specialists and genetic counsellors. At this time, BRCA mutation status usually makes little difference to the treatment of the cancer for the affected individual, but this may change with the availability of new drugs.

Genetic counselling

Genetic testing differs from most routine laboratory tests in that the detection of a mutation carries lifelong implications for the patient as well as relatives. The testing for BRCA1/BRCA2 mutations must always be accompanied by appropriate genetic counselling. This counselling should commence before any genetic testing and should be provided by a practitioner with professional genetic counselling training and experience.

Conclusion

BRCA1 and BRCA2 mutations are an important cause of familial breast and ovarian cancer. Genetic testing should take place in the context of appropriate pre-test and post-test genetic counselling, as provided by familial cancer clinics. The identification of pathogenic mutations has important implications for the clinical management of the patient and family members. However, a normal test result must be interpreted with caution. On one hand, the absence of an identified mutation in an affected woman does not exclude the clinical diagnosis of familial breast cancer. It is likely that the woman has a mutation in a different yet-to-be-identified gene. On the other hand, once a mutation has been identified in the family, a normal test result means that the person has not inherited the family's predisposition to develop cancer and does not require special cancer surveillance.

References

1. Petrucelli N, Daly MB, Feldman GL. BRCA1 and BRCA2 hereditary breast and ovarian cancer. GeneReviews. 1998, updated 2011 Jan. www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=gene&part=brca1 [cited 2011 Mar 9]
2. National Breast and Ovarian Cancer Centre. Information for women about family history of breast cancer and ovarian cancer. 2011. www.nbocc.org.au/view-document-details/fhic-information-for-women-about-family-history-of-breast-cancer-and-ovarian-cancer [cited 2011 Mar 9]
3. Centre for Genetics Education, NSW Health. Family cancer services. www.genetics.com.au/services/canclin.asp [cited 2011 Mar 9]
4. Suthers GK. Cancer risks for Australian women with a BRCA1 or a BRCA2 mutation. ANZ J Surg 2007;77:314-9.

Dr Suthers and Dr Lau are both employed by a public sector provider of BRCA genetic testing (SA Pathology). Dr Suthers also receives funding for research into familial breast cancer (National Health and Medical Research Council, Cancer Council SA and Australian Department of Health and Ageing).

Book review

Therapeutic Guidelines: Antibiotic Version 14 (2010)

***Penny Abbott**, General practitioner, Aboriginal Medical Service Western Sydney, and Senior fellow, Department of General Practice, University of Western Sydney*

This book has become the most essential desktop clinical tool of this well regarded series. It aims to guide antimicrobial use within both hospital and community settings. It is reassuring with the release of this new edition to know that you are consulting the updated version when you are seeking prescribing advice.

The accessibility of the information is strengthened by the ongoing presentation of concise, evidence-based prescribing advice in a systematic format. This makes the information easily usable within consultations.

Beyond providing immediate advice in unfamiliar prescribing situations, this book usefully discusses some common clinical problems, rewarding a read outside the consultation room. This includes expanded guidance on the management of patients who report penicillin hypersensitivity, and the treatment and prophylaxis of influenza. New recommendations for gentamicin as empirical therapy are another major change in this version.

The book also provides useful summaries of the latest management guidelines of important and diverse conditions, such as when to recommend symptomatic treatment of otitis media rather than antibiotic treatment, and the procedures requiring antibiotics for the prevention of endocarditis.

A change in structure in this edition has led to the removal of some sections which overlapped with other Therapeutic Guidelines editions. Some readers may be disappointed to find that some common gastroenterological, dermatological or respiratory conditions requiring antimicrobial management are no longer included in this book, with the reader being directed to other books in the series.

I recommend this book to busy clinicians, which is just about all of us! It is an essential guide to prescribing antimicrobials, although the electronic version, as part of the complete set, may be necessary to get a more complete coverage of the clinical scenarios the reader will face.