Improvement in risk prediction, early detection and prevention of breast cancer in the NHS Breast Screening Programme and family history clinics: a dual cohort study

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Declared competing interests of authors: Jack Cuzick reports grants from AstraZeneca for being on the advisory board, and funding of the prevention trial outside the submitted work.

Published August 2016 DOI: 10.3310/pgfar04110

Plain English summary

Risk prediction, early detection and prevention of breast cancer Programme Grants for Applied Research 2016; Vol. 4: No. 11 DOI: 10.3310/pgfar04110

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n the UK, women are invited for 3-yearly breast screening through the NHS Breast Screening Programme (NHSBSP) from the ages of 47–50 years to the ages of 69–73 years. Women who have family histories of breast cancer can obtain enhanced screening from the age of 40 years. Risk prediction models are able, using known risk factors such as family history/hormonal/reproductive factors, to categorise women by risk, although accurate individual risk prediction has remained difficult. The identification of other important risk factors such as mammographic breast density (MD) and common variations in a person's genes (single nucleotide polymorphisms) has made it possible to improve breast cancer risk prediction models. We have shown, in two large studies of over 63,000 women, that the Tyrer–Cuzick (TC) risk prediction model accurately predicts breast cancer risk, although further improvements are probably required.

Risk identification is improved by using deoxyribonucleic acid (DNA) and a visual assessment of MD. In the NHSBSP, using a combination of TC and MD predicts that 70% of the population with average or below average risks have very low rates of advanced breast cancer. A preliminary analysis suggested that using a risk-based screening programme could be a good use of NHS resources. However, more research is needed to generate evidence of the impact of introducing the proposed risk-based screening programme at a national level on health-care resource use and patient benefits.

We conclude that risk precision can be improved significantly by using DNA and MD, and can potentially be used to stratify NHSBSP screening to identify those at greater risk of high-stage cancers for enhanced screening, but that 3-yearly screening appears effective in 70% of the population.

Programme Grants for Applied Research

ISSN 2050-4322 (Print)

ISSN 2050-4330 (Online)

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

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This report

The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0707-10031. The contractual start date was in January 2009. The final report began editorial review in September 2014 and was accepted for publication in October 2015. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, CCF, NETSCC, PGfAR or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health.

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