StVincent's Hospital Breast Clinic Referral Guidelines

Triage Categories				
Emergency/After Hours: Call the Emergency Department (ED) on 9231 4356 to access an ED Consultant.	Urgent: will be seen at the next clinic ie within one week	Semi Urgent: Will be seen within 4-6 weeks	Routine: next available	

Condition / Symptom	Investigations	When to refer / Appointment information
Breast Lump/Lumpiness *Initial GP Management : Young women with tender, lumpy breasts and older women with symmetrical nodality - please review at day 7-10 in cycle to assess hormonal contribution.	 Imaging – mammography if >35 and/or ultrasound (not Breast Screen) If highly likely benign can have core biopsy IF ANY DOUBT DO NOT BIOPSY PRIOR TO CLINICAL REVIEW BY A SPECIALIST 	 Urgent New diagnosis of primary breast malignancy (biopsy or imaging suggestive) Clinically suspicious Abscess Any new discrete lump without suspicious features Asymmetrical nodularity that persists at review after menstruation Cyst persistently refilling or recurrent cyst In determinant lesions seen on imaging Routine Patients requiring reassurance with benign clinical and imaging assessment
Breast Pain * <u>Initial GP Management:</u> breast pain who do not have a discrete palpable lesion - provide mastalgia advice : Well fitted bra, Elimination of caffeine, Evening Primrose oil, Vitamin B1/B6.	 Unilateral persistent mastalgia: Bilateral mammography and breast ultrasound if over 35 years Localised areas of painful nodularity: Bilateral mammography and breast ultrasound if over 35 years 	 Urgent Abscess If pain is associated with a lump Routine Intractable pain not responding to reassurance or simple measures Unilateral, persistent pain in postmenopausal women

Condition / Symptom	Investigations	When to refer / Appointment information
Nipple Discharge	Mammography if over 35 yearsUltrasound for all patients	 Urgent Suspicious features
* <u>Initial GP Management:</u> Advice to stop expressing discharge	Examination: Suspicious features: Unilateral Spontaneous Clear or blood stained Associated nipple surface changes/inversion Single duct Associated lump Benign features: Bilateral with expression Creamy/green/brown in colour Normal –appearing nipple Multiple duct	 Semi Urgent Benign features with inflammation Routine Benign features over 12 months in duration requiring reassurance High volume bilateral discharge
Nipple Inversion or Retraction	MammographyUltrasound	 Urgent Suspicious features
	Examination: Suspicious features: Short duration Unilateral 'Chesterfield Couch button' appearance Associated nipple scaling or ulceration Benign features: Long standing Bilateral Nipple stalk alone History of inflammation	 Routine Benign features requiring reassurance Assessment regarding cosmetic correction/eversion surgery
Change in Breast Shape/Appearance and/or contour	MammographyUltrasound	 Urgent New dimpling with mass
		Semi UrgentAll others

Condition / Symptom	Investigations	When to refer / Appointment information
Family History * <u>Initial GP Management</u> : Use Cancer Australia risk assessment tool to calculate risk. https://canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/familial- risk-assessment-fra-boc		 Routine Patients determined to have high or moderate risk Consider referral to a family cancer genetics clinic Eg www.petermac.org/referrals
Pre-Existing Breast Cancer diagnosis		Urgent Patients with a new diagnosis or clinical suspicion of recurrent, loco-regional or metastatic disease
Fibroadenoma * <u>Initial GP Management:</u> Single lesion: reassure, nil needed if CONFIRMED ON BIOPSY and < 3cm , no cosmetic impact Multiple lesions : 3-4 month follow-up ultrasound . If any changes or concern, refer Breast cysts	 Mammography if>35 Ultrasound Core biopsy if clinical and ultrasound concordant with likely fibroadenoma 	 Semi Urgent Single lesion >3cm Growth > 5mm over 6 months Routine Multiple lesions for surveillance Patients requiring reassurance or wishing to discuss excision
*Initial GP Management: Simple cysts : reassure, nil needed . Can offer mastalgia advice . Follow up ultrasounds to "see what is happening" NOT NEEDED Complex cysts : either FNA or refer. Patient resources: <u>https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/breast-conditions-other-than-breast-cancer</u>	 Mammography if>35 Ultrasound Ultrasound FNA of complex cysts with cytology sent Ultrasound FNA of large simple cysts which are causing localised discomfit , with no need for cytology . 	 Semi Urgent Complex cyst which refills or fails to resolve after FNA Abnormal cyst cytology Blood-stained cyst aspirate Routine Multiple complex cysts for surveillance Patients requiring reassurance

Condition / Symptom	Investigations	When to refer / Appointment information

Conditions Not Seen Routinely at St Vincent's Public Hospital Breast Clinic

- Patients being treated for the same condition at another Victorian public hospital
- Patients desiring cosmetic breast surgery, although breast reconstruction is offered to those with current or previous breast cancer

Referral Process

- 1/ check Breast Clinic Referral Guidelines for appropriateness
- 2/ download template at https://svhm.org.au/home/health-professionals/referral-templates-and-pre-referral-guidelines
- 3/ fax completed referral to $9231\ 2017$
- 4/ you will be notified when your referral is received and additional/incomplete information may be requested
- 5/ the referral is triaged according to clinical urgency and appointments issued based on this. Both you and the patient will be notified. Please ensure patients bring **actual films/CDs and reports** to their appointment

6/ if you are concerned about the delay or if there is a change in your patient's condition please contact the Breast Care Nurse on <u>92314743 or on BreastNurseCoOrdinator@svha.org.au</u>

NB: The Breast Unit hold weekly multidisciplinary cancer meetings to discuss and plan the treatment of patients with breast cancers. Further information about this meeting can be found at https://svhm.org.au/home/health-professionals/cancer-services