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How Olivia Munn's Doctor Helped Calculate Her Breast Cancer Risk, Leading to Early Diagnosis

Cathy Cassata | March 29, 2024

Dr. Thaïs Aliabadi (pictured above) shares how she calculated actor Olivia Munn's Breast Cancer Risk Assessment Score, which led to an early breast cancer diagnosis that may have saved her life. Photography by Mike Thompson

- Earlier this month, actor Olivia Munn publicly shared her journey with breast cancer.
- Munn's doctor shares insight on the assessment test that Munn said saved her life.
- Understanding the benefits of knowing your Breast Cancer Risk Assessment Score can help you advocate for yourself.

On March 13, 43-year-old actor Olivia Munn announced on Instagram that she underwent a double mastectomy after being diagnosed with breast cancer.

In her post, she thanked her gynecologist Dr. Thaïs Aliabadi, co-host of the SHE MD Podcast, for calculating her Breast Cancer Risk Assessment Score, which determined that Munn has a 37% lifetime risk of getting breast cancer.

Because of this, Munn qualified for an MRI, which led to an ultrasound and a biopsy that found Luminal B Cancer in both breasts.

In her post, Munn credits the assessment and follow-up preventive MRI screening for saving her life. Just months before, in February 2023, she took a genetic test that looked at 90 different cancer genes, for which she tested negative. Around the same time, she also had a normal mammogram.

"I wouldn't have found my cancer for another year — at my next scheduled mammogram —

except that my OBGYN, Dr. Thaïs Aliabadi, decided to calculate my Breast Cancer Risk Assessment Score," she wrote. "The fact that she did saved my life."

Dr. Aliabadi also calculated her own risk that led to a diagnosis

Aliabadi also saved her own life after calculating her own lifetime risk of breast cancer. Knowing her risk led to a double mastectomy and, after surgery, the discovery of Stage 1 cancer in her breast tissue. She personally relates to her patients like Munn.

"Olivia's journey is truly remarkable, and as a breast cancer survivor myself, I couldn't be prouder of her," Aliabadi told Healthline. "By raising awareness about the importance of risk assessment and screening, she's not only making a difference in her own life but also in the lives of countless others…I adore her."

Aliabadi said Munn's advocacy is a step toward achieving her ultimate goal as a doctor, which is for every female to know their lifetime risk of breast cancer, no matter their family history or lifestyle.

"In my office, we calculate the lifetime risk of breast cancer for every single woman," she said. "Knowledge empowers, and it's vital for each individual to advocate for their own health."

Who can get a breast cancer assessment?

Any female over age 18 can ask for a breast cancer risk assessment from their doctor or through a specialized healthcare professional in the cancer risk space, such as a genetic counselor, said Sara Pirzadeh-Miller, president-elect of the National Society of Genetic Counselors and associate director of cancer genetics at UT Southwestern Medical Center.

In fact, the U.S. Preventive Services Task Force (USPSTF) recommends that "primary care cliniciansassess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing."

"Overall, it is important for anyone to understand their cancer risk, whether it is breast or other cancers, to be empowered to make critical healthcare decisions," Pirzadeh-Miller told Healthline.

The Tyrer-Cuzick (T-C model) breast cancer risk assessment, is one model used for calculating lifetime breast cancer risk. The model considers the following:

- Age
- Height and weight
- Age when you started having periods
- Obstetric history (if you've had your first child after the age of 30 or have never birthed a child)

- Age of menopause
- History of hormone replacement therapy use
- Family history of breast cancer, including age when breast cancer was diagnosed

The Tyrer-Cuzick model can be used to formally qualify someone for breast MRI by having a lifetime breast cancer risk of 20-25% or higher. Breast MRI can find some breast cancers that are missed on a mammogram. However, because MRI can wrongly identify some things as cancer, it is recommended in addition to a mammogram, not as a replacement for it.

“It is important to have the conversation of which models make the most sense given the individual, their risk factors and specific clinical scenarios for each individual,” said Pirzadeh-Miller.

She noted that data in general populations and breast cancer screening and mammography centers has shown up to 25% of women have a family history of breast cancer that qualifies for further breast cancer risk assessment (genetic testing and/or high-risk breast cancer screening protocols). These women would have >20% lifetime breast cancer risk, said Pirzadeh-Miller.

What if my doctor says “no” to the assessment?

If your doctor gives you pushback on requesting the breast cancer assessment, connect with another provider.

“If a person doesn’t feel comfortable with the answers they receive from their healthcare provider to their inquiries on how to best create a well-rounded cancer prevention plan, it is important to obtain a second opinion,” said Pirzadeh-Miller.

If you have a personal or family history of breast cancer and/or other cancers that contain ‘red flags’ for hereditary cancer risk, consider seeing a genetic counselor for genetic risk assessment.

Aliabadi is launching a breast cancer risk calculator, which will be able to be accessed on her website.

“Following the assessment, we will provide clear guidelines on the necessary steps every woman should take based on the final risk percentage. This will enable women to have a clear action plan to discuss with their doctor,” said Aliabadi.

Benefits of knowing your breast cancer risk assessment score

Knowing your breast cancer risk will enable important conversations with your doctor about cancer risk management and prevention strategies.

Like Munn, women who meet the greater than 20 to 25% lifetime breast cancer risk when calculated through the appropriate breast cancer risk models qualify for extra and possibly earlier breast cancer screening through breast MRI and other modalities.

"Other preventive measures for lowering the risk of breast cancer include medications like selective estrogen receptor modulators (SERMs) or aromatase inhibitors, maintaining a healthy diet and lifestyle, regular exercise, limiting alcohol intake, and considering risk-reducing mastectomies for high-risk individuals," said Aliabadi.

What to consider before getting tested

Before women undergo genetic testing or before finding out their breast cancer risk calculations, they should consider how it might affect them emotionally and psychologically.

Weighing what they would do with the information if their risk is high is something to consider.

"Will the individual use the information to make proactive decisions on breast cancer risk management? Will they not use it at all? The answers to these questions could impact a person's choice to obtain the breast cancer risk score information," said Pirzadeh-Miller.

While some women may choose to hold onto the information, others may take Munn's approach of acting on it and spreading awareness.

"Anyone sharing their story, like a breast cancer diagnosis and their journey surrounding it, will bring awareness to those who ingest the information," said Pirzadeh-Miller.

Public statements by celebrities also provide an opportunity to discuss facts surrounding breast cancer risk assessment.

"Olivia also reported that she had a 'negative 90 gene test result.' This statement brings an opportunity to highlight that there are other breast cancer risk factors that can elevate lifetime risk outside of genetic or inherited factors," said Pirzadeh-Miller.

A negative genetic test doesn't equal the same clinical interpretation for everyone, she explained, because some people who have a negative test result still have an elevated breast cancer risk for other reasons that need detailed evaluation by healthcare providers.

"This is where a specialist in this space, like genetic counselors, can provide detailed, evidence-based recommendations for ongoing risk management discussions with the healthcare team," Pirzadeh-Miller said.

https://www.healthline.com/health-news/olivia-munn-calculate-breast-cancer-risk#Benefits-of-knowing-your-breast-cancer-risk-assessment-score