Do You Have a Breast Cancer Risk?

By Michelle Frankland, NP

My mom was 42 years old when she was diagnosed with breast cancer, her sister (my aunt) was 42 years old when she was diagnosed with breast cancer and their brother (my uncle) was in his 50’s when he was diagnosed with prostate cancer. I am 42.

Working as an Oncology Nurse Practitioner with Diablo Valley Oncology for 15 years, I casually knew that I had more than average risk of breast cancer. My concerns were pushed further into the back of my mind once my Mom’s genetic testing came back negative for the BRCA 1&2 mutation. Having said that, the combination of turning 42 and helping to run our Multidisciplinary Breast Cancer Clinic prompted me to seek further screening.

I requested a screening breast MRI and anxiously awaited the results. The MRI showed that I have two suspicious areas requiring biopsy, which they proceeded to obtain. I received a phone call with my results, “you don’t have cancer but you do have a high-risk lesion so surgery is recommended.” I was not prepared for that, I was prepared for cancer or no cancer!

Approximately 10% of breast cancers are hereditary, 65% are considered sporadic and the other 25% are familial, which is the category I most likely fall into, assuming genetic testing does not show a BRCA mutation, or any of the other genes known to be associated with breast cancer (like PTEN, PALB2, CHEK2, and others). One quarter of all breast cancers have some sort of familial link and this is the group that really needs to understand their risk.

The first step in understanding risk is talking to your family. Find out if parents, grandparents, aunts, uncles, etc., have had cancer and if so what kind. Next, talk to your health care provider who orders and reviews your mammograms. Ask if you have dense breast tissue and if there are any areas the radiologists are monitoring. Third, initiate a conversation about cancer risk with your gynecologist or primary care provider. Ultimately, the best and most comprehensive way to understand risk is to talk to a genetic counselor, and then, if recommended, undergo genetic testing.

Of all the appointments and procedures I’ve gone through over the last month, I dreaded the meeting with the genetic counselor the most. Being the mother of two young children, I always hope that I have passed on the best of me to them, not a genetic mutation that increases cancer risk. Having said that, I am so very thankful to have met with the genetic counselor. She brought me back to my logical/practical self, the one that now understands that my genetic test may very well show a mutation, most likely not BRCA since my Mom tested negative, but a mutation that falls into a category of VUS, “variants of unknown significance.” If you have a VUS, the genetic testing labs and geneticists will follow the mutation as scientists seek to understand if it does in fact increase cancer risk - 98% of VUS are ultimately found to be benign. Therefore, instead of worrying or being disappointed that I may have passed on a genetic mutation to my kids, I can focus on the fact that understanding my risk will aid in seeking appropriate and necessary screening and surveillance for my kids.

October is Breast Cancer Awareness Month. This month, make it a goal to learn more about your family history and tell your friends to do the same. If you have had breast cancer and not had genetic testing, talk to your providers to understand if you would benefit from it. If you have not had breast cancer, talk to your provider to see if you should be referred for a genetic risk evaluation. I feel fortunate that I knew to ask for additional screening and to have that conversation with my healthcare provider. In each step of this process, my emotions have fluctuated from fear and anxiety to gratitude.

In my years of oncology work, I have seen so many cancer patients find a “silver lining” in their journey. My silver lining is “I now really get it.” When patients talk to me about the stress of scheduling the never-ending list of necessary appointments, the anxiety and fear of waiting for test results, or the utter discomfort of a breast MRI, my empathy is real and sincere. I realize now how much these things can add up and impact a big person, especially a working mother who has many responsibilities outside of medicine. While I had several opinions, I have decided to have a double mastectomy with reconstruction. This is a decision made with confidence and certainty after truly coming to understand my risk.

Michelle Frankland is an Oncology Certified Nurse Practitioner with Diablo Valley Oncology & Hematology Medical Group. She is also the Nurse Navigator for the Breast Cancer Center of the East Bay, both located in Pleasant Hill. Michelle can be reached by calling 925-425-8879.