

Dear Practitioner,

Breast Cancer risk in NF1 females

Neurofibromatosis type 1 (NF1) is an autosomal dominant inherited tumour predisposition syndrome caused by pathogenic variants in the *NF1* gene.¹ The condition has a high *de novo* mutation rate with around 50-60% of affected individuals being the first in their family. Estimates of birth incidence and prevalence range from 1 in 2,000-2,700 and 1 in 4,000-4,500 respectively.^{2,3} The condition can be diagnosed when at least two of eight major criteria are met. A major criterion and the feature that gives the condition its name is the presence of neurofibromas, on the skin or deep seated nodular or plexiform neurofibromas that can act as precursors to malignant peripheral nerve sheath tumours (MPNST) which are a major cause of early death.^{4,5} Another universal feature is the presence of café au lait birthmarks which are present from birth or soon after

Breast Cancer

For many years, evidence for an increased risk of common cancers in patients with NF1 was largely limited to case reports.⁶⁻¹⁰ Several large studies have now confirmed an increased risk of breast cancer with a lifetime risk of about 20% but importantly a 5-fold risk under 50 with a risk to age 50 of 10% compared to 2% for the average women. This meets NICE criteria for moderate risk with a lifetime risk above 17% and a 10-year risk aged 40 of ~5% (4.2-14%) which is greater than the required 3% by NICE.

NF1 females should therefore in accordance with NICE guidelines be referred for annual mammography screening between 40-50 years of age.

A summary of the relative risks in six cohort studies is shown in Table 1. Taken together, these epidemiological studies reflect that at least half of the breast cancers diagnosed in women with NF1 were under 50 years of age, whereas in the general population, <20% occur by this age.^{9,11} The highest incidence in NF1 is in women younger than 40 years of age, with mortality rates higher than those for women with breast cancer in the general population.^{5,9,14} The cumulative risk for breast cancer by the age of 40 years is 4.7%, over 10 times that of the general population.⁹ This absolute risk rises to around 10% by age 50 years in NF1. NF1 breast cancers on average are more aggressive with higher mortality rates. Screening in one centre in Italy showed improved survival.^{9,12,13,14}

Please therefore refer any woman with NF1 to a local family history clinic for screening between 40-50 years of age.

D. Gareth Evans, MB BS MD FRCP FRCOG

Professor of Medical Genetics and Cancer Epidemiology University of Manchester

Manchester Centre for Genomic Medicine, Manchester University Hospitals NHS Foundation Trust, Manchester, UK

Table 1: Estimated SIRs from 6 cohort studies for breast cancer (BC) risk under age 50 years

Reference	Country	SIR <50 (95%CI)	10-year BC risk 30 years general population UK	Estimated 10-year BC risk 30 years NF1 UK	10-year BC risk aged 40 years general population UK	Estimated 10-year BC risk aged 40 years in NF1 UK
Walker et al⁶	UK	4.02 (1.09–10.3)	0.50%	2%	1.60%	6.50%
Sharif et al⁷	UK	4.9 (2.4– 8.8)	0.50%	2.50%	1.60%	7.80%
Wang et al⁸	USA	8.8 (3.2–19.2)	0.50%	4.40%	1.60%	14%
Madanikia et al¹⁰	USA	4.41 (1.12–12.00)	0.50%	2.20%	1.60%	7%
Seminog and Goldacre¹¹	UK	30–39=6.5 (2.6–13.5), 40–49=4.4 (2.5–7.0),	0.50%	3.20%	1.60%	7%
Uusitalo et al⁹	Finland	<40=11.1 (5.6–19.5) 40–49=2.6 (0.95–5.65)	0.50%	5.50%	1.60%	4.20%

References

- Legius, E. *et al.* Revised diagnostic criteria for neurofibromatosis type 1 and Legius syndrome: an international consensus recommendation. *Genet Med* 23, 1506–1513 (2021).
- Uusitalo, E. *et al.* Incidence and mortality of neurofibromatosis: a total population study in Finland. *J Invest Dermatol* 135, 904–906 (2015).
- Evans, D. G. R. *et al.* Birth incidence and prevalence of tumor-prone syndromes: estimates from a UK family genetic register service. *Am J Med Genet A* 152A, 327–332 (2010).
- Evans, D. G. R. *et al.* Malignant peripheral nerve sheath tumours in neurofibromatosis 1. *J Med Genet* 39, 311–314 (2002).
- Evans, D. G. R. *et al.* Mortality in neurofibromatosis 1: in North West England: an assessment of actuarial survival in a region of the UK since 1989. *Eur J Hum Genet* 19, 1187–1191 (2011).
- Walker, L. *et al.* A prospective study of neurofibromatosis type 1 cancer incidence in the UK. *Br J Cancer* 95, 233–238 (2006).
- Sharif, S. *et al.* Women with neurofibromatosis 1 are at a moderately increased risk of developing breast cancer and should be considered for early screening. *J Med Genet* 44, 481 (2007).
- Wang, X. *et al.* Breast cancer and other neoplasms in women with neurofibromatosis type 1: a retrospective review of cases in the Detroit metropolitan area. *Am J Med Genet A* 158A, 3061–3064 (2012).
- Uusitalo, E. *et al.* Breast cancer in neurofibromatosis type 1: overrepresentation of unfavourable prognostic factors. *Br J Cancer* 116, 211–217 (2017).
- Madanikia, S. A., Bergner, A., Ye, X. & Blakeley, J. O. N. Increased risk of breast cancer in women with NF1. *Am J Med Genet A* 158A, 3056–3060 (2012).
- Seminog, O. O. & Goldacre, M. J. Risk of benign tumours of nervous system, and of malignant neoplasms, in people with neurofibromatosis: population-based record-linkage study. *Br J Cancer* 108, 193 (2013).
- Uusitalo, E. *et al.* Distinctive Cancer Associations in Patients With Neurofibromatosis Type 1. *J Clin Oncol* 34, 1978–1986 (2016).
- Howell, S. J., Hockenfull, K., Salih, Z. & Evans, D. G. Increased risk of breast cancer in neurofibromatosis type 1: current insights. *Breast Cancer : Targets and Therapy* 9, 531 (2017).
- Evans, D. G. R. *et al.* Breast cancer in neurofibromatosis 1: survival and risk of contralateral breast cancer in a five country cohort study. *Genet Med* 22, 398–406 (2020).