

FAMILY HISTORY



The Princess Alexandra
Hospital
NHS Trust

ASHRAF PATEL MBE – ASSOCIATE SPECIALIST BREAST SURGEON. FAMILY HISTORY LEAD

KATE FOSTER – FAMILY HISTORY NURSE

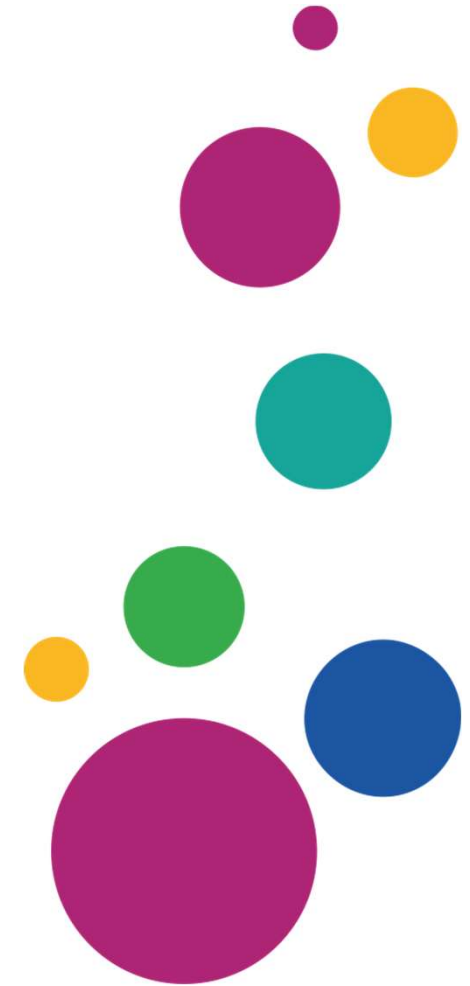


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FAMILY HISTORY

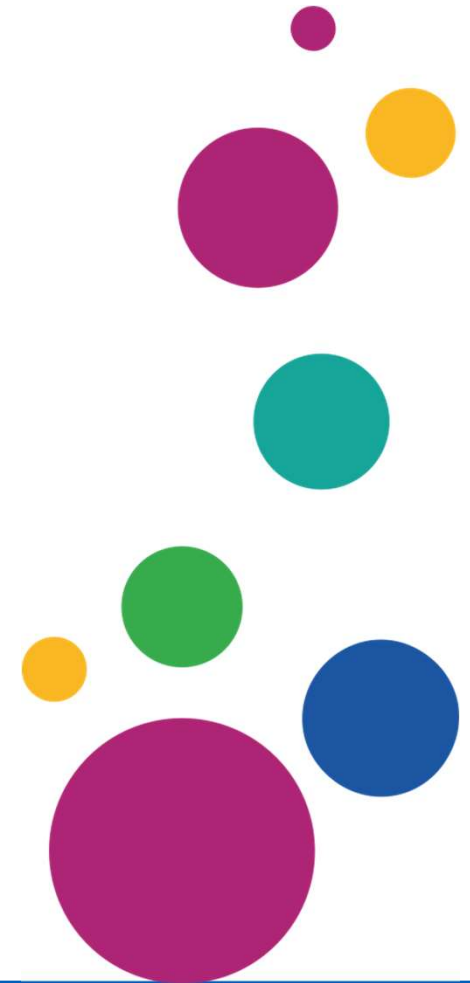
- 1 in 7 women in the UK will develop breast cancer ⁽⁴⁾
- 3% are because of a BRCA 1 or 2 mutation ⁽⁶⁾
- 1 in 400 BRCA carriers in UK ⁽⁹⁾
- A woman with a first degree relative with breast cancer has a 15% chance of developing breast cancer by age 80⁽⁷⁾



FAMILY HISTORY

You may be at increased risk if....

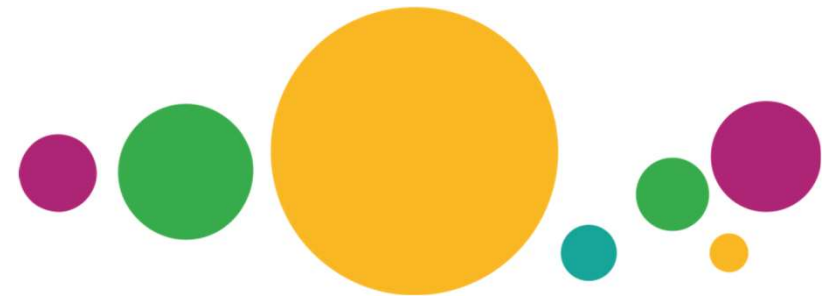
- You have a first degree relative with breast cancer
- You have more than one relative with breast cancer
- You have a male relative with breast cancer
- You have a relative with ovarian cancer
- There are multiple cancers in your family, particularly at a young age
- You have Jewish ancestry and a relative with breast cancer



FAMILY HISTORY

BREAST CANCER RISK

	Low / near population risk	Moderate risk	High risk
Lifetime risk from age 20	Less than 17%	17-30%	Greater than 30%
Risk between ages 40-50	Less than 3%	3-8%	Greater than 8% ⁽²⁾



FAMILY HISTORY

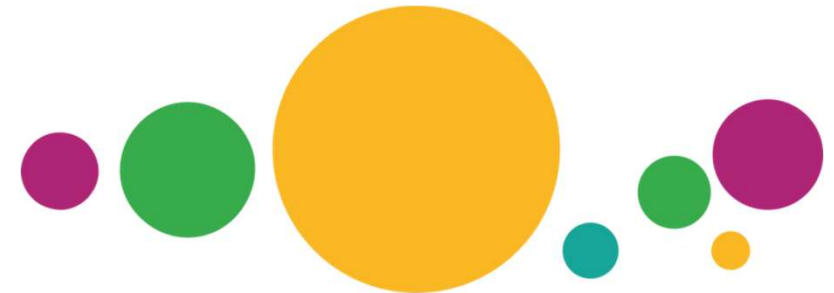
SCREENING

Population	Moderate	High	Very High
NHS Breast Screening Service – mammograms every 3 years from age 50	Annual mammograms through Family History Clinic aged 40-49	Annual mammograms through Family History Clinic aged 40-59	Annual MRI from age 25* to 50** Annual mammograms* from age 40

*From age 25 if 10yr breast cancer risk is $\geq 8\%$

**MRI can continue longer if breast tissue is dense

***No mammograms for TP53 mutation carriers



Common Misconceptions

My mum had cancer and I look like her so I will probably get it too

It can skip generations

You only inherit BRCA mutation from your mother's side

I will definitely get cancer

The NHS breast screening stops at age 70

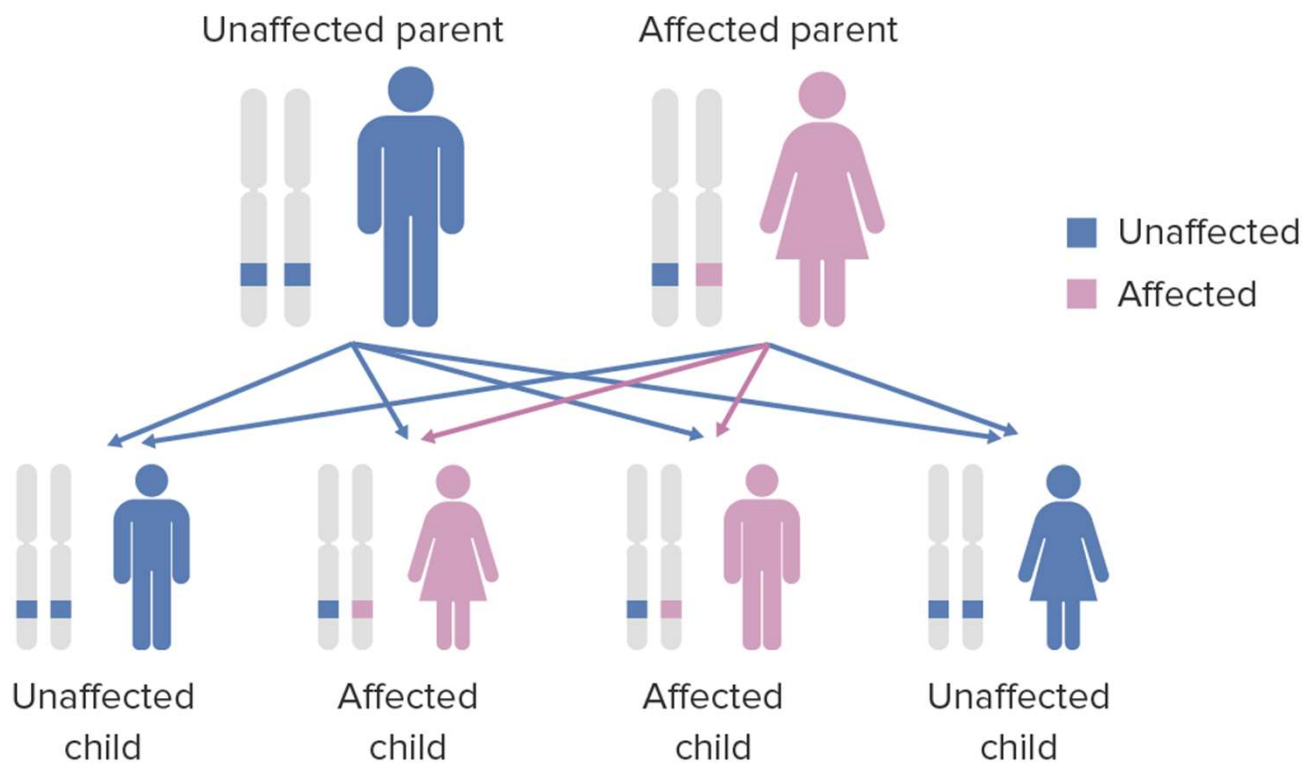


FAMILY HISTORY CLINIC



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Autosomal dominant



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BRCA and cancer risk

Cancer risk by age 80	BRCA 1	BRCA 2
Breast	60-90%	45-85%
Ovarian	40-60%	10-30%
Prostate	~8% (pop risk)	~25% (PSA from age 40)
Male Breast	~0.1-1% (pop risk)	~5-10% (no screening)

(14)



Modifiable risk

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause:
Diagnosis and management
November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women
of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.thebms.org.uk
Reg Charity No: 1015144
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March 2017



Hormone Replacement Therapy



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- HRT in a woman of familial risk should be restricted to as short a duration and as low a dose as possible. Oestrogen-only HRT should be prescribed where possible.



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CBT for menopausal hot flushes & Night Sweats

- Approximately 85% of menopausal women experience hot flushes ⁽¹⁾
- Hot flushes and night sweats affect 65-85% of women treated for breast cancer ⁽²⁾
- More severe in breast cancer patients ⁽²⁾
- Negative effect on quality of life, mood and sleep ⁽³⁻⁵⁾



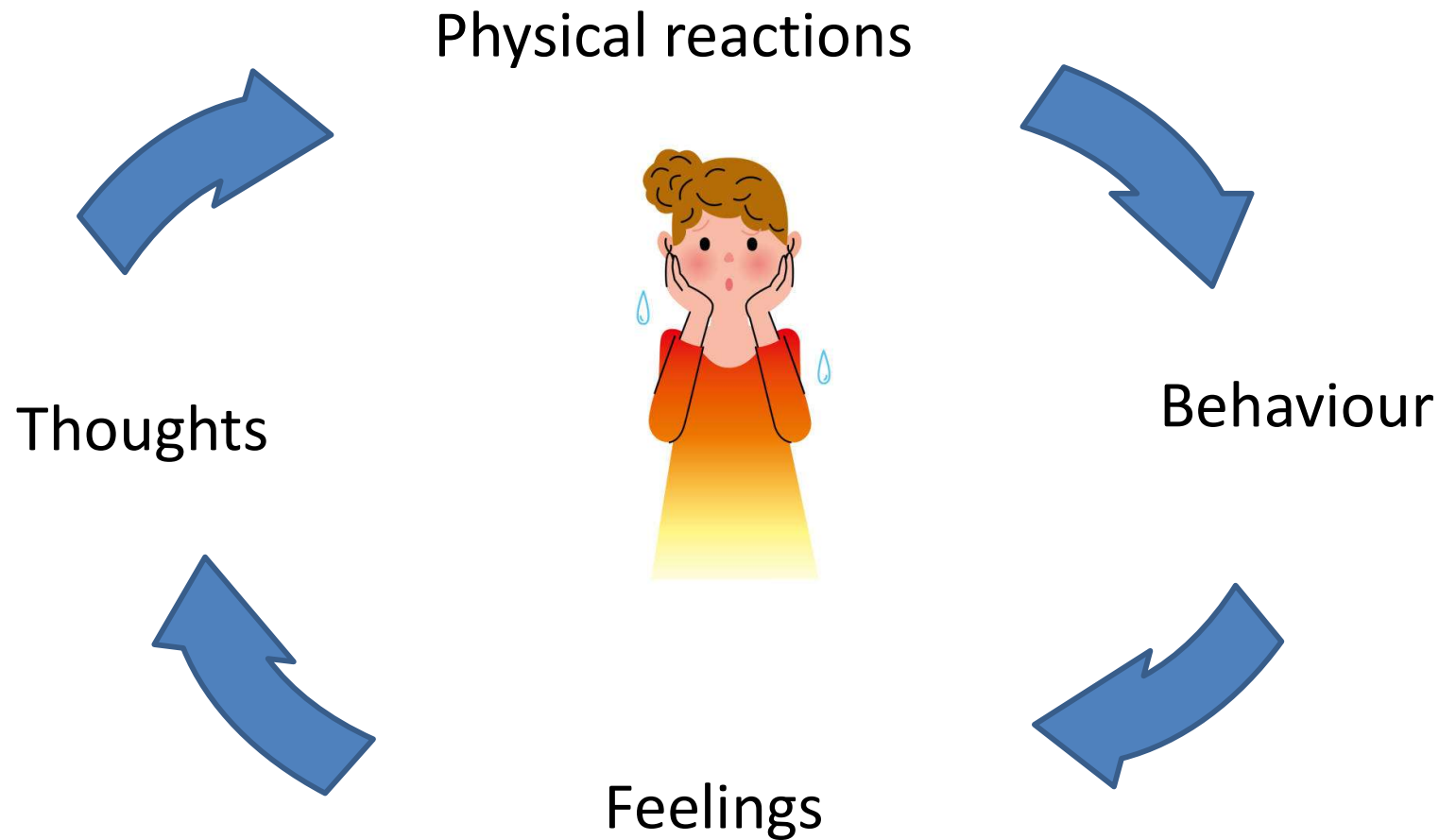
CBT for menopausal hot flushes & Night Sweats

MENOS 2

- Randomised controlled trial
- 140 Healthy women
- Group CBT vs self help CBT vs no treatment
- 65% in Group CBT and 73% in self-help arm reported clinically significant reduction in hot flush problem rating at 6 weeks and maintained at 26 weeks
- Significantly fewer night sweats at 26 weeks in both Group CBT and self-help arm
- Significant improvements in mood and quality of life at 6 weeks and improved emotional and physical functioning for Group CBT at 26 weeks



CBT for menopausal hot flushes & Night Sweats



CBT for menopausal hot flushes & Night Sweats



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- 6 week course – 2 hours a week plus homework!
- Pre-course questionnaire
- Post-course questionnaire at three months



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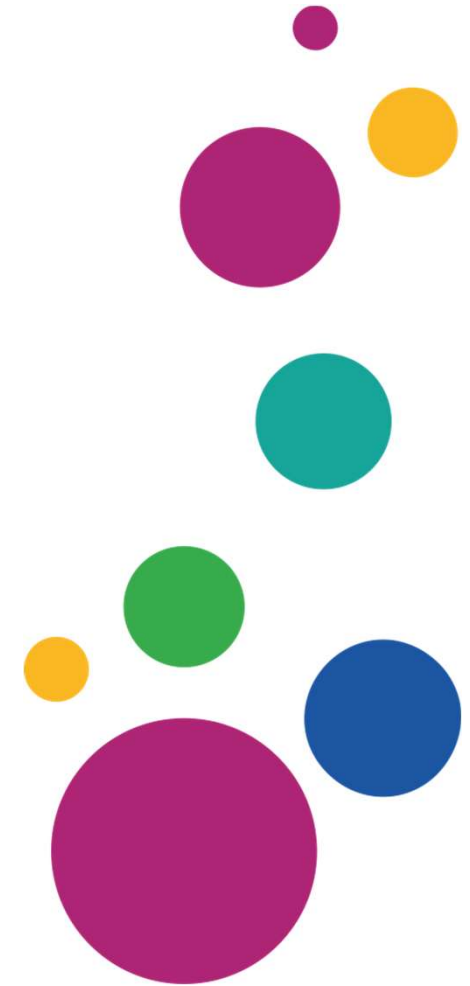
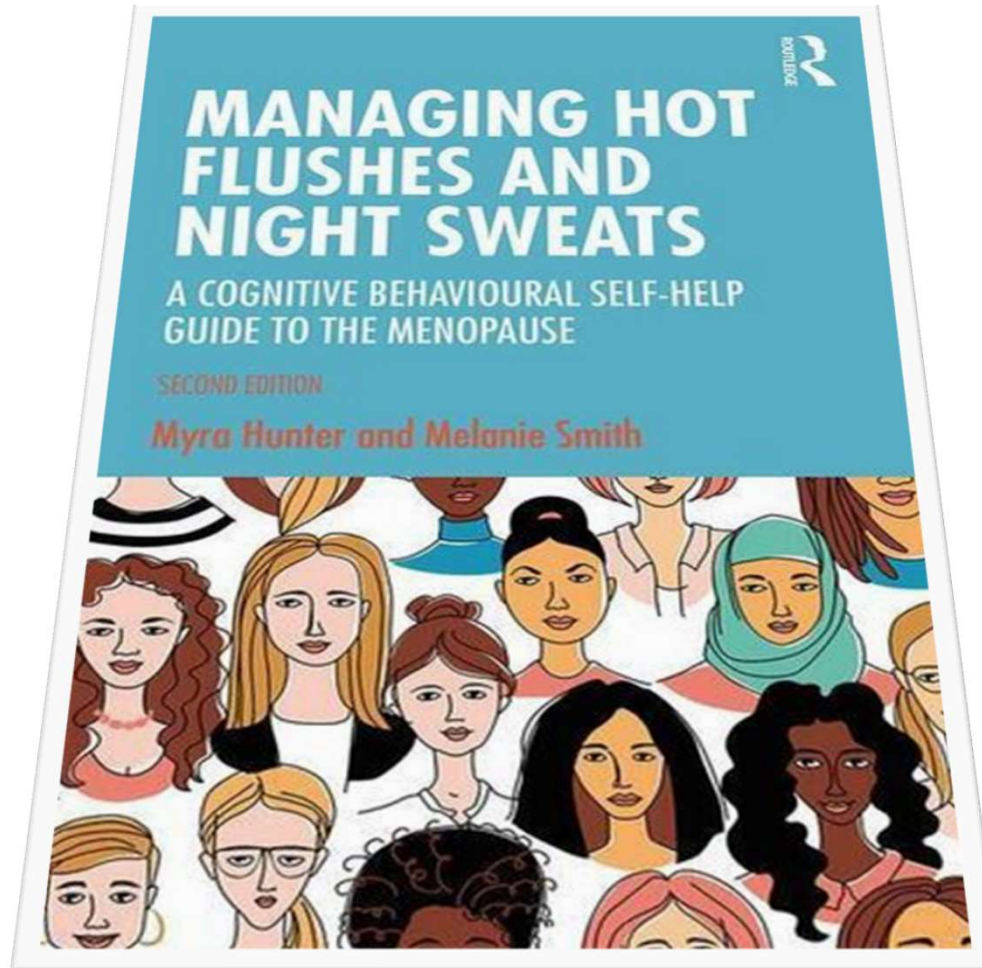
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CBT for menopausal hot flushes & Night Sweats

- **Week 1**
Psycho-education and the cognitive behavioural model
- **Week 2**
Stress management, improving wellbeing and identifying precipitants
- **Week 3**
Managing hot flushes using a cognitive behavioural approach
- **Week 4**
Managing night sweats and improving sleep (part one)
- **Week 5**
Managing night sweats and improving sleep (part two)
- **Week 6**
Review and maintaining changes

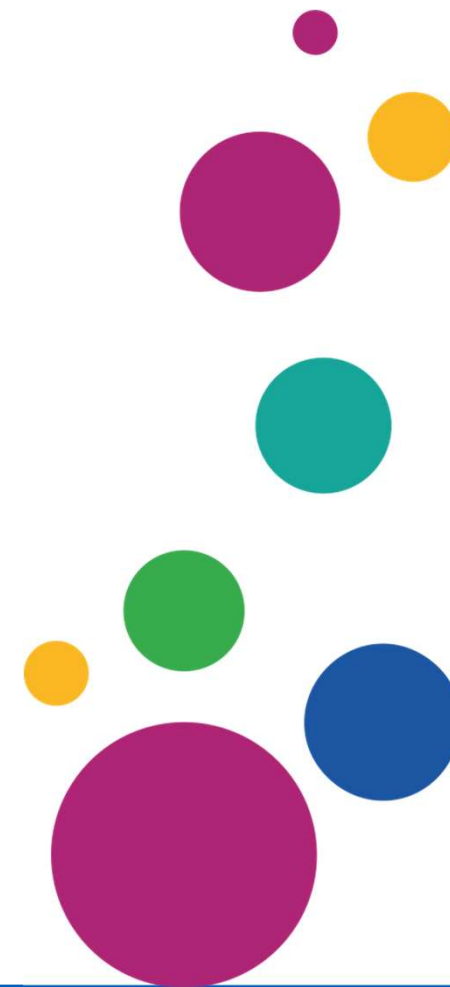


CBT Self Help



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