

Thames Valley Cancer Alliance: Breast Cancer Risk Assessment Document

Use this assessment form to document your patient's personal history, family history, breast cancer risk assessment results, and management plan.

A copy of this assessment document should be given to the patient and their GP and added to the patient's notes. There should be no need for a separate letter to the patient or GP, or any separate documentation in the patient's notes. We hope this will ensure patients receive clear individualised information, whilst also supporting family history clinicians to streamline their busy services.

For further information about risk-reducing endocrine medication, please use the **Thames Valley Cancer Alliance (TVCA) Risk-Reducing Endocrine Therapy Guidelines and Algorithms**.

[Please delete this guidance box](#) and remember to ensure sections don't overrun onto the next page and titles don't separate from the body of the text before sending.

[Remove all wording that does not apply to a particular patient in order to personalise it to the individual.](#)

Patient Name	
Date of Birth	
Hospital Number	
NHS Number	

Dear ***[INSERT PATIENT NAME]***

Thank you for attending your appointment on **[INSERT DATE]**.

Please find below the summary of your breast cancer risk assessment and the management plan that was discussed in clinic. A copy of this letter has also been sent to your GP.

We hope this information will help you to understand your breast cancer risk and to support you to take steps to reduce that risk, if you wish to do so.

For some people, we understand that this level of information may feel overwhelming. If you have any questions about your breast cancer risk, or anything else we have discussed in clinic, please contact the Family History Service on the number below. This number may take you to a voicemail, where you should leave a message with

your name, date of birth and telephone number, and a member of our team will get back you as soon as possible.

Kind Regards,

Key Contact Number:

Service contact number:	
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Personal History:

General Demographics	
Age of patient	
Height (cm) / (feet & inches)	
Weight (kg) / (stones & pounds)	
BMI	
Ethnicity	Bangladeshi Indian Pakistani Any other Asian background Black or Black British African Caribbean Any other Black background White and Asian White and Black African Any other mixed background White British White Irish Any other White background Chinese Any other ethnic group <i>[Delete as appropriate]</i>
Heritage	Ashkenazi Jew Eastern European (Poland, Romania, Bulgaria, Czech Republic, Russian Federation, Hungary, Ukraine, Slovakia, Belarus, Moldova) <i>[Delete as appropriate]</i>
Oestrogen Exposure	

Age of Menarche	
Parity	Nulliparous / Parous <i>[Delete as appropriate]</i>
Number of live births	
Age when first delivered live birth	
Total months of breastfeeding	
Age at Menopause	
Current hormonal contraceptive use	Yes/No <i>[Delete as appropriate]</i>
Total years hormonal contraceptive use	
Current hormone replacement therapy (HRT) use	Yes/No <i>[Delete as appropriate]</i>
Previous hormone HRT use	Yes/No <i>[Delete as appropriate]</i>
Total years HRT use	
Time since cessation of HRT	
Menstrual Status	
Menstrual status	Pre-menopausal Peri-menopausal Post-menopausal <i>[Delete as appropriate]</i>
<p>An individual should be considered to be post-menopausal if they have had 12 continuous months without menstruation.</p> <p>Women under the age of 55 years, without a uterus (womb) but with at least one ovary in situ, or with a hormonal IUD (Mirena coil) in situ, will/may have no menstruation but may be pre-menopausal. In such cases, if risk-reducing endocrine therapy is to be prescribed, analysis of menopausal status will be required with a blood test.</p>	
Personal Breast History	
<i>[Free text]</i>	

Thromboembolic risk	
Has the patient ever had a DVT?	Yes/No <i>[Delete as appropriate]</i>
Has the patient ever had a PE?	Yes/No <i>[Delete as appropriate]</i>
Does the patient have a first-degree relative with history of DVT/PE (without precipitating factors)?	Yes/No <i>[Delete as appropriate]</i>
Does the patient have a BMI greater or equal to 35?	Yes/No <i>[Delete as appropriate]</i>

Does the patient have significant limitations to her mobility?	Yes/No <i>[Delete as appropriate]</i>
Does the patient have significant cardiac or respiratory co-morbidity? *	Yes/No <i>[Delete as appropriate]</i>
*Consider a patient to have severe cardiac or respiratory co-morbidity if they have a medical history of myocardial infarction, angina, cardiac failure, pacemaker, atrial fibrillation, severe COPD or other respiratory disorder that limits the activities of daily living	
Bone health history	
Patient or GP-reported history of osteoporosis	Yes/No <i>[Delete as appropriate]</i>
Patient or GP-reported history of osteopenia	Yes/No <i>[Delete as appropriate]</i>
Date of last bone scan	
T-score	
Other Past Medical History	
<i>[Free text]</i>	
Current Medications	
<i>[Free text]</i>	
We don't recommend RRET for pre-menopausal patients on <u>warfarin</u>, as tamoxifen may increase the effects of warfarin and cause the patient to bleed more easily.	
Drug Allergies	
<i>[Free text]</i>	

Family History:

Use the drop-down menu to select the appropriate family member, their age at diagnosis and the relevant cancer (e.g: maternal aunt, 40 yrs., breast). If the same family member has more than one cancer, add each cancer separately.
Once the family history has been taken, we would recommend that this is entered in to the Tyrer-Cuzick Risk Evaluator (IBIS v8) or CanRisk and a pictorial 3 generation pedigree is added to the patient records.

Family Member (create drop down box if on EPR)	Deceased (Y/N)	Current age / Age at death	Cancer e.g. breast/ ovarian/ sarcoma/ colon etc. (create drop down box if on EPR)	Age at diagnosis	Genetic testing (create drop down box if on EPR)
Mother Father Sister Brother Daughter Son Half-sister Maternal Half-sister Paternal Niece Nephew Grandmother Maternal Grandmother Paternal Aunt Maternal Aunt Paternal Cousin Maternal Cousin Paternal					Unknown Tested -no gene error BRCA 1 BRCA 2 TP53 PALB2

Breast Cancer Risk Assessment:

Name of the tool used	<p>Delete as required</p> <p>IBIS Risk Assessment Tool Version v8.0b CanRisk</p>
Results	<p>Ten-year risk: 1 in(....%) risk of breast cancer</p> <p>Lifetime risk: 1 in (....%) risk of breast cancer</p>
<p>What do your results mean?</p> <p>Your family history and personal history means that you have <i>[DELETE AS APPROPRIATE]</i> a similar risk of developing breast cancer in the future compared to the general population. a moderately increased risk of developing breast cancer in the future compared to the general population. a high risk of developing breast cancer in the future compared to the general population.</p> <p>Ten-year risk:</p> <p>In the general population of the UK, the number of women developing breast cancer between the ages of 40 and 49 (10 years) is about 20 in every 1000. It is impossible to know what the future holds for any individual woman, but if we monitored 1000 women with your family history, about _____ women would develop breast cancer over 10 years.</p> <p>Life-time risk (assuming a woman lives to the age of 85 years)</p> <p>In the general population of the UK, about 1 out of every 8 women will develop breast cancer at some point during their lives. This means that about 140 out of every 1000 women will get breast cancer. It is impossible to know what the future holds for any individual woman, but if we monitored 1000 women with your family history, about _____ women would develop breast cancer over their lifetime.</p> <p>Being at increased risk does not mean that you will definitely develop breast cancer, but it does mean that you have a greater risk than the general population. You may want to take steps to reduce this risk.</p>	

Management

1. Breast Screening: Monitoring your breasts

Use the first box for women at moderate or high risk and delete the second box.

Use the second box for women at population risk and delete the first box.

<p>Your assessment with us showed that you are eligible for moderate / high <i>[delete as required]</i> risk breast screening. Please find below the screening that we have agreed with you:</p>	
<p>MRI (Magnetic Resonance Imaging)</p>	<p>From now / At the age of _____ <i>[delete as required]</i> until _____</p>
<p>Mammogram</p>	<p>From now / At the age of _____ <i>[delete as required]</i> until _____</p>
<p>NHS Breast Screening Programme</p> <ul style="list-style-type: none"> Once you have completed your higher risk breast cancer screening, you should continue to have a mammogram every 3 years through the NHS breast screening programme. All women, between the ages of 50-70, are invited for a mammogram every 3 years. If you are over 70, you can still have a mammogram every 3 years, but you will have to contact your local breast screening unit directly to ask for an appointment. 	

<p>Your assessment with us showed that you have a similar risk as the general population of developing breast cancer in the future. You will automatically be invited to the for mammograms from the age of 50 years through the NHS Breast Screening Programme.</p>
<p>NHS Breast Screening Programme</p> <ul style="list-style-type: none"> All women, between the ages of 50-70, are invited for a mammogram every 3 years. If you are over 70, you can still have a mammogram every 3 years, but you will have to contact your local breast screening unit directly to ask for an appointment.

2. Genetics Service

Use the first box for women who are not eligible for referral to the regional genetics service and delete the second box.

Use the second box for women who are eligible for referral to the regional genetics service and delete the first box.

Referral for genetic testing is not required in your case

- After reviewing your family history in clinic, and according to NICE (National Institute for Health and Care Excellence) guidelines, you are not eligible for referral to the regional Genetics Service.
- This means that it is highly unlikely that you have an error in one of your genes that would cause you to be at high risk of future breast cancer.

You are eligible for referral to the regional genetic service

- After reviewing your family history in clinic, and according to NICE (National Institute for Health and Care Excellence) guidelines, you are eligible for referral to the regional Genetics Service
- The specialist genetics team at St Mary's Hospital will review your family history and assess whether you meet the national criteria for genetic testing.
- If you are eligible for genetic testing, they will offer you an appointment to see a genetic counsellor and discuss the risks and benefits of genetic testing.
- Just because a person is eligible for the test does not mean that they will have an error in one of their genes. In fact, 9 out of 10 patients tested do not have a gene error.
- The team will ensure that you are fully informed before you decide whether you wish to go ahead with the genetic test.
- If you decide to have the test, a blood sample will be taken from a vein in your arm. The laboratory will then test for any errors in your genes that can increase the risk of developing breast cancer in the future.

3. Risk-Reducing Endocrine (anti-hormone) Medication

[Choose paragraph below according to individual risk and delete the other paragraphs]

High Risk

The national guidelines recommend endocrine medication for women with a **high risk** of developing breast cancer. This means the experts in breast cancer are confident that, for the vast majority of people, taking endocrine medication will do more good than harm.

The best course of course of action for you will also depend on your values, preferences and personal circumstances.

Moderate risk

The national guidelines recommend that we offer endocrine medication for women with a **moderate risk** of developing breast cancer. This means the experts in breast cancer are confident that taking endocrine medication will do more good than harm for most people. The best course of course of action for you will also depend on your values, preferences and personal circumstances.

Population risk

The national guidelines do not recommend endocrine medication for women with a breast cancer risk that is similar to general population risk.

[Choose paragraph below according to individual risk and delete the other paragraph. Delete both paragraphs if patient is population risk.]

High Risk

Endocrine (anti -hormone) medication has been shown to reduce the risk of breast cancer by 30 – 50%.

Moderate Risk

Endocrine (anti-hormone) medication has been shown to reduce the risk of breast cancer by 30 – 50%. Your clinician will discuss what this means for you and provide you with written information about this medication.

<p>Endocrine medication discussed:</p>	<p>Tamoxifen <input type="checkbox"/> Leaflet given</p> <p>Anastrozole given <input type="checkbox"/> Leaflet</p> <p>Raloxifene given <input type="checkbox"/> Leaflet</p>
<p>Outcome of Endocrine discussion:</p>	<p><i>[Choose paragraph below according to individual risk and delete the other paragraphs]</i></p> <p>On reviewing your personal and family history, your breast cancer risk is at or near to population level. Endocrine therapy is not advised.</p> <p>On reviewing your personal and family history, the risks of endocrine therapy outweigh the benefits. Endocrine therapy is not advised.</p> <p>On reviewing your personal and family history, it is unclear whether the risks of treatment outweigh the benefits. As you are keen to explore this further, you have been referred to the regional family history service.</p>

	<p>On reviewing your personal and family history, it is unclear whether the risks of treatment outweigh the benefits. You are not keen to explore this further, so you have not been referred to the regional family history service. If you would like to re-discuss this in the future, please do not hesitate to contact the family history service (contact details are provided on page one of this document).</p> <p>Following the consultation today, you would like to start endocrine medication. The TVCA Risk Reducing Endocrine Therapy (RRET) Prescription Document has been completed and sent to you and your GP.</p> <p>You would like to take some time to consider the benefits and side effects of risk-reducing endocrine medication. The family history service will contact you in 8 weeks to discuss this further.</p> <p>You do not want to consider endocrine treatment at present. If you would like to re-discuss this in the future, please do not hesitate to contact the family history service (contact details are provided on page one of this document).</p>
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4. Hormonal Contraception and Hormone Replacement Therapy (HRT)

Use of the oral contraceptive pill, contraceptive implants, contraceptive injections or hormone replacement therapy (HRT) increases your breast cancer risk.

This risk is relatively small if a woman has a low or population risk of developing breast cancer, but the risk increases as a women's own personal risk of breast cancer increases.

We would not recommend risk-reducing endocrine medication (see section 3) to a woman who wished to continue to take hormonal contraception or HRT.

This is because the benefits of risk-reducing endocrine (anti-hormone) medication would be reduced by taking hormone-containing medication, such as hormonal contraception or HRT.

If you are at moderate or high risk of developing a future breast cancer, we would advise that you consider non-hormonal methods of contraception / non-hormonal alternatives to HRT but this is ultimately your decision.

There are many different types of contraception and non-hormonal alternatives to HRT. Your medical team can help you make an informed decision about what is right for you.

5. Lifestyle Modification

Simple changes to your lifestyle can lower your risk of breast cancer. Below we have listed steps you can take to reduce your risk of breast cancer:

Maintain a healthy weight after the menopause

- Your risk of developing breast cancer increases if you are overweight after the menopause.
- 8% of breast cancers are caused by people being overweight (Cancer Research UK, 2019).
- If you are overweight, one of the best things you can do to reduce your risk of breast cancer is to reduce weight.
- A healthy Body Mass Index (BMI) is 18 – 25
- A BMI online calculator can be found online at the following web address:
<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

Reduce alcohol intake

- There is strong evidence that alcohol intake increases the risk of breast cancer.
- 8% of breast cancers in the UK are caused by drinking alcohol (Cancer Research UK, 2019).

Take regular physical activity

- There is strong evidence that being physically active reduces the risk of breast cancer.
- 30 minutes of exercise, 5 times / week reduces your risk.

Stop smoking

- Breast cancer risk is 7-13% higher in current smokers and 6-9% higher in former smokers, when compared with never smokers (Cancer Research UK, 2018).

6. Being Breast Aware

Whatever your level of risk, it is important that you remain breast aware.

Get to know your own body by looking and feeling, so that you know what is normal for you.

If you notice any breast related changes, contact your GP for assessment and referral if needed.

The changes you must report to your GP are:

- A new lump in your breast or armpit
- A change of the breast skin such as dimpling, indentation or redness
- A new nipple inversion
- A nipple discharge that is blood-stained or clear

7. Reporting Changes to your Family History

If you have been assessed as moderate risk, it is important that you contact the Family History Clinic, should your family history change, as this may change your own breast cancer risk assessment. For example, if a further family member is diagnosed with breast or ovarian cancer, or a family member with a previous breast cancer diagnosis develops a second cancer of the breast or ovary, you should inform us (contact details are provided on page one of this document).

Family History Clinic Summary Completed by:	Name: Position: Date:
Copy sent to GP:	Yes/No <i>[Delete as appropriate]</i>
Copy sent to Consultant:	Yes/No <i>[Delete as appropriate]</i>
Copy sent to other Health Care Professional(s):	[INSERT DETAILS]