

Familial breast cancer overview

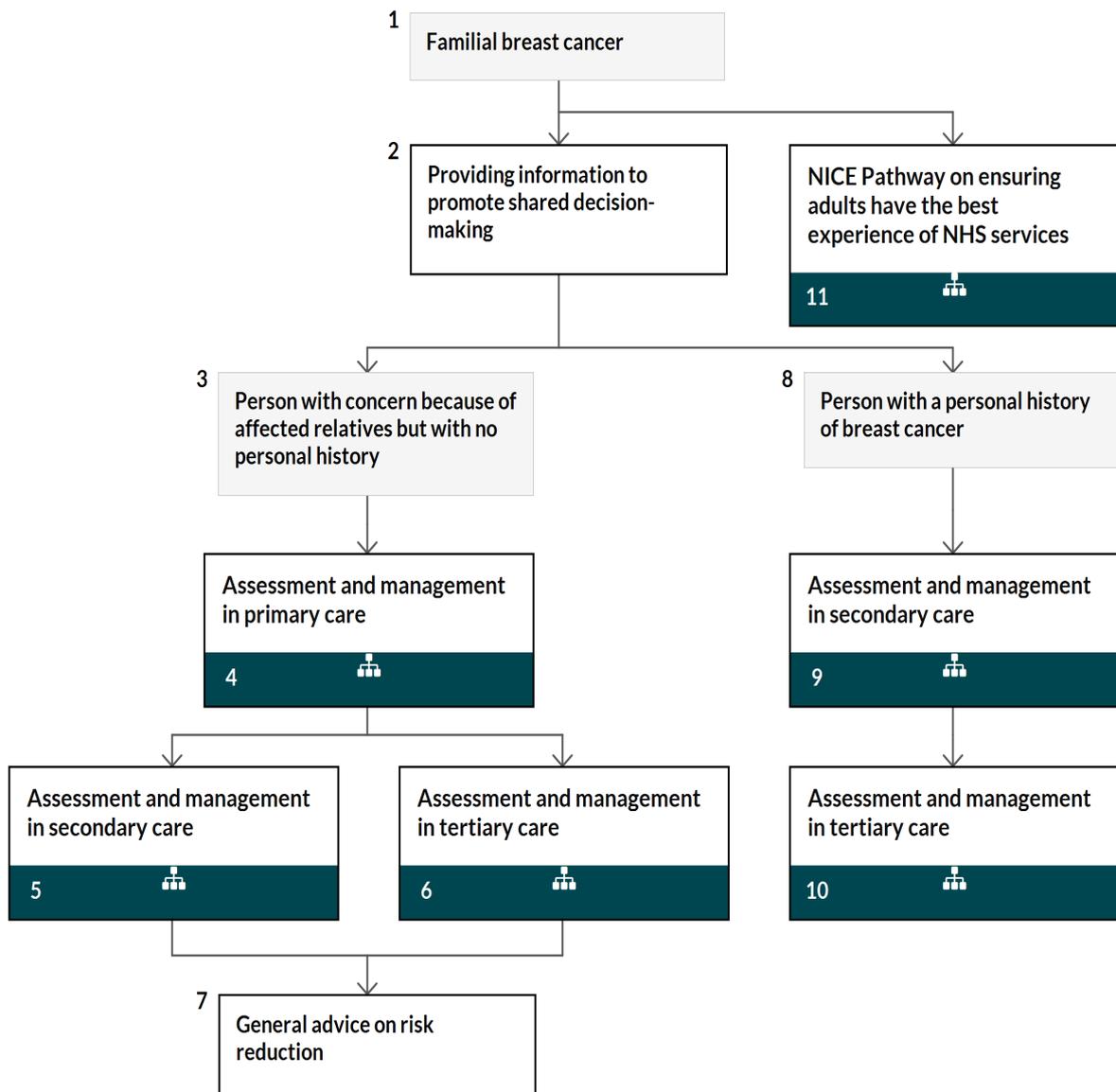
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/familial-breast-cancer>

NICE Pathway last updated: 25 May 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Familial breast cancer

No additional information

2 Providing information to promote shared decision-making

Effective care involves a balanced partnership between patients and healthcare professionals. Offer patients the opportunity to make informed choices about any treatment and care and to share in decision-making.

To ensure a patient–professional partnership, offer patients individually tailored information, including information about sources of support (including local and national organisations).

Tailor the format (including whether written or oral/audio) as well as the actual content and form of information provided.

Ensure that standard information is evidence based wherever possible, and agreed at a national level if possible. NICE has written [information for the public on familial breast cancer](#), which provides a good starting point.

Ensure that standard information does not contradict messages from other service providers, including commonly agreed information across localities.

Ensure that women at increased risk of breast cancer are 'breast aware' in line with the [Department of Health's advice for all women](#).

3 Person with concern because of affected relatives but with no personal history

No additional information

4 Assessment and management in primary care

[See Familial breast cancer / Person with no personal history of breast cancer: assessment and management in primary care](#)

5 Assessment and management in secondary care

See Familial breast cancer / Person with no personal history of breast cancer: assessment and management in secondary care

6 Assessment and management in tertiary care

See Familial breast cancer / Person with no personal history of breast cancer: assessment and management in tertiary care

7 General advice on risk reduction

Discussing individual risk factors

Give people standardised written information about risk, including age as a risk factor.

Discuss modifiable risk factors on an individual basis in the relevant care setting.

Provide information on the effects of hormonal and reproductive factors on breast cancer risk.

HRT

Inform women with a family history of breast cancer who are considering taking, or already taking, HRT of the increase in breast cancer risk with type and duration of HRT.

Vary advice to individual women according to the individual clinical circumstances (such as asymptomatic, age, severity of menopausal symptoms, or osteoporosis).

Restrict HRT usage in a woman at familial risk to as short a duration and as low a dose as possible. Prescribe oestrogen-only HRT where possible.

Inform a woman having an early (natural or artificial) menopause of the risks and benefits of HRT, but generally confine HRT usage to women younger than age 50 years if at moderate or high risk. Also see the recommendations on HRT after bilateral salpingo-oophorectomy before the menopause.

Alternatives to HRT should be considered for specific symptoms such as osteoporosis or menopausal symptoms.

Consideration should be given to the type of HRT if it is being considered for use in conjunction with risk-reducing gynaecological surgery.

Hormonal contraceptives

Ensure that advice to women up to age 35 years with a family history of breast cancer is in keeping with general health advice on the use of the oral contraceptive pill.

Inform women aged over 35 years with a family history of breast cancer about the increased risk of breast cancer associated with taking the oral contraceptive pill, given that their absolute risk increases with age.

Discuss with women with *BRCA1* mutations, the conflicting effects of a potential increased risk of breast cancer under the age of 40 years and the lifetime protection against ovarian cancer risk from taking the oral contraceptive pill.

Do not prescribe the oral contraceptive pill purely for prevention of cancer, although in some situations reduction in ovarian cancer risk may outweigh any increase in risk of breast cancer.

Do not prescribe the oral contraceptive pill purely for the reduction in ovarian cancer risk to a woman with a *BRCA1* mutation who is considering a risk-reducing oophorectomy before the age of 40 years.

Breastfeeding

Advise women to breastfeed if possible because this is likely to reduce their risk of breast cancer, and is in accordance with general health advice.

Alcohol

Inform women with a family history that alcohol may increase their risk of breast cancer slightly. However, this should be considered in conjunction with any potential benefit of moderate alcohol intake on other conditions (such as heart disease) and adverse effects associated with excessive alcohol intake.

Smoking

Advise women not to smoke, in line with current health advice.

Weight and physical activity

Advise women on the probable increased postmenopausal risk of breast cancer from being overweight.

Advise women about the potential benefits of physical exercise on breast cancer risk.

8 Person with a personal history of breast cancer

No additional information

9 Assessment and management in secondary care

[See Familial breast cancer / Person with a personal history of breast cancer: assessment and management in secondary care](#)

10 Assessment and management in tertiary care

[See Familial breast cancer / Person with a personal history of breast cancer: assessment and management in tertiary care](#)

11 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

HRT

hormone replacement therapy

Sources

Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (2013 updated 2019) NICE guideline CG164

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.