

ROLE OF GYNAE-ONCOLOGY SPECIALIST NURSES IN GENETIC CLINICS

Authors: Dona Chakraborty, Barnali Ghosh, Basumita Chakraborti, Ranjit Manchanda, Asima Mukhopadhyay*

*Corresponding Author: asima.mukhopadhyay@tmckolkata.com

TATA MEDICAL CENTER, KOLKATA

INTRODUCTION

It has been found that there is a 5-10% hereditary predisposition to endometrial and ovarian cancers. But there is a lack of awareness in the general population. Specialist nurses at Tata Medical Center, Kolkata have been trained to identify such patients and counsel for genetic testing.

OBJECTIVES

To assess whether introduction of genetic nurses have led to:

- increased participation to undergo pre test genetic counselling
- identify the potential hereditary cancer carriers and assisted in their follow ups accordingly
- Identify preventive and treatment measures to improve quality of life.

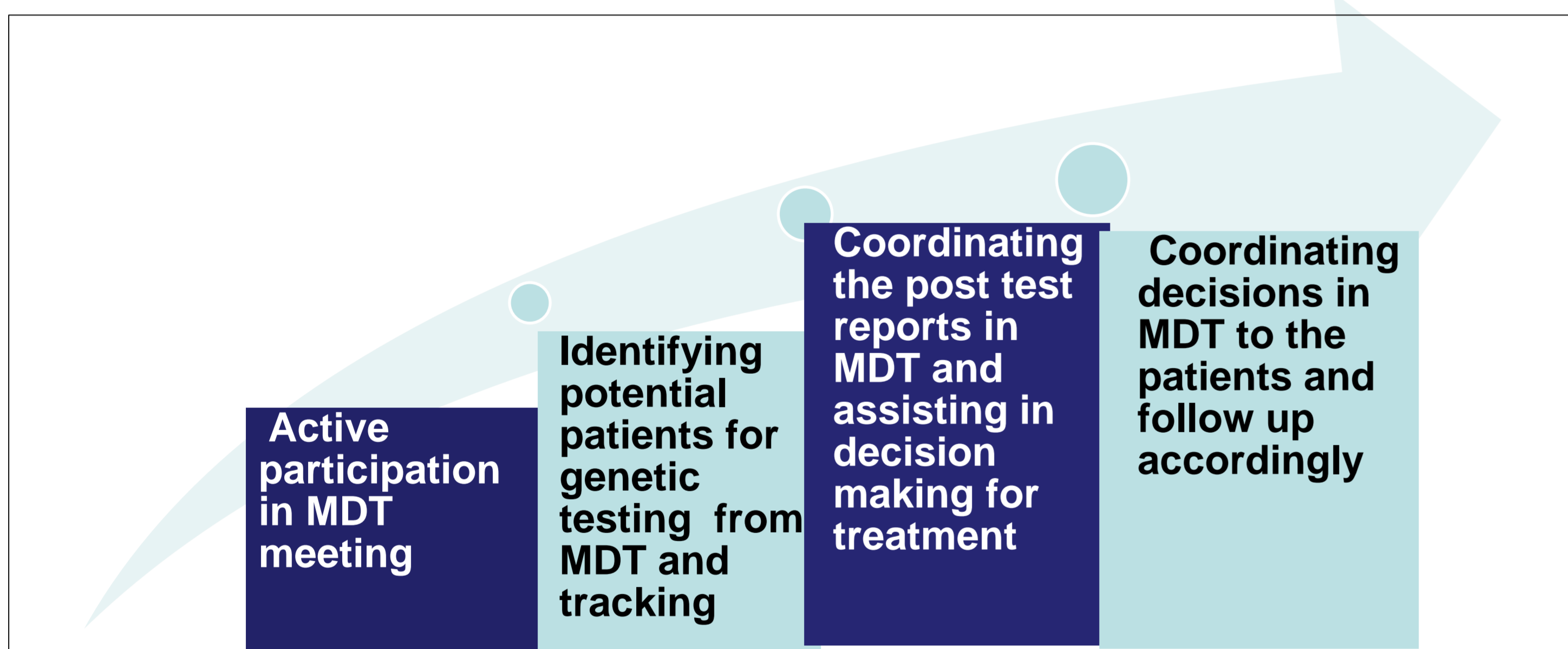
EDUCATION AND TRAINING

- 1 year pre test genetic counselling under the supervision of trained genetic counsellor , consultant gynaec-ologists and breast oncologists specialised in genetic counselling at Tata Medical Center, Kolkata
- 2 months training in Cancer Genetics Clinic, Tata Memorial Hospital, under the supervision of Dr. Rajiv Sarin.
- Research co-ordination with Barts Cancer Institute, Queen Mary University of London, UK for the SIGNPOSt Study.
- Coordination with EORTC group for QOL studies

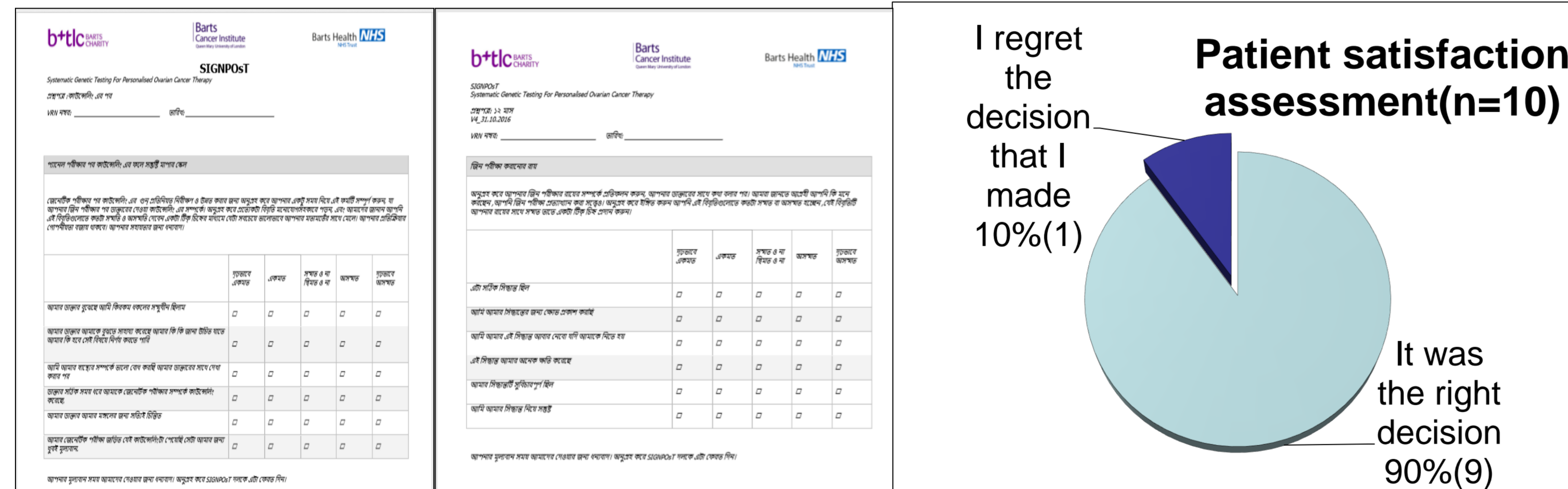
METHOD

*Face to face communication *Telephonic communication

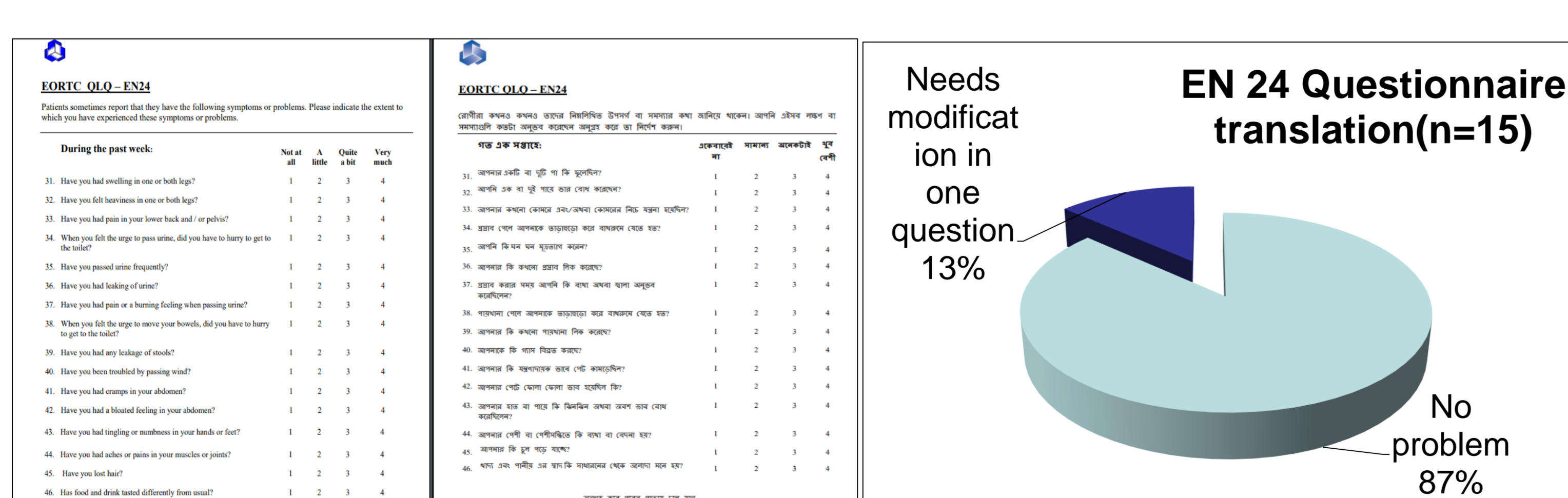
CO-ORDINATION IN MDT



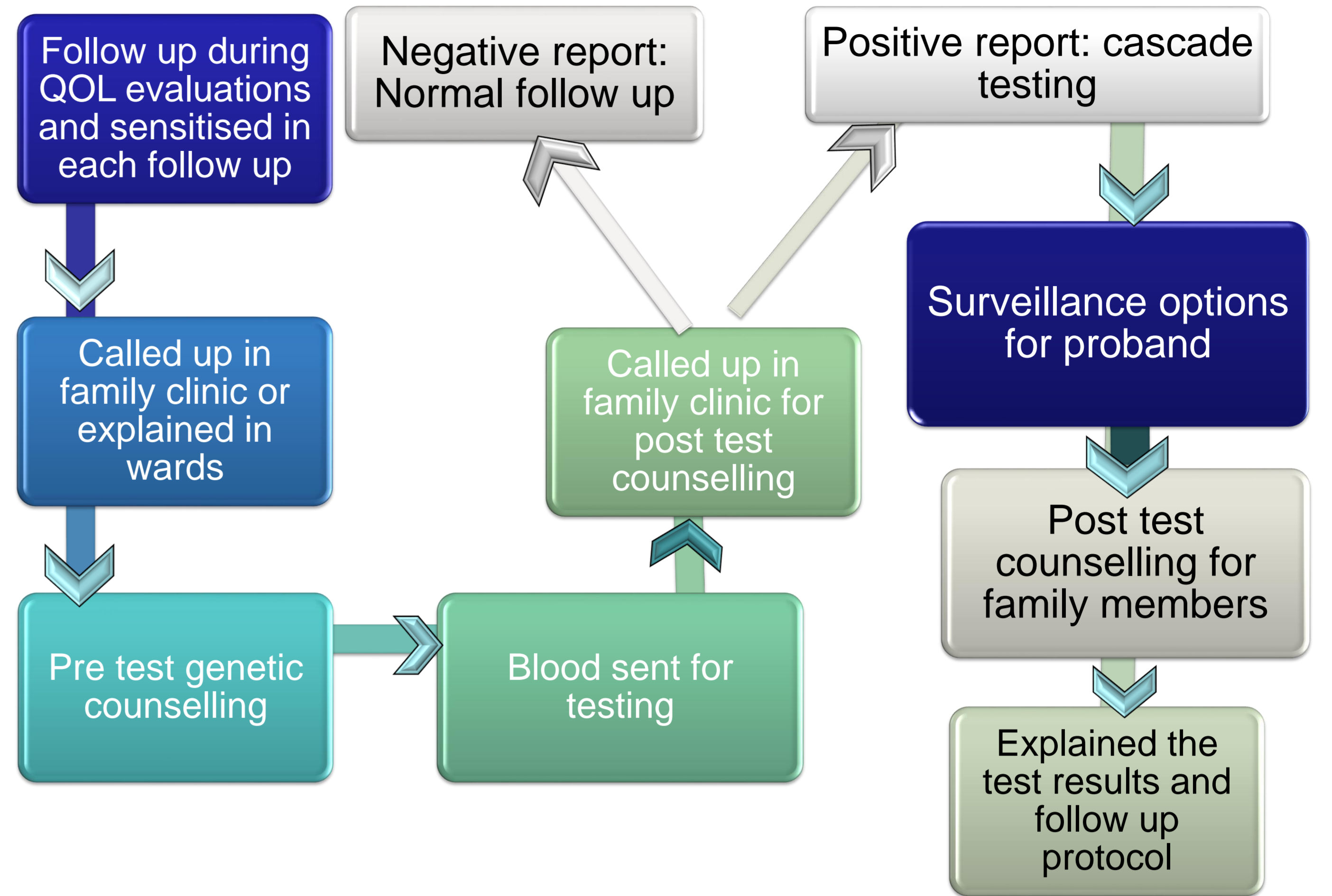
Pilot study on patients with Satisfaction scale - Regret Scale after Genetic Test (SIGNPOSt Study)



Pilot study on patients with EN24 translation tool for Quality of Life evaluation (EORTC) with respect to genetic test (SIGNPOSt Study) ,



METHOD OF GENETIC COUNSELLING



RESULTS

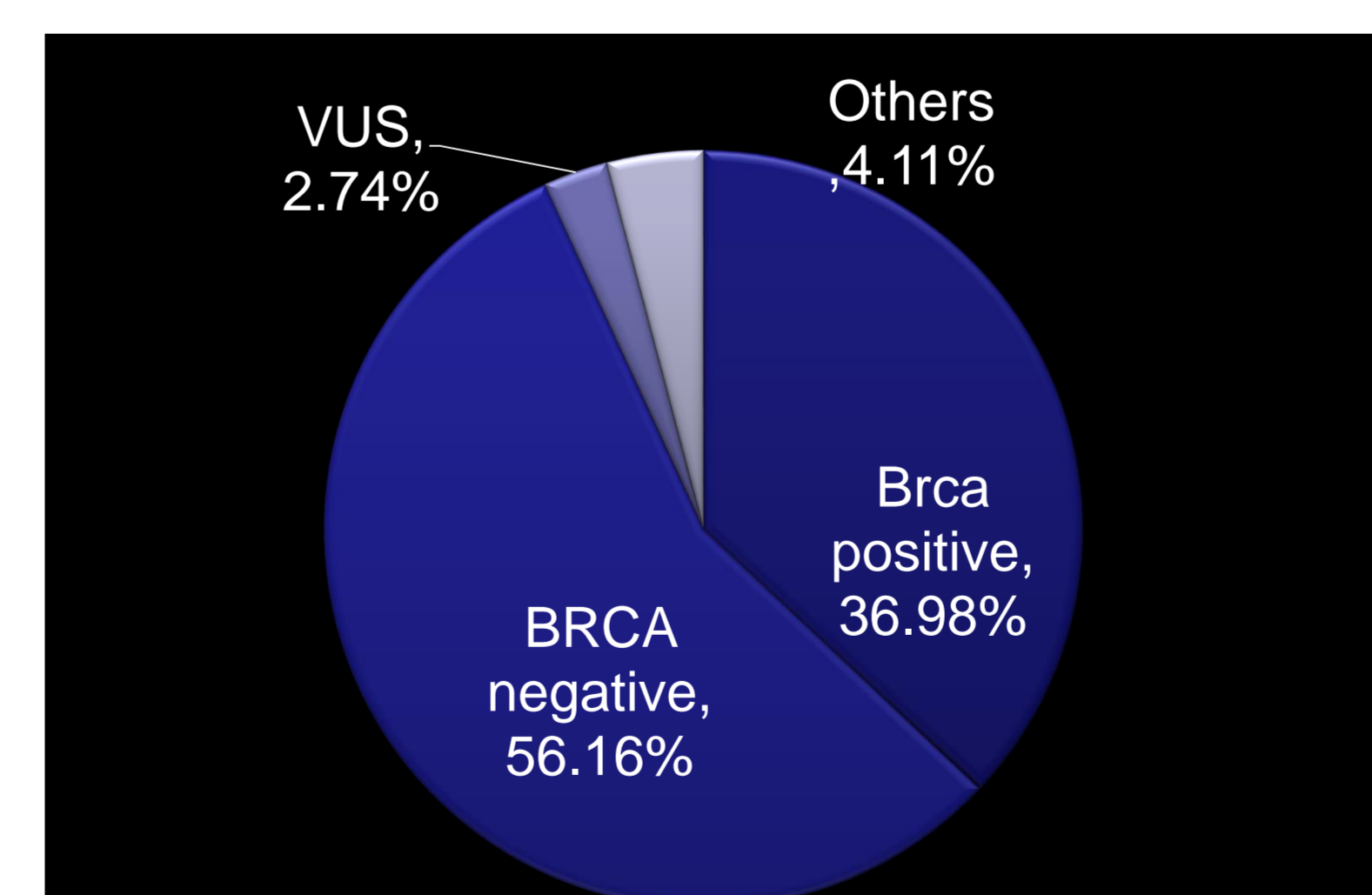
Comparison between patients of High grade serous ovarian cancer undergoing tests before and after 2017

| Parameters | 2015-2017 | 2017-2019 |
|-----------------------------|------------|------------|
| Patient uptake | 24 | 72 |
| Patients actually tested | 16(66.67%) | 53(73.61%) |
| With family history | 13 | 15 |
| BRCA positive | 8 | 16 |
| VUS and others | 0 | 5 |
| Negative | 8 | 32 |
| Mean age of patients tested | 54 | 52 |

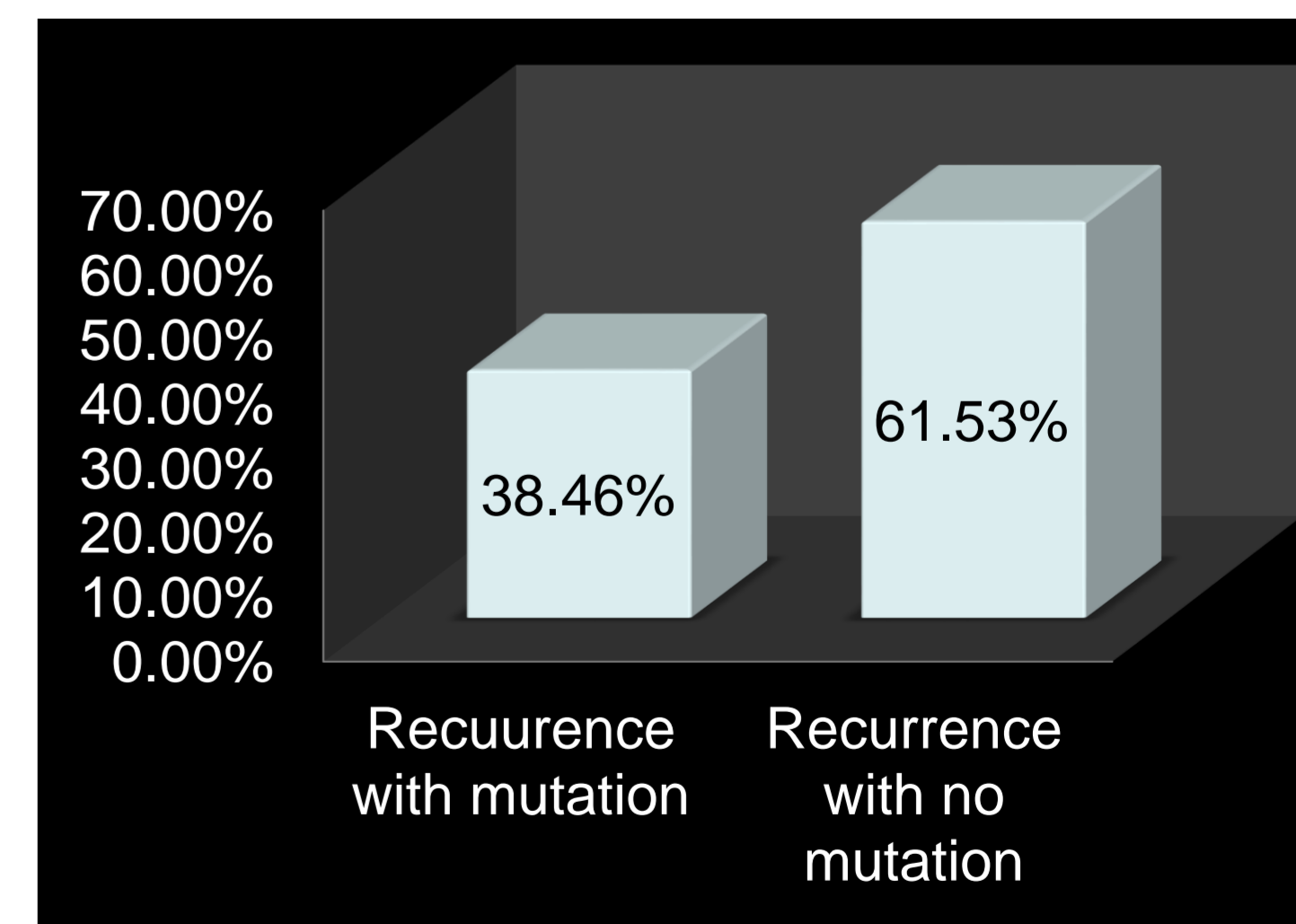
Comparison of outcomes of pre test counselling before and after training of the specialist nurse

| Parameters | Before Training | After Training |
|---|-----------------|----------------|
| Number of patients attended | 24 | 55 |
| Understood pre test genetic counselling | 83.33%(20) | 100%(55) |
| Underwent testing | 54.16%(13) | 72.72%(40) |

Retrospective germline mutation results for high grade serous ovarian cancer patients



Mutation confirmation in recurrence patients: second line Platinum drugs were given to them



CONCERNS EXPRESSED BY WOMEN DURING GENETIC TESTING

- Can cancer spread by breastfeeding?
- Is cancer contagious?
- Can cancer pass on to partner by sexual contact?

CONCLUSION: Specialist nurses are able to identify potential patients and provide proper pre test counselling along with addressing their psychological issues. Proper sensitization helped in increased participation for testing and increased awareness among their families and relatives about it.

ACKNOWLEDGEMENT: Dr. Rajiv Sarin, Tata Memorial Center, Mumbai & STRAND LIFE SCIENCES PVT. LTD. Bangalore

REFERENCES 1.Sarin R. Cancer Genetics. In: Munjal YP(Ed). API Textbook of Medicine, 9th edition; 2010
2.Chakraborty A, Mukhopadhyay A, Bhattacharyya D. et al. Frequency of 5382insC mutation of BRCA1 gene among breast cancer patients: an experience from Eastern India. Fam. Cancer.2013;12(3):489-95



TATA MEDICAL CENTRE, Kolkata
14 MAR (E-W), New Town,
Rajarhat,
Kolkata 700 160
E-mail:
Phone: +91 33 6605 7000