

Breast cancer is the leading cause of cancer in women (excluding skin cancer). Nearly 2,500 women are diagnosed with breast cancer in Ireland each year. 75% of patients are over the age of 50. The cumulative risk of a woman developing breast cancer before the age of 40 is 1 in 201, before the age of 50 is 1 in 48, before the age of 65 is 1 in 16 and before the age of 75 is 1 in 11.

Data Source: National Cancer Registry, Ireland.

WOMEN WHO CAN BE MANAGED INITIALLY BY THE GENERAL PRACTITIONER

- Asymptomatic women, whose only family history of breast cancer is one first degree relative who was diagnosed over the age of 40, should be reassured and given advice on lifestyle and routine screening
- Young women with tender, lumpy breasts and older women with symmetrical nodularity, provided that they have no localised abnormality
- Women with minor and moderate degrees of breast pain who do not have a palpable lesion
- Women aged under 50 who have nipple discharge that is bilateral or is intermittent and is not blood-stained

GENERAL RECOMMENDATIONS

A patient who presents with symptoms suggestive of breast cancer should be referred to one of the national symptomatic breast clinics. Primary healthcare professionals should encourage all patients, including women over 50 years of age, to be breast aware in order to minimise delay in the presentation of symptoms. It is best practice **not to aspirate breast cysts or biopsy breast lumps** in GP practices.

To make a referral, **FAX** or **POST** a **SYMPTOMATIC BREAST CLINIC REFERRAL FORM** to one of the Symptomatic Breast Clinics. Electronic breast cancer referral will be introduced in 2009. Additional breast cancer referral forms can be obtained by ringing the National Cancer Control Programme on **(01) 828 7100** or by logging onto **<http://cancercontrol.hse.ie>**.

GPs should refer any patient whom they deem to have a suspicion of cancer regardless of age.

Please refer to ONLY ONE of the National Symptomatic Breast Clinics to avoid duplication and waste of appointments slots.

NATIONAL SYMPTOMATIC BREAST CLINICS

| | | |
|--|---------------------|---------------------|
| Beaumont Hospital, PO Box 1297, Dublin 9. | Tel: (01) 809 3932 | Fax: (01) 809 3999 |
| Cork University Hospital, Wilton, Cork. | Tel: (021) 492 0189 | Fax: (021) 492 2391 |
| Galway University Hospital, Newcastle Road, Galway. | Tel: (091) 543 446 | Fax: (091) 542 877 |
| Satellite Centre: Letterkenny General Hospital, Co. Donegal. | Tel: (074) 9123 737 | Fax: (074) 9188 816 |
| Limerick Regional Hospital, Dooradoyle, Limerick. | Tel: (061) 482 832 | Fax: (061) 482 572 |
| Mater Misericordiae University Hospital, Eccles St., Dublin 7. | Tel: (01) 803 4269 | Fax: (01) 803 2369 |
| St. James's Hospital, Dublin 8. | Tel: (01) 416 2192 | Fax: (01) 410 3415 |
| St. Vincent's University Hospital, Dublin 4. | Tel: (01) 221 3778 | Fax: (01) 221 3678 |
| Waterford Regional Hospital, Dunmore Road, Waterford. | Tel: (051) 842 044 | Fax: (051) 848 844 |

REFERRALS FOR SUSPECTED BREAST DISEASE

Patient presents with

URGENT REFERRALS

- Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)
- Ulceration
- Skin distortion
- Nipple eczema
- Recent nipple retraction or distortion (less than 3 months)
- Blood-stained nipple discharge
- Patients with an acute abscess should be referred immediately to the next available breast clinic

URGENT REFERRALS

(to be seen within 2 weeks)

EARLY REFERRALS

- Inflammation that persists after antibiotics
- Persistently refilling or recurrent cyst
- Unilateral discharge (not blood-stained)
- Intractable pain that does not respond to reassurance or to measures such as wearing a well-fitting bra, or a 3 month course of evening primrose oil or common analgesic drugs
- Discrete lump in women under 35 years
- Asymmetrical nodularity that persists at review after menstruation

EARLY REFERRALS

(to be seen within 6 weeks)

ROUTINE REFERRALS

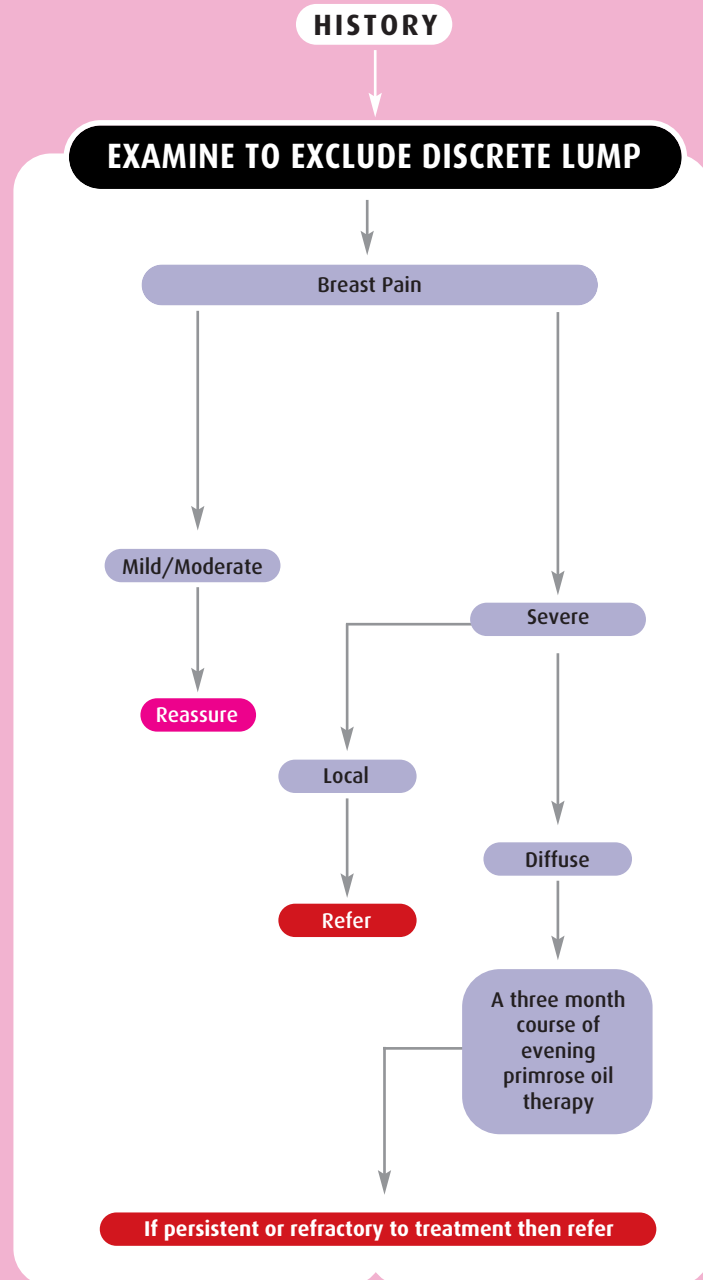
- A patient whom the referring doctor considers to require a specialist opinion or investigation at the specialist breast centre but where there is no clinical concern about breast cancer e.g.
- Minor or moderate degrees of persistent breast pain
 - Persistent bilateral nipple discharge (not blood-stained)

While 12 weeks is the standard, we aim to see patients sooner.

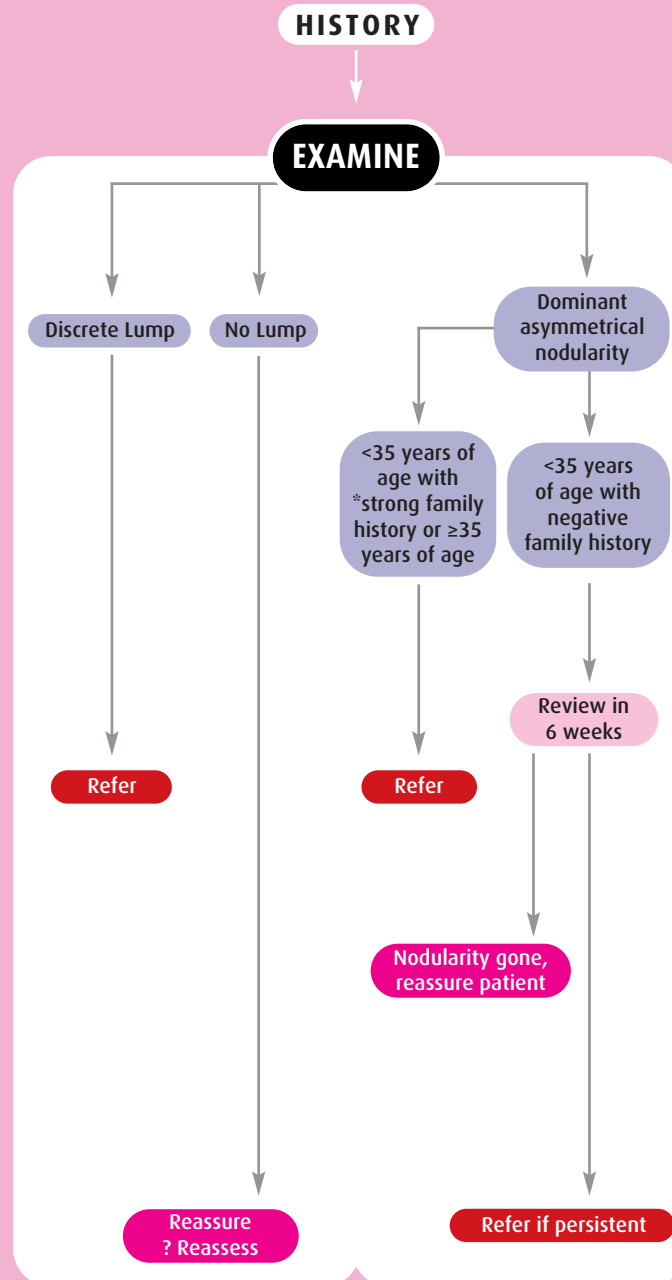
ROUTINE REFERRALS

(to be seen within 12 weeks)

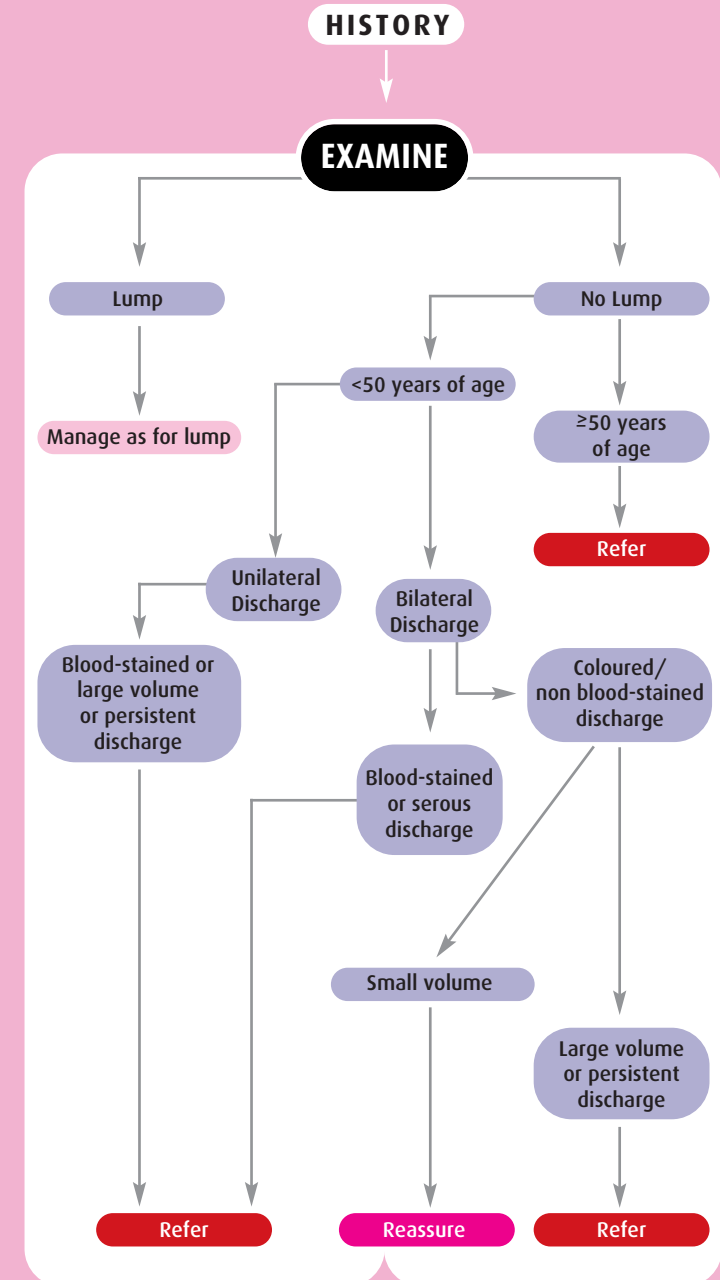
ALGORITHM FOR REFERRAL OF PATIENTS WITH BREAST PAIN



ALGORITHM FOR REFERRAL OF PATIENTS WITH BREAST LUMPS



ALGORITHM FOR REFERRAL OF PATIENTS WITH NIPPLE DISCHARGE



*A strong family history is someone with two or more first degree relatives (i.e. parents, siblings, child) with a history of breast cancer.