

Familial Breast Cancer in Primary Care – Quick summary!

The updated NICE guideline *Familial Breast Cancer* (CG164) has resulted in changes to the care of women with a family history of breast cancer, mainly at secondary and tertiary care level. However the guideline does not include changes to recommendations for care of these women within primary care; they are therefore unlikely to result in a significant change in workload for the individual GP.

Secondary Care:

Most women who are at above-population risk will now be cared for within Secondary care (Breast Units or Family History clinics) rather than the Regional Genetics Centres. Secondary care will collect any necessary information to confirm the family history, perform a risk assessment and institute appropriate further management. This represents a major change for many breast care units, and training is currently being put in place to support this. Recommendations for the resulting changes in commissioning have been made by the Strategic Clinical Network and agreed at CCG level.

Primary Care:

You should receive a pathway summarising the guidance for Primary Care, and also guidance for Tamoxifen prescribing in Primary Care.

Family History taking and initial assessment:

As previously, the role of primary care is to discuss family history in response to patient concern or if clinically relevant (for instance if a woman has breast symptoms or is considering an oral contraceptive pill / HRT). GPs are not expected to pro-actively case-find. The family history and criteria for referral have remained unchanged, only the route for onward referral.

Surveillance:

More women will become eligible for additional screening outside the NHS Breast Screening programme; again Primary Care will not be expected to actively identify these women, but to respond to concerns raised within a consultation. The attached pathway also includes information as to which women may need re-referral.

Prophylactic Tamoxifen:

There aren't confirmed data for the number of women who will be eligible for, and request, Tamoxifen on a preventative basis; however on current information and evidence it is likely to be a low number for an individual GP (in the order of 1/1000 women). The decision regarding eligibility will be made within secondary care NOT within primary care; I hope the attached guidance is helpful.

Next steps!

- The pathway is in the process of being converted to electronic template form for SystemOne and EMIS
- A list of named secondary care contacts for any queries regarding Tamoxifen is being prepared
- The pathway / electronic template will be populated with weblinks to useful resources, including
 - What to expect from a referral
 - Links to a family history assessment tool (s)
 - Written information for patients at population risk.