

# GP Connect

Keeping GPs informed in the changing primary health landscape



22 June 2023

## Cascade testing for familial hypercholesterolaemia

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from the Royal Perth Hospital Lipid Clinic  
With acknowledgement to Dr. Jing Pang and Dr.  
Jacquie Garton-Smith

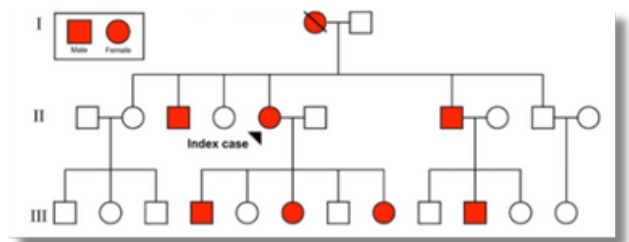


Figure 1 – Pedigree of a family showing (in red) individuals with FH<sup>1</sup>.

### What is the context?

Familial hypercholesterolaemia (FH) is a dominantly inherited cause of a markedly elevated level of cholesterol and is a preventable cause of premature atherosclerotic cardiovascular disease and death. Atherosclerosis caused by FH begins in childhood and needs to be detected early to prevent a coronary event.

There are approximately 100,000 people with FH in Australia, most of whom remain undiagnosed. A general practice of 10,000 patients, should on average expect to have 40 patients with FH under their care. General practice can play a major role in the detection and management of FH. There are various methods for detecting index cases with FH, including opportunistic and selective screening, in general practice. Phenotypic cases of FH will, however, require confirmation of the diagnosis genetically through referral or collaboration with a lipid clinic. Of the various detection methods for FH, the most cost-effective is cascade testing.

### What is cascade testing?

Cascade testing is a systematic way to detect blood relatives of an index case known to have FH. Because FH is an autosomal dominantly inherited condition, 50 per cent of first-degree relatives (children, siblings, parents) of an index case will have FH (see Figure 1).

Cascade testing should be carried out using both genetic and cholesterol testing. An MBS item now funds pathology for GP-requested genetic cascade testing of blood relatives of an index case.

### How to do genetic cascade testing?

Cascade testing is ideally carried out in a co-ordinated way, in which specialists working in lipid clinics collaborate closely with the patient's nominated GP ([see Figure 2](#)). Genetic testing should also be carried out in the same laboratory that diagnosed the index case.

To request FH cascade genetic testing where the laboratory can bill MBS item 73353, GPs will need the genetic test result provided to them by the clinical service that has made the diagnosis in the index case. MBS items for index case testing are only available for tests referred by non-GP specialists and will typically be arranged by a lipid clinic, such as the one at Royal Perth Hospital.

A key component of cascade testing is counselling, which should involve:

- Drawing a three-generation family tree, triggered by information given by the index case

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## Cascade testing for familial hypercholesterolaemia

- Obtaining informed consent for genetic testing
- Providing counselling that discusses and identifies the value of doing the genetic test
- Discussing the likely outcomes of the genetic test results and insurance implications, such as for life insurance and income protection
- Discussing the psychological sequelae of positive and negative test results
- Discussing the prognostic implications of a positive test result
- All discussions should be carried out using shared decision-making.

### What to do with the genetic test results?

Genetically positive patients should be referred to an adult or paediatric lipid specialist service, as appropriate. Patients will be offered enrolment into a national FH registry and triaged according to higher or lower complexity for management in tertiary and/or primary care (see [Figure 2](#) and [Figure 3](#)).

### What support is available?

The lipid clinic at Royal Perth Hospital is committed to collaborating with GPs caring for relatives of genetically defined index cases. The service aims to enable the safest and most efficient, timely and equitable way of identifying adults and children with FH, and to expedite treatment with a view to decreasing future risk of a coronary event. The two newly developed WA HealthPathways provide further information on [cascade testing for FH](#), as well as the on [assessment, management, and referral of FH](#).

GPs can contact the lipid clinic for clinical advice on (08) 9224 8092 or [lipidclinic@health.wa.gov.au](mailto:lipidclinic@health.wa.gov.au)

### References:

1. Familial hypercholesterolaemia: A model of care for Australasia. G. F. Watts, et al. *Atherosclerosis Supp* 2011 Vol. 12 Pages 221-63



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## Hospital Liason GP Update

### Uterine Cancer Awareness month at KEMH- Clinical considerations for WA GPs

*Special update from Dr Sarah Smith KEMH Liaison GP and Professor Paul Cohen, Western Australian Gynaecologic Cancer Service & Clinical Professor UWA Division of Obstetrics and Gynaecology, Medical School.*

The King Edward Memorial Hospital Women and Newborn Health (KEMH) Service together with the [Western Australian Gynaecologic Cancer Service](#) (WAGCS), announces June 2023 as the inaugural Uterine Cancer Awareness month. The [International Gynecologic Cancer Society \(IGCS\)](#), has collaborated with over 25 partner organisations from around the world to establish this global initiative to promote community education and access to care for those affected by uterine cancer. WNHS encourages all GPs to take a moment to consider uterine and endometrial cancer and learn more about how to prevent and diagnose this common cancer and support the survivors of uterine cancer in our community.

### What do GPs in Western Australia need to know about uterine cancer?

Uterine cancer is the most common gynaecologic cancer in Australia and the sixth most common cancer in women worldwide. It accounts for nearly 50 per cent of all gynaecologic cancer cases in high-income countries. Endometrial cancer represents 90-95 per cent of all uterine cancer diagnoses.

This year, [Cancer Australia](#) estimates 3300 new cases and 667 deaths from uterine cancer. Rates of uterine cancer continue to increase by almost 2 per cent per year in women younger than 50 years of age, and by one per cent per year in older women. While the associated mortality rates are also rising, the five-year survival rate is over 80 per cent. Many GPs will be caring for survivors of uterine cancer.

The most common presentation of uterine cancer is abnormal vaginal discharge or bleeding, particularly postmenopausal bleeding.

These early signs of potential cancer require further evaluation and investigation, including a transvaginal ultrasound with measurement of endometrial thickness and review of known risk factors for uterine cancer. Almost 70 per cent of cases of uterine cancer can be diagnosed at an early stage following investigation of these symptoms. There is currently no recommended screening test for uterine cancer.

### What are the risk factors for uterine cancer?

Known [risk factors](#) include:

- Oestrogen exposure - endogenous oestrogen such as obesity, metabolic syndrome, polycystic ovarian syndrome, hormonal factors (e.g., age at menarche, parity, age at menopause);
- Exogenous oestrogens such as tamoxifen in post-menopausal patients;
- Menopausal hormonal therapy (unopposed oestrogen without a progestin); and
- Familial cancer predisposition and known genetic risk profile.

Recognised modifiable risk factors include obesity, diabetes, and hypertension.

### How can GPs help women reduce the risk of uterine cancer?

The main lifestyle factor known to be associated with an increased risk of endometrial cancer is being overweight or obese. [Cancer Australia estimates](#) over a quarter of cases of endometrial cancer in Australia are due to overweight and obesity. For every five-unit increase in BMI, the risk of endometrial cancer increases by 50 per cent. This means that a woman who is overweight is around 1.5 times more likely to develop endometrial cancer than a woman of healthy weight. A woman whose BMI is in the obese range is between two and 10 times more likely to develop endometrial cancer than a woman of healthy weight.

Encouraging women to be physically active and make lifestyle changes towards a healthy weight range will help reduce the risk of endometrial cancer.

### How can GPs support uterine cancer survivors?

The care of survivors of gynaecological cancers is often shared between the gynaecologic cancer service and the patient's GP. The gynaecologic oncology clinical nurse liaison is available at KEMH for general queries on (08) 6458 2222.

Holistic support of survivors includes identifying and managing treatment related side effects and psychosocial distress related to the cancer journey, management of co-morbidities and exploring and supporting the woman's needs relating to her care and living well. See Cancer Australia's [Shared cancer follow-up and survivorship care: low-risk endometrial cancer](#).

### Where can GPs find out more information and access education?

[Cancer Australia](#) has detailed information and resources for both consumers and health professionals on uterine cancer (also known as endometrial cancer), including the [Optimal CarePathway for women with endometrial cancer](#) and [psychosexual care of women affected by gynaecological cancers](#).

- The [Jean Hailes for Women's Health](#) also has excellent resources for both consumers and health professionals.
- The [International Gynecologic Cancer Society](#) has made many of their online education modules free for health professionals during the Uterine Cancer Awareness month of June 2023. Visit the [IGCS Learning Portal](#) for more information.
- Cancer Council WA hosted a webinar together with WAGCS in February 2023 addressing [Ovarian Cancer and GP Follow up of survivors of Gynaecological Cancers](#).
- [The Peter MacCallum Cancer Centre](#) in Victoria supports the Australian Cancer Survivorship Centre and has resources and information for health professionals.

### Referring a patient with suspected uterine cancer

Detailed GP referral information is available at [HealthPathways WA](#). There is also information available on the [Western Australian Gynaecologic Cancer Service](#) website.

For clinical advice regarding gynaecologic oncology issues, GPs are always welcome and encouraged to phone King Edward Memorial Hospital and ask to speak to the gynaecologic oncology fellow or the on-call gynaecologic oncology consultant on (08) 6458 2222.

Dr Sarah Smith  
Hospital Liaison GP, Women and Newborn Health Service  
King Edward Memorial Hospital  
[KEMH\\_HLGP@health.wa.gov.au](mailto:KEMH_HLGP@health.wa.gov.au)

## Revised Ahpra guidelines- Telehealth consultations



The Medical Board of Australia has recently issued revised telehealth guidelines that will take effect on 1 September 2023. Under the updated guidelines:

- Telehealth consultations will continue as an important feature of health care in Australia;
- Real-time doctor-patient consultations remain key to safe prescribing; and
- Prescribing via questionnaire-based asynchronous web-based tools in the absence of a real-time patient-doctor consultation is not considered good practice.

Download a copy of the guidelines [here](#)

## FREE evidence-based healthy lifestyle programs for children

Better Health Company are continuing to deliver the following free evidence-based healthy lifestyle programs for Term 3, in partnership with WA Department of Health:

- [Active8](#) for children aged 2-5 years
- [The Better Health Program](#) for children aged 6-12 years who are above a healthy weight.

Both programs are delivered as interactive face-to-face or online sessions and are designed to provide families with weekly support from qualified health professionals. Eligible children and families can be referred to each program by completing the [digital referral forms](#).

## Integrated Chronic Disease Care service refinements

To provide high-quality care and support for individuals with chronic conditions in Country WA, WA Primary Health Alliance (WAPHA) remains committed to continuously improving the Integrated Chronic Disease Care (ICDC) service. This service is dedicated to delivering evidence-based chronic disease care coordination and allied health services, aiming to enhance the management of chronic conditions.

From July 1 2023, the eligibility criteria for the ICDC service will be refined. To enrol in the service, clients will be required to have a GP Management Plan. In addition, clients must demonstrate a need for care coordination support, alongside their access to allied health services. These changes are designed to ensure a comprehensive and integrated approach to chronic disease management.

The scope of eligible conditions for the ICDC service is also being broadened. Obesity and other conditions will now be considered on a case-by-case basis, aligning with the [National Strategic Framework for Chronic Conditions](#). This adjustment allows the service to better cater to the diverse needs of the community. Additionally, WAPHA is expanding the range of allied health services available, including support for social issues such as social work and non-dispensing pharmacy services. These enhancements aim to address the broader health and social aspects that significantly impact chronic disease management.

## Offering bowel cancer screening just got easier

Encouraging your patients aged 50 to 74 to screen for bowel cancer just got easier, with the [National Bowel Cancer Screening Program](#) now enabling GPs and other health care providers to bulk order program kits and issue them to eligible patients. Health care providers can help people who have never screened or are overdue for screening to take that positive next step, with patients more likely to do the test after discussion with a trusted health care professional. All kits handed to patients must be issued via the National Cancer Screening Register to ensure patients get their results. Learn how to get started with the [alternative access to kits model](#).



## New support and resources for parents of gender diverse children

Parents of young people questioning their gender identity, or who identify as gender diverse, can now access evidence-based resources to help support their child's mental wellbeing, through the [Transforming Families website](#).

A Telethon Kids Institute-led collaboration with community organisations, the website provides practical, easily accessible information, and aims to improve mental health outcomes for trans children and young people. The majority of evidence has been taken from the following papers; [Knowledge is Power](#) and [Parental Challenges, Facilitators and Needs Associated with Supporting and Accepting Their Trans Child's Gender](#).

For assessment, management, and referral advice for clinicians, see the [Transgender Health and Gender Diversity Pathway](#).

## Supporting patients with hearing loss

The Australian Government Department of Health and Aged Care recently launched the Hearing Health Awareness and Prevention campaign, encouraging Australians with untreated or developing hearing loss (aged 50 to 70 years) to proactively manage their hearing health.

The campaign also aims to raise awareness of hearing health among Aboriginal and Torres Straight Islanders, teenagers and young people exposed to recreational noise, and people exposed to noise at work.

Early awareness and intervention can help prevent further hearing loss, but people can be hesitant to seek help. GPs can help normalise the topic of hearing in conversations with patients and have a vital role in early detection and encouraging patients to explore management options.

Resources for your patients, including how to prevent and manage hearing loss, book a hearing check, and information translated into several languages, are available at [health.gov.au/hearing](http://health.gov.au/hearing).

## Get your flu immunisation video

With flu season well and truly upon us, WAPHA has prepared a short video encouraging patients to have their flu immunisation, featuring Dr Norman Swan. You can play the video on your in practice screens or post it via your social media channels. Download the video [here](#)

## Teen smoking and vaping on the up first time in 25 years

[New data](#) analysed by Cancer Council Victoria's Centre for Behavioural Research in Cancer has revealed steeply increasing teen smoking, which is rising in tandem with vaping. The data indicates a three-fold increase in current tobacco smoking by 14-17-year olds in just four years, from 2.1 per cent in 2018 to 6.7 per cent in 2022. And preliminary data from the first quarter of 2023 shows 12.8 per cent of 14-17 year olds surveyed reported smoking. Data on e-cigarette usage also revealed that fewer than 1 per cent of 14-17 year olds reported vaping in 2018. In 2022 that figure sat at 11.8 per cent and 14.5 per cent in early 2023.

## 'Sounds Like' it's time to quit smoking campaign

Cancer Council WA's Make Smoking History Program is relaunching the WA-made [Sounds Like](#) campaign asking people who smoke to stop, listen and notice the damage smoking is doing to their bodies. The following resources are also available from Cancer Council WA to support patients starting their quit journey:

- Advice on [evidence-based cessation](#) tools
- [Publications and resources](#) for waiting rooms
- [makesmokinghistory.tips](#) for patients
- Interactive [quit planner](#) and the [My QuitBuddy app](#)

Email [makesmokinghistory@cancerwa.asn.au](mailto:makesmokinghistory@cancerwa.asn.au) for more information.

See also the [Smoking Cessation Advice](#) and [Smoking Cessation Support Services](#) HealthPathways.

## GP Education and events

### GP consultation vital to inform workforce needs in your region



To gain intelligence and test assumptions about the GP catchments in greatest need of GP services, WAPHA would like to hear from general practices about the workforce needs and training capacity for GP registrars in your region.

[Register to attend](#) virtual or face-to-face consultation sessions being held across WA and make a make a vital contribution to the future of GP training in WA.

If you have further enquiries, please email [mikayla.rosewarne@wapha.org.au](mailto:mikayla.rosewarne@wapha.org.au) for metropolitan enquiries or [nicole.campbell@wapha.org.au](mailto:nicole.campbell@wapha.org.au) for regional enquiries.

**\*This event is in relation to AGPT GP registrars only.**

## Supporting the sexual and reproductive health needs of women from culturally diverse backgrounds



GP  
FORUM

WA Primary Health Alliance and Women and Newborn Health Service invite GPs to attend this multi-format educational event targeted at GPs. With the rising number of migrants, refugees and asylum seekers from countries where female genital cutting/mutilation (FGC/M) is customary, it is important for GPs to be equipped with a good understanding of this practice, along with its cultural and health implications.

Presentation topics include:

- Latest evidence and clinical guidelines, health implications, referral pathways and resources about (FGC/M)
- Self-collection cervical screening tests and antenatal testing for syphilis
- Family and domestic violence in CaLD communities – resources and referral pathways

**Date:** Saturday 24 June 2023

**Time:** 8.30am - 2.30pm (registration from 8am)

**Venue:** KEMH

More information and register [here](#)

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