A blue and white sign

Description automatically generated with medium confidence

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Referral to the NHSBSP for very high-risk screening** | | | | | | | | |
| **Section A: to be completed by the referrer** | | **Patient details** | | | | | | | | |
| Name:  Address:  Postcode:  Telephone No:  GP details: | | | | | NHS No:  DOB:  Mobile: | | | |
| Referrer name: (such as Geneticist / geneticist nominee, Oncologist, BARD):  Address (with postcode):  Referee name (such as alternative BSS service):  Address: | | | | | | | | |
| Please indicate relevant family history members with age of diagnosis, relationship and attach copy of genetics letter indicating level of risk. | | | | | | | | |
| Previous history of breast cancer? Yes  No  If previous breast surgery, does breast tissue remain?  Right breast: Yes  No  Uncertain  Left breast: Yes  No  Uncertain  Does the woman have implants?  Right breast: Yes  No  Uncertain  Left breast: Yes  No  Uncertain | | | | | | | | |
|  | **Section B: to be completed by Genetics/Oncology/BARD** | **Please tick the imaging requested, based on risk and age** | | | | | | | | |
|  | **BRCA carriers, PALB2** | | | | | | | | |
|  | Tested:  BRCA1  BRCA2  PALB2  Risk equivalent, not tested:  First degree relative (BRCA1/2, PALB2) aged <30 (evidence of 10-year risk required)  First degree relative (BRCA1/2) aged 30-50  Other untested (including PALB2) (evidence of 10-year risk required) | | | | | | | | |
|  | **Other gene mutations** PTEN  STK11  (evidence of NHS geneticist CDH1 (E-Cadherin)  confirmation of pathogenic Any other gene:  variant required) | | | | | | | | |
|  |  | |  | | | |  | |  |
|  | BRCA1, BRCA2, Risk equiv. PALB2 and other gene mutations only | | 25 to 29 | | | | MRI (with evidence 8%, 10-year risk) | |  |
|  |  | | 30 to 39 | | | | MRI | |  |
|  |  | | 40 to 50 | | | | MRI + mammography | |  |
|  | \* Risk equivalent not screened after 50 years | | \*51 to 70 | | | | Mammography +/- MRI | |  |
|  | Woman aged >70 requires screening (patient informed regarding need to self-refer annually) | | | | | | MRI+mammography density review thereafter Mammography +/- MRI | |  |
|  | **TP53 (has Li-Fraumeni)**  **TP53 untested (at 50% of a TP53 likely/pathogenic variant)** | | 20 to 70  20 to 50 | | | | MRI  MRI | |  |
|  | **A-T homozygotes** | | 25 to 70 | | | | MRI | |  |
|  | **Radiotherapy to breast tissue – irradiated when aged between 10-19 years** | | 25 to 29  30 to 39  40 to 50  51 to 70 | | | | MRI  MRI  MRI + mammography  Mammography +/- MRI | |  |
|  | Date first irradiated (dd/mm/yyyy): | | | | | | | | |
|  | **Radiotherapy to breast tissue – irradiated when aged between 20-35 years** | | 30 to 39 | | | | MRI | |  |
|  | 40 to 50 | | | | MRI + mammography | |  |
|  | 51 to 70 | | | | Mammography +/- MRI | |  |
|  | Date first irradiated (dd/mm/yyyy): | | | | | | | | |
|  | **If radiotherapy to breast tissue, was this for…** | | Hodgkins Lymphoma | | | | Non-Hodgkins  Lymphoma | |  |
|  | Other | | | | | | |
|  | I can confirm that the woman is 18 years of age or older and has been informed that her details will be shared with the NHS Breast Screening Programme for the purpose of screening invitations when she becomes eligible\*. | | | | | | | | |
|  | Signed: Role: | | | | | | | | |
|  | Date: Print name:  \*BARD are excluded from this activity | | | | | | | | |
| **Section C: To be completed by BSS** | | | | | | | | | | |
| Referral accepted for very high-risk screening | | | | | |  | | | | |
| Referral rejected for very high-risk screening | | | | | |  | | | | |
| Reason for rejection: | | | | | | | | | | |
| **Please complete details below and copy form to the referrer as receipt of referral.** | | | | | | | | | | |
| Radiotherapy referrals: [chn-tr.bard@nhs.net](mailto:chn-tr.bard@nhs.net) | | | | | | | | | | |
| Clinical genetics: referring clinical genetics service | | | | | | | | | | |
| Oncology referrals: to individual oncologist and [chn-tr.bard@nhs.net](mailto:chn-tr.bard@nhs.net) | | | | | | | | | | |
| Woman invited (yes/no) | | |  | | Woman screened (yes/no) | | | |  | |
| **Authoriser’s name:**  **Authoriser’s signature:**  **Date:**  (Referral forms can be accepted / rejected by a consultant radiologist, consultant practitioner or breast clinician.) | | | | | | | | | | |

V3.13