What should you do if someone else in your family gets breast or ovarian cancer?
Please let us or your GP know so that we can assess if this affects what we can offer in your family.

What about genetic testing?
It is important to remember that most breast cancer is not due to an inherited tendency. Your genetic counsellor will have assessed the risk of a genetic cause of cancer in your family and advised you if any testing is possible.

Currently genetic testing is not offered to most families with a moderate risk of breast cancer. This may change in the future as we learn more about the role of genes in cancer.

Summary
- You are estimated to have a moderate risk of developing breast cancer during your lifetime.
- You are still much more likely not to get breast cancer than you are to get it.
- You are advised to have annual mammogram screening from the age of 40 to 49.
- From the age of 50 you will be offered mammograms every three years.
- You can continue to refer yourself for three yearly mammograms after the age of 70.

Sources of further information
Macmillan Cancer Support
Tel: 0808 808 0000
www.macmillan.org.uk

Breast Cancer Care
www.breastcancercare.org.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk

Feedback
We appreciate and encourage feedback. If you need advice or are concerned about any aspect of your care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204
From a mobile or abroad: 0115 924 9924 ext. 65412 or 62301
E-mail: pals@nuh.nhs.uk
Letter: NUH NHS Trust, c/o PALS,
Freepost NEA 14614,
Nottingham NG7 1BR
www.nuh.nhs.uk

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

Adapted from leaflet by Clinical Genetics at Guy’s and St Thomas’ NHS Foundation Trust.

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Moderate risk of breast cancer
Information for patients

Clinical Genetics

This document can be provided in different languages and formats. For more information please contact:

Clinical Genetics Service
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The Gables, Gate 3
Hucknall Road
Nottingham NG5 1PB

Tel: 0115 962 7728
Email: nhuht.clinicalgenetics@nhs.net
How common is breast cancer?
Breast cancer is a common disease. About 1 in 8 women in the UK will develop breast cancer in their lifetime. This is called the ‘general population risk’ of breast cancer. Getting older is the biggest risk factor for breast cancer. Most women who develop breast cancer are over the age of 50.

Breast cancer affects 1 in 8 women

Of all the women who develop breast cancer, only a very small proportion (about 1 in 20) have a significant inherited tendency.

Therefore, although having a family history of breast cancer is common, an inherited tendency to developing breast cancer is rare.

What is a ‘moderate’ risk of breast cancer?
This means that your risk of getting breast cancer during your lifetime is slightly higher than women with no family history of the disease. You are still much more likely not to get breast cancer than you are to develop it.

Do women with a moderate risk of breast cancer need screening?
You will be offered annual mammograms (breast screening) from age 40 to 49.

Evidence has shown no benefit to screening women at moderate risk before the age of 40, even if their relatives had breast cancer before this age.

Also breast tissue is more dense at younger ages and it is more difficult to get clear images from a mammogram in dense breast tissue.

From age 50 to 70 you will be offered mammograms every three years like all other women in the UK (in some areas this has been extended to between 47 and 73 as part of a pilot scheme).

From age 50 you will not need to have more frequent mammograms than women in the general population because:

- Breast cancer is easier to see on an x-ray after the menopause (as breast tissue becomes less dense as women get older)
- After age 70 you can continue to refer yourself for mammograms every three years if you wish.

Screening for women with a family history of breast cancer is based on nationally recommended guidelines.

What can you do to keep a check on yourself?
Be ‘breast aware’. This means knowing how your breasts normally look and feel and being aware of what changes to look and feel for. If you notice any changes, tell your GP straight away. This is important for all women.

Your health is important. Do not wait until your next mammogram to discuss any concerns.

Can anything alter the risk of developing breast cancer?

Leading a healthy lifestyle will reduce the risk of breast cancer, particularly maintaining a healthy weight. Healthy lifestyle advice includes not smoking, eating a healthy diet, taking regular exercise and low alcohol consumption.

Oral contraceptive pills (OCPs) can increase the risk of breast cancer whilst they are being taken. The risk returns to population level 10 years after stopping. OCPs have however been shown to reduce the risk of ovarian and womb cancer. The risks associated with using the OCP should be weighed up against the benefits. Please ask your GP for individual advice.

Hormone replacement therapy (HRT) in women over 50 can increase the risk of breast cancer, but is also known to have health benefits. Once HRT is stopped the risk of breast cancer soon returns to population level. Please ask your GP for individual advice.

Chemoprevention
There are some drugs that have now been approved for use in preventing the development of breast cancer e.g. Tamoxifen. Please discuss the risks and benefits of these with your breast clinic cancer specialist.