Expanding the Oncology Team: Welcome the Cancer Geneticist

Although it is certainly true that each step in any NCCN algorithm must receive due consideration, sometimes it is the most obvious things that need restating, lest the eye skip over something that might, on superficial reading, appear perfunctory. A case in point is the carefully worded Genetics/Familial High Risk Assessment Clinical Practice Guideline.

In keeping with the formula for NCCN supportive care guidelines, the algorithm proposes screening as the first step, followed by a detailed risk assessment if the screening result is positive. What must not be glossed over, however, is the important recommendation joining these clinical decision nodes: “Referral to cancer genetics professional recommended.” The geneticist is the health care professional who can perform the sophisticated pedigree analysis that determines whether genetic screening is warranted. If the patient decides to undergo testing, the geneticist’s role becomes even more involved, with a mandate to “provide counseling, including psychosocial support and assessment, risk counseling, education, and discussion of genetic testing, and obtain informed consent.” This mandate is a far cry from a well-meaning but inadequately trained oncologist taking a cursory family history and ordering a blood test, the results of which might be delivered by a member of the office staff.

Special attention should be given to the components of a meaningful informed consent. The American Society for Clinical Oncology Special Article on Genetic Testing for Cancer Susceptibility details 12 basic elements needed for truly informed consent for cancer susceptibility testing: information on the specific test; implications of a positive and negative result; possibility that the test will not be informative; options for risk assessment without testing; risk of passing a mutation to children; technical accuracy of testing; fees involved in testing and counseling; psychological implications of test results; risks of employer discrimination; confidentiality issues; options and limitations of medical surveillance and prevention strategies; and importance of sharing results with family members.

The clinical realities of these areas are beautifully discussed in the article by Burke and Press, “Ethical Obligations and Counseling Challenges in Cancer Genetics.” The real life dilemmas posed in this article demonstrate the multidimensional decision making that must be supported as patients and families navigate this emotionally laden landscape. Also, considering the potential economic and social problems and the complexities of family dynamics, it is clear that only a dedicated professional has the expertise and skills necessary to optimally address these issues. Reading about the genetic variants and clinical implications of mutations of the RET and BRCA gene families, as outlined in the articles by Domchek et al. and Ogilvie and Kebebew, makes it manifestly clear that the geneticist must be a cancer geneticist.

So, another guideline means adding another team member, and we see proof again of the power of a comprehensive set of clinical practice guidelines.

Reference