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.

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.

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

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

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.

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

Published April 2009 for full review in April 2012

Please refer to ONLY ONE of the National Symptomatic Breast Clinics to avoid duplication and waste of appointments slots.
ALGORITHM FOR REFERRAL OF PATIENTS WITH
BREAST LUMPS

**HISTORY**

**EXAMINE TO EXCLUDE DISCRETE LUMP**

Breast Pain

- Mild/Moderate
  - Reassure
- Severe
  - Local
  - Refer
  - Diffuse
  - Refer

A three month course of evening primrose oil therapy

If persistent or refractory to treatment then refer

Discrete Lump

- Refer
- No Lump

Dominant asymmetrical nodularity

- <35 years of age with a strong family history or ≥35 years of age
- <35 years of age with negative family history

Refer if persistent

Nodularity gone, reassure patient

**EXAMINE**

Reassure? Reassess

**EXAMINE**

Lump

- Manage as for lump
- <50 years of age
- ≥50 years of age

Blood-stained or large volume or persistent discharge

- Refer
- Unilateral Discharge
- Bilateral Discharge

Blood-stained or serous discharge

Coloured/ non blood-stained discharge

Small volume

Large volume or persistent discharge

Refer

Reassure

Refer

**ALGORITHM FOR REFERRAL OF PATIENTS WITH NIPPLE DISCHARGE**

**HISTORY**

**EXAMINE**

Lump

- Manage as for lump
- <50 years of age
- ≥50 years of age

Blood-stained or large volume or persistent discharge

- Refer
- Unilateral Discharge
- Bilateral Discharge

Blood-stained or serous discharge

Coloured/ non blood-stained discharge

Small volume

Large volume or persistent discharge

Refer

Reassure

Refer

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