

A family history of breast cancer

End of life - Scenario 1

Julie Smith (date of birth: 30.03.1961) has breast cancer with metastases and has recently been admitted to the hospice where you work for palliative care. Her sister Margaret approaches you and expresses concern for Julie's three daughters who are all in their mid to late teens. Margaret is worried because her mother also died at a young age from breast cancer as did her maternal grandmother and one of her cousins.

You ask Margaret for some further information so you can draw out the family history.

Margaret provides you with the following information:

- Julie was diagnosed with breast cancer at the age of 44.
- She is married to John Smith (DOB 26.04.1961).
- Julie and John have three daughters; Melanie (DOB 19.08.1990); Charlotte (DOB 06.11.1992) and Gemma (DOB 09.05.1994).
- Julie has one sister, Margaret Jones (DOB 12.02.1968). Margaret is not married and doesn't have any children.
- Julie's mother, Mollie Jones (DOB 14.06.1937) died at the age of 40 from breast cancer. She was diagnosed with breast cancer at the age of 35.
- Julie's father, Robert Jones (DOB 22.01.1935) is alive and well.
- Mollie has two brothers, Michael Thomas (DOB 28.06.1935) and Peter Thomas (DOB 05.11.1936), both are alive and well.
- Michael is married to Joan (DOB 31.08.1938). They have two daughters, Mary (DOB 15.11.1964) and Sarah (DOB 04.12.1966), neither of whom are married or have children. Mary was diagnosed with breast cancer at the age of 40, and died two years later.
- Peter has no children.
- Mollie's mother, Alice (DOB unknown) died at the age of 52 from breast cancer.

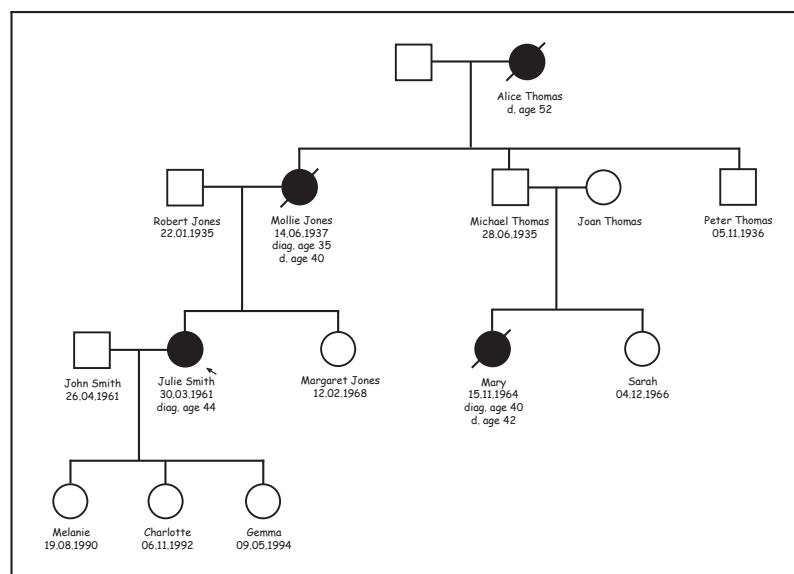


Fig. 1 Julie Smith's completed family tree

Practice points

With four people on the same side of the family who have had breast cancer diagnosed at a young age, this family history is suggestive of an inherited predisposition to cancer involving either the BRCA1 or BRCA2 gene. Based on the NICE guidelines, this family is eligible for referral to a specialist genetic service. Family members who are at risk of inheriting this predisposition are Margaret, Sarah and Julie's children.

According to NICE guidelines, genetic testing to identify the specific gene alteration that is causing a predisposition to developing cancer should begin with an individual who is affected with cancer. Unfortunately in this family, everyone who has had cancer has died, apart from Julie who is very ill.

Following discussion with Julie and her family, blood was taken from Julie so that DNA could be stored for use at a later time should the other family members at risk choose to pursue genetic testing.

NICE (2006) Familial breast cancer: The classification and care of women at risk of familial breast cancer in primary, secondary and tertiary care. DH. London