


**Coversheet for Network Site Specific Group Agreed Documentation**

This sheet is to accompany all documentation agreed by Pan Birmingham Cancer Network Site Specific Groups. This will assist the Network Governance Committee to endorse the documentation and request implementation.

<b>Document Title</b>	Guidelines for the Referral to Secondary Care Breast Care Services Urgent and Routine												
<b>Document Date</b>	September 2010												
<b>Document Purpose</b>	This Guidance has been produced to support the following: Referral to Breast Care Services												
<b>Authors</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">1</td> <td style="width: 60%;">Alan Jewkes</td> <td style="width: 35%;">Consultant Surgeon</td> </tr> <tr> <td>2</td> <td>Lara Barnish</td> <td>Deputy Nurse Director</td> </tr> <tr> <td>3</td> <td>Lucy Burgess</td> <td>Macmillan Cancer Genetic Counsellor</td> </tr> <tr> <td>4</td> <td>Clair McGarr</td> <td>Acting Project Lead</td> </tr> </table>	1	Alan Jewkes	Consultant Surgeon	2	Lara Barnish	Deputy Nurse Director	3	Lucy Burgess	Macmillan Cancer Genetic Counsellor	4	Clair McGarr	Acting Project Lead
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<b>References</b>	See document												
<b>Consultation Process</b>	Consultation and review was via the Breast Network Site Specific Group in June 21010												
<b>Review Date</b>	September 2013												
<b>Approval Signatures:</b>  Network Site Specific Group Clinical Chair													
<b>Date Approved by Network Governance Committee    June 2010</b>													

## Guidelines for the Referral to Secondary Care Breast Care Services Urgent and Routine

### Version History

Version	Date Issued	Brief Summary of Change
2	24.09.07	Endorsed by Governance Committee
2.1	Feb 2010	Circulated at February 2010 Breast NSSG
2.2	18.05.10	With amendments from Lara Barnish. For comment by Lucy Burgess and the breast NSSG. Resent to breast NSSG 18.05.10
2.3	27.05.10	Following discussion at the Breast NSSG. For comment by the breast NSSG
2.4	18.06.10	Following final consultation. For submission to the Guidelines Subgroup.
2.5	27.07.10	Agreed with minor changes at Governance Subgroup. Clarity over genetics referrals and referrals for patients with accesses required.
3	23.08.10	With changes from Alan Jewkes and Lucy Burgess. Completed for distribution

### **Summary of changes between version 2 and version 3**

- *Referral times altered to reflect new policy guidance: all patients who need referral to be seen within 2 weeks.*
- *Details under 'referral for family history assessment' section has been updated, and referral form attached.*
- *Changes to the referral proforma to include all patients being referred.*

### **1 Scope of the Guideline**

This guidance has been produced to support the following:

- a) The referral of patients with breast symptoms to a secondary care breast clinic.
- b) The management of patients who may have a genetic predisposition for breast cancer.

Waiting times guidance for patients with suspected and diagnosed breast cancer are dealt with in a separate Guideline (see PBCN Guidelines for the Diagnosis of Breast Cancer).

## 2 Guideline Background

In response to a number of policy and related documents<sup>(1,2,3,4,5,6)</sup> Pan Birmingham Cancer Network has produced guidance for the referral of patients requiring secondary care for a breast related problem.

## Guideline Statements

### 3 All Patients

- 3.1 All patients with breast symptoms meriting specialist review should be referred to a specialist breast multidisciplinary team, and be seen by a specialist from this team within 2 weeks of referral.
- 3.2 All patients should be referred using the Pan Birmingham referral form (attached) and faxed to the relevant Trust 2 week wait office. Please ensure that it is clearly indicated on the form whether the patient's symptoms are suspicious of cancer (see 4.2)
- 3.3 Clinicians referring should ensure that they have accurately completed the attached referral form:

### 4 Referral of patients with symptoms suggestive of cancer

- 4.1 Patients with the following should be classified as urgent:
  - a) patients with a discreet lump patients 30 years or older
  - b) those with signs which are highly suggestive of cancer such as:
    - ulceration
    - skin nodule
    - skin distortion
    - nipple eczema
    - recent nipple retraction or distortion (< 3 months)
    - Unilateral blood stained discharge
- 4.2 Patients with a clinical diagnosis of **breast abscess** should be prescribed appropriate anti staphylococcal antibiotics and referred urgently to the breast clinic - using the two week referral or direct phone call to breast service during daytime.

## 5 Referral of patients with non suspicious symptoms

Patients with the following should also be seen in 2 weeks:

- a) Lump
  - discrete lump in patients under 30 years
  - asymmetrical nodularity that persists at review after menstruation
- b) Pain
  - Intractable pain not responding to reassurance, simple measures such as wearing a well supporting bra and common analgesic drugs
- c) Spontaneous nipple discharge
  - Except if blood stained where patient should be treated as urgent

## 6 Referral for Family History Assessment

- 6.1 Individuals (affected or unaffected with cancer) who express concern about a family history of breast cancer to their GP or secondary care provider should be assessed using the guidelines below. Individuals who meet the guidelines should be referred to the West Midlands Regional Clinical Genetics Unit, Birmingham Women's Hospital for risk assessment.

Criteria taken from West Midlands Family Cancer Strategy (WMFACS) Cancer Family History Referral Guidelines (2007)

<b>Breast Cancer</b>	1 close relative, age under 40. 1 close relative with bilateral disease. 1 male relative, any age. 2 close relatives, age under 60. 3 close relatives, any age. Or Grade 3, breast cancer in self or relative under age 45, with oestrogen, progesterone and herceptin receptor negative status.
<b>Ovarian Cancer</b>	2 close relatives with ovarian cancer, any age
<b>Breast AND Ovarian Cancer</b>	Minimum of 1 of each cancer; ovarian cancer any age, breast cancer age under 60
<b>Other Cancers</b>	Multiple primary cancers in one individual. 3 or more close relatives with cancer at the same site. 3 or more close relatives with any cancer at an earlier than average age. 3 or more relatives with a combination of cancers of either breast, ovary, prostate, pancreas, melanoma, endometrial, sarcoma or thyroid cancer. Patient with a childhood tumour, leukaemia, sarcoma, brain tumour or adrenocortical tumour

## 6.2 Other considerations

- 6.2.1 If uncertain refer for assessment.
  - 6.2.2 Individuals who are requesting risk-reducing surgery should also be referred for risk assessment.
  - 6.2.3 Individuals with an Eastern European Jewish origin who do not meet the above criteria could still be considered because of their increased risk of BRCA1 and BRCA2 mutations.
  - 6.2.4 Also Families with a history of breast cancer and sarcomas or rare childhood cancers should also be referred for assessment.
  - 6.2.5 The individuals will be assessed and managed using the West Midlands Family Cancer Strategy guidelines. Further details about the strategy are available at [www.bwhct.nhs.uk/wmfacs](http://www.bwhct.nhs.uk/wmfacs) and a family history form template at [http://www.bwhct.nhs.uk/family\\_history\\_form\\_july\\_2009.pdf](http://www.bwhct.nhs.uk/family_history_form_july_2009.pdf)
- 6.3 Individuals who do not meet the referral guidelines and who are asymptomatic can be managed at primary care level. E.g. reassurance provided that cancers in the family more likely to be due to chance, thus additional cancer surveillance and secondary/tertiary referral is not indicated based on current knowledge and evidence. Leaflets are available to support the advice from the Clinical Genetics Unit. Taking part in population surveillance programmes is recommended and healthy lifestyle information can also be provided.
- 6.4 For those requiring a referral this should be done using the form available on the website cited above in 6.2.5.

## 7 Monitoring of the Guideline

- 7.1 Each Trust is required to monitor the appropriateness of referrals and feed back the results to the local General Practitioners
- 7.2 Waiting times for patients identified as suspicious for cancer are monitored locally and nationally using the National Cancer Waiting Times Database.
- 7.3 Monitoring the use of the local genetic service: observing levels of referrals from Hospital Trusts/PCTs.

## References

1. Department of Health, 2000, *The NHS Cancer Plan: A plan for investment, a plan for reform*. Department of Health, London.
2. NHS Executive, 2001, *Cancer Waiting Times HSC 2001/012*. Department of Health, London. See Also DSCN 22/2002 *National Cancer Waiting Times Monitoring*.
3. NHS Executive, 2000, *Cancer Referral Guidelines HSC 2000/013*. Department of Health, London.
4. Department of Health, 2004, *Manual for Cancer Services 2004*. Department of Health, London.
5. National Institute for Clinical Excellence, 2002, *Improving Outcomes in Breast Cancer Manual Update*. NICE, London.
6. National Institute for Clinical Excellence, 2006, *Familial Breast Cancer Quick Reference Guide, Clinical Guideline 41*. NICE, London.



