

September 28, 2017
Our ref: SCG17-150

Dr Sue Rowley
The Mosman Practice
393 Military Rd
Mosman NSW 2088



Re: **Elysia McConkey**; DOB **14/03/81**

Dear Dr Rowley

Summary:

Cancer History: Nil

FHx: Sister breast cancer at 36 (-/-)

No significant maternal history of cancer.

Paternal great grandfather prostate cancer at 78.

No Jewish heritage

Likelihood: Manchester score 8 corrected to 12 with pathology.

Sister Louise eligible for publicly funded genetic testing due to triple negative pathology.

Cost of self funded testing justified at this level of risk

Genetic testing: Sister Louise elected self funded testing via BRCA Plus panel (cost \$450).

No mutation detected in ATM, BRCA1, BRCA2, PALB2 or TP53 **in sister Louise**. “Uninformative” result.

Risk: Family remains at most at moderate risk for breast cancer (15% to 30% lifetime risk for women)

Risk of ovarian cancer not likely to be clinically significantly increased (<2% lifetime)

Management: MMG annual from 40. Daughters and niece to seek advice in early 30s.

Diet and lifestyle changes remain an important way for family to reduce cancer risk.

Sister Louise may consider research studies (see www.CancerGenetics.com.au). Information provided.

Dear Andrew

I met with Elysia on the September 28, 2017 at our rooms in Ultimo with her mother and her sister to discuss the results of her sister Louise’s recent genetic testing.

No mutation was detected in ATM, BRCA1, BRCA2, PALB2 or TP53 **in her sister Louise**. This is referred to as an uninformative result as it doesn’t explain her cancer or the cancers in the family. The cancers may be due to chance, to mutations in other genes, environment or even a very small possibility of a mutation in genes tested that cannot be detected with our current technology.

This is good news for Louise, Elysia and their family. The risk of ovarian cancer is not believed to be clinically significantly increased (<2% lifetime risk).

The family would still be regarded as being at most at moderate risk for breast cancer (15 to 30% lifetime risk for women). Current guidelines recommend breast screening with annual mammograms from age 40. Elysia’s daughters and niece should seek advice in their early 30s.

The most effective way for this family to reduce the risk of cancer is via lifestyle modifications to include a diet high in fruits and vegetables, moderate daily exercise and maintaining a healthy body weight.

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Clinics at Ultimo, Wahroonga, Randwick and Pambula. Telehealth to rural and regional Australia

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This is an area of ongoing research and rapid change. Information about Cancer Genetics research trials, including discovery and prevention trials, can be found on The Cancer Genetics Fund website (see www.CancerGenetics.com.au). In particular, Elysia's sister Louise may wish to enrol in the Genetic Cancer Risk in the Young study and I have provided her with information regarding this.

Elysia knows to contact me should the family history change.

Yours sincerely,



Dr Hilda High,
BSc, MBBS (Hons), MCH, FRACP
Genetic Oncologist
Provider Number: 279596AF (SAN Clinic) / 279596BT (Telehealth) / 279596EA (Randwick) / 279596DL (Ultimo)

cc: Ms Elysia McConkey, 46 Rangers Ave , Mosman NSW 2088

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