

Family History of Breast and or Ovarian Cancer

Information Sheet

Breast cancer is the most common cancer affecting women in the UK. Around 1 in 8 people develop breast cancer. As it is common, many of us will either have a relative with breast cancer, or know someone who had breast cancer. Ovarian cancer is less common with around 1 in 50 women being affected.

The cause of cancer is usually a combination of factors which include environmental and lifestyle factors. Only about 5% of all cancers are due the inheritance of a high risk gene.

This leaflet aims to answer some of the questions you may have about your family history of breast and or ovarian cancer.

Are the cancers in my family genetic?

When we look at your family history we look at the number of relatives who have had cancer, the age at which they had it and the type of cancer they have. Cancers occurring at older ages are less likely to be inherited and only certain types of cancer are genetically related to each other such as breast and ovarian cancer. Many cancers such as lung cancer and cervical cancer are usually due to environmental rather than genetic effects.

How is the family history assessed?

From the information you provide, we use National Guidelines to assess your risk of cancer. The different categories used for assessment are low, moderate, high and very high. We use the different categories to determine eligibility for and frequency of screening or other risk reducing measures and also whether family access to genetic testing would be appropriate.

If required, it may be useful to confirm or extend the information you provide through the cancer registry or medical records. We will provide consent forms for family members living with a cancer if confirmation of their diagnosis is required.

Will genetic testing be offered?

Genetic tests are only useful in families who are likely to have a known inherited form of breast cancer – those in the high or very high risk categories. If testing would be useful for your family, we will discuss this with you. Usually the first step in the testing process is to test a family member who has developed a cancer related to the genes being tested. If a gene change is identified this means we can offer an informative test to other family members who have not developed cancer.

What symptoms should I be aware of?

Be breast aware. Get to know how your breasts normally look and feel, and report any changes promptly to a doctor. You should seek advice from your GP if you have:

- A change in the size or shape of a breast
- Dimpling of the skin of the breast
- A thickening in the breast tissue
- A nipple becoming inverted (turned in)
- A lump or thickening behind the nipple
- A rash (like eczema) affecting the nipple
- A bloodstained discharge from the nipple
- A swelling or lump in the armpit

Even if you do have one or more of these signs, it still doesn't mean you have breast cancer. Most breast lumps turn out to be benign. However, it's important that you tell your doctor immediately if you experience any worrying symptoms.

What can I do to reduce my risk?

Some lifestyle factors are thought to reduce the risk of breast cancer

- Giving up smoking
- Maintaining a healthy weight and take regular exercise
- Limiting how much alcohol you drink

There is a slightly increased risk of developing breast cancer with hormone contraception or HRT.

Breast screening

All women in the UK are eligible for breast screening through the NHS National Breast Screening programme from the age of 50 to 70 years. Women are invited to have a mammogram every three years. Mammogram is an X-ray test that aims to detect breast cancer at an early stage when treatment is most likely to be curative.

If your risk is assessed as moderate or above you will be offered early access to breast screening. Screening is usually by mammography. In addition, those at very high risk are also offered MRI screening.

Other options to reduce breast cancer risk

Tamoxifen and breast cancer risk reduction - Research suggests that taking Tamoxifen tablets for 5 years reduces your risk of breast cancer by at least a third. It has been used for 40 years in the treatment of breast cancer. National guidelines suggest this should be offered to women at high risk or above. Further information can be supplied.

Risk reducing breast surgery - National guidelines suggest that risk reducing surgery may be considered in women assessed to be at very high risk of cancer. These are usually women who have an identified change in BRCA1 or BRCA2. Having your breasts removed reduces breast cancer risk by over 90%. There are many surgical options available that include reconstruction surgery. Further information can be supplied.

Risk of ovarian cancer

If your family history includes ovarian cancer, your risk may be increased. Unfortunately there is no effective screening available for ovarian cancer. Women at increased risk may consider the option of **risk reducing ovarian (and fallopian tube) surgery**. Having surgery to remove your ovaries and fallopian tubes has been proven to reduce the risk of ovarian cancer by over 90%. It may also reduce breast cancer risk. Ovarian cancer, even in families with a genetic predisposition, rarely occurs before age 40 years, so surgery is best considered between the ages of 35 and 40 years, for optimal benefit. The disadvantages of surgery include the small risks involved in the procedure itself but more importantly the implications of loss of fertility and the onset of the menopause.

Is the information provided relevant for my relatives?

We will discuss with you if any of your relatives would benefit from extra breast screening. If you remain healthy and cancer-free it is unlikely that your children's risk of breast cancer will be increased. However, they may wish to look into this around the age of 35 to find out more about their risk.

What if my family history changes?

If there are any changes in your family history please do not hesitate to contact us again (telephone number at the top of the first page), as this may affect your risk and eligibility for screening or testing.