1. One in ten young women of Ashkenazi Jewish descent with breast cancer will have a *BRCA* mutation. If there is a family history, that number goes up significantly. These high risk women need to meet with a genetic counselor.

2. About 1 in 40 individuals of Ashkenazi Jewish descent will have a *BRCA* mutation, regardless of family or personal history of cancer (around 10X higher incidence than the general population).

3. Women who are *BRCA* carriers have a significantly increased risk (susceptibility) for breast and ovarian cancer—up to 87% chance for breast and up to 44% for ovarian—especially at a young age. The general population risk for breast cancer is 12% and the general population risk for ovarian cancer is 1-2%.

4. **Timing of *BRCA* genetic testing matters.** Testing isn’t recommended until it would impact management (typically not before age 25).

5. *BRCA* positive women have **options** to significantly reduce their risk of developing cancer, including preventive drug therapy and (prophylactic) surgeries.

6. **Screening** for breast cancer for high risk women through mammograms and breast MRI biannually is **effective** in detecting breast cancer at an early and treatable stage. Screening for ovarian cancer is **not effective** at detecting ovarian cancer at an early and treatable stage.

7. **Men can carry *BRCA* mutations,** and those men will have an increased risk to develop male breast cancer and prostate cancer, among other types.

8. *BRCA* carriers have a **50% chance** to pass the mutation on to each of their children.

9. **Preimplantation Genetic Diagnosis (PGD)** is currently being used to help ensure that a *BRCA* mutation isn’t passed on to the next generation.

10. If there is a family history of cancer, and the results of **genetic testing is normal,** there is still a high risk for cancer simply because of the family history. These families should meet with a genetic counselor.