This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

## **FEATURE ARTICLE**

## Family Systems Genetic Illness Model— Breast Cancer

Steven L. Baumann, PhD, APRN, GNP, NPP

Breast cancer remains a leading health concern for women. Genetic medical research is beginning to alter breast cancer screening recommendations and breast cancer treatment. This article discusses the use of the Family Systems Genetic Illness (FSGI) Model to provide greater understanding of some of the more common personal and family issues related to breast cancer. After a brief presentation of a case study of a woman who chose to undergo bilateral mastectomy to avoid breast cancer and a critique of the FSGI Model, application of the FSGI Model to breast cancer will be considered. The FSGI Model categorizes genetic illness according to the degree of the genetic risk the illness has, potential severity, age of clinical onset, and whether treatment can alter the onset or course. The article seeks to help nurses assist women in balancing their personal and family responsibilities and choices in light of new knowledge and medical care of breast cancer today.

reast cancer remains a leading health concern for women (Fuqua, Chang, & Hilsenbeck, 2004). It is a health problem with considerable psychosocial and family issues. This article presents a brief case study and explanation of Rolland and Williams' (2005) Family Systems Genetic Illness (FSGI) Model and discusses the clinical implications of emerging information about the genetics of breast cancer. The FSGI Model provides a framework to better understand the genetic risk an illness has, its potential severity, the age of clinical onset, and whether treatment can alter the onset or course. The model can help nurses assist their patients in making important decisions regarding breast cancer screening, prevention, and management.

Mrs. R, an employed 54-year-old Italian American woman, was seen by a homecare nurse the day after her discharge from the hospital, where she had bilateral mastectomy for the prevention of breast cancer. Her husband was home but did not participate in the home visit. About six weeks before the surgery, she had learned that she had a benign breast mass, but she opted for prophylactic bilateral mastectomies because of a strong family history of breast cancer. Five days after surgery, she had returned home, the surgical sites were healing well, and she had a date for reconstructive surgery. She expressed dismay over the development of a breast mass despite exercising regularly, abstaining from cigarettes and alcohol, and keeping her weight down. Mrs. R also believed that where she lived, Long Island, NY, was associated with a much higher rate of breast cancer than other geographical areas, something she had read about regularly in the local press. She said she had not undergone genetic testing for breast cancer. Whether she had ever been recommended to do so and had declined was unclear.

Accurate, up-to-date information and frank family discussions at various times in the course of illnesses are important to

## At a Glance

- Genetic medical research is increasingly altering healthcare decisions in cancer care.
- The Family Systems Genetic Illness Model provides a useful tool for nurses working with women at high risk for breast cancer and their families.
- ◆ All women with a family history of breast cancer should see a genetics counselor.

decision making and family relationships. Mrs. R did not have a referral to a cancer genetics specialist, what is now the standard of care for women with a family history that strongly suggests inherited susceptibility to breast cancer (Korde, Calzone, & Zujewski, 2004). In terms of medical care, early detection and timely intervention remain critical. The FSGI Model (Rolland & Williams, 2005) is a longitudinal model that helps to better manage and predict illnesses such as breast cancer.

Decisions about screening and breast cancer management now are guided not only by family and personal history and clinical status but also by genetic testing information. Genetic testing promises to provide more accurate and personalized risk assessment. It may help to reduce the need for biopsies

Steven L. Baumann, PhD, APRN, GNP, NPP, is an associate professor of nursing in the Hunter-Bellevue School of Nursing at Hunter College in the City University of New York. No significant relationship to disclose. (Submitted August 2005. Accepted for publication October 22, 2005.)

Digital Object Identifier: 10.1188/06.CJON.377-381