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Cancer Genetic Risk Assessment in Breast Cancer Patients

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Introduction

Breast cancer is the most frequent cancer among women, and limited evidence suggests that up to 15% of all incidences of breast cancer in the region are hereditary. The proper clinical care of individuals with hereditary breast cancer and their families requires genetic cancer risk assessment and counselling. Unfortunately, genetic services in Latin America are underdeveloped, and access to genetic testing and counselling is limited. High costs and lack of insurance coverage for genetic tests, limited oncogenetics training or experience, absence of genetic counselling as a clinical field, and a lack of supporting healthcare policy are all barriers to genetic care. We highlight significant projects in many Latin American nations targeted at developing genetic cancer risk assessment systems in this analysis. A survey of the scientific literature on the current state of breast cancer genomics in Latin America is also presented, with a focus on demographic factors, access to cancer genetic care, training and initiatives to enhance results, and international collaborations [1].

Description

Oncology nurses must be familiar with the cancer risk assessment process, complexities, and implications for personalised risk reduction and early detection recommendations, as well as cancer treatment, including targeted therapies, due to the growing integration of genetics/genomics into oncology care. The trials looked at things like risk awareness, satisfaction, and psychological well-being. Studies that dealt with malignancies other than breast cancer or in which subjects were not at risk of hereditary breast cancer were eliminated. We also omitted trials that provided broad cancer genetic information or education because the focus of our evaluation was on genetic risk assessment. Individuals of any age or gender, with or without a known BRCA mutation, but no prior history of breast cancer or any other significant illness, might participate. The development of new technology and techniques for genetic cancer risk assessment has resulted from dramatic breakthroughs in our understanding of the genetic basis for cancer. However, cancer is a complex disease, and risk assessment, counselling, and management strategies must take into account a number of factors, including the state of cancer genetics knowledge, the state of mind (family history of cancer), the state of technology, and the state of the art in terms of management. There are a number of obstacles to accurately identifying and counseling individuals and families who are at high risk for cancer due to inherited susceptibility mutations. The lack of access to appropriate counselling and education services that are qualified to address the complicated and fast growing medical, technological, and ethical challenges is one of the most pressing of these difficulties.

Cancer risk assessment is emerging into its own profession, with traditional empiric risk models being recast alongside rapidly evolving genetic tools to estimate cancer risk. Primary care physicians, gynaecologists, surgeons, and oncologists all benefit from the services of cancer genetics consultants. However, neither physicians nor allied health care workers who specialise in this new specialty have established qualification criteria. This article examines the distinct realms of cancer genetics in health care, as well as delivery options for cancer genetics services and risk assessment tools. We have the ability to make significant progress in cancer prevention and control if we combine novel cancer diagnostic and preventative services and research. When it comes to hormone therapy and gender-affirming operations, transgender people are frequently their own health advocates. While there is research on the relationship between genetic counsellors and lesbian, gay, and bisexual patients in the field of genetic counselling, there is less research on transgender patients. This study looked at how well-educated, knowledgeable, and comfortable cancer genetic counsellors are with transgender health concerns like hormone therapy and gender affirmation surgery. To estimate how cancer genetic counsellors might support dialogues with transgender patients about cancer risks, a survey assessed comfort with relevant vocabulary phrases and performance on written case vignettes [2-4].

Conclusion

The results of this paper are characteristic of this demographic, which is skewed toward the younger. On the case vignettes, the mean similarity between replies and planned correct answers was 78.5 percent. A majority of participants expressed a want for greater information concerning the effects of transgender identity on cancer risk assessment, a need emphasised by some participants' uneasiness when asked about gender pronouns. Breast cancer screening based on oestrogen therapy, pedigree symbol use, and modest tests before to hormone therapy had a general lack of consensus. Key advancements in cancer genetics have enhanced the identification of high-risk families in which cancer risk can be linked to mutations in cancer-prone genes over the last 30 years. Individuals with a heritable cancer risk may have different medical care options in the short and long term. For the lady and her family members who are at risk, increased screening and risk-reducing choices can provide life-saving measures [5].

Acknowledgement

None.

Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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