

ANASTROZOLE: REDUCING RISK OF DEVELOPING BREAST CANCER IN MODERATE AND HIGH RISK PATIENTS

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs

December 2023

As noted in our email to all represented Sheffield GPs on 13 November 2023, we requested information on how Sheffield patients can be assessed for the potential benefit of commencing Anastrozole. We received the following helpful update from Dr Claire Mills, Breast Clinician/Clinical Lead, Breast Family History Service at Sheffield Teaching Hospitals NHS Foundation Trust:

BACKGROUND

This is not a new medication. The 2013 NICE CG164 familial breast cancer guidelines recommended offering Tamoxifen for pre-menopausal women at moderate or high risk, and post-menopausal women Anastrozole for risk reduction. These guidelines were fully implemented in Sheffield in 2015, offering chemoprophylaxis to all patients who attend the Breast Family History Clinic and are deemed either moderate or high risk.

GENETIC MUTATIONS

Very high-risk patients are those with a genetic mutation - namely BRCA1, BRCA2 and PALB2. The BRCA2 and the PALB2 mutation carriers are now being offered these tablets. Good trial-based information as to how beneficial the medication is to gene carriers is not available, although it is thought that it is worth offering this. BRCA1 gene carriers are at much higher risk of a triple negative breast cancer, which are not influenced by these chemoprophylaxis drugs. However, that decision is being reviewed with current best practice and new research data, which may mean it is offered to BRCA1 carriers too going forward.

All patients who have been seen over the last 8 years will have been given a comprehensive letter telling them where they are in the risk score, and all those who are eligible have been given information to go and look at about chemoprophylaxis. Information about a patient decision aid tool is given, which is available to help patients make the decision as to whether to take these medications.

SIDE EFFECTS

Side effects result in a drop out rate of 25%, even in patients who have had breast cancer. Therefore, it is expected that patients who are taking these medications for risk reduction alone to have a higher drop out rate, perhaps as high as 33%.

PROCESS

Very few patients want the drug at their initial assessment, but there are a handful of patients who return requesting a prescription to start one of the chemoprophylaxis medications at a later date. They are instructed to email in to the Breast Family History Clinic email address (sth.breastfh@nhs.net) and, at that point, they receive a telephone call to arrange to leave a prescription for them in the hospital pharmacy. A written communication then goes to the patient's GP letting them know their patient is starting new medication, asking the GP to put that medication on their repeat prescription and noting when to stop it.

Advice is also given about metabolic bone scans, should they be indicated. It would be usual to request a metabolic bone scan for a patient taking Anastrozole. However, pre-menopausal patients taking Tamoxifen do not need metabolic bone scans related to this medication.

The Breast Family History Service continues to see patients who are referred into the clinic, and those who are eligible will be given information about these drugs. GPs can continue to direct patients with a family history to the service. Primary Care referral criteria can be found in sections 1.3.3 to 1.3.6 of [NICE CG164](#).

NOTE: The above only applies to patients previously assessed and already on the screening programme or waiting to join the screening programme. It is not for new patients who need a full assessment. These patients need a referral from the GP.