FAQ Breast Family History

Question 1: Is there medication available to reduce the risk? How effective is this and in order to be the most effective, when should I consider starting to take this?

Answer 1: Yes, there are a number of medications which have been shown to reduce breast cancer risk. These will be discussed with you if suitable in your individual circumstances. For further information-links to leaflets here:

Tamoxifen Leaflet

Anastrozole Leaflet

Raloxifene Leaflet

Question 2: Do hormones have an effect on my risk of developing Breast Cancer? Are there foods, products or medication that I should try to avoid completely in order to minimise my risk? e.g.) is it safe for me to consume soya products?

Answer 2: There may be additional risks for breast cancer with taking HRT but this depends on many things, for example, age, type of HRT and other personal risk factors including family history. Making decisions about taking HRT is a balance. Menopausal symptoms can sometimes affect your quality of life and HRT can improve this. It can also have beneficial effects on bone density and heart disease.

You should therefore discuss the benefits versus the risks of taking hormone replacement with your healthcare professional.

For more information on menopausal symptoms Women's Health Concern | Confidential Advice, Reassurance and Education (womens-health-concern.org)

There are no foods that you should avoid in particular to reduce your overall risk. It is however important to have a healthy balanced diet and avoid becoming overweight. You should eat a balanced and varied diet rich in fruit, vegetables, pulses and whole grains and low in red and processed meat, fatty and sugary foods.

Question 3: Can taking the oral contraceptive pill increase my risk?

Answer 3: The older you are, the higher your risk of developing breast cancer. Taking the combined pill (oestrogen and progesterone) adds to your risk a little further, whatever your age.

It is not known whether the mini pill (also known as the progestogen-only pill, or POP) increases the risk of breast cancer. It is also unknown what the effect on breast cancer risk is with contraceptive implants, injections and intra-uterine devices such as the mirena coil. Research is ongoing in these areas.

If you are over 35 and have a family history of breast cancer it is advisable to discuss your method of contraception with your general practitioner and balance your individual risks and benefits.

Question 4: Is it ever too late to make changes, how significant do these changes have to be to make a difference? Can a small change really make a difference?

Answer 4: It is never too late to make a positive lifestyle choice to improve your health. By making small healthy changes and living well now, you can lower your risk of getting breast cancer and also lower your risk of developing other cancers or heart disease etc.

Question 5: If I have the BRCA1/BRCA2 gene mutation how likely is it that I will pass this on to my children? Is there anything I can do to prevent passing the gene on and also to reduce my child's future risk of developing cancer?

Answer 5: If you carry the BRCA1/BRCA2 gene mutation your children will have a 50% chance of inheriting the same mutation. You cannot do anything to prevent passing it on to your children.

Pre-Implantation Genetic Diagnosis is available in certain circumstances. You can explore this further by contacting the genetics service.

Question 6: How much does having the breast cancer gene mutation increase my likelihood of developing cancer, are there other genes that may influence this?

Answer6:

Cancer risks for women who carry BRCA1/2

	BRCA1	BRCA2
Breast Cancer	60-90% lifetime risk	45-85% lifetime risk
Breast cancer in other breast for gene carriers diagnosed with a breast cancer	Up to 50% lifetime risk	Up to 50% lifetime risk
Ovarian Cancer	40-60% lifetime risk	10-30% lifetime risk

Cancer risks for men who carry BRCA1/2

	BRCA1	BRCA2
Male breast cancer	0.1-1% lifetime	5-10%
Prostate cancer	Lifetime risk similar to general population	Up to 25%
Pancreatic cancer	No evidence of increased risk	Up to 3% depending on Family history

There are other high risk gene mutations:

TP53**, **A-T homozygotes**, **PALB2**, **PTEN**, **STK11** or **CDH1

If you are identified as carrying one of these genetic mutations, you will be contacted by a genetics counsellor who will advise you regarding your need for screening and risk-reducing surgery. If a family member has been diagnosed as a carrier of one of these genetic mutations they are likely to encourage you to get in contact with the genetics service to arrange testing.

Question 7: What research is being carried out into how we can suppress the genes that cause cancer and into treatment to further reduce risk of developing cancer or passing on the genes?

Answer 7: Research studies are ongoing to better advise and screen women at increased risk from breast cancer. On occasions, you may be offered to be part of a study exploring some of these factors.

Prevent Breast Cancer is a charity specifically set up to provide information and to undertake research in this area.

Prevent Breast Cancer Charity UK | Predict Prevent Protect

Question 8: How to I perform a breast self-examination and how often should I do this?

Answer 8: Please watch this video for a demonstration and further advice:

How to perform a breast self-exam - YouTube

Question 9: What happens when I attend for my first appointment?

Answer 9: The first appointment will be offered after your questionnaire has been returned and your level of risk assessed. This may be a face-to-face or virtual consultation.

Your risk will be discussed as well as breast screening recommendations, breast awareness and ways of reducing your individual risk.

You will not normally have your first breast mammogram at this appointment.

Question 10: Who am I seen/assessed by?

Answer 10: Depending on the trust you are referred to, this may be a doctor or nurse practitioner with a special interest in patients with a family history of breast cancer.

Question 11: Should I bring family or a friend with me?

Answer 11: If it is a face-to-face consultation, you are welcome to bring someone with you. If the appointment is virtual people can listen along. You will receive a letter, a few weeks later, summarising what was discussed during either consultation.

Question 12: How long will my appointment take?

Answer 12: Your first consultation may last up to 30 minutes.

Question 13: Is a mammogram painful?

Answer 13: Most people find they can tolerate a mammogram. Occasionally having a mammogram can be uncomfortable and some women find it painful. Usually, any pain passes quickly

Question 14: What should I wear?

Answer 14: You will be required to take off your top clothing and bra so therefore a top rather than a dress is usually more suitable.

Question 15: How long until I receive the results of my mammogram and how do I receive them ie post or clinic or GP surgery?

Answer 15: You will receive a results letter within 2-3 weeks of your appointment. A copy of these results will also be sent to your GP.

Question 16: What happens if something is discovered in my mammogram?

Answer 16: In general population breast screening, approximately 4 out of every 100 women screened will be called back for more tests. Out of the 4, 1 will be found to have cancer and the rest will not.

If you are recalled, you may have a breast examination, more mammograms and/or ultrasound scans. You may also have a biopsy, which is when a small sample is taken from your breast with a needle and checked under a microscope. The results of this are usually available within 1-2 weeks.

Question 17: Is the Family Clinic part of the main Breast Cancer Clinic?

Answer 17: The Family History services are run by the breast units in each of the five trusts. They often run in parallel with the breast cancer clinics involving many of the same staff.

Question 18: How often will I attend appointments?

Answer 18: This will be determined after your risk has been assessed and discussed with you at your initial consultation as it may vary from trust to trust

Question 19: I have daughters – do I need to get them assessed and if so at what age?

Answer 19: If you remain well and do not develop cancer, your children are less likely to be at risk. They can be referred for assessment however when they are older, ideally in their 30s