Supplementary table 1. Health professionals' experience of communicating about *BRCA1/BRCA2* with affected women

Participant no.	Area of expertise	Type of experience	Frequency
1	Senior cancer genetic counsellor	Counsel patients	2-3 times/ week
2	Cancer genetic counsellor	Counsel patients	2-3 times/ week
3	Cancer genetic counsellor	Counsel patients	2-3 times/ week
4	Senior cancer genetic counsellor	Counsel patients	2-3 times/ week
5	Consultant cancer genetics	Counsel patients	2-3 times/ week
6	Consultant cancer genetics	Counsel patients	2-3 times/ week
7	Consultant cancer genetics	Manage patients	At least once/ week
8	Consultant cancer genetics	Counsel patients	Once/ week
9	Consultant breast surgery	Manage/ care for/ counsel patients	2-3 times/ week
10	Consultant breast surgery	Manage/ care for/ counsel patients	2-3 times/month
11	Senior nurse breast care	Manage/ care for/ counsel patients	once/ week
12	Senior nurse breast care	Refer patients	2-3 times/ week
13	Sub-specialty doctor oncology	Manage/ care for/ counsel patients	Once/ month
14	Consultant oncology	Manage/ care for/ counsel patients	2-3 times/ month
15	Consultant gynae-oncology	Manage/ care for/ counsel patients	2-3 times/ month
16	Sub-specialty doctor gyane-oncology	Manage/ care for/ counsel patients	2-3 times/ week

Supplementary table 2. Service users' *BRCA1/BRCA2* experience and educational level

Participant no.	Type of cancer	Mutation	Highest educational level
17	Breast cancer	*BRCA1*	High school
18	Ovarian cancer	*BRCA1*	Graduate
19	Breast and ovarian cancer	*BRCA2*	Post-graduate
20	Breast and ovarian cancer	*BRCA2*	High school
21	Breast cancer	*BRCA2*	Graduate
22	Breast and ovarian cancer	*BRCA2*	Post-graduate
23	Breast and ovarian cancer	*BRCA1*	High school
24	Ovarian cancer	*BRCA2*	High school
25	Breast cancer	*BRCA2*	Graduate
26	Breast cancer	*BRCA2*	Graduate
27	Ovarian cancer	*BRCA1*	Post-graduate
28	Breast cancer	*BRCA2*	Post-graduate
29	Breast cancer	*BRCA2*	Graduate
30	Breast cancer	*BRCA2*	High school
31	Breast cancer	*BRCA2*	Post-graduate
32	Breast cancer	*BRCA1*	High school

Supplementary table 3. Agreement amongst health professionals: full wording of messages agreed as key and not key and messages where no agreement was reached

Key messages that reached ≥95% agreement	**Mean**	**SD**
The children of a person with a *BRCA1* or *BRCA2* gene fault each have a 50% (1 in 2) risk of inheriting the gene fault.	2.00	0.000
Breast cancer risk is increased for women without cancer who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000
Risk Reducing Mastectomy (surgery to remove the breasts in order to reduce the risk of cancer) is an option for women who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000
Once the risk of ovarian cancer starts to rise, Risk Reducing Bilateral Salpingo-Oophorectomy (surgery to remove the ovaries and fallopian tubes in order to reduce the risk of cancer) is an option for women who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000
Predictive (targeted) genetic testing is available for relatives once a *BRCA1* or *BRCA2* gene fault has been identified. This will show whether or not the person has inherited the known faulty gene, and so predicts whether they might be at risk (this is called a predictive test).	1.94	0.250
For women who have a *BRCA1* or *BRCA2* gene fault, ovarian cancer (including fallopian tube and primary peritoneal cancer) risk is increased.	1.94	0.250
Before having a genetic test it is important to discuss the implications and possible outcomes	1.94	0.250
Ovarian screening has not yet been shown to be effective. Therefore no NHS ovarian screening programme is available. However, women who have symptoms such as fatigue, bloating, loss of appetite or unexplained weight loss are advised to see their GP.	1.94	0.250
Key messages that reached 75 to 94% agreement		
Breast reconstruction is an option after Risk Reducing Mastectomy or surgery for breast cancer.	1.88	0.342
Risk Reducing Mastectomy reduces the risk of breast cancer (but a small risk of breast cancer remains).	1.88	0.342
Both men and women can inherit a *BRCA1* or *BRCA2* gene fault. Therefore, if either parent carries a gene fault, each child will have a 50% (1 in 2) chance of inheriting it from them.	1.86	0.363
Annual breast screening is available from the age of 30 for women who have a *BRCA1* or *BRCA2* gene fault and women at 50:50 (1 in 2) risk of having a gene fault but who have not had a genetic test.	1.81	0.544
Women with breast cancer who have a *BRCA1* or *BRCA2* gene fault are at increased risk of developing further primary breast cancers	1.81	0.750
Bilateral Salpingo-Oophorectomy reduces the ovarian cancer risk (but a small risk of primary peritoneal cancer remains).	1.81	0.750
There are three possible results of a *BRCA1* or *BRCA2* genetic test for a person with cancer: a cancer-causing gene fault is found which means that a predictive (targeted) genetic test is available for 'blood relatives'; no cancer-	1.79	0.426

causing gene fault is found, meaning that it is very unlikely that the cancer is due to a *BRCA1* or *BRCA2* gene fault and a predictive genetic test is not available for relatives; a gene change is found that may or may not cause cancer. This is called a variant of unknown significance (VUS) or an unclassified variant (UV). This result means that a predictive (targeted) genetic test is not available for relatives.		
Prostate cancer risk is increased for men who have a *BRCA1* or *BRCA2* gene fault. The risk for men with *BRCA2* fault is higher than for men with a BRCA1 fault.	1.75	0.447
Bilateral Salpingo-Oophorectomy before the natural menopause may reduce the risk of breast cancer by up to 50% in women with a *BRCA2* gene fault who have not previously had breast cancer. *	1.75	0.577
The fault is in the (*BRCA1* or *BRCA2*) gene (i.e. specifying the name of the gene involved).	1.75	0.775
For a woman who has had breast or ovarian cancer, a Risk Reducing or Contralateral Mastectomy will reduce the risk of a future new primary breast cancer but will not reduce the risk of metastases from the initial cancer.	1.71	0.469
Women with breast cancer who have a *BRCA1* or *BRCA2* gene fault are at increased risk of ovarian/tubal cancer.	1.69	0.793
Having a bilateral-salpingo-oophorectomy will result in an early menopause, if a woman has not already gone through this.	1.69	0.793
Genetic testing may provide helpful risk and management information for women with cancer, as well as for relatives who have not had cancer.	1.64	0.842
In England and Wales, female relatives at 50% (1 in 2) risk of inheriting a gene fault who do not wish to have a genetic test can have the same breast screening as women who are known to have inherited the gene fault. This may be different in other parts of the UK.	1.63	0.806
A *BRCA1* or *BRCA2* gene fault does not 'skip' a generation.	1.56	0.512
For women with a fault in *BRCA1* or *BRCA2*, the risk of developing breast cancer between age 25 and 30 may be higher than for women in the general population, but most of the risk occurs after the age of 30.	1.56	0.512
For women with a fault in *BRCA1* or *BRCA2*, the risk of developing breast cancer between age 25 and 30 may be higher than for women in the general population, but most of the risk occurs after the age of 30.	1.56	0.512
It is possible that breast/ ovarian/ prostate cancers in the family can be explained by a *BRCA1* or *BRCA2* gene fault.	1.56	0.814
If a person inherits a *BRCA1* or *BRCA2* gene fault their risks of breast/ovarian /prostate cancer will be significantly increased but it is not inevitable that they will develop cancer.	1.56	0.892
Identifying which side of the family is at risk of hereditary cancer is important.	1.56	1.031
Women who have/have had ovarian/ tubal cancer and have a *BRCA1* or *BRCA2* gene fault are at increased risk of developing breast cancer.	1.56	1.031
Once a gene fault has been found in a family it is up to each individual to decide if they want a genetic test or not. Some relatives may decide not to be tested.	1.50	0.516
There are limitations to breast screening, for example sometimes screening finds breast cancer that would never have caused a woman harm and rarely cancer may be missed by screening.	1.50	0.816

If a person does not inherit a known *BRCA1* or *BRCA2* gene fault, their risks of breast/ ovarian/ prostate cancer will be similar to other people in the general population.	1.50	1.033
It is important to try and inform all your relatives who are at risk that genetic testing is available.	1.50	1.033
Messages where no agreement was reached		
Predictive (targeted) genetic testing for a *BRCA1* or *BRCA2* gene fault is not generally offered before the age of 18.	1.44	1.031
Techniques for breast reconstruction have improved in recent years. Women who wish to consider breast reconstruction are advised to see an oncoplastic breast surgeon (i.e. a surgeon specialising in breast cancer and plastic surgery).	1.40	0.632
The breast cancer risk for men with a *BRCA2* fault is 5-10% throughout their lifetime. Men are advised to check their chest and underarms for changes such as lumps, nipple discharge or skin changes and report any changes promptly to their GP but no regular breast screening is recommended.	1.31	0.873
In the general population approximately 1 woman in 8 develops breast cancer in her lifetime and 1 woman in 50 develops ovarian cancer. Most breast and ovarian cancer occurs after the age of 50 and is not due to a faulty *BRCA1* or *BRCA 2* gene.	1.29	1.267
A personal diagnosis or family history of cancer may affect insurance. There is however currently an agreement between the British Government and the Association of British Insurers which means that people who have had a predictive (targeted) genetic test are not required to disclose the results in order to obtain insurance. There are financial limits to these policies. The agreement is in place until 2017 and it is likely to be extended but this cannot be guaranteed.	1.25	0.856
Following Bilateral Salpingo-Oophorectomy, women without breast cancer are usually offered Hormone Replacement Therapy (HRT) until age 50/51 (ie the average age of the natural menopause). Women who have had breast cancer are advised to discuss the options available for managing menopausal symptoms with their oncologist.	1.25	1.000
Once a *BRCA1* or *BRCA2* gene fault has been identified, it may be helpful to have a discussion with other specialists in the multidisciplinary team (e.g. oncoplastic breast surgeon, gynaecologist and/ or clinical psychologist) in order to understand all the options available.	1.13	0.957
Genetic testing can lead to complex emotions which may be unexpected, like shock, fear, sadness and upset, especially close to the result. The health care team can provide information about the support that is available to help with this.	1.07	0.997
There are tests that can be done before or during pregnancy to reduce the risk of a child being born with the gene fault. These tests are not available or suitable for everyone and the risks, benefits and surrounding issues would need to be discussed with the genetics team before making a decision to proceed.	1.00	0.894
Women who have not had cancer may wish to consider medication to reduce the risk of breast cancer (chemoprevention). The benefits, side effects and	1.00	1.177

limitations of this will be discussed with the health professional undertaking the testing if appropriate.		
Breast awareness is important.	0.75	1.483
Messages agreed as NOT key		
Cancer risks may vary for each individual with a gene fault depending on genetic, environmental and lifestyle factors as well as personal and family history of cancer.	0.5	1.092
Some people feel guilty about the possibility that their children and grandchildren may inherit the faulty gene from them.	0.5	1.557
Male breast cancer risk is not increased by a *BRCA1* gene fault.	0.44	1.315
A BRCA2 gene fault may slightly increase the risk of other cancers, such as pancreatic, gall bladder and bile duct cancer. However the risks are small and there is no screening available.	0.38	1.147
Risk Reducing Mastectomy can be offered to women without cancer at a young age (usually from the mid twenties when the risk of breast cancer starts to increase).	0.31	1.302
Treatment trials may be available for women with cancer who have a *BRCA1* or *BRCA2* gene fault.	0.25	1.571
Diet and lifestyle can make a difference to the risk of cancer generally but the impact is likely to be small compared with the risk associated with the *BRCA1/BRCA2* gene fault.	0.06	1.34
Taking the Oral Contraceptive Pill and having children help to protect a woman from ovarian cancer. However the Pill increases the risk of breast cancer. It is not suitable for women who have already had breast cancer. Women at high risk are advised to consider alternative methods of contraception.	0	1.366
There is no UK prostate cancer screening programme. However, a PSA (prostate specific antigen) test can be performed on request following discussion with a General Practitioner about the risks and benefits of testing. Men who have symptoms, such as increased need to pass urine especially at night, reduced urine flow or blood in the urine, are advised to see their General Practitioner.	-0.13	1.258
A *BRCA1* or *BRCA2* gene fault does not increase the risk of cancer recurrence or metastases (secondaries).	-0.19	1.377
In the future it is likely that research will lead to greater understanding about the role of *BRCA1/BRCA2* genes, their interaction with other genes and the role of lifestyle factors in the development of cancer.	-0.31	1.352
Women who have had cancer treatment are advised to discuss the timing of risk reducing surgery with their oncologist and surgeon before the surgery.	-0.5	1.317
Identifying a faulty gene can help people to be more aware of the symptoms of cancer.	-0.64	0.929
BRCA1 and *BRCA2* genes are DNA damage repair genes. A fault in one of these genes results in a loss of their function and increases the risk of breast, ovarian and prostate cancer.	-0.69	1.352
Pancreatic cancer risk is not increased by a *BRCA1* gene fault.	-0.69	1.138
If a woman with cancer and a *BRCA1* or *BRCA2* gene fault was to develop further breast or ovarian cancer, the treatment may still involve chemotherapy.	-0.88	1.088

Further cancers may be treated differently if a woman has a *BRCA1* or *BRCA2* gene fault.	-0.94	1.289
Most *BRCA1* related breast cancer is ER-ve and so does not respond to tamoxifen treatment.	-1.19	1.047
** Wording amended to reflect challenges to earlier evidence* [36-38]		

Supplementary table 4. Agreement amongst service users: full wording of messages agreed as key and not key and messages where no agreement was reached

Key messages that reached ≥95% agreement	Mean	SD
The children of a person with a *BRCA1* or *BRCA2* gene fault each have a 50% (1 in 2) risk of inheriting the gene fault.	2.00	0.000
Identifying which side of the family is at risk of hereditary cancer is important.	2.00	0.000
If a person inherits a *BRCA1* or *BRCA2* gene fault their risks of breast/ovarian /prostate cancer will be significantly increased but it is not inevitable that they will develop cancer.	2.00	0.000
Predictive (targeted) genetic testing is available for relatives once a *BRCA1* or *BRCA2* gene fault has been identified. This will show whether or not the person has inherited the known faulty gene, and so predicts whether they might be at risk (this is called a predictive test).	2.00	0.000
Before having a genetic test it is important to discuss the implications and possible outcomes.	2.00	0.000
Women with breast cancer who have a *BRCA1* or *BRCA2* gene fault are at increased risk of developing further primary breast cancers.	2.00	0.000
Women who have/have had ovarian/ tubal cancer and have a *BRCA1* or *BRCA2* gene fault are at increased risk of developing breast cancer.	2.00	0.000
Women with breast cancer who have a *BRCA1* or *BRCA2* gene fault are at increased risk of ovarian/tubal cancer.	2.00	0.000
Breast cancer risk is increased for women without cancer who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000
For women who have a *BRCA1* or *BRCA2* gene fault, ovarian cancer (including fallopian tube and primary peritoneal cancer) risk is increased.	2.00	0.000
Prostate cancer risk is increased for men who have a *BRCA1* or *BRCA2* gene fault. The risk for men with *BRCA2* fault is higher than for men with a BRCA1 fault.	2.00	0.000
The breast cancer risk for men with a *BRCA2* fault is 5-10% throughout their lifetime. Men are advised to check their chest and underarms for changes such as lumps, nipple discharge or skin changes and report any changes promptly to their GP but no regular breast screening is recommended.	2.00	0.000
Risk Reducing Mastectomy (surgery to remove the breasts in order to reduce the risk of cancer) is an option for women who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000
Risk Reducing Mastectomy reduces the risk of breast cancer (but a small risk of breast cancer remains).	2.00	0.000
Annual breast screening is available from the age of 30 for women who have a *BRCA1* or *BRCA2* gene fault and women at 50:50 (1 in 2) risk of having a gene fault but who have not had a genetic test.	2.00	0.000
Breast awareness is important.	2.00	0.000
Once the risk of ovarian cancer starts to rise, Risk Reducing Bilateral Salpingo-Oophorectomy (surgery to remove the ovaries and fallopian tubes in order to reduce the risk of cancer) is an option for women who have a *BRCA1* or *BRCA2* gene fault.	2.00	0.000

For women with a fault in *BRCA1* or *BRCA2*, the risk of developing breast cancer between age 25 and 30 may be higher than for women in the general population, but most of the risk occurs after the age of 30.	1.94	0.250
Breast reconstruction is an option after Risk Reducing Mastectomy or surgery for breast cancer.	1.94	0.250
Having a bilateral-salpingo-oophorectomy will result in an early menopause, if a woman has not already gone through this.	1.94	0.250
Key messages that reached 75 to 94% agreement		
It is important to try and inform all your relatives who are at risk that genetic testing is available.	1.88	0.342
It is possible that breast/ ovarian/ prostate cancers in the family can be explained by a *BRCA1* or *BRCA2* gene fault.	1.81	0.403
Ovarian screening has not yet been shown to be effective. Therefore no NHS ovarian screening programme is available. However, women who have symptoms such as fatigue, bloating, loss of appetite or unexplained weight loss are advised to see their GP.	1.81	0.403
For a woman who has had breast or ovarian cancer, a Risk Reducing or Contralateral Mastectomy will reduce the risk of a future new primary breast cancer but will not reduce the risk of metastases from the initial cancer.	1.77	0.439
A personal diagnosis or family history of cancer may affect insurance. There is however currently an agreement between the British Government and the Association of British Insurers which means that people who have had a predictive (targeted) genetic test are not required to disclose the results in order to obtain insurance. There are financial limits to these policies. The agreement is in place until 2017 and it is likely to be extended but this cannot be guaranteed.	1.69	0.793
Bilateral Salpingo-Oophorectomy reduces the ovarian cancer risk (but a small risk of primary peritoneal cancer remains).	1.69	0.793
A *BRCA2* gene fault may slightly increase the risk of other cancers, such as pancreatic, gall bladder and bile duct cancer. However the risks are small and there is no screening available.	1.63	0.619
Once a gene fault has been found in a family it is up to each individual to decide if they want a genetic test or not. Some relatives may decide not to be tested.	1.63	0.806
In England and Wales, female relatives at 50% (1 in 2) risk of inheriting a gene fault who do not wish to have a genetic test can have the same breast screening as women who are known to have inherited the gene fault. This may be different in other parts of the UK.	1.63	0.885
Genetic testing may provide helpful risk and management information for women with cancer, as well as for relatives who have not had cancer.	1.62	0.506
Bilateral Salpingo-Oophorectomy before the natural menopause may reduce the risk of breast cancer by up to 50% in women with a *BRCA2* gene fault who have not previously had breast cancer. *	1.56	0.512
The fault is in the (*BRCA1* or *BRCA2*) gene (i.e. specifying the name of the gene involved).	1.56	0.814

For women with a fault in *BRCA1* or *BRCA2*, the risk of developing breast cancer between age 25 and 30 may be higher than for women in the general population, but most of the risk occurs after the age of 30.	1.56	0.814
Diet and lifestyle can make a difference to the risk of cancer generally but the impact is likely to be small compared with the risk associated with the *BRCA1* or *BRCA2* gene fault.	1.56	1.031
There are limitations to breast screening, for example sometimes screening finds breast cancer that would never have caused a woman harm and rarely cancer may be missed by screening.	1.50	0.816
Messages where no agreement was reached		
Both men and women can inherit a *BRCA1* or *BRCA2* gene fault. Therefore, if either parent carries a gene fault, each child will have a 50% (1 in 2) chance of inheriting it from them.	1.46	0.967
BRCA1 and *BRCA2* genes are DNA damage repair genes. A fault in one of these genes results in a loss of their function and increases the risk of breast, ovarian and prostate cancer.	1.44	0.727
There is no UK prostate cancer screening progamme. However, a PSA (prostate specific antigen) test can be performed on request following discussion with a General Practitioner about the risks and benefits of testing. Men who have symptoms, such as increased need to pass urine especially at night, reduced urine flow or blood in the urine, are advised to see their General Practitioner.	1.44	0.512
A *BRCA1* or *BRCA2* gene fault does not 'skip' a generation	1.38	0.806
Treatment trials may be available for women with cancer who have a *BRCA1* or *BRCA2* gene fault.	1.31	1.014
Genetic testing can lead to complex emotions which may be unexpected, like shock, fear, sadness and upset, especially close to the result. The health care team can provide information about the support that is available to help with this.	1.31	0.855
A *BRCA1* or *BRCA2* gene fault does not increase the risk of cancer recurrence or metastases (secondaries).	1.25	1.183
There are three possible results of a *BRCA1* or *BRCA2* genetic test for a person with cancer: a cancer-causing gene fault is found which means that a predictive (targeted) genetic test is available for 'blood relatives'; no cancer-causing gene fault is found, meaning that it is very unlikely that the cancer is due to a *BRCA1* or *BRCA2* gene fault and a predictive genetic test is not available for relatives; a gene change is found that may or may not cause cancer. This is called a variant of unknown significance (VUS) or an unclassified variant (UV). This result means that a predictive (targeted) genetic test is not available for relatives.	1.15	1.281
Male breast cancer risk is not increased by a *BRCA1* gene fault	1.13	0.957
Risk Reducing Mastectomy can be offered to women without cancer at a young age (usually from the mid twenties when the risk of breast cancer starts to increase).	1.13	0.957
Women who have not had cancer may wish to consider medication to reduce the risk of breast cancer (chemoprevention). The benefits, side effects and	1.08	1.038

limitations of this will be discussed with the health professional undertaking the testing if appropriate.		
Techniques for breast reconstruction have improved in recent years. Women who wish to consider breast reconstruction are advised to see an oncoplastic breast surgeon (i.e. a surgeon specialising in breast cancer and plastic surgery).	1.06	0.929
Predictive (targeted) genetic testing for a *BRCA1* or *BRCA2* gene fault is not generally offered before the age of 18.	0.94	1.124
Following Bilateral Salpingo-Oophorectomy, women without breast cancer are usually offered Hormone Replacement Therapy (HRT) until age 50/51 (ie the average age of the natural menopause). Women who have had breast cancer are advised to discuss the options available for managing menopausal symptoms with their oncologist.	0.81	1.167
Once a *BRCA1* or *BRCA2* gene fault has been identified, it may be helpful to have a discussion with other specialists in the multidisciplinary team (e.g. oncoplastic breast surgeon, gynaecologist and/ or clinical psychologist) in order to understand all the options available.	0.81	0.911
There are tests that can be done before or during pregnancy to reduce the risk of a child being born with the gene fault. These tests are not available or suitable for everyone and the risks, benefits and surrounding issues would need to be discussed with the genetics team before making a decision to proceed.	0.69	1.537
In the general population approximately 1 woman in 8 develops breast cancer in her lifetime and 1 woman in 50 develops ovarian cancer. Most breast and ovarian cancer occurs after the age of 50 and is not due to a faulty *BRCA1* or *BRCA 2* gene.	0.69	1.437
Messages agreed as NOT key		
If a person does not inherit a known *BRCA1* or *BRCA2* gene fault, their risks of breast/ ovarian/ prostate cancer will be similar to other people in the general population	0.5	1.461
Women who have had cancer treatment are advised to discuss the timing of risk reducing surgery with their oncologist and surgeon before the surgery.	0.44	1.365
Further cancers may be treated differently if a woman has a *BRCA1* or *BRCA2* gene fault.	0.44	1.548
Cancer risks may vary for each individual with a gene fault depending on genetic, environmental and lifestyle factors as well as personal and family history of cancer.	0.38	1.446
Identifying a faulty gene can help people to be more aware of the symptoms of cancer.	0.38	1.71
Most BRCA1 related breast cancer is ER-ve and so does not respond to tamoxifen treatment.	0.25	1.291
In the future it is likely that research will lead to greater understanding about the role of BRCA1/BRCA2 genes, their interaction with other genes and the role of lifestyle factors in the development of cancer.	0.19	1.377
Pancreatic cancer risk is not increased by a *BRCA1* gene fault.	0.13	1.5
Taking the Oral Contraceptive Pill and having children help to protect a woman from ovarian cancer. However the Pill increases the risk of breast cancer. It is	0.06	1.482

not suitable for women who have already had breast cancer. Women at high risk are advised to consider alternative methods of contraception.		
If a woman with cancer and a *BRCA1* or *BRCA2* gene fault was to develop further breast or ovarian cancer, the treatment may still involve chemotherapy.	-0.06	1.611
Some people feel guilty about the possibility that their children and grandchildren may inherit the faulty gene from them.	-0.23	1.235
** Wording amended to reflect challenges to earlier evidence* [36-38]		