Response to "Biologic, Demographic, and Social Factors Affecting Triple Negative Breast Cancer Outcomes"

I would like to thank Turkman, Sakibia Opong, Harris, and Knobf (2015) for the excellent review of triple negative breast cancer and practice implications for oncology nurses. The authors correctly note that triple negative breast cancer can be associated with an increased risk of harboring a *BRCA1* mutation. Individuals with triple negative breast cancer also are at risk for a number of other germline mutations, including mutations in the *PALB2*, *CHEK2*, *BARD1*, *ATM*, *PTEN*, *BRCA2*, and *TP53* genes (Churpek et al., 2015; Heikkinen et al., 2009; O'Brien et al., 2014).

Germline genetic testing is readily available for *BRCA1, BRCA2, PALB2*, *CHEK2*, *BARD1*, *ATM*, *PTEN*, and *TP53* genes. The identification of individuals and families who have germline mutations is very important for developing a comprehensive prevention and early detection plan for other malignancies for which these individuals may be at risk. In addition, the identification of families that harbor these mutations allows other family members to determine their risk for developing cancer and make appropriate choices for cancer prevention and early detection.

Because the identification of individuals and families who have this risk is so important in the ultimate reduction of the morbidity and mortality associated with cancer, it is important to note that current guidelines recommend that women with triple negative breast cancer be evaluated for genetic risk. The National Comprehensive Cancer Network (2015) guidelines state that any person with triple negative breast cancer should be referred for genetic counseling regardless of family history. Triple negative breast cancer in any woman diagnosed with breast cancer aged younger than 60 years, regardless of family history, satisfies Medicare criteria for genetic testing (Centers for Medicare and Medicaid Services, 2015).

Oncology nurses caring for women with triple negative breast cancer should realize that these individuals and their families are at risk for multiple germline mutations associated with various risks for other cancers, in addition to breast cancer, and refer them to credentialed genetics professionals, including physicians board-certified in genetics, master's-prepared genetic counselors, and advanced practice nurses credentialed in genetics who hold an AGN-BC credential (formerly APGN credential) for genetics evaluation. Referral to these professionals will ensure comprehensive evaluation of risk, selection of the correct genetic test, and coordinated follow-up for other family members.

Suzanne Mahon, RN, DNSc, AOCN®
Professor
Department of Internal Medicine
School of Medicine
Saint Louis University
St. Louis, MO

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Key words: breast cancer; genetic testing; genetic risk

Digital Object Identifier: 10.1188/15.CJON.244