Using direct-to-consumer genetic testing (DTCGT), individuals can order a genetic test, collect and submit a saliva sample, and obtain results about their genetic risk for a variety of traits and health conditions without involving a healthcare provider. Potential benefits of DTCGT include personal control over genetic information and health management decisions, whereas potential risks include misinterpretation of results, psychosocial distress, and lack of informed consent. Oncology nurses can provide education, support, and advocacy to enable patients to truly understand the positives and negatives associated with DTCGT.

**AT A GLANCE**
- DTCGT is readily available and can provide limited information about risks for developing various common diseases and traits, as well as ancestry information.
- Such testing is typically completed without counseling and guidance from a knowledgeable genetics professional.
- DTCGT often does not involve comprehensive sequencing of multiple genes associated with risk for developing malignancy, and it accounts for a small percentage of genetic changes associated with an increased risk for developing malignancy or other diseases.

**ONCOLOGY NURSES ARE THE IDEA THAT GENETIC TESTING ACCOUNTS FOR JUST A SMALL PERCENTAGE OF INHERITED RISK FACTORS, AND THE RISK PREDICTIONS BASED ON SNP Profiles OF DTCGT OF DTCGT INCLUDE GENETIC ANCESTRY TESTING KNOWN AS GENETIC GENEALOGY. DNA VARIATIONS CAN PROVIDE INFORMATION ABOUT WHERE AN INDIVIDUAL’S ANCESTORS MAY HAVE ORIGINATED AND ABOUT RELATIONSHIPS BETWEEN FAMILIES. THE Y CHROMOSOME IS PASSED EXCLUSIVELY FROM FATHER TO SON AND IS TESTED TO EXPLORATION ANCESTRY IN THE MALE LINE, WHEREAS MITOCHONDRIAL DNA TESTING, WHICH IS PASSED FROM THE MOTHER, IS USED TO PROVIDE INFORMATION ABOUT THE MATERNAL LINE. THE SNPS OF AN INDIVIDUAL WHO UNDERGOES TESTING ARE ALSO COMPARED WITH THE SNPs OF THOSE PREVIOUSLY TESTED TO LINK RELATIVES TOGETHER (GRAY ET AL., 2017).**

**GOVERNMENTAL REGULATORY OVERSIGHT**
Regulatory oversight of DTCGT is currently limited, fragmented, and not under the auspices of any one agency (Agurs-Collins et al., 2015). The U.S. Food and Drug Administration has the authority to regulate the safety, efficacy, and security of human drugs, biologic products, and medical devices, and the Federal Trade Commission has the authority to regulate advertising of health-related information.