# Primary Care Management of Women at Risk of Familial Breast or Ovarian Cancer

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When a woman presents with concerns regarding family history or concerns are raised in consultation

1. Are there any symptoms suspicious of breast or ovarian cancer?

YES → Refer as per 2 week urgent cancer referral guidelines

NO

2. Has a gene mutation been identified in the family?

NO

3. Does the woman have at least one of the following on the same side of the family?

**Female breast cancers only**
- **One** 1st degree relative diagnosed < 40 yrs
- **Two** 1st degree or 2nd degree relatives diagnosed at an average age of <60yrs (one should be 1st degree)
- **Three** 1st or 2nd degree relatives diagnosed at any age

**Male breast cancer**
- **One** 1st degree male relative diagnosed at any age

**Bilateral breast cancer**
- **One** 1st degree relative where 1st primary diagnosed <50 yrs

**Breast and ovarian cancer**
- **One** 1st or 2nd degree relative with ovarian cancer at any age **and One** 1st or 2nd degree relative with breast cancer at any age (one should be 1st degree)

NO

4. Are there any unusual cancers in family?
**OR**
Is there a paternal history of breast cancer?
**OR**
Is there Jewish ancestry?

YES (from 2, 3 and 4) → **Refer** directly to Yorkshire Regional Genetics Service (St.James University Hospital) and explain to patient that:
- Referral will involve information regarding level of risk and options for further management
- Referral will not necessarily mean a genetic test
- A questionnaire asking for a detailed family history may be sent initially and the referral may proceed once this is returned

Give leaflet – "You have been referred to YRGS regarding your family history"

NO (from 4) → **Patient is at population risk and should be managed in primary care.**
The following should be given:
- Advice to return if any change in family history
- Advice to return if any suspicious breast or nipple symptoms
- Information on breast awareness
- Information on risk factors/lifestyle including alcohol, smoking, weight, HRT/COCP (combined oral contraceptive pill), breastfeeding
- Support mechanisms to women with on-going concerns

**Information to remember when taking a family history**

All relatives must be on the same side of the family and be blood relatives of the consultee and each other.

N.B. there may be significant family history on both sides

**First-degree relatives:** mother, father, daughter, son, sister, brother

**Second-degree relatives:** grandparent, grandchild, aunt, uncle, niece, nephew, half-sister, half brother

**Third-degree relative:** great grandparent, great grandchild, great aunt, great uncle, first cousin, grand nephew and grand niece

**Paternal History:** two or more relatives diagnosed with breast cancer on fathers side

**Unusual cancers**
- Bilateral breast cancer
- Male breast cancer
- Ovarian cancer
- Sarcoma at younger than age 45 years
- Glioma or childhood adrenal cortical carcinoma
- Complicated patterns of multiple cancers at young age

# Primary Care Management of Patients at Risk of Familial Colon Cancer

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When a patient presents with concerns regarding family history or concerns are raised in consultation

**1. Are there any symptoms suspicious of bowel cancer?**

- Rectal bleeding WITH a change in bowel habit to looser stools &/or increased frequency for 6/52
- A definate palpable right sided abdominal mass
- A definate palpable rectal mass
- Rectal bleeding persistent without anal symptoms >60 yrs
- Change of bowel habit to looser &/or increased frequency WITHOUT rectal bleeding for 6/52 >60 yrs
- Iron deficiency anaemia without an obvious cause

YES → Refer as per 2 week urgent cancer referral guidelines

NO ↓

**2. Is there a known syndrome or gene mutation in the family?**

e.g. hereditary non polyposis colorectal cancer (HNPCC) or familial adenomatous polyposis (FAP)

YES → Refer direct to Yorkshire Regional Genetics Service (St.James' University Hospital) and explain that:

- Referral will involve information regarding level of risk and options for further management
- Referral will not necessarily mean a genetic test
- A questionnaire asking for a detailed family history may be sent initially and that the referral may proceed once this is returned

Give leaflet – "You have been referred to YRGS regarding your family history"

NO ↓

**3. Is there a family history of:**

- **One** 1st degree relative with colorectal cancer aged <45years
- **Two or more** 1st degree relatives with colorectal cancer at any age
- **Two parents** with colorectal cancer
- **One** 1st degree relative with two primary colorectal cancers or any two linked cancers
- **Three** 1st or 2nd degree relatives with colorectal or any linked cancers at any age
- **Adenomatous polyps** aged <50 years

YES → (as above)

NO → Patient is at population risk and should be managed in primary care.

The following should be given:

- Advice to return if any change in family history
- Advice to return if any symptoms as per urgent referral criteria
- Information on risk factors/lifestyle including diet, alcohol, smoking, weight,
- Support mechanisms to patients with on-going concern

**Linked Cancers**

- Colon
- Endometrial
- Ovarian
- Stomach
- Urinary tract
- Pancreatic
- Biliary tract

**Patients at risk from other cancers due to family history**

**Two** or more close (1st and 2nd degree) relatives with the same cancer diagnosed age < 60 years

**Three** or more 1st, 2nd or 3rd degree relatives with the same cancer diagnosed at any age

Refer directly to Yorkshire Regional Genetics Service. If needed, advice can be requested from the Yorkshire Regional Genetics Service via St James University Hospital switchboard on

0113 243 3144

or GPwSI in Genetics

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Ref: NICE CG41 – Familial Breast Cancer and NICE - Improving Outcomes in Colorectal cancer. British Society of Gastroenterology: Guidelines for Colorectal Cancer Screening in High Risk Groups GUT 2002/10;51