

# Pan-London Suspected Breast Cancer Referral Guide

## Urgent Referral Criteria (cancer suspected)

- Patients assigned female at birth or with breasts due to exogenous oestrogen, aged 30+ with the following symptoms:
  - Unilateral symptoms: bloody / watery discharge; inversion / retraction / ulceration; other changes or concern, e.g distortion, eczema resistant to topical steroids
  - Unexplained breast lump with/without pain
  - Unexplained axilla lump with/without pain
  - Skin changes that suggest breast cancer including: nodules, ulceration, peau d'orange or dimpling
- Patients assigned male at birth aged  $\geq 50$  and over with a sub-areolar lump



## Referral Criteria (cancer not suspected)

- Patients assigned female at birth or with breasts due to exogenous oestrogen, aged 30+ with a lump
- Patients assigned female at birth of any age with the following:
  - Persistent asymmetrical nodularity /thickening at review after menstruation
  - Infection/ inflammation that fails to respond to antibiotics (Please list antibiotics tried on the referral form)
  - Unilateral eczematous skin of areola or nipple (That doesn't respond to topical treatment 0.1% mometasone for 2 weeks)
  - Breast pain over 3 months



REFER USING SUSPECTED BREAST REFERRAL FORM

## Routine Genetics / Family History Referral: The following should be referred routinely:

- 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 guidelines June 2013)
- Discuss all options for management of cyclical and non-cyclical breast pain with patients as outlined in the [Breast Cancer Now breast pain leaflet](#)

## Do:

- Complete the electronic form fully, including history, examination, past medical history, 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.

## Remember:

- If a patient meets the criteria for referral or if there is clinical suspicion, please refer.
- Remember about the non-lump signs of breast cancer; educate patients about these.
- Remember to ask about family history.

## RESOURCES:

1. [Suspected cancer: recognition and referral, NG12 \(Feb 2021\)](#)
2. [Genetic conditions and inherited cancer – causes and risk factors.](#)