

## Pan-London Suspected Cancer Referral Guide - Breast

The following patients do not usually need urgent referral to a breast clinic - consider a non-urgent referral for the following:

- Bilateral nipple discharge
- Sebaceous cysts
- Bilateral gynaecomastia
- Bilateral breast pain
- Asymptomatic patients with a family history of breast cancer. (Please note there may be a special 'family history breast clinic' in your area)

Further information regarding management of patients with a family history of breast cancer is available in *Familial Breast Cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer* NICE (2013)

Discuss all options for management of cyclical and non-cyclical breast pain with patients as outlined in the *Breast Cancer Care* breast pain leaflet at the link: <https://www.breastcancercare.org.uk/breast-cancer-information/breast-awareness/benign-breast-conditions/breast-pain>

### Do:

- Complete the electronic form fully, including history, examination, PMH, medication, family history and what you have told the patient.
- Always examine patients presenting with breast symptoms and take the opportunity to teach breast awareness.

### Don't:

- Falsely reassure patients with lumps. If they fit the criteria for referral or if there is clinical suspicion, please refer.
- Forget about the non-lump signs of breast cancer; educate patients about these.
- Forget to ask about family history.

The following patients should be referred urgently (for an appointment within 2 weeks):

- Women of any age (particularly age  $\geq 30$ ) with the following symptoms
  - Suspicious breast lump
  - Persistent or unexplained lump in axilla
  - Unilateral nipple discharge (blood-stained/serous), retraction, ulceration, distortion, eczema resistant to topical steroids, other changes of concern
  - Skin changes that suggest breast cancer including nodules, ulceration, peau d'orange or dimpling
  - Unilateral non-cyclical breast pain persisting beyond one menstrual cycle (higher suspicion if aged  $\geq 30$ )
  - Previous history of breast cancer plus suspicious symptoms
- Men aged  $\geq 50$  and over with a sub-areolar lump

Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at the time of referral)



**SUSPECTED BREAST CANCER REFERRAL**

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### RESOURCES

1. Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
2. Genetic conditions and inherited cancer – causes and risk factors. Macmillan Cancer Support <http://www.macmillan.org.uk/information-and-support/diagnosing/causes-and-risk-factors/genetic-testing-and-counselling>
3. Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. NICE guidelines (CG164) June 2013. <http://www.nice.org.uk/guidance/cg164>
4. The management of cyclical and non-cyclical breast pain: <https://www.breastcancercare.org.uk/breast-cancer-information/breast-awareness/benign-breast-conditions/breast-pain>