for women in enabling them to face the threat of ovarian cancer recurrence after completion of first line of treatment. *(Reb, 2007)* During the counseling clinic the genetic counselor tried to sustain hope by checking how much information the patient wanted about risks of ovarian cancer recurrence, whilst acknowledging the limitations of presenting data that cannot accurately predict an individual's future. Checking information preferences, alongside an awareness of and empathy for the potential impact of the information provided are communication skills that are integral to genetic counseling.

Consideration for Genetic Counseling Practice:

Identification of a BRCA1/BRCA2 mutation shortly after ovarian cancer diagnosis, the initial focus is often placed on treatment implications for the patient and the risks to her family.

This case highlights the genetic counseling needs of the index case and shows how these needs change over time. Genetic counseling for women with ongoing questions about breast cancer risk management is time sensitive and is influenced by the number of years since ovarian cancer diagnosis. During these cancer genetic clinics, the genetic counselor's aim is to empower patients at every opportunity to make informed decisions.

As genetic testing becomes integrated in the routine management of individuals with ovarian cancer, more women with a germline BRCA1/BRCA2 mutation will be identified. For women with ovarian cancer and a BRCA1/BRCA2 germline mutation who are interested risk reducing breast surgery, realistic information should be presented in an individualized way, in order to facilitate women making decisions about their own body and life. Individual factors in this situation will include tumor stage, time since diagnosis, current health, age, patient breast cancer risk perception and risk management preferences. Thus involving the careful balance of providing complex risk information whilst taking into account the information and emotional needs of the patient.

Qualitative research to evaluate how women adapt to and view BRCA1/BRCA2 related breast cancer risk after ovarian cancer could further inform genetic counseling practice and quantitative studies to provide information about breast cancer risk to women with a BRCA1/BRCA2 mutation who are disease free more than five years after treatment of ovarian cancer.