teams to support BRCA carriers to live with this burden.