Do YOU know Maria?

Maria, 38, is a healthy mother of two who likes to jog, doesn’t smoke, or drink, watches her diet and has faithfully seen the same primary care provider each year for the last 15 years. But in six months, she’ll find that she’s at risk for a serious disease.

Five years ago, Maria’s sister, then 42, was diagnosed with early stage breast cancer. Fortunately, her cancer was localized, and today she’s doing well. Unfortunately, Maria’s primary care provider never asked about her family history.

In a few months, Maria will move and begin seeing a new PCP. When he takes a family history, he’ll learn about her sister’s cancer. He’ll also discover that Maria’s paternal aunt died at age 48 of ovarian cancer. Maria’s new provider will recognize that Maria and her daughters are at risk for hereditary breast and ovarian cancer syndrome, which affects about one in 800 people and increases the risk of developing certain cancers at a very early age.

Taking his advice, Maria and her sister will undergo genetic counseling and testing. They’ll learn that they carry a change in the BRCA1 gene known to cause hereditary breast and ovarian cancer. Each of them will choose slightly different proven health care options that reduce their risk of potentially fatal disease.

The next time you see a “Maria,” take the time to obtain a complete family history. You just might save her life and that of her brother, sister, children...

The U.S. Surgeon General’s My Family Health Portrait Tool can help your clients gather and organize their family history before visiting your office. Direct them to it at www.surgeongeneral.gov/familyhistory/
Do **YOU** know Tracy and David?

As soon-to-be new parents, Tracy and David have a lot of questions. Do they have the right books? The right gadgets? The right name? But thanks to their primary care provider, they don’t have questions about their baby’s health.

When Tracy and David decided to try to conceive, Tracy visited a new health care provider who took a thorough family history at the first preconception visit. That history revealed that both she and David were of French-Canadian ancestry, putting them at elevated risk of having a baby with **Tay-Sachs disease**, a lethal inherited disorder affecting the nervous system.

The provider explained the risk to Tracy and David, who chose to undergo genetic counseling and carrier testing. Having learned that they were both carriers of gene alterations that could cause Tay-Sachs, Tracy and David chose to have prenatal genetic testing to determine if their baby would be affected. What a joy to find out that the baby had not inherited Tay-Sachs!

The next time you meet “Tracy and David,” take the time to consider and discuss the possible implications of their family history.

To learn more about how genetics is relevant to your practice visit www.genome.gov
Do YOU know Tony?

Tony, 35, knows he has a lot to be thankful for: a great job, a nice home and a terrific family. He also knows he owes a debt of gratitude to his primary care provider.

When Tony’s PCP took a thorough family history during a physical last year, he found that Tony’s father had been diagnosed with colon cancer at 45 and that a paternal aunt had endometrial cancer at 30. His provider recognized that Tony was at increased risk for hereditary non-polyposis colorectal cancer syndrome (HNPCC), or Lynch syndrome.

Tony learned that HNPCC causes about 3-5 percent of all cases of colorectal cancer and greatly increases the risk of early-onset colon and endometrial cancer in affected individuals. His primary care provider referred him to a specialist familiar with the disorder. Tony and his family underwent genetic counseling and testing, which revealed that he and several relatives carry a gene alteration causing HNPCC.

Armed with that knowledge, Tony and others in his family now get regular cancer screening. Early and frequent colon cancer screening for people with HNPCC has been shown to save lives. Tony knows it might just save his.

The next time you see a “Tony,” take the time to obtain a complete family history. It could make all the difference in the world.

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Do YOU know Jim?

Jim, 34, enjoys his morning coffee. Today he can enjoy that coffee feeling confident that there are many more mornings like this to come.

Sadly, his father wasn’t so lucky. His life was cut short by a heart attack when he was only 41. As happens with about one in three heart attacks, it came almost with out warning. Almost, except for a strong family history of heart disease.

Unlike his father, Jim and his new health care provider discussed his family history at his first visit to the new practice. Jim’s provider learned of the tragedy of Jim’s father and that Jim had also lost his grandmother and an uncle to heart attacks when they were in their early 40s. A quick lab test showed that Jim’s total cholesterol was 300.

With a new perspective on the importance of that family medical history, Jim was more than willing to make some lifestyle changes: taking a new medication, giving up smoking, and starting a new diet and exercise program. It hasn’t been easy, but Jim’s not complaining. It is, after all, a really good cup of coffee.

The next time you see a “Jim,” take the time to obtain a complete family history. It could make the difference of a lifetime.

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Do **YOU** know Vanessa?

Vanessa, 35, just finished walking with her daughter and feels great. These walks are now part of their daily routine, and her health care provider tells her she won’t need medication for her diabetes in the foreseeable future.

But for a thorough primary care provider, Vanessa’s outlook may not have been so good. All too often, diabetes goes undiagnosed for years while high blood sugars silently attack vulnerable organs like the eyes, kidneys and heart. By the time symptoms appear, organ damage has already occurred.

Luckily for Vanessa, her health care provider asked about her family history at her last physical and found that her mother, uncle and brother all developed diabetes in their mid-40s. Vanessa’s fasting blood sugars were in the diabetic range.

One year later, thanks to changes in diet and exercise, Vanessa’s sugars are nearly normal and she is helping the rest of her family adopt a healthy lifestyle.

The next time you see a “Vanessa,” take the time to obtain a complete family history. She—and her family—will thank you.

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