Comparing Male and Female BRCA Mutation Carriers’ Communication of their BRCA Test Results to Family Members

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Background

The National Society of Genetic Counselors Genetic Risk Assessment and Counseling Practice Guideline states that patients with positive genetic test results should be urged to notify at-risk relatives. Most research on communication of BRCA results is limited to communication by females and suggests that communication to males occurs less frequently.

Objective

To identify gender-related characteristics in communication of BRCA results to improve familial communication.

Methods

677 individuals who received genetic counseling from one of three clinics in Michigan (Beaumont Cancer Genetics Program, University of Michigan Breast and Ovarian Cancer Risk Evaluation Program, or University of Michigan Cancer Genetics Clinic) and who carry a deleterious BRCA1 or BRCA2 mutation were invited to participate. Subjects completed a 34-item survey comprised of novel and previously published questions exploring whom they informed, types of information shared, method of communication, and factors impacting the decision to undergo testing and disclose results. Communication patterns were examined within the entire cohort and comparisons were made between males and females.

Results

Participants included 25 males and 119 females. The demographics of the participants are listed in Table 1. 85% of males and females shared their test results with at least one of their children, and did so in person. The specific details and significance of the information shared was similar between genders. For both males and females, the top reasons for disclosing to children included: 1) wanting to inform them about their risk, 2) feeling the results will impact management, 3) wanting to encourage testing, and 4) having a close relationship with that question.

Conclusion

Our study found that the gender of a BRCA mutation carrier, who had genetic counseling, does not impact the disclosure process. We did not identify any differences in the percent of children told about the test results or the method of communication. Furthermore, we found that communication to male and female relatives occurred with a similar frequency. This suggests that current clinical practice effectively enables comprehensive family communication.

References

6. Additional references available upon request.

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