

U.S. Preventive Services Task Force Issues Final Recommendation Statement on *BRCA*-Related Cancer Prevention

*Some women may benefit from risk assessment, counseling, and testing
for rare genetic mutation*

WASHINGTON, D.C. – August 20, 2019 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on risk assessment, genetic counseling, and genetic testing for *BRCA*-related cancer in women. Women who have a family history of certain types of cancer—or who have an ancestry associated with *BRCA1* or *BRCA2* mutations—should be assessed for increased risk of the *BRCA1* and *BRCA2* genetic mutations. Women who are found to be at increased risk should receive genetic counseling and, if indicated after counseling, *BRCA* testing. **This is a B recommendation.** Women who do not have a family history or ancestry associated with a mutation should not undergo risk assessment, genetic counseling, or testing. **This is a D recommendation.**

Grades in this recommendation:

B: Recommended.

D: Not recommended.

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BRCA1 and *BRCA2* genes produce proteins that repair damaged DNA and, as a result, help lower a woman's likelihood of getting certain cancers. When either of the *BRCA* genes is mutated, cells in the body are more likely to develop additional genetic changes (mutations) that can lead to cancers, such as breast, ovarian, and peritoneal cancer. Less than 1% of all women have a mutation in either of the *BRCA* genes.

The Task Force's recommendation lays out the steps women can take to determine if they are potentially at increased risk for *BRCA* gene mutations. The first of these steps is talking to a clinician about their personal or family history or ancestry to see if a risk assessment is needed.

"There are several steps women can take to find out if they are at increased risk for *BRCA* gene mutations and if genetic counseling and *BRCA* testing is needed," says Task Force member Carol M. Mangione, M.D., M.S.P.H. "Women who have a personal or family history of certain types of cancers, or have ancestry associated with the *BRCA* mutations should discuss their risk with their clinician and, if indicated, undergo counseling and potentially genetic testing. Because these tests are not without harms, testing for *BRCA* mutations in women without these risk factors is not recommended."

In some cases, women may only get a risk assessment and receive counseling. For example, a woman may get a risk assessment and, after a discussion with a genetic counselor, decide she would not benefit from getting tested. Testing should be done only after a woman has discussed the benefits and harms of testing with a trained health professional. The test results cannot always tell a woman if she has a potentially harmful mutation that could lead to cancer.

"Some women can benefit from risk assessment, counseling, and testing, but not all women need these services," says Task Force chair Douglas K. Owens, M.D., M.S. "We suggest women talk to their clinicians and decide on the best next steps together."

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force

website at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from February 19, 2019, to March 18, 2019.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research, and the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles.

Dr. Owens is a general internist and investigator at the Center for Innovation to Implementation at the Veterans Affairs Palo Alto Health Care System. He is the Henry J. Kaiser, Jr., professor at Stanford University, where he is also a professor of medicine.

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