Frimley Health and Care

SSCA

NHS Surrey and Sussex Cancer Alliance

SSCA Suspected Cancer Referral Guide - Breast

The information in this guidance document is supported by the Surrey and Sussex Cancer Alliance Breast Pathway Group

The following symptoms do not normally indicate breast cancer but should still be referred using the Urgent Suspected Cancer Referral Proforma with an aim to be seen within 2 weeks:

- Bilateral nipple discharge
- Sebaceous cysts and other skin rashes not involving the nipple areolar
- Bilateral gynaecomastia - consider referral to endocrine service and see Association of Breast Surgeons Infographic or Association of Breast Surgeons guidance
- Unilateral, eczematous skin of areola or nipple without other worrying signs such as lump, discharge, bleeding or ulceration that has not responded to primary care treatment, e.g. 0.1% mometasone ointment for 2 weeks
- Bilateral breast pain

NOTE: Recommendations for the management of Breast Pain:

- Discuss all options for management of cyclical and non-cyclical breast pain with patients as outlined in the Breast Cancer Now breast pain leaflet and guidance
- Consider primary care management, e.g. a minimum of 4-6 weeks of regular NSAID or paracetamol commenced and other symptom control advice (ideally up to 12 weeks as per NICE guidance) NICE guidance.

Other Useful websites:

Genetics and Family History
NICE Suspected Cancer Recognition and Referral
NICE Familial Breast Cancer
Q-Cancer
Breast pain - NHS (www.nhs.uk)
Screening self referral
Paget's Disease of the Nipple

Asymptomatic Family History:

Please consider referral via local Family History pathways.
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 (2019)

Do	Don't
• 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.	• 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):

A person of any age (particularly age ≥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
- Previous history of breast cancer plus suspicious symptoms

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

RESOURCES

1. **Suspected cancer: recognition and referral, NG12 (2015)**
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.**

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