BACKGROUND

Individuals at-risk for hereditary cancer should be referred for genetic counseling (GC), which is a process that has the function of identifying patients with Hereditary Cancer Predisposition Syndromes. However, the practice of GC can cause a great impact on patients life and their families, like anxiety, fear and even family relationship problems.

OBJECTIVES

This study aims to evaluate the impact of genetic counseling (GC) and genetic testing (GT) on families at-risk for hereditary breast and ovarian cancer from the Department of Oncogenetics from Barretos Cancer Hospital.

METHODS

The study has four moments:

M1 - Before GC: pedigree, genogram and ecomap were build and several questionnaires were applied: the Lerman's Cancer Worry (CWS), Cancer Awareness Needs Survey (CANS), Champion's Health Belief Model Scale (CHBMS), Scale Modes of Confronting Problems (EMEP) and Hospital Anxiety and Depression Scale (HADS);

M2 - After GC session and blood drawn for GT. HADS and CWS and CANS were re-applied;

M3 - after GT result: HADS and CWS and CANS were re-applied;

M4 - performed 6 to 12 months after GT result: all the questionnaires were applied over again and the pedigree, genogram and ecomap were re-build.

RESULTS

83 women were included in the study and have M1 and M2 completed. Of them, 14 have pathogenic mutation, 47 are WT and 3 have a variant of unknown significance (total of 64 women completed M3) and 18 complete M4.

The mean age of the participants is 41 years old (SD = 9.77). 77 (92.8%) had a diagnosis of breast cancer, 4 (4.8%) has a diagnosis of bilateral breast cancer and 2 (2.4%) had diagnosis of ovarian cancer.

The application of CANS evaluated the risk perception for breast and ovarian cancer. Results for all the four moments can be found on figure 1.

The qualitative analyses

The genograms and ecomaps were analyzed based on the Content Thematic Analysis. The most frequent themes were:

1. Negative relationship with relatives: which might interfere in behaviors when the genetic test has a positive result causing an impediment in the preventive monitoring of the family since the dialogue can be difficult;

2. Religiosity as social support network: which may suggest that religiosity can be a positive factor for individuals to deal with the situation but it also might stop the preventive attitudes since the feeling of protection through religion is sufficient;

3. Concern with future generations: which may encourage family members to do the genetic test.

To exemplify, the figure 2, shows a family at moment M1.

CONCLUSION

The obtained data shows that the risk perception of the majority of the participants is classified as the same risk of the general population at the four different moments, even with the presence of a pathogenic mutation. Another interesting point in quantitative analysis is that patients whose have pathogenic mutations, showed to have problems and difficulty to do the preventive exams whose are important to this group of patients.

The qualitative analysis of M1 demonstrate a characteristic of families that are being attended and it can help to understand how to improve the assistance with a multiprofessional care emphasizing an holistic GC.