

## U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer

*Testing offers the opportunity to reduce certain types of cancer in women with rare mutation*

WASHINGTON, D.C. – February 19, 2019 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review 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 ethnicity or ancestry associated with *BRCA1* or *BRCA2* mutations—should be screened for increased risk of the *BRCA1* and *BRCA2* genetic mutations. Women who screen positive 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 ethnicity or ancestry associated with a mutation should not undergo screening, genetic counseling, or testing. **This is a D recommendation.**

### Grades in this recommendation:

**B:** Recommended.

**D:** Not recommended.

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Mutations in the *BRCA1* and *BRCA2* genes are just one of many factors that can greatly increase a woman's risk of developing certain cancers, such as breast and ovarian cancer. One important step in preventing these cancers is helping women understand their risk.

"BRCA testing is beneficial for the small number of women in the United States who are at increased risk for *BRCA1* or *BRCA2* mutations," says Task Force member Carol M. Mangione, M.D., M.S.P.H. "The test results are complex and testing comes with some harms, so we recommend women who get tested meet with a licensed genetic counselor who can guide them through the process."

The vast majority of American women will not benefit from genetic counseling or testing, as very few have a personal or family history or ethnicity or ancestry that is associated with an increased risk for a BRCA mutation. In addition, current test results do not definitively tell a woman if she has a potentially harmful mutation that will lead to cancer. Treatment often involves powerful medications and surgery, which can lead to unnecessary side effects and other potentially harmful events.

For women who have a family or personal history of certain cancers, there are several tools available that can help clinicians identify which women are at increased risk for carrying a BRCA mutation. Clinicians can conduct this assessment by first asking a patient whether she has a personal or family history of certain types of cancer or has a certain ethnicity or family ancestry. If she does, the clinician should screen for increased risk of BRCA mutations using one of several screening tools. If she does not, there is no need to screen. Screening ultimately helps determine if genetic counseling and testing are needed.

"Women should talk with their primary care clinician if they have questions about their risk for BRCA mutations," says Task Force vice chair Douglas K. Owens, M.D., M.S. "This discussion can be part of a routine office visit and is the first step in determining if counseling and testing are needed."

In genetic counseling, a licensed counselor analyzes the patient's family history and conducts a more in-depth risk assessment. The counseling session also includes a thorough explanation of the benefits and harms of genetic testing and options for what to do if the test results show a BRCA mutation that is

associated with an increased risk of cancer. If a counselor determines that a woman's family history or ancestry or ethnicity suggests she is at increased risk for BRCA-related mutations, the counselor should offer testing.

This draft recommendation is consistent with the Task Force's 2013 final recommendation.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from February 19, 2019 to March 18, 2019 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

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, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She is also professor of public health at the UCLA Fielding School of Public Health and the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.

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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