# Assessing the impact of personalised risk estimates on the uptake and timing of risk management options in women who have inherited a change in genes associated with an increased risk of breast and ovarian cancer

Submission date	Recruitment status  No longer recruiting	Prospectively registered		
18/03/2022		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
21/06/2022	Ongoing  Condition category	☐ Results		
Last Edited		Individual participant data		
04/09/2025	Cancer	[X] Record updated in last year		

## Plain English summary of protocol

Background and study aims

Women with disease-causing gene changes (faults/mutations) in BRCA1, BRCA2, PALB2, CHEK2 and ATM are at an increased risk of developing certain types of cancer - specifically breast (all genes) and epithelial ovarian cancer (BRCA1, BRCA2, PALB2 only). At present, the risk estimates given by most health practitioners to women are broad (e.g. 35-85% lifetime risk of breast cancer for BRCA1 and BRCA2) and are not personalised. This can make it difficult for women to make informed decisions regarding risk management options available to them. By combining information about genetic, lifestyle and hormonal risk factors, we can produce a narrower, more personalised risk estimate (e.g. 44% lifetime risk of breast cancer). In this study we aim to test whether offering personalised risk estimates to women undergoing predictive testing in genetics centres in the UK and USA better supports women's mental health and choices about their clinical care, relative to standard care. In addition, we will explore the experiences of both staff and women taking part in the study to understand whether personalised risk estimates are acceptable, feasible and cost-effective for use in clinical care.

## Who can participate?

Women who are referred to the Genetics department to discuss "predictive" genetic testing are eligible for this study. Predictive genetic testing is when a relative has been found to have a gene fault, and a family member wishes to see if they also carry the same gene change. To participate, women must be over the age of 18 and able to give informed consent. A woman is not able to take part in this study if she has had a previous diagnosis of breast or ovarian cancer.

## What does the study involve?

Genetic testing will be performed in the usual way. If the test shows that the participant has inherited the gene change, they will be randomly allocated to have a standard risk estimate or the "personalised" risk estimate, using a risk prediction tool called CanRisk. If they are allocated

to the "personalised" arm, we will do some additional genetic testing on the blood sample the patient gave to look at the hundreds of small genetic alterations and provide them with a combined risk estimate, called a Polygenic Risk Score (PRS). Both groups will be asked to complete some questionnaires. This would include one questionnaire before their clinical genetics appointment, followed by three more "follow-up" questionnaires after they receive their genetics result. Participants may be invited to give an interview with one of the research team. In this research study we will use information from the participant, their medical records, their GP and from NHS Digital. We will only use information that we need for the research study. Everyone involved in this study will keep participant data safe and secure following all privacy rules.

What are the possible benefits and risks of participating?

The participant will receive a different risk estimate depending on which group of the study they are randomised to. This could involve additional analysis than the standard genetic test (the analysis will be done on the same blood sample they gave for genetic testing). Our aim is to study how these differences affect the participant's subsequent decisions regarding their medical management. There is no direct benefit to the participant. However, by taking part in our research study participants will potentially be helping future generations of women with these gene changes. We will publish our findings on our website and/or in a newsletter.

We will use the sample blood sample as the one given for the clinical genetic test. No additional blood test will be required. There are no medical risks in taking part.

Where is the study run from? Cambridge University Hospitals NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for? June 2021 to December 2026

Who is funding the study? Cancer Research UK

Who is the main contact?

Dr Marc Tischkowitz, mdt33@cam.ac.uk

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Marc Tischkowitz

#### **ORCID ID**

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## Type(s)

Scientific

#### Contact name

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## Additional identifiers

## Clinical Trials Information System (CTIS)

Nil known

## Integrated Research Application System (IRAS)

291629

## ClinicalTrials.gov (NCT)

Nil known

#### Protocol serial number

CPMS 48658, CRUK C22770/A31523, IRAS 291629

## Study information

## Scientific Title

Stratifying risk for early detection in hereditary breast and ovarian cancer

## **Acronym**

Precision-HBOC

## Study objectives

The timing and uptake of risk management options will be different between women who receive the personalised risk estimates compared to women who receive the broad-range risk estimates, as per current clinical practice.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved 21/05/2021, East of England - Cambridgeshire and Hertfordshire Research Ethics Committee (Temple Quay House, 2 The Square, Bristol Research Ethics Committee Centre, BS1 6PN, UK; +44 2071048278; cambsandherts.rec@hra.nhs.uk), ref: 21/EE/0062

## Study design

Interventional randomized controlled trial

## Primary study design

Interventional

## Study type(s)

**Treatment** 

## Health condition(s) or problem(s) studied

Hereditary breast and ovarian cancer

#### **Interventions**

Women who agree to take part in the study will be asked to complete a short questionnaire which will include basic demographics along with details regarding relevant risk factors (family history of cancer, height, body mass index, parity, age at first birth, age at menarche, age at menopause, use of oral contraception, use of hormone replacement therapy, alcohol intake). They will have a standard predictive test performed in the local clinical laboratory in the study and, if the result shows that they have inherited the mutation, a DNA aliquot (from the original blood sample taken for genetic testing) will be sent to Cambridge for the 313-SNP PRS. The PRS result, together with the other factors collected in the questionnaire, will be inputted into the CanRisk risk prediction tool to generate personalised risks.

## Intervention Type

Other

## Primary outcome(s)

The type and the timing of risk management options (surveillance, chemoprevention, surgery) taken up over the course of the study (i.e. 12 months) measured via 4 questionnaires (baseline, then 1, 3 and 12 months post-results)

## Key secondary outcome(s))

- 1. The type of risk management options planned to be taken up in the future (i.e. beyond the end of the study). measured via questionnaires at 1, 3 and 12 months post-results).
- 2. Informed decision-making about risk management options (measured by combining objective knowledge, attitude and behaviour) measured via questionnaires at 1, 3 and 12 months postresults).
- 3. Women's understanding of the test result measured via questionnaires at 1, 3 and 12 months post-results).
- 4. Psycho-social impact (including cancer worry, anxiety and quality of life), measured via 4 questionnaires (baseline, then at 1, 3 and 12 months post-results).
- 5. Information on women's use of health services will also be captured in order to perform a cost-

utility analysis measured via 4 questionnaires (baseline, then at 1, 3 and 12 months post-results). 6. Exploring the acceptability and implementation of personalised risk calculations in clinical genetics services measured by semi-structured interviews with patients and staff at 12 months.

## Completion date

31/12/2026

## Eligibility

## Key inclusion criteria

- 1. Female
- 2. Age >18 years
- 3. Undergoing predictive testing for a PV in BRCA1, BRCA2, PALB2, ATM or CHEK2
- 4. Able to give informed consent

## Participant type(s)

**Patient** 

## Healthy volunteers allowed

No

## Age group

Adult

## Lower age limit

18 years

## Sex

Female

## Key exclusion criteria

Previous history of breast cancer or ovarian cancer

## Date of first enrolment

01/05/2022

## Date of final enrolment

31/07/2025

## Locations

## Countries of recruitment

United Kingdom

England

United States of America

# Study participating centre Cambridge University Hospitals NHS Foundation Trust

Cambridge Biomedical Campus Hills Road Cambridge United Kingdom CB2 0QQ

## Study participating centre Manchester University NHS Foundation Trust

Cobbett House Oxford Road Manchester United Kingdom M13 9WL

# Study participating centre Canary Center at Stanford for Early Cancer Detection

3155 Porter Drive Palo Alto CA United States of America 94305

## Study participating centre Addenbrookes

Addenbrookes Hospital Hills Road Cambridge United Kingdom CB2 0QQ

## Study participating centre University Hospital Southampton

Southampton University Hospital Tremona Road Southampton United Kingdom SO16 6YD

## Study participating centre

## Manchester University NHS Foundation Trust

Cobbett House Oxford Road Manchester United Kingdom M13 9WL

## Study participating centre University Hospitals of Leicester NHS Trust

Leicester Royal Infirmary Infirmary Square Leicester United Kingdom LE1 5WW

## Study participating centre Guy's and St Thomas' NHS Foundation Trust

St Thomas' Hospital Westminster Bridge Road London United Kingdom SE1 7EH

## Study participating centre Oxford University Hospitals

John Radcliffe Hospital Headley Way Headington Oxford United Kingdom OX3 9DU

## Study participating centre Nottingham University Hospitals NHS Trust

Trust Headquarters Queens Medical Centre Derby Road Nottingham United Kingdom NG7 2UH

## Study participating centre Leeds Teaching Hospitals NHS Trust

St. James's University Hospital Beckett Street Leeds United Kingdom LS9 7TF

## Study participating centre Liverpool Women's NHS Foundation Trust

Liverpool Womens Hospital Crown Street Liverpool United Kingdom L8 7SS

# Study participating centre St George's University Hospitals NHS Foundation Trust

Blackshaw Rd London United Kingdom SW17 0QT

# Study participating centre Birmingham Women's NHS Foundation Trust

Birmingham Womens Hospital Metchley Park Road Birmingham United Kingdom B15 2TG

## Study participating centre Royal Devon and Exeter Hospital

Royal Devon & Exeter Hospital Barrack Road Exeter United Kingdom EX2 5DW

## Study participating centre

## **Great Ormond Street Hospital for Children**

Great Ormond Street London United Kingdom WC1N 3JH

## Sponsor information

## Organisation

Cambridge University Hospitals NHS Foundation Trust

## **ROR**

https://ror.org/04v54gj93

## Organisation

University of Cambridge

## **ROR**

https://ror.org/013meh722

## Funder(s)

## Funder type

Charity

## **Funder Name**

Cancer Research UK

## Alternative Name(s)

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

## **Funding Body Type**

Private sector organisation

## **Funding Body Subtype**

Other non-profit organizations

#### Location

**United Kingdom** 

## **Results and Publications**

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to ethical approval not being granted to share data

## IPD sharing plan summary

Not expected to be made available

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		31/05/2022	21/06/2022	Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet	version 2.0	18/11/2021	07/04/2022	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes