Key messages – SIP paper on hereditary gynaecological cancers

- Approximately 5% of endometrial cancers and 20% of ovarian cancers are hereditary.
- Examples of hereditary cancers are the BRCA1 and BRCA2 gene mutations which cause an increased risk of the individual developing breast and ovarian cancer.
- Women at risk of hereditary gynaecological cancers should be identified as early as possible to ensure that they get the best treatment and support and when appropriate be offered testing for gene mutations.
- It is important that accurate information about the individual’s personal and family history of cancer is obtained.
- The main treatment option for women carrying a BRCA1 or BRCA2 mutation is risk-reducing removal of the ovaries and fallopian tubes and risk-reducing breast surgery or breast screening.
- For women who decide not to have surgery, the evidence for screening for ovarian cancer is yet to be established and is currently not recommended.
- Women with gene mutations will be managed by a team of healthcare professionals, providing them with tailored care based on their medical history and personal preferences.
- Rapid advances in gene sequencing and the development of new drug therapies will lead to more discoveries of gene mutations amongst women and it is important to consider the effect this will have on both the individual and their family. This new knowledge will need to be converted into clinical practice and evidence-based care plans.

For more information on this topic please see the NICE guidance on Familial breast cancer – [http://www.nice.org.uk/guidance/cg164](http://www.nice.org.uk/guidance/cg164)

