

Information for women with a family history of breast cancer (page 1 of 6)

Salisbury Family History Breast Service

You have been referred by your GP for Breast Family History assessment.

What happens now?

Please read this information leaflet carefully. There is a table in the leaflet for you to fill in, which helps you to assess your level of risk of developing breast cancer. It is important this table is filled in with the exact age your relative developed their cancer. If you come please bring this leaflet with you.

When you have read this leaflet and filled in the table, please contact us if you would like to be seen in clinic. Please note we will not send you an appointment unless you contact us again, either by returning the reply slip, or by telephone. Many ladies decide not to come after they have been reassured by the information in this leaflet.

You should aim to contact us within 6 weeks if you would like to be seen in the clinic.

Family history

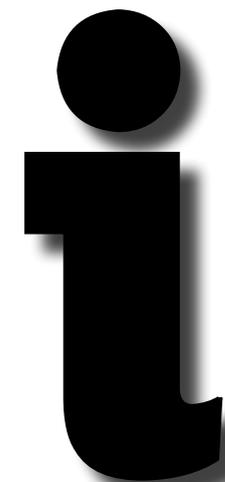
We all inherit characteristics from our parents, for example the colour of our eyes or hair. This information is passed on through our genes, contained in each body cell. Half our genes come from each parent.

Occasionally some genes do not work properly because they have been altered or are faulty. Some gene alterations can increase your risk of certain illnesses such as cancer. Only a very small number of breast cancers (about 5%) may be caused by one of these single high risk 'faulty' genes. It is important to remember that most cancers are not inherited, but are the result of a combination of environmental, lifestyle and hormonal changes combined with some weaker genetic factors in any individual person during their lifetime.

1 in 3 people (about 30%) develop cancer in their lifetime so it is not unusual to have 1 or more members of your family affected by cancer. It is also important to remember that cancer is a disease of older people, mostly occurring over the age of 50. Your risk of cancer may be increased if 1 or more members of the family have had cancer, especially if the cancer develops at an early age.

Breast Service Secretary

Tel: 01722 336262 ext. 5910/5913



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customercare@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Table to help you calculate your level of risk

Family History	Risk Group	Action	
		Early Mammogram*	Refer to Genetics?
1 relative aged over 40	Low	No	No
1 relative aged under 40	Up to moderate	Yes	No
2 relatives average age 50 – 60	Moderate	Yes	No
2 relatives average age 40 – 49	Moderate	Yes	Yes
2 relatives average age 30 – 39	High	Yes	Yes
3 relatives average age 50 – 70	Moderate	Yes	Yes
3 relatives average age 40 – 50	High	Yes	Yes

* (35 + or 5 years before age of diagnosis of youngest affected relative)

Notes to help you use the table above:

- Age refers to the age that your relative was first diagnosed with breast cancer
- Relative = first degree relative (mother, father, brother, sister, child) or their first degree relative
- A relative with cancer in both breasts counts as 2 people
- A relative of any age with ovarian cancer counts as a young relative (under 40)
- A man with breast cancer counts as a young relative (under 40)
- Rare tumours in children can be relevant and genetic advice may be needed

Your personal plan from clinic

- Breast awareness written information/fact sheets.
- Breast self examination and return via GP referral, to Breast Fast Track clinic if you feel any abnormality
- Mammograms every year from the age of _____ until screening age (47)
- Clinic review with Breast Specialist Nurse from age of _____ every _____ months until screening age
- Genetics referral

Screening plans depending on your risk assessment

Normal to low risk

There is no evidence that additional screening beyond the National Screening Programme would be useful. You should consider the general information given in this leaflet. It is not necessary to see you in clinic, but, if after reading the leaflet, you still have concerns or would like to be seen in clinic or would like to receive an information leaflet on self-examination, please contact the Breast Service Secretary on 01722 336262 Ext 5910/5913.

Breast Service Secretary

Tel: 01722 336262 ext. 5910/5913

Moderate or high risk

We will offer you a clinic appointment to come and discuss your family history and screening programme with the Breast Specialist Nurses. You will be offered regular clinic reviews, usually annually, and may also be offered annual mammograms (an x-ray of breast tissue) that may detect early signs of breast cancer. In specific cases screening may also include MRI scans on an annual basis.

It is important to realise that mammograms are not as accurate in the age group below 50 as they are in older women. This is because the breast tissue is, on average, more dense in younger women. This may mean an abnormality seen on the X-ray, after investigation, possibly even with a biopsy, is not serious.

Radiation itself can encourage the development of tumours, but the risk from annual mammograms is very small.

If your risk is assessed as high, you should consider whether you would like to see a genetics expert. They will send you a detailed questionnaire to fill in and go into further detail of family history. They may advise you to consider genetic testing.

Advice for women being referred for genetic testing

Not everyone who attends a Clinical Genetics appointment is offered a genetic test. All the issues around genetic testing will be discussed with you at your appointment. Depending upon the type of genetic testing undertaken the result of a test can take a number of months.

If your mother or father has a single high risk faulty gene you have a 50/50 (1 in 2) chance of inheriting that gene. Even if you have inherited the faulty gene, your chance of developing cancer will be higher but you will not necessarily go on to develop it. If you have inherited a gene your cancer risks will be estimated over your lifetime and the way forward for you will be discussed.

If a faulty gene has not been found this does not mean that you will not develop that particular cancer and that your risk of developing this cancer will be based on your family history alone.

Reaching a decision

Deciding whether to have a genetic test can be very difficult. Through discussions with the Breast Care team and the Clinical Genetics team it is hoped that you will reach the right decision for you and your family.

Insurance

When arranging life insurance a medical questionnaire has to be filled in. You have to give details of your family medical history and say if you have had a genetic test. It may be sensible to shop around for life insurance.

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General advice and other risk factors for breast cancer

Whatever your level of risk, learning to be breast aware is of value at any age. The NHS Screening Programme involves a mammogram every 3 years, and is available to all women between the ages of 47 and 73 years. If you are registered with a GP you will automatically receive a letter inviting you to attend for screening. If over 73, you can ask for a screening mammogram every 3 years. Changing your life style may also reduce the risk of breast cancer and also benefit general health.

Hormone Replacement Therapy and hormonal contraceptives

The use of hormone replacement is associated with an increase in the risk of breast cancer. There is about a two-fold increase after taking HRT for 10 years. Hormone replacement may be considered for menopausal symptoms or osteoporosis, but alternatives to HRT should be considered. Women with an early or artificial menopause (before aged 50) are not put at risk to the same degree. Hormonal contraceptives may increase the risk slightly if used after 35 years of age.

Alcohol

Current evidence suggests that all types of alcohol, including wine, beer and spirits, are associated with an increased risk of breast cancer. For more information please see 'Alcohol and Breast Cancer risk: The facts' available at:

<http://www.breakthrough.org.uk/publications>.

Smoking

This is a general health issue rather than for breast cancer. Would you like to give up smoking?

Referral to the Wiltshire NHS Stop Smoking Service can be accessed - telephone 0300 003 4562 public email wiltstopping@nhs.net

Weight and activity

Being overweight is a risk factor for breast cancer. If you would like to lose weight and need support please contact your GP for information about your local services.

Useful sources of information

Information and advice to women concerned about a family history of breast cancer

National Hereditary Breast Cancer Helpline

St. Anne's Cottage, Over Hadden, Derby DE45 1JE Tel: 01629 813000

OPERA

This is a personalised online risk assessment tool to predict likelihood of having genetic risk for breast and/or ovarian cancer.

<http://www.macmillan.org.uk/Cancerinformation/Causesriskfactors/Genetics/OPERA.aspx>

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Breast awareness leaflet

<http://www.cancerscreening.nhs.uk/breastscreen/breastaware.pdf>

<http://www.breastcancercare.org.uk> or call freephone 0808 800 6000.

Patient information advice

<http://www.patient.co.uk>

Breakthrough Breast Cancer (fact sheets) freephone 08080 100 200 <http://www.breakthrough.org.uk>

Further advice

If you need further advice please do not hesitate to contact the Breast Specialist Nurses via the Breast Service Secretaries on 01722 336262 Ext 5910/5913.

Breast Service Secretary

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