Hereditary Cancer Program of British Columbia

Linlea Armstrong,
Medical Geneticist,
BCWH, BCCH, BCCA
SON, October 20, 2012 12:15-12:30
Overview

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program
1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program

Do I/my relatives have an increased risk of cancer?
How should we manage the risk?
Aims

- Cancer morbidity and mortality
- Effectiveness of genetic testing by focusing its use
- Reduce the utilization of unnecessary medical procedures and the attendant anxiety

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program
The Service

• Multidisciplinary team
• Offices in Vancouver and Abbotsford
• Outreach in Kelowna, Surrey, Victoria, occasionally other
• Videoconference

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program
Predictors of risk

- Gene mutations
- Features in the individual
- Family history

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program
1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program
1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program
1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program

Lynch Syndrome

1. Carrier testing
2. Isolated CRC ≤40
3. Isolated case CRC≤50 with MSI
4. ≥2 Lynch primaries*, 1 being colon, 1 ≤50
5. 2 first degree relatives with Lynch primaries, 1 being colon, both ≤50
6. ≥3 Lynch primaries, 1 being colon, 1 ≤50 and more than 1 generation affected

*Relevant Lynch syndrome-related diagnoses include: colorectal, endometrial, ovarian, gastric, small bowel, hepatobiliary, pancreatic, kidney, ureter or brain cancers, colorectal adenomas < age 40 or sebaceous adenomas

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program

The Process

1. The Hereditary Cancer Program
2. Criteria for referral
3. Method of assessment and counselling
4. Usage of the Program

- Referral criteria on web site
- Triage by nurse
- Appointment
- Testing may be offered to an affected member
- Recommendations for risk management/ High risk breast clinic for ongoing surveillance
1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program

http://www.sonoma.edu/users/t/thatcher/biol518/present3-19c.htm
Program reports


• http://www.bccancer.bc.ca/NR/rdonlyres/ADE74871-6D06-47B7-AF37-370DAACF49C1/51081/CRCunder50.pdf

• HCP Annual report 2011

1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program
Colorectal cancer under 50
June 1, 2008 – August 30, 2009

<table>
<thead>
<tr>
<th>169 cases referred to BCCA*</th>
<th>50 HCP referral criteria group</th>
<th>109 Incident group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling completed</td>
<td>37/50 (1 declined)</td>
<td></td>
</tr>
<tr>
<td>MSI utilization rate</td>
<td>25/37 = 67%</td>
<td>28/109 = 26%</td>
</tr>
<tr>
<td>MSI rate</td>
<td>48%</td>
<td>18% (5 MSI-L, 1 MSI-H)</td>
</tr>
<tr>
<td>Mutation found</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

1. The Hereditary Cancer Program

2. Criteria for referral

3. Method of assessment and counselling

4. Usage of the Program

*An additional 103 non-referred cases were identified from the BC Cancer Registry but are not included in this preliminary report.

Thank you