# PATIENT PRESENTING WITHOUT A PERSONAL HISTORY OF BREAST CANCER

*Breast symptoms*

YES → SECONDARY CARE

NO ↓

*Known gene (causative) pathogenic variant in the family, or referral recommended by another Genetics service?*

YES → **REGIONAL GENETICS SERVICE / GENOMICS MEDICINE CENTRE** → GENE TESTING MAY BE INDICATED → SECONDARY CARE

NO ↓

## ASSESS FAMILY HISTORY

*Ask about first and second degree relatives, including aunts, uncles, grandparents, nephews, nieces and half-siblings on **both** maternal and paternal sides.*

*Does the patient have...*

**1 AFFECTED RELATIVE**

- One first degree female relative diagnosed with breast cancer <40 years
- OR
- One first degree male relative diagnosed with breast cancer at any age
- OR
- One first degree relative with bilateral breast cancer where the first primary was diagnosed <50 years

**2 AFFECTED RELATIVES**

- Two first degree relatives or one first degree and one second degree relative on the same side of the family diagnosed with breast cancer at any age
- OR
- Two or more female relatives diagnosed with breast / ovarian cancer on paternal side of the family
- OR
- One first- or second-degree relative diagnosed with breast cancer at any age — AND — One first- or second-degree relative diagnosed with ovarian cancer at any age

(ONE OF THESE SHOULD BE A FIRST DEGREE RELATIVE)

**3 AFFECTED RELATIVES**

- Three first degree or second degree relatives on the same side of the family diagnosed with breast cancer at any age

YES (ANY) → SECONDARY CARE

NO, NONE ↓

*Is there either...*

JEWISH ASHKENAZI HERITAGE → YES → SECONDARY CARE

OR

ANY UNUSUAL / ASSOCIATED CANCERS → YES → SECONDARY CARE

(sarcoma or osteosarcoma <45 y.o.a, glioma or childhood adrenocortical tumours)

NO ←

*Is there only one female relative affected with unilateral breast cancer at >40 y.o.a. (on either maternal or paternal sides)?*

YES ←

**SECONDARY CARE**

**BREAST UNIT**

FURTHER FAMILY HISTORY ASSESSMENT

Formal lifetime risk of breast cancer

AND

Formal risk of gene mutation in family

## PATIENT IS AT NEAR POPULATION RISK.

*Give advice as per NICE Guideline CG164: Familial Breast Cancer: If the family history changes (another relative is diagnosed with cancer) or if they themselves develop breast symptoms.*

They are at similar risk to any other woman in the general population. Breast cancer is common (population lifetime risk is 1 in 8) and therefore many women will have a relative affected with breast cancer without being at increased risk of developing breast cancer themselves. The family history today doesn't suggest that their family is one of the small proportion with an underlying genetic cause.

Breast awareness information • HRT and Contraception advice • Lifestyle advice: diet / alcohol / smoking; breast feeding; family size and timing • Advice to attend national screening programmes, including NHS BSP when invited