

The breast cancer (BRCA) gene is responsible for breast and ovarian cancers. Less than 10% of breast cancers, and less than 15% of ovarian cancers, are associated with an inherited mutation of this gene.

The lifetime risk of ovarian cancer in a woman who carries this gene mutation is around 40% for the BRCA 1 gene and 10-20% for the BRCA 2 gene. This is considerably elevated compared to the background population risk (1.4%). Some groups (such as the Ashkenazi Jewish population) have a higher than normal risk (around 1/50, compared to 1/500) of carrying this gene mutation.

If you are a BRCA 1 or 2 carrier, in order to reduce your risk of gynaecological cancer it is recommended that the fallopian tubes and ovaries are removed once you have completed your family or are around the age of 40 (although this age will depend also on your family history of cancer). Removing the ovaries will also reduce the risk of breast cancer in young women or of breast cancer recurrence in women who have already developed a breast cancer.

Ideally, risk-reducing surgery (bilateral salpingo-oophorectomy, or BSO) is performed laparoscopically, but your full medical history would be obtained and a physical examination would need to be performed in order to ascertain if this approach is suitable for you. Removing the uterus at the time of surgery is not mandatory, but can be considered, particularly if you are required to take Tamoxifen for treatment of your breast cancer, you have had a history of abnormal pap smears or cervical abnormalities, or you wish to take estrogen-only HRT for more than 5 years.

Dr Farrell will fully discuss the pros and cons of risk-reducing surgery with you, particularly in relation to the side-effects of the menopause and the options for treatment of menopausal issues. You would have usually met the hereditary cancer team and discussed your own personal risk of cancer prior to seeing Dr Farrell.