

Development and implementation of a program for individuals at high risk for breast cancer at Clinica Alemana, Santiago Chile

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There are different oncological risk levels that may be assessed based on personal or family history. When a program of this nature is applied there are benefits for patients and costs.

A visit from a Chilean MD to MDACC was coordinated by the G.A.P in 2012 in order to learn how the UTMDACC Breast High Risk and Genetics clinic works. With collaboration from both institutions a Breast High Risk program was started at Clinica Alemana, preliminary results have been showed in previous GAP conferences.

HYPOTHESIS: The implementation of an oncological risk assessment program may increase the number of patients, generate scientific development, tailored screening and risk reduction strategies seeking to reduce morbidity and mortality related to breast cancer.

METHODS: An educational campaign to medical staff and community at the Clinica Alemana was made; focus was on risk assessment, referral criteria, lifestyle changes and risk reduction strategies. The patients attending were seen by a multidisciplinary staff categorizing their risk and counseling on prevention/risk reduction strategies.

RESULTS: From January 2009 - December 2012, 54 patients were seen. December 2012- December 2013, 111 patients were referred, 2% very high, 50% high risk level, 51 of them had genetic counseling 8 underwent genetic testing, 2 positive results (BRCA 1-2), 2 VUS. January- December 2014, 110 patients were referred, 2% very high, 59% high risk level, 67 had genetic counseling, 22 underwent genetic testing, 6 positive results (3 BRCA2, 1 PALB 2, PMS 2, MEN 1), 4 VUS. January- december 2015, 105 patients were referred, 8% very high, 80% high risk level, 70 had genetic counseling, 37 underwent genetic testing, 9 positive results (1 BRCA2, 1 PALB 2, 1 PMS 2, 6 BRCA 1), 1 VUS.

CONCLUSION:

The promotion of healthy lifestyle should be encouraged to every patient and this type of programs allow to do so.

The increase of genetic testing comes with the challenge of selecting panel or conventional genetic testing .

In Chile there is no legislation, neither insurance coverage for genetic testing. Patients – who are paying for the test- felt it's more convenient to choose for panel testing because it's cheaper and gives more information. In these scenarios the genetic counseling is crucial in order to educate patients about their needs and possible results. Since the incorporation of genetic panel testing on 2014 we saw a 18% of VUS that year, on 2015 3% of VUS. These numbers can't allow us to make any conclusions but we will keep track on the number of VUS.

Even though we are a breast unit there are patients related to other areas that are seeking for genetic counseling/testing showing there is a need to develop a genetic clinic including other specialties

Reduction in morbidity/mortality are a long time goal

Our challenges are to increase the number of patients, publish our results and include other medical specialties. For that purpose we are having an international genetic symposium this year and continuous promotion of our program in medical and patient community.