(Insert date)

Dear (insert doctor’s name)

Choose one of the following paragraphs.

My maternal/paternal (select one) mother/sister /aunt/grandmother/ (select one) was diagnosed with ovarian/breast cancer aged (insert age).

Or

My maternal/paternal (select one) father/brother /uncle/grandfather/ (select one) was diagnosed with/breast cancer aged (insert age).

There is a possibility that they carried a BRCA1/2 gene mutation, and if they did, there is a strong possibility that the gene will have been passed onto me.

While they are no longer available to be tested, according to *SIGN Guideline 3.2.2:*

“BRCA1 and BRCA2 mutation analysis should be considered in a family where there is a 10% or greater risk of a mutation being present.”

I’m aware that having a BRCA1/2 gene mutation can raise risk of breast and ovarian cancer, and that it can impact on the treatment pathway of these diseases. I would like the opportunity to explore the preventative measures available to me in the event that I am a carrier.

I would also like to find out my BRCA status so I can advise members of my family whether they need to be tested too.

According to Scottish Executive: cancer genetics services in Scotland guidance, I should be offered genetic counselling prior to being tested by a clinical genetics physician.

I would, therefore, be grateful if you could refer me to a genetics counsellor as the next stage in the testing process.

Yours sincerely,

(Insert name)

For more information, and a tailored CPD programme for general practitioners on ovarian cancer, please visit Ovarian Cancer Action’s website: [www.ovarian.org.uk/gps](http://www.ovarian.org.uk/gps)