Dear Colleagues,

We have been asked to provide some clarity regarding the use of chemoprevention in patients with a family history of breast cancer. The following information pertains to patients in Cornwall, who would therefore be eligible to access the Family history service at the Mermaid Centre. For patients elsewhere in the peninsula, advice will need to be sought from your local family history service.

The MHRA has this month authorised the use of Anastrozole to reduce the risk of breast cancer in postmenopausal women who are at increased lifetime risk of breast cancer (moderate or high risk). The reporting of this information in the media has prompted many patients to consult with their GP about eligibility for and access to this drug.

NICE [clinical Guideline CG164](https://www.nice.org.uk/guidance/cg164?UID=10964832420231130181754) has always advised that patients assessed to be at moderate or high lifetime risk of breast cancer should be offered chemoprevention for up to 5 years in the form of:

Tamoxifen for premenopausal patients

Anastrozole for postmenopausal patients

As part of our family history risk assessments, we have advised patients of this, sending them the appropriate NICE patient decision making aids.

Until this month, both Tamoxifen and Anastrozole have been prescribed for this indication, Anastrozole being prescribed off-licence. Therefore, the only change is that Anastrozole is now licenced as chemoprevention.

Our advice for patients in Cornwall is as follows:

We are happy to provide a risk assessment in the Family history service for patients who meet the criteria from NICE CG164 for referral to secondary care as detailed the table below. Patients who do not meet these criteria will be considered as being at no greater risk than the background population, and thus are not eligible for chemoprevention.

|  |
| --- |
| Take full two generation family history**Refer for advice if criteria in one or more columns met** |
| one relative (FD)  | Two relatives (FD or SD) | Three relatives (FD or SD) | Any FD or SD FH of breast cancer **PLUS** FH of any of |
| Female breast cancer under age 40 | Breast cancer at any age (**at least one FD**) | Breast cancer at any age | * Bilateral Breast Cancer
* Male Breast Cancer
* Ovarian Cancer
* Jewish Ancestry
* Sarcoma in a relative younger than 45
* Glioma or childhood adrenal cortical carcinoma
* Complex pattern of multiple cancers at young age
* 2 or more relatives in paternal family with breast cancer
 |
| Male breast cancer any age | One each of breast and ovarian cancer |
| Bilateral breast cancer under age 50 |
| **FD = First Degree** | **SD = Second Degree** | **FH = Family History** |

**For patients under age 60** - we will carry out a risk assessment as we have always done, advising whether any additional screening is indicated (annual screening may be offered up to age 49 or 59 depending on risk assessment), and also advising whether the patient may be eligible to consider the use of chemoprevention. These patients will be sent the appropriate NICE decision making Aid and Information leaflet.

**For patients over 60** with no previously identified gene mutation**,** no additional screening is indicated but we will carry out a risk assessment and advise whether the patient is eligible for anastrozole.

If the patient wishes to proceed with chemoprevention they will then need to discuss this with their GP, with a view to prescribing, taking into account comorbidities and other medications. GPs should be aware that if the patient wishes to commence Anastrozole they will need to request a DEXA scan as Anastrozole is contraindicated in severe osteoporosis. Dependant on the outcome of the DEXA scan, bone protection may be additionally advised.

We would like to highlight that this represents no change to the service previously offered to women under 60. We have not previously assessed women over 60 as they are not eligible for additional screening but are now happy to do so with regards to advice about eligibility for chemoprevention.

30 Nov 2023