

Guidance issued for genetic testing in prostate cancer

17 August 2020



BRCA2 gene testing is recommended. For *BRCA2* carriers, screening starting at age 40 years or 10 years before the youngest prostate cancer diagnosis in the family is recommended.

To address the shortage of genetic counseling, the authors endorse collaborative evaluation models between health care and genetic providers. Optimal pretest informed consent, posttest discussion, cascade testing, and technology-based approaches should be included in the genetic evaluation.

"Models of genetic evaluation that incorporate technology to enhance access to [genetic testing](#), such as telehealth or use of videos for pretest genetic education, were also endorsed, along with key elements of informed consent," Giri said in a statement.

More information: [Abstract/Full Text](#)

(HealthDay)—As a result of the Philadelphia Prostate Cancer Consensus Conference, hosted by Sidney Kimmel Cancer Center-Jefferson Health and the Department of Urology at Jefferson, recommendations have been developed for implementing germline testing for prostate cancer. The consensus framework was recently published in the *Journal of Clinical Oncology*.

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Veda N. Giri, M.D., from the Sidney Kimmel Cancer Center in Philadelphia, and colleagues recommend large germline panels and somatic testing for [metastatic prostate cancer](#). For multiple scenarios, they suggest reflex testing: initial testing of priority genes followed by expanded testing. Germline testing is recommended for metastatic disease or [family history](#) suggestive of hereditary [prostate cancer](#). There is moderate consensus for additional family history and pathologic criteria. For metastatic disease treatment, priority genes to test include *BRCA2*, *BRCA1*, and mismatch repair genes; broader testing is recommended for clinical trial eligibility. For active surveillance discussion,

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