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PRESS RELEASE

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Mainstreaming genetic testing for Ovarian Cancer Patients in Malaysia to identify BRCA carriers

SINGAPORE, 18 November, 2017 – Mainstreaming may improve access to ovarian cancer genetic testing in local Malaysian hospitals and help identify mutation carriers who may benefit from risk management and improve treatment, suggests preliminary results of the MaGiC Study presented at the ESMO Asia 2017 Congress.

"Screening for BRCA1 and BRCA2 mutations is recommended for all patients with ovarian cancerenables accurate identification of BRCA1 and BRCA2 carriers and appropriate risk management and treatment ," said lead author Ms Sook-Yee Yoon, genetic counsellor, Cancer Research Malaysia, Subang Jaya, Malaysia. "In Malaysia BRCA genetic testing and counselling is only available at specialised centres in Kuala Lumpur but most people live outside the capital."

The Mainstreaming Genetic Counselling for Genetic Testing of BRCA1 and BRCA2 in Ovarian Cancer Patients in Malaysia (MaGiC Study) was set up to: 1) assess the prevalence of germline BRCA1 and BRCA2 mutations among ovarian cancer patients; 2) determine the feasibility of mainstreaming of genetic testing and counselling at local hospitals; and 3) examine the psychosocial impact of genetic testing in Malaysia.

The study was designed to recruit 800 ovarian cancer patients over a two-year period. Workshops were held for 70 non-genetic clinicians from 29 hospitals across Malaysia to train them how to give genetic counselling. Patients are allocated to counselling by a trained non-genetic clinicians in their local hospital in a clinical programme led by Professor Yin Ling Woo, MaGiC's lead clinician or to counselling by a genetic counsellor or clinical geneticist in a programme led by Professor Meow Keong Thong, who is the lead clinical geneticist at specialised centres in Kuala Lumpur.

All blood samples are analysed for BRCA mutations by Cancer Research Malaysia, led by Dr Joanna Lim who is the Diagnostic Lead. Patients receive pre-test counselling, followed by test results and post-test counselling. After both pre- and post-test counselling they are interviewed by a study researcher over the telephone to assess feasibility and the psychosocial impact of the experience. Interviews are based on scales adapted for use in Malaysia, including the Genetic Counselling Satisfaction Scale, the Decisional Conflict Scale, the Psychosocial Aspects of Hereditary Cancer (PAHC) questionnaire, the Distress Thermometer, and the Cancer Worry Scale. Interview results are being compared between the two study arms.

One year into the study 248 patients have been recruited, of whom 208 received genetic testing and 27 (13%) had BRCA mutations.

"Around 13% of those tested were BRCA mutation carriers which is similar to that found in other populations," said Yoon. "We found carriers throughout the country and are working with local clinicians to establish protocols in local hospitals that have not managed patients with known BRCA mutations before."

In terms of feasibility, patients in the local and specialised counselling arms were equally satisfied or very satisfied with the counselling they received. The local counselling arm has been recruiting patients more quickly than the specialised arm. Yoon said: "Patients seem to prefer local appointments, so if they are referred to another centre for genetic counselling, they seem less likely to attend."

Preliminary results show that the answers to the psychosocial surveys were similar between the two groups. Most patients were satisfied with their counselling experience, felt informed about their choices, and found it easy to decide to go ahead with genetic testing. The PAHC questionnaire showed that 79% patients at pre-test and 69% at post-test had a problem 'living with cancer'. The Distress Thermometer suggested that 26% of patients may require psychosocial support at pre-test but this reduced to 17% at the post-test interview. The Cancer Worry Scale revealed that 41% of patients at both pre- and post-test interviews had concerns about getting cancer again.

Yoon said: "These are preliminary results but mainstreaming of genetic counselling in Malaysia may be a feasible model to improve access and treatment for patients with ovarian cancer. If successful, this model could be adopted for other cancers and in other part of Southeast Asia."

"Cancer is still a taboo subject in Malaysia and there is a fatalistic attitude to hereditary conditions," continued Yoon. "Genetic information can cause conflict in families and the data we are collecting on the psychosocial impact of genetic testing will provide insights into the psychosocial challenges and we can work on interventions to overcome these challenges."

-END-

Notes to Editors

Please make sure to use the official name of the meeting in your reports: **ESMO Asia 2017 Congress**

Acknowledgements

The authors would like to thank the many investigators and hospitals across Malaysia collaborating in this project. (Appendix 1)

References

1 Abstract LBA4_PR 'Mainstreaming Genetic Counselling for Genetic Testing of BRCA1 and BRCA2 in Ovarian Cancer Patients in Malaysia (MaGiC Study)' will be presented by Sook Yee Yoon during Proffered Paper session 2 on Saturday, 18 November 2017, 10:45 to 12:30 (SGT) in Hall 405.

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Appendix 1

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MaGiC Sites
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Gleneagles Medini Hospital
Gleneagles Penang
Hospital Ampang
Hospital Kuala Lumpur
Hospital Likas
Hospital Pulau Pinang
Hospital Sultan Ismail
Hospital Sultanah Bahiyah
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National Cancer Institute
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