

# Genetic counseling via telephone as effective as in-person counseling

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Genetic counseling delivered over the telephone is as effective as face-to-face counseling, finds the largest randomized study to date comparing the two methods. The multi-center study, led by researchers at Georgetown Lombardi Comprehensive Cancer Center, was reported today in the *Journal of Clinical Oncology*.

The landscape of genetic testing has broadened to include a range of diseases, and demand for testing and counseling has greatly increased because of direct-to-consumer marketing, says the study's lead investigator, Marc Schwartz, PhD, co-leader of Georgetown Lombardi's Cancer Prevention and Control Program.

"It's important that all people interested in testing have access to thorough information so they can consider the implications of [test](#) results and interpret them in the context of family history," says Schwartz, who is also co-leader of the Fisher Center for Familial Cancer Research at Georgetown. "Counseling on the phone reduces costs and expands genetic counseling and testing access to rural areas, where counseling isn't always available."

While this study was conducted with women considering testing for mutations in the breast or ovarian cancer genes BRCA1 and/or BRCA2, the findings "may extend to genetic counseling for other hereditary cancers and complex conditions in adults such as heart disease," says co-author Beth N. Peshkin, MS, CGC, a professor of oncology and senior genetic counselor at Georgetown Lombardi.

Researchers at Icahn School of Medicine at Mount Sinai, Vermont Cancer Center, Dana Farber Cancer Institute and the Huntsman Cancer Institute participated in this study, which randomized 669 women to receive telephone or in-person genetic counseling. However, of women approached about participating in the study, about one-third declined because they did not want to receive phone counseling.

"In-person conversations can be intimidating and there's a lot to process," says Angela Smith, of Burlington, Vermont, who participated in study.

Smith's counseling for BRCA mutation testing was done via telephone. She says talking to a genetic counselor from home was comfortable. "I'm a bit introverted so for me, talking about something so personal was easier with the 'protection' of the phone."

The majority of participants had been treated for breast or ovarian [cancer](#), and the rest were at risk for the disease because a family member had a mutation previously identified in the BRCA1 or BRCA2 genes.

Participants received genetic counseling either by phone or in-person before and after [genetic testing](#), and were surveyed on a number of variables, including their knowledge of the test, perceived stress, satisfaction and decision conflict.

The findings demonstrate that telephone counseling is as effective as in-person counseling. "We hypothesized that telephone counseling would be comparable to in-person counseling overall and would be preferable for some participants," Peshkin says. "It's important for us to learn more about why people prefer one type of counseling over another, and how that affects use and outcomes of [genetic counseling](#)."

Provided by Georgetown University Medical Center

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