

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-082024-0001030

Date: 16/09/2024

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

Request

1. Does your trust have a familial cancer service or services (for example, as part of a breast care team, family history clinic, or breast clinic) that manage people who could be at an increased risk of breast cancer because of a history of the disease or related cancers in their family? (Yes)
2. If no, please answer question 2
3. If yes, please answer questions 3-5.
4. If your trust does not have a familial cancer service, where do you refer patients who need to have their familial breast cancer risk assessed?
5. If your trust does have a familial cancer service, could you please provide us with:
 - a) The number of referrals your unit has received for assessment of possible familial breast cancer risk for each of the following periods:

Time period	Number of referrals
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

- b) How many patients were identified as moderate risk* of breast cancer for each of the following periods:

Time period	Number of moderate risk patients
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

- c) How many patients were identified as high risk** of breast cancer for each of the following periods:

Time period	Number of high-risk patients
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

* As defined by [NICE in CG164](#) - Lifetime risk from age 20 of greater than 17% but less than 30%, or risk between ages 40 and 50 of between 3 to 8%

** As defined by [NICE in CG164](#) - Lifetime risk from age 20 of greater than 30%, or risk between ages 40 and 50 of greater than 8%, or a 10% or greater chance of a gene mutation being harboured in the family

6. Which services do you offer to patients who are assessed as being at increased risk?

Please indicate with a **X** which risk management options are offered to individuals according to their age and calculated risk level by your service. Please leave related box **blank** if your service does not offer a particular service.

In regard to the provision of screening surveillance, please include any screening offered through the very high-risk programme and by your service for certain screening technologies that are only used under specific conditions (e.g. in the case of dense breast pattern)

	Moderate risk	High risk
Information about modifiable risk factors and behavioural changes to reduce risk		
Chemoprevention		
Risk reducing surgery		

Screening surveillance	Moderate risk	High risk				
		<30% chance of BRCA/TP53 carrier	>30% chance of BRCA carrier	Known BRCA mutation	>30% chance of TP53 carrier	Known TP53 mutation
Annual MRI						
20-29						
30-39						
40-49						
50-59						
60-69						
70+						
Annual Mammography						
20-29						
30-39						
40-49						
50-59						
60-69						
70+						
Mammography as part of the population screening programme						
20-29						
30-39						
40-49						
50-59						
60-69						
70+						

7. For people referred into your family history service, does your unit have any additional inclusion criteria it uses to determine who can receive different types of support, in addition to the eligibility criteria outlined in [NICE CG164 guidance](#), and if so, what are those criteria for:

Undertaking an initial family history risk assessment	
Access to risk-reduction interventions, both chemoprevention and mastectomy	
Access to enhanced surveillance screening	

Response

- 1. Does your trust have a familial cancer service or services (for example, as part of a breast care team, family history clinic, or breast clinic) that manage people who could be at an increased risk of breast cancer because of a history of the disease or related cancers in their family? (Yes/No)
- 2. If no, please answer question 2
- 3. If yes, please answer questions 3-5.
- 4. If your trust does not have a familial cancer service, where do you refer patients who need to have their familial breast cancer risk assessed?
- 5. If your trust does have a familial cancer service, could you please provide us with:

a) The number of referrals your unit has received for assessment of possible familial breast cancer risk for each of the following periods:

Time period	Number of referrals
1 st April 2021-31 st March 2022	45
1 st April 2022-31 st March 2023	58
1 st April 2023-31 st March 2024	62

b) How many patients were identified as moderate risk* of breast cancer for each of the following periods:

We are unable to answer this as we do not hold the information you have requested in a reportable format. When information is not in a reportable format the ICO guidance clearly states “FOIA only applies to information that a public authority already holds in recorded form at the time of a request. If you do not hold a particular piece of information that someone has asked for, you don’t have to create it.”

Time period	Number of moderate risk patients
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	
1 st April 2023-31 st March 2024	

c) How many patients were identified as high risk** of breast cancer for each of the following periods:

We are unable to answer this as we do not hold the information you have requested in a reportable format. When information is not in a reportable format the ICO guidance clearly states “FOIA only applies to information that a public authority already holds in recorded form at the time of a request. If you do not hold a particular piece of information that someone has asked for, you don’t have to create it.”

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	Moderate risk	High risk
Information about modifiable risk factors and behavioural changes to reduce risk	X	X
Chemoprevention	X	X
Risk reducing surgery	X	X

Screening surveillance	Moderate risk	High risk				
		<30% chance of BRCA/TP53 carrier	>30% chance of BRCA carrier	Known BRCA mutation	>30% chance of TP53 carrier	Known TP53 mutation
Annual MRI						
20-29						
30-39						
40-49						
50-59						
60-69						
70+						
Annual Mammography						
20-29						
30-39						
40-49	X					
50-59	X					
60-69	X					
70+						
Mammography as part of the population screening programme						
20-29						
30-39						
40-49						
50-59						
60-69	X					
70+						

7. For people referred into your family history service, does your unit have any additional inclusion criteria it uses to determine who can receive different types of support, in addition to the eligibility criteria outlined in [NICE CG164 guidance](#), and if so, what are those criteria for:

Undertaking an initial family history risk assessment	
Access to risk-reduction interventions, both chemoprevention and mastectomy	

Access to enhanced surveillance screening	
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If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust