Short Communication

Clinical Genetic Services for Familial Breast Cancer in Poland

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Cancer Genetic Centres in Poland have been established in Bydgoszcz, Gdansk, Gliwice, Krakow, Poznan, Szczecin and Wroclaw. They provide genetic counselling and surveillance for high-risk families.

Training courses for postgraduates organized under the supervision of the Hereditary Cancer Centre (HCC) in Szczecin include: a) a yearly 3-day training programme for genetic professionals, b) a yearly 3-day training programme for family doctors, c) a yearly scientific meeting. Medical students get some 10–20 hours of cancer genetics during their training.

Average staffing levels are 3–7 public health service funded doctors, 10 research or public health service funded genetics associates. There are no genetic nurses (except at HCC in Szczecin). Genetics associates are responsible mainly for molecular analyses.

HCC in Szczecin is the leading centre. Other centres are smaller, but they are growing. There is a $1 million national programme prepared and coordinated by Prof. J. Lubinski to further support development of hereditary cancer centres.

The audit network for cancer genetic service is in process of formation, but HCC in Szczecin has been auditing its work since 1992. In Szczecin approximately 6000 cancer families yearly, all randomly selected, are checked for cancer family history, and about 700 preselected probands are examined and diagnosed. Surveillance is provided for about 100 patients per month. About 40 families with germline mutations are diagnosed. Hereditary breast cancer (HBC) families form the largest group of surveyed patients. There are about 200 families with HBC. Members of these families get: annual mammography beginning at 35 years of age, every 6 months USG of breast and clinical examination beginning at 20–25 years of age, every 6 (in breast-ovarian families) or 12 months intravaginal USG and CA125 level control beginning at 30–35 years of age, every 1 or 2 years physical and USG prostate examination beginning at 40 or 50 years of age, every 2 years colonoscopy if colon cancer runs in the family beginning at 25–35 years of age. Chemoprevention with tamoxifen is an option in women between 40 and 50 years of age.

Molecular diagnosis is carried out for HBC families for BRCA1 (Szczecin, Poznan, Gliwice, Warszawa) and BRCA2 (Szczecin, Poznan) germline mutations. BRCA1 or BRCA2 mutations are observed in about 15% of hereditary breast-ovarian cancer families and in about 10% of hereditary breast cancer-site specific families.

All families are in contact with their doctors. HCC in Szczecin is proposing to organise associations of families with high genetic risk. There are some cooperating journalists therefore newspaper and journal articles as well as radio or TV programs are quite common.
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