



Humber and North Yorkshire Cancer Alliance

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Breast pain clinics – frequently asked question and answers

Question:	Answer:
Are there certain characteristics about breast pain that we should be concerned about?	No, some studies have specifically looked at focal breast pain to see if it made any difference. No greater likelihood was found of finding breast cancer. The same applies to whether the pain is unilateral versus bilateral or cyclical versus non-cyclical.
If breast pain isn't related to breast cancer, is it important as a GP if somebody phones concerned about breast pain that I arrange to see them and examine them?	Absolutely because the key aspect of making a breast assessment is to ensure that there is no palpable abnormality. If there is something to feel in the breast then obviously it would be more appropriate to send them directly to the one stop breast service.
I arrange to see the woman and she tells me about her breast pain. I examine her thoroughly and the examination is normal, what do I do then to advise the woman?	The mastalgia pathways has been developed for that reason and it shows a number of simple steps that can help to alleviate a patient's symptoms, most importantly the patient should be given very strong reassurance that their symptoms are not a sign of anything sinister.
If breast pain is not related to breast cancer, why would I want to use a clinic for breast pain; under what circumstances would I refer and how would I make that referral?	This is mainly for patients who have got persistent symptoms, where their symptoms have not settled with the simple measures that have been followed as part of the mastalgia pathway. The breast pain clinic has been devised to help in that situation. Referral can be made through the normal electronic referral system and hopefully this initiative will free up some capacity in our one stop breast service so that the patients that really do need imaging can be seen within 2 weeks.
Why are we only just talking about breast pain clinics now? Have these been set up elsewhere?	There has been a pilot study of a breast pain clinic in Mansfield and the feedback from patients attending the clinic has demonstrated really high levels of satisfaction with the vast majority incredibly reassured by the appointment. It was also interesting to note that 2/3rds of patients had actually seen their GP on 3 or more occasions. Hopefully this clinic will also help to reduce the need for return visits in future.
Sometimes it's the GP that needs reassuring. We may feel that sometimes there is the possibility of missing a lump on examination. If the woman turns up to the breast pain clinic and you examine	Any patient who has been found to have a palpable abnormality will be directly referred into the one stop breast clinic. The same is true if they are found to have a significant family history when a direct referral can be made to the appropriate service. These patients will not be sent back to the GP; there is no need for them to have that additional waiting time because we will be able to fast track that through for them.



them and find a lump what will happen?	
So what about patients we are not sure about that are a bit more complex, or maybe we just feel we need a little more advice about?	We still have the advice and guidance system and are very happy for GPs to get in touch when things are a little atypical or perhaps for a patient who has had a previous history of breast cancer then this would be a very reasonable use of the advice and guidance referral system, but hopefully for the majority it will be clear.

Dr Dan Cottingham

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