

Very high risk

If you fall into this category you will have a mammogram and MRI yearly in Nottingham. Your clinical review will continue yearly at your local hospital.

How do I get more information?

When you attend the clinic the benefits and limitations of screening will be explained to you.

If you need further information at another time you can contact Nicky Turner (contact details below).

Tel: 01476 593945 and leave a message
Email: breastteam.grantham@ulh.nhs.uk

We hope this leaflet has answered some of your questions. If you require any more advice please contact us.

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific information.

Breast Cancer Care
0808 800 6000
www.breastcancercare.org.uk

breast
cancer
care

Breast cancer now
08080 100200
www.breastcancer.org

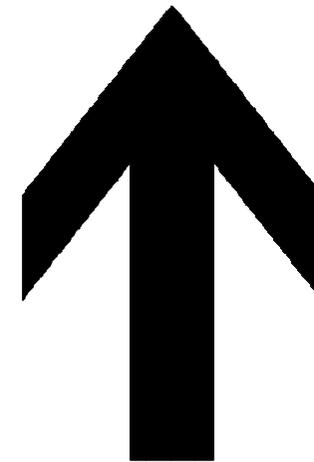
breast cancer
now

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

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Family History Clinic Information

High risk



Breast Services

www.ulh.nhs.uk

Population risk

There is a chance that breast cancer can be familial and therefore you have been seen in the family history clinic to assess your personal risk. There is approximately a 5% chance that there could be a defective gene causing familial breast cancer, however, for 95% of patients their breast cancer is not familial.

The risk of developing breast cancer increases with age and therefore breast screening programmes are in place to manage this risk.

Your risk

Following your visit to clinic today and based on the information you have provided, we have been able to calculate your predicted risk as below:

This shows:

Your 10-year risk is

Your lifetime risk is

We use the following criteria to establish your surveillance schedule. This is:

Low Risk:	< 3% 10-year risk	< 17% lifetime risk
Moderate Risk:	3-8% 10-year risk	> 17-30% lifetime risk
High Risk	> 8% 10-year risk	> 30% lifetime risk

Therefore based on the above assessment, we would recommend that you follow the **high risk pathway**. This is:

- Annual clinical review until aged 60.
- Mammograms yearly aged 40-59.
- Discuss genetic referral.
- Discuss chemoprevention (preventative medication).
- Advised to remain breast aware.

We will provide you with information with regard to Breast Awareness, Lifestyle advice, mammography risks/benefits and chemoprevention.

What next

Your risk assessment may change if there is a change in your family history. It is therefore important to advise us of any changes you are made aware of. We can then recalculate your predicted risk and advise you if your surveillance pathway should change.

Clinical Genetics Service

We can refer you to the clinical genetics service for further advice and to determine if genetic testing may be recommended in your family. You may decide not to progress with this at present, however, you can change your mind at any time.

The process would involve us referring you to Nottingham and they would offer you an appointment at your local hospital. They will counsel you with regard to your risk and make recommendations to you. You can then decide how you wish to proceed.

You will not have the genetic blood test until you and the genetic counsellor agree it is appropriate in your case.

Further support

There may be local or national support groups that are able to offer you support and you can obtain free leaflets from:

www.breastcancercare.org.uk or
www.breastcancernow.org

Clinical trials

There may be clinical trials that are appropriate for you to consider enrolling in. We may contact you with regard to these, however, you are under no obligation to consider these if you do not want to.