

The Crucial Role of Family History in Evaluating a Patient's Risk for Inherited Diseases

The U.S. Surgeon General launched a Family History Initiative in 2004 aimed at educating health care providers and patients about the importance of gathering, evaluating, and regularly updating family medical history information. In light of increasingly effective risk-reduction and screening options available to patients with an inherited predisposition to cancer, it is more important than ever to identify these patients. Personal and family medical history is a necessary component during the evaluation of patients for genetic testing for an inherited predisposition to cancer.

American College of Obstetricians and Gynecologists Committee Opinion¹ No. 478: Family History as a Risk Assessment Tool. *Obstet Gynecol.* 2011 March; 117(3): 747-750.

"It is recommended that all women receive a family history evaluation as a screening tool for inherited risk." Detection of a patient at high risk for an inherited condition is increased by 20% when a family history screening tool is used as compared to medical record review alone. Family medical history can be obtained in various ways, yet any screening tool should be tailored to the practice setting and population served.

When evaluating a patient for an inherited predisposition to cancer, the information obtained should include (but not be limited to):

- Affected relative's relationship to patient
- Relative's current age or age and cause of death
- Exact diagnosis (or diagnoses) and severity of disease
- Age of onset or diagnosis
- Genetic testing result(s)
- Ethnic background
- Is family size small or is the individual adopted?*

**Adoption and small family size may lower threshold when assessing risk based on family history.*

"Some family histories show obvious evidence of cancer risk, such as a family in which there are several members with early-onset breast cancer or colon cancer. In assessing family history of cancer risk, it is important to check for evidence of cancer that might be linked to a single underlying genetic cause, such as Lynch syndrome, in which colon, endometrial, ovarian, urinary, or gastrointestinal cancer may be associated with a single familial gene mutation."

BOTTOM LINE: "With increased awareness of the importance of using family history as a screening tool and the value of preventive measures and increased surveillance, there is hope for improved outcomes." The American College of Obstetricians and Gynecologists makes the following recommendations:

- All women should have family history evaluation as a screening tool for inherited risk
- Review and update family medical history regularly, especially when significant changes occur
- Where appropriate, further evaluation should be considered for positive responses

Resources Available (*This list is not meant to be comprehensive*):

Surgeon General's Family Health Initiative	http://www.hhs.gov/familyhistory
National Society of Genetic Counselors: Your Family History	http://www.nsgc.org/About/FamilyHistoryTool/tabid/226/Default.aspx
Myriad Genetics Family History Questionnaire	http://www.myriadpro.com/tools-your-practice/family-history-questionnaire

1. To distinguish Committee Opinions from Practice Bulletins, ACOG prefaces Committee Opinions with the statement: "This information should not be construed as dictating an exclusive course of treatment or procedure to be followed."

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