Hereditary Breast & Ovarian Cancer

Awareness

The average woman in the US has a 7% risk of developing breast cancer in her lifetime. 

5-10% breast cancer is hereditary

The lifetime risk of breast cancer for BRCA1/2 mutation carriers is 45-87%

80% of Hereditary Breast Cancer is caused by BRCA1 and BRCA2 gene mutations

You should consider genetic counseling if:

- You or your blood relatives on either your mother’s or father’s side has had breast cancer diagnosed before age 50
- There is both breast and ovarian cancer in your family, particularly in a single individual
- You are of Ashkenazi Jewish heritage and have personal or family history of breast or ovarian cancer
- A man in your family has had breast cancer
- A family member with a known BRCA1 or BRCA2 mutation
- Personal or family history of ovarian/fallopian tube/primary peritoneal cancer at any age
- Personal history of “triple negative” (ER neg, PR neg, Her2neg neg) breast cancer at or before age 60

What is the Genetic Counseling and Testing Process

Detailed family history. Determine if genetic testing is indicated. If not, screening recommendations customized to personal and family history

Determine who in the family would be most appropriate for testing

Discuss risks and benefits of genetic testing

Collect a blood or saliva sample

Discussion to review results and recommendations

Medical management options for BRCA1/2 mutation carriers include: increased surveillance, medications to reduce breast cancer risk, risk-reducing surgery, recommendations for family members

For referrals or more information:

Sutter Cancer Centers
Cancer Risk and Genetic Counseling
Physician and self referrals accepted

Sacramento (916) 454-6660
cancerrisk@sutterhealth.org

Roseville (916) 781-5000
suttercancer.org

Solano (707) 551-3400

*References: CDC, Cancer.Gov, Facingourrisk.org

Likelihood of genetic mutation by heritage:

Ashkenazi Jewish (Eastern European) 1 in 40

General Population 1 in 800

Breast cancers associated with BRCA1 or BRCA2 gene mutations tend to develop in younger women and occur more often in both breasts than cancers in women without these abnormal genes.
## Medical Management for Syndrome Hereditary Breast and Ovarian Cancer

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| 25   | Clinical breast exams every six to 12 months  
Annual mammogram and breast MRI  
Discuss risk reducing bilateral mastectomy |
| 30   | Consider transvaginal ultrasound and CA-125 every six months |
| 35   | Recommend risk-reducing bilateral salpingo-oophorectomy at age 35 or when childbearing is completed  
Consider chemoprevention options for breast and ovarian cancer |

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**Sutter Cancer Centers**

**Comprehensive Breast Cancer Program**

- Medical Oncology
- Surgical Oncology
- Reconstructive Surgery
- Breast Cancer Navigators
- Cancer Risk and Genetic Counseling
- Infusion Therapy and Radiation Oncology
- Nutrition Counseling
- Support Groups and Healing Arts

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**Sutter Cancer Centers**

Locations throughout the Sacramento Sierra Region. Learn more at suttercancer.org.