Sheree Mutton meets inspiring women with the BRCA gene, linked to an increased incidence of breast and ovarian cancer, and unveils an intiative to help women discover their risk.

n Australia right now there are 660,000 women who are at moderate to high risk of breast and ovarian cancer - and it's estimated almost two thirds of them don't know it. Being more prone to cancer is daunting for anyone. But for the women who carry the BRCA gene, like Angelina Jolie, fighting cancer is much worse. "Cancer is still a word that strikes fear into people's hearts, producing a deep sense of powerlessness," Angelina wrote in The New York Times following her preventative double mastectomy. "But today it is possible to find out ... whether you are highly susceptible to breast and ovarian cancer, and then take action." The Australian Women's Weekly and Pink Hope charity have teamed up to find those 440,000 women. Because there are preventative measures we can take, but only if we know.

At least 10 to 15 per cent of breast and ovarian cancers are thought to be the result of inheriting a faulty gene. A new study found women with BRCA1 mutations have on average a 72 per cent risk of developing breast cancer by 80 years of age. For BRCA2 mutation carriers, the risk of breast cancer is 69 per cent. The average lifetime risk of ovarian cancer is 44 per cent for BRCA1 and 17 per cent for BRCA2. "Screening is a very important issue, particularly for mutation carriers," says co-lead author Professor John Hopper, from the University of Melbourne's Centre for Epidemiology and Biostatistics at the Melbourne School of Population and Global Health. "We know having your breasts removed lowers your risk of breast cancer and having your ovaries removed lowers your risk of ovarian cancer, but no one is laying down rules for what women should or should not do. It's a personal issue if and when to have preventative surgery,"

THE **NUMBERS**

17,586 Australian women will be diagnosed with breast cancer in 2017.

1,580 Australian women will be diagnosed with ovariar cancer in 2017.

he adds. "We think this study will show breast and ovarian cancer isn't caused solely by genes, or her environment, but a combination of both."

The rise of genetic testing

For some with a family history of breast and ovarian cancer, genetic testing is way to be proactive about their health. It allows people to determine their risk of developing cancer in the hope they can change their outcome.

What to do if you are at high risk

The BreastScreen program, which invites women over 50 to undergo mammograms, is the best option for most women, but some at a higher risk may benefit from a 3D mammography exam or ultrasound. This can include women with a strong family history, those with changes or lumps, and younger women with dense breasts. If you fall into the higher risk bracket, a 3D mammography exam could be a great option to discuss with your doctor. "3D mammography has improved our ability to detect breast cancers," says Dr Merran McKessar from Mater Imaging North Sydney. "For women at high risk, screening may start younger (from age 30). As well as 3D mammography and ultrasound, breast MRI may be recommended." It's important to know the risk and understand the options to ensure the most beneficial detection method for your situation.

How can you find out?

We're asking women to do an online questionnaire that will help establish whether you are at an increased risk, and then tell you what to do next. The questionnaire takes five minutes and is completely anonymous. Visit: pinkhope.org.au/know-your-risk/.



host joins our Know Your Risk campaign to help find **Australian women** who are at higher

risk of breast and

ovarian cancer.





Melanie Hewson

The mother of seven will undergo preventative surgery.

"As a child I grew up with my mother telling me stories of all the women relatives in our family that had died of breast or ovarian cancer and it was just an expected norm," says 42-year-old Melanie Hewson. "Mum got breast cancer in 2005. She won over her breast cancer only to get ovarian cancer 10 years later and then finally someone suggested she get tested for the BRCA gene. Sure enough my mother was carrying the BRCA1 gene." Melanie decided she too would be tested for the mutation that had plagued her family for generations. "In March 2016, at 12 weeks' pregnant with my seventh child, I was delivered the news I also was carrying the BRCA1 gene. It confirmed what I'd suspected for years," she adds. However, Melanie says she understands it's a

Melanie is accepting of her decision to have preventative surgery when she is finished breastfeeding baby xxxxx.

personal choice not everyone wants to go through. "For me, knowledge is power. I wanted to be in control. I didn't want to accept that one day I'd have cancer," she explains. "One of my sisters has been tested and hasn't got the mutation, but my other sister and brother haven't been tested." Melanie plans to have preventative surgery later this year. "As a nurse, I know preventative surgery is the best option. I am booked in to have my ovaries removed at the end of the year and then a double mastectomy once I'm finished breastfeeding. I've been breastfeeding on and off for 20 years. They've done what they were meant to and I'm fine to see them go if it means I can see my kids grow up," she says. "I don't need to take a pair of breasts to the grave with me." >>>

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