Best Practice Diagnostic Guidelines for Patients presenting with Breast Symptoms

1: Referral

1.1	Referral from Primary Care to Breast Clinic
QI1	Patients with the following symptoms or signs should be referred for assessment. All patients referred to the breast clinic should receive an appointment within two weeks of the date of receipt of the referral. Symptoms suggestive of urgent attention are denoted as U, and symptoms considered non-urgent but still requiring an appointment within two weeks are denoted as NU. (Please note that family history referrals and cosmetic referrals are excluded from the two week wait pathway.)
1.2	Lump, lumpiness, change in texture
	• Discrete lump in any woman 30 years and older that persists after next period or presents after menopause (U) **At any age:** • Discrete hard lump with fixation +/- skin tethering/dimpling/altered contour (U) • A lump that enlarges (U) • A persistent focal area of lumpiness or focal change in breast texture (U) • Progressive change in breast size with signs of oedema (U) • Skin distortion (U) • Previous history of breast cancer with a new lump or suspicious symptoms (U) **Under 30 years:** • A lump that does not meet above criteria (NU) **Male patients:** • Over 50 years with unilateral firm subareolar mass +/- nipple discharge or associated skin changes (U)

1.3	Nipple symptoms
	• Spontaneous unilateral blood stained nipple discharge (U) • Unilateral nipple eczema or nipple change that does not respond to topical treatment (U) • Recent nipple retraction or distortion (U) **Women who can be managed at least initially by GP:** • Women under 50 years who have nipple discharge that is from multiple ducts or is intermittent and is neither blood stained nor troublesome (NU) **Male patients:** • Over 50 years with unilateral firm subareolar mass +/- nipple discharge or associated skin changes (U)
1.4	Breast Pain
	• Patient with minor/moderate degree of breast pain with no discrete palpable abnormality, when initial treatment fails and/or with unexplained persistent symptoms (NU)
1.5	Axillary lump (in absence of clinical breast abnormality)
	• Persistent unexplained axillary swelling (U)
1.6	Communication
	Role of the GP • The general practitioner plays a fundamental role in supporting the management of symptomatic breast patients. They are supported in their decision to refer (and to re-refer where necessary) by the existence of national guidelines. General Practitioners are well placed to support the patient through the referral process, by providing choice and information, and also through any subsequent treatment phases by providing ongoing holistic support. They are often seen as the first port of call by the patient. **Presentation of the patient with new breast symptoms** • In the initial consultation the GP should assess the patient with a view to referral to a symptomatic breast clinic. The GP may find that the patient has normal or benign changes that do not require referral and, at this point, they should give reassurance supported with the appropriate literature.

	• All patients should be aware of present breast screening processes and informed not to await their next screening appointment if they develop symptoms. **Referral to clinic** • Once the patient is referred to the breast clinic, clear communication between professionals is vital at this point to ensure that all relevant information regarding the patient is relayed to the clinic prior to the patient's clinic attendance. • The patient should receive written and/or verbal information regarding the symptomatic breast clinic. This information should include waiting times for an appointment and the likely process that will occur during the clinic (see Appendix A). This information may be sent out with the appointment letter and should ideally also include information on length of visit. • The patient should also be provided with guidance for obtaining further information. • Patients should be reminded of the importance of keeping their appointment.

Quality Indicators

No.	Quality Indicator	Data Source	Comment	Section
QI1	**Referral / Access** All patients with breast symptoms referred to a specialist are seen within two weeks of referral (National Requirement = 93%)	Cancer Waiting Times data	**QI1** – Monitored at national level in the Cancer Waiting Times as the 2 week wait 'Time from GP referral' to 'date first seen'. The QI would be monitored by referral type (urgent [U], non-urgent [NU]), gender, age and socio -economic status (SES) to look at effect of new 2 week for all policy to see where feedback can be provided to GPs on inappropriate referrals.	1.1

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