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PQ 34653/25 To ask the Minister for Health to clarify if it is considered best practice that all pancreatic cancer patients, regardless of family history, receive genetic testing to identify and detect a possible inherited predisposition to such cancer in close family relatives; if she will clarify the timeline between a referral for such testing and the actual test being conducted; and if she will make a statement on the matter.

Dear Deputy Mitchell,

Patients with a diagnosis of pancreatic cancer who meet the appropriate clinical criteria can be offered genetic testing, to search for an inherited predisposition to cancer (diagnostic/ discovery testing). The clinical criteria applied include the age at which the patient's cancer was diagnosed and their family history of cancer. For clarity, it is therefore not currently recommended for all patients with pancreatic cancer but may be for those who are younger at the time of diagnosis, regardless of family history.

Where an inherited predisposition is identified, this can then be tested for in close blood relatives (predictive testing). All such genetic testing should be preceded by appropriate pre-test counselling.

In general, testing for a cancer predisposition commences with testing in an affected individual, i.e., someone who has a diagnosis of a relevant type of cancer. In line with the implementation of the NCCP Hereditary Cancer Model of Care, systems are being put in place to implement mainstreaming of cancer genetic testing. This refers to a model where testing for a cancer predisposition gene is integrated into oncology services, for those with a personal cancer diagnosis. This approach is also being adopted across many other non-cancer specialties, as a means of increasing access to genetic testing for patients. Mainstreamed pathways enable more timely access to cancer predisposition gene tests for patients with cancer, as part of the standardised management of cancer care, and in line with nationally agreed criteria and protocols.

In practice, this means that pre-test counselling and consent processes for cancer predisposition gene tests are undertaken at the point-of-care by a member of the clinical cancer team caring for the patient. Referral to a specialist clinical genetics professional is then usually reserved for those patients found to have a pathogenic or uncertain variant, or patients with a suspected cancer predisposition syndrome or complex family histories. Currently, the waiting time for a specialist cancer genetics appointment can range from four weeks to 24+months, depending on level of urgency. The mainstreamed approach saves time, is a more efficient use of resources and provides continuity of knowledge for both the treating clinicians and the patient.

Yours sincerely,

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