

BRCA1 or BRCA2 – risk management (female)

ID: 3814 v.3 Under review

Cancer/tumour risk management guidelines

The choice of risk management strategy should take into account current age, other health issues and age-related cancer risk.

The impact of lifestyle on cancer risk should be discussed e.g. exercise regularly, maintain a healthy weight, have a healthy diet, limit alcohol intake, do not smoke and avoid excessive sun exposure.

Cancer/tumour type	Recommendations		
Breast	Surgical	Offer bilateral risk-reducing mastectomy followed by self surveillance of breast area. The greatest benefit is predicted when surgery occurs at age ≤ 40 years ³	
	Surveillance	In families with breast cancer diagnosed under age 35 years, individualised screening recommendations may apply; otherwise, begin screening from age 30 years	
		Age	Strategy and frequency
		30-40 years	Annual MRI, +/- US
		40-50 years	Annual MRI, +/- MMG, +/- US
		Over age 50 years	Annual MMG, +/- US (consider MRI if over age 50 years with dense breast tissue)
Pregnant	No MRI or MMG, consider US		
Risk-reducing medication	<ul style="list-style-type: none"> Consider use of medication to reduce risk of developing breast cancer: <ul style="list-style-type: none"> Pre-menopausal women from age 35 years may consider tamoxifen Post-menopausal women may consider raloxifene, aromatase inhibitors or tamoxifen Requires assessment of risks and benefits for an individual woman by an experienced medical professional. See COSA - Medications to lower the risk of breast cancer: clinician guide 		
Ovarian/fallopian tube	Surgical (BRCA1)	Recommend RRSO from the age of 35 years (and after family completion) ⁴ with peritoneal lavage and close histological examination ^{^^}	
	Surgical (BRCA2)	Recommend RRSO from the age of 40 years (and after family completion) ⁴ with peritoneal lavage and close histological examination ^{^^}	
	Surveillance	Do not offer serum CA125 and/or transvaginal ultrasound (TVU)	
Pancreatic	Surveillance	<ul style="list-style-type: none"> Lack of evidence of benefit from screening. Should be undertaken only as part of a clinical trial^{^^^} Avoid smoking 	

Abbreviations: RRSO - risk-reducing salpingo-oophorectomy, US - ultrasound, MMG - mammogram (digital if available), MRI - magnetic resonance imaging.

^{^^} Histological examination should be according to the SEE-FIM protocol to exclude occult malignancy⁵

^{^^^} Refer to [Australian Pancreatic Cancer Genome Initiative](#) for up-to-date screening trials.

The information contained in this document is based on the highest level of available evidence and consensus of the eviQ reference committee regarding their views of currently accepted approaches to care or treatment. Any clinician seeking to apply or consult this document is expected to use independent clinical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. While eviQ endeavours to link to reliable sources that provide accurate information, eviQ and the Cancer Institute NSW do not endorse or accept responsibility for the accuracy, currency, reliability or correctness of the content of linked external information sources. Use is subject to eviQ's disclaimer available at www.eviQ.org.au

First approved: 2 July 2020

Review due: 2 July 2022

The currency of this information is guaranteed only up until the date of printing:

02 Aug 2023