20240829 FOI ref 290-2425

This request is not applicable to UHNM, we have never commissioned family history service

FOI request- family history units

Please note – These questions relate specifically to <u>people referred into a family history</u> <u>service from primary care based on their family history of cancer</u>, not those who had been previously assessed and assigned a pathway by clinical genetics or were referred due to a personal diagnosis of breast cancer.

 Does your trust have a familial cancer service or services (for example, as part of a breast care team, family history clinic, or breast clinic) that manage people who could be at an increased risk of breast cancer because of a history of the disease or related cancers in their family? (Yes/No)

a) If no, please answer question 2 NO
b) If yes, please answer questions 3-5.

- 2. If your trust does not have a familial cancer service, where do you refer patients who need to have their familial breast cancer risk assessed? breast team here give family history forms to patient's who are deemed to be possibly at risk due to their family history to complete and they send direct to the Birmingham genetics unit
- 3. If your trust does have a familial cancer service, could you please provide us with:
 - a) The number of referrals your unit has received for assessment of possible familial breast cancer risk for each of the following periods: GPs are asked to send these referrals directly to the Birmingham genetics team

Time period	Number of referrals
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

b) How many patients were identified as moderate risk* of breast cancer for each of the following periods: Not held

Time period	Number of moderate risk patients
1st April 2021-31st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

c) How many patients were identified as high risk** of breast cancer for each of the following periods: Not held

Time period	Number of high-risk patients
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

* As defined by <u>NICE in CG164</u> - Lifetime risk from age 20 of greater than 17% but less than 30%, or risk between ages 40 and 50 of between 3 to 8%

** As defined by <u>NICE in CG164</u> - Lifetime risk from age 20 of greater than 30%, or risk between ages 40 and 50 of greater than 8%, or a 10% or greater chance of a gene mutation being harboured in the family

4. Which services do you offer to patients who are assessed as being at increased risk?

Please indicate with a **X** which risk management options are offered to individuals according to their age and calculated risk level by your service. Please leave related box **blank** if your service does not offer a particular service.

In regard to the provision of screening surveillance, please include any screening offered through the very high-risk programme and by your service for certain screening technologies that are only used under specific conditions (e.g. in the case of dense breast pattern)

breast pattern)			in the second
	Moderate risk	High risk	i lledito
Information about modifiable risk factors and behavioural changes to reduce risk	Not held	Not held	omisi
Chemoprevention	Not held	Not held	
Risk reducing surgery	Not held	Not held	1

	0,4	High risk				
Screening surveillance	Moderate risk	<30% chance of BRCA/TP5 3 carrier	>30% chance of BRCA carrier	Known BRCA mutation	>30% chance of TP53 carrier	Known TP53 mutation
Annual MRI						
20-29	Not held	Not held	Not held	Not held	Not held	Not held
30-39	Not held	Not held	Not held	Not held	Not held	Not held
40-49	<mark>Not held</mark>	<mark>Not held</mark>	Not held	<mark>Not held</mark>	Not held	<mark>Not held</mark>
50-59	<mark>Not held</mark>	<mark>Not held</mark>	Not held	<mark>Not held</mark>	Not held	<mark>Not held</mark>
60-69	Not held	Not held	Not held	<mark>Not held</mark>	Not held	Not held
70+	Not held	Not held	Not held	Not held	Not held	Not held
Annual Mammography	•				· · · ·	

20-29						
	Not held	<mark>Not held</mark>	Not	<mark>Not held</mark>	<mark>Not</mark>	<mark>Not held</mark>
30-39			<mark>held</mark>		<mark>held</mark>	
	<mark>Not held</mark>	<mark>Not held</mark>	Not	<mark>Not held</mark>	<mark>Not</mark>	<mark>Not held</mark>
40-49			held		<mark>held</mark>	
	<mark>Not held</mark>	<mark>Not held</mark>	Not	<mark>Not held</mark>	<mark>Not</mark>	<mark>Not held</mark>
50-59			<mark>held</mark>		<mark>held</mark>	
	<mark>Not held</mark>	<mark>Not held</mark>	<mark>Not</mark>	<mark>Not held</mark>	<mark>Not</mark>	<mark>Not held</mark>
60-69			held		<mark>held</mark>	0
	Not held	<mark>Not held</mark>	Not	<mark>Not held</mark>	Not	Not held
70+			held		held	
Mammography as part						
Mammography as part the population screeni programme						
		Not held	Not	Not held	Not	Not held
the population screeni	ng	Not held	Not held	Not held	Not held	Not held
the population screeni programme	ng	Not held		Not held Not held		
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5. For people referred into your family history service, does your unit have any additional inclusion criteria it uses to determine who can receive different types of support, in addition to the eligibility criteria outlined in <u>NICE CG164 guidance</u>, and if so, what are those criteria for:

Undertaking an initial family history risk assessment	Not held
Access to risk-reduction interventions, both chemoprevention and mastectomy	Not held
Access to enhanced surveillance screening	Not held