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|  | **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 7020 to 50 | MRIMRI | [ ] [ ]  |
|  |  | **A-T homozygotes** | 25 to 70 | MRI |[ ]
|  |  | **Radiotherapy to breast tissue – irradiated when aged between 10-19 years** | 25 to 2930 to 39 40 to 50 51 to 70 | MRIMRI MRI + mammographyMammography +/- 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 |
| Clinical genetics: referring clinical genetics service |
| Oncology referrals: to individual oncologist and 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