

Protocol High Risk Breast Clinic – Groote Schuur Hospital

Very high risk patients

- Any highly penetrant variants (including BRCA1, BRCA2, TP53, PTEN, CDH1, PALB2, and STK11)
- IBIS breast risk score
 - > 30% Lifetime risk
 - > 8% 10 year risk

Intermediate risk patients

- Any moderately penetrant variants (such as ATM, CHEK2, BARD1, NF1, and RAD51C/D)
- IBIS breast risk score
 - 25 – 29% Lifetime risk
 - 5-7 % 10 year risk

Lower risk patients

- IBIS breast risk score
 - <25% Lifetime risk
 - < 5% 10 year risk

Management

- **High-risk patients**
 1. Offer bilateral risk-reducing surgery – If the patient is interested she needs to be seen by a consultant to counsel and then added to the waiting list
 2. 6 Monthly clinical breast examinations in high-risk clinic
 3. Yearly MRI from 25 – 30 years
 4. Baseline mammogram at 30 years
 - If ACR C / D density, then continue with yearly MRI alternating with MMG so that the patient has either an MMG or MRI every six months
 - If ACR A / B density, then continue with yearly MMG only
- **Intermediate risk patients**
 1. Baseline mammogram at 40
 2. Consider MRI if ACR C / D density
 3. Yearly mammogram via telephone clinic
 4. Educate the patient how to do breast self-examination and what symptoms to look out for
 5. Make a clear note in the folder that the patient is an intermediate-risk patient and should continue with yearly mammograms via the telephone clinic.
 6. Discharge from high-risk clinic

- **Lower risk patients**

1. Educate the patient how to do breast self-examination and what symptoms to look out for
2. Discharge from high-risk clinic

*Use ask2me.org website for guidelines on other clinics to attend for patients with genetic mutations. E.g. BRCA patients need an appointment at the gynae high-risk clinic in LE33

*In TP53 patients, MMG is contraindicated, and they should have yearly MRI