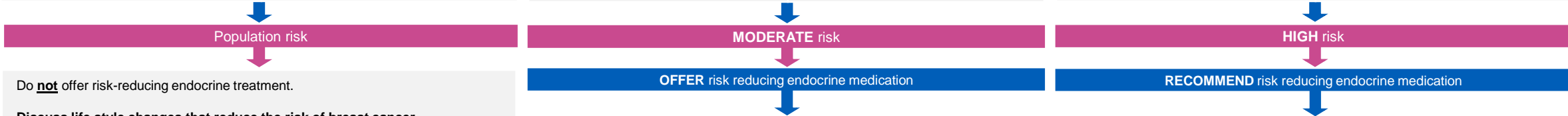


TVCA guideline for use of risk-reducing endocrine treatment in women who have never had breast cancer, but have a moderate or high risk of future breast cancer

Shared approach to decision-making using the Thames Valley Cancer Alliance Risk-Reducing Endocrine Therapy Patient Information Documents¹

Guidance for POST-MENOPAUSAL women²

Life time risk from age of 20	Less than 17%	Life time risk from age of 20	17% or greater, but less than 30%	Life time risk from age of 20	30% or greater
10 year risk between ages of 40 and 50	Less than 3% (less than 5% at age 50)	10 year risk between ages of 40 and 50	3% - <8% (5% - <8% at age 50)	10 year risk between ages of 40 and 50	8% or greater



Do **not** offer risk-reducing endocrine treatment.

Discuss life style changes that reduce the risk of breast cancer

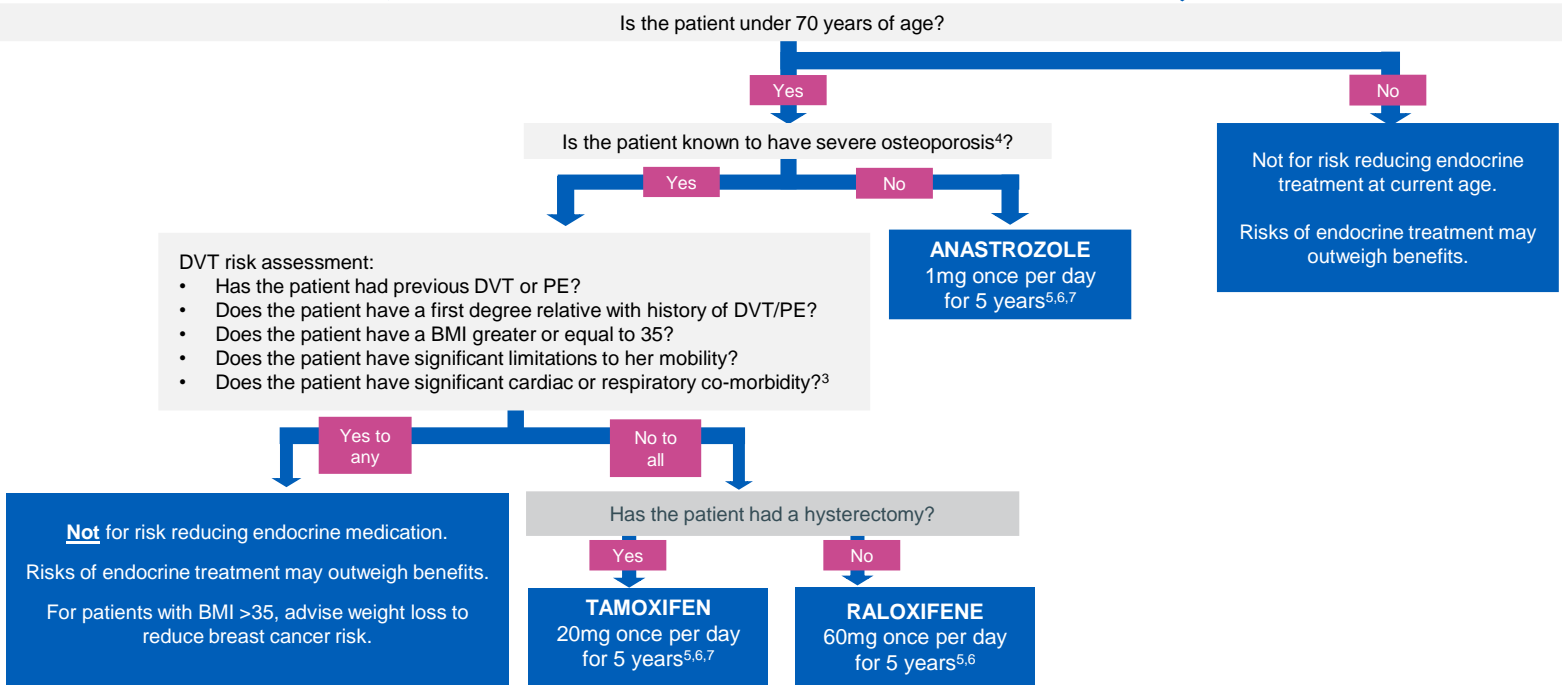
- Weight loss
- Reduction in alcohol intake
- Regular exercise
- Stopping smoking

Promote the NHS Breast Screening Programme

- 3 yearly mammograms from the age of 50 to 70
- Self-referral after 70 years of age

Encourage breast awareness

- Discuss regular self-examination of breasts with patient
- Ensure patient is aware of red flag symptoms of breast cancer
 - Lump in the breast or axilla
 - Change to the skin of the breast or nipple
 - New nipple inversion
 - Unilateral, bloody or clear nipple discharge



¹TVCA Risk-Reducing Endocrine Therapy Patient Information documents can be found at the following link:
<https://thamesvalleycanceralliance.nhs.uk/our-work/early-diagnosis-and-innovation/breast-cancer-genetic-testing/>

²Consider a patient to be post-menopausal if they have had 12 continuous months without menstruation. Women under the age of 55 years, without a uterus 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, serum analysis of menopausal status will be required.

³Consider 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.

⁴Severe osteoporosis should be defined as T-score <-4.

⁵Women should have their bone mineral density assessed when commenced on anastrozole treatment. See notes accompanying this algorithm and/or the TVCA Risk-reducing Endocrine Therapy Prescription Document for further details:
<https://thamesvalleycanceralliance.nhs.uk/our-work/early-diagnosis-and-innovation/breast-cancer-genetic-testing/>

⁶Please use the TVCA Risk-Reducing Endocrine Therapy Assessment Document and Primary Care Prescription Document which can be found on the TVCA Cancer Website: <https://thamesvalleycanceralliance.nhs.uk/our-work/early-diagnosis-and-innovation/breast-cancer-genetic-testing/>

⁷Do not offer risk-reducing endocrine medication to patients who have had bilateral mastectomy

⁸Discontinue tamoxifen 6 weeks before elective surgery

With thanks to Greater Manchester Cancer Alliance