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BREAST CANCER GENETICS

Recognise inherited risk. Understand your options.

Most breast cancers are not caused by an inherited high-risk variant. However, around 5–10% are associated with inherited gene changes. Understanding your risk may create options for earlier screening or prevention.

7 SIGNS WORTH KNOWING

1 **Breast cancer before 40**

A younger diagnosis may indicate inherited risk.

2 **Any male breast cancer**

Male breast cancer at any age is an important clue.

3 **Triple-negative breast cancer**

Especially when diagnosed at a younger age.

4 **Several relatives affected**

Particularly on the same side of the family.

5 **Cancer in both breasts**

Two separate primary breast cancers can be relevant.

6 **Other cancers in the family**

Ovarian, pancreatic or prostate cancer – especially prostate cancer before 65 or aggressive/metastatic disease.

7 **Known inherited gene variant**

For example, BRCA1, BRCA2 or PALB2.

YOUR FATHER'S FAMILY HISTORY COUNTS TOO.

You inherit genes from both parents. Your paternal grandmother's breast cancer, grandfather's pancreatic cancer or father's prostate cancer could all be relevant to your risk.

These are clues, not a diagnosis. Having none of them does not completely exclude inherited risk.

Could you qualify?

Examples of NHS family history referral criteria

NICE recommends referral for specialist assessment in certain circumstances, including:

- A mother, sister or daughter with breast cancer before 40.
- A father, brother or son with breast cancer at any age.
- Two first-degree relatives with breast cancer.
- One first-degree and one second-degree relative with breast cancer.
- A first-degree relative with breast cancer in both breasts, first diagnosed before 50.
- Certain combinations of breast and ovarian cancer in the family.
- Three first- or second-degree relatives with breast cancer.

WHO IS A FIRST- OR SECOND-DEGREE RELATIVE?

First-degree: parents, children, brothers and sisters.
Second-degree: grandparents, grandchildren, aunts, uncles, nieces, nephews and half-siblings.

ELIGIBILITY IS NOT A GENETIC RESULT

Meeting NHS criteria does not mean you carry a variant; most people assessed will not. Not meeting criteria does not rule one out. Referral for assessment is also different from eligibility for genetic testing.

These examples relate to referral of people without breast cancer and are not exhaustive. Personal cancer diagnoses (including some triple-negative cancers) have separate testing pathways.

OFFICIAL NICE GUIDANCE

NICE CG164 · Familial breast cancer
Scan to see the full referral criteria.

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What should you do?

A practical route from family history to informed action

01 Gather your family history

Which blood relatives had cancer? What type, at what age, and on which side of the family? Note any previous genetic tests.

02 Consider who should be tested first

Testing an affected relative is often more informative. If a family variant is found, other relatives can have targeted testing.

03 Ask your NHS GP

Your GP can review the history and consider referral to a breast family history service or clinical genetics.

04 Review older negative genetic tests

Earlier tests sometimes examined only BRCA1 and BRCA2. A review of the original report may identify whether newer testing is useful; not everyone needs repeat testing.

05 Understand your options

A confirmed inherited risk may lead to MRI or mammography, risk-reducing medicines or surgery, and testing for relatives, as appropriate.

WHAT TO SAY TO YOUR GP

"I am concerned about inherited cancer risk in my family. Could we review my family history and whether I should be referred for genetic assessment?"

A negative test does not guarantee you will not develop cancer. Screening and prevention advice should always reflect your overall risk, not just a genetic result.

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Your family cancer history

Complete this and take it to your GP appointment

MOTHER'S SIDE

RELATIVE	TYPE OF CANCER	AGE

FATHER'S SIDE

RELATIVE	TYPE OF CANCER	AGE

Previous genetic testing? □ Yes □ No □ Not sure

If yes, which gene or result? _____

Questions to ask my GP: _____

AT-HOME INHERITED CANCER TESTING

Coyne Medical offers doctor-led testing from home: a pre-test GP video consultation, a posted saliva kit, a multigene cancer panel and a scheduled results consultation.

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COYNE MEDICAL · 660 Fulham Road, London SW6 5RX
020 7731 3077 · reception@coynemedical.com · coynemedical.com

Dr Lucy Hooper, MB BS BSc MRCGP MA DRCOG DCH · Co-Founder & Medical Director. A physician specialising in prevention and inherited cancer risk; PALB2 carrier and risk-reducing mastectomy patient.

INFORMATION CORRECT AS AT 25 OCTOBER 2026

This guide is for general information only. It is not personal medical advice, a consultation or an individual genetic risk assessment. Discuss your family history, screening and all medical decisions with your own doctor or healthcare team. NHS criteria and recommendations may change.
Sources: NICE CG164; NICE NG241; NHS England National Genomic Test Directory.