

## **Management of Women with Breast Cancer Symptoms**

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Women who have symptoms of breast cancer are sometimes referred to BreastScreen Aotearoa (BSA) by their GP, or self refer to the programme. However, this has a number of risks, including that the breast cancer may not be detected by a mammogram and that there will be a delay in the diagnosis of breast cancer. Thus, referral of symptomatic women to BSA by delaying a symptomatic breast cancer diagnosis may breach of the Health and Disability Commission Code of Rights.

### ***Missed symptomatic breast cancer***

Nine to 22 percent of palpable breast cancers are not evident on a mammogram and therefore may be missed on routine screening mammography. This may be because the pathology (eg, lobular cancer) causes insufficient disturbance of normal breast architecture to be revealed by mammography, or because coexisting benign disease or normal dense breast tissue obscures the cancer. For this reason symptomatic women require investigation initially with a clinical examination and history. Those with persistent, unexplained symptoms or signs need timely, coordinated triple testing (clinical exam, imaging and needle biopsy) directed to determining the cause of their symptoms. DHBs are funded to provide these services after GP referral to outpatient clinics or radiology departments. These services are separate to BSA, the national breast screening programme.

### ***Why BSA waiting times vary***

BSA is designed to deliver routine two-yearly screening mammograms to asymptomatic women aged 45 to 69. The overwhelming majority of these women (95.5 percent) will have a normal mammogram. In order to make screening as accessible as possible to them, BSA provides mobile services close to home or work. The waiting time from self referral to mammography within BSA varies by the site women choose to attend. Many of the mobile screening units are on a two-yearly rotation, visiting each town in turn. If a woman enrolls just after the mobile has left town, she may wait for up to two years until she has a mammogram on the next mobile van visit. This is not a clinical concern for routine screening of asymptomatic women. However it is entirely inappropriate for a woman with symptoms that could be breast cancer to be on a BSA waiting list instead of being investigated in the DHB symptomatic service.

### ***What if a symptomatic woman self refers to BSA rather than visiting her GP?***

Women with symptoms who enrol for BSA are advised to see their GP without delay, and informed that until the symptom is investigated they are not eligible for the programme.

Symptoms that require investigation before a woman will be screened in BSA:

- x a new lump or thickening
- x puckering or dimpling of the skin
- x any change in one nipple such as:
  - a turned in nipple
  - a watery or bloodstained discharge which persists without squeezing.

***How does the screening pathway for asymptomatic women differ from the diagnostic service for women with breast symptoms?***

The following table lists the major differences between screening and diagnostic services. No diagnosis is made during a BSA screening appointment, as there is no radiologist present to view the films. This contrasts with diagnostic mammography where a radiologist is present and further investigates the area of interest.

Only women with mammographic abnormalities are recalled for further investigation to BSA assessment clinics and these appointments are allocated according to when the woman had her screening mammogram. There is no clinical triage because screening programme women are theoretically asymptomatic.

Women who voice concerns about breast cancer symptoms at their screening appointment, and have a normal mammogram, are referred back to their GP.

<b>Service</b>	<b>BreastScreen Aotearoa</b>	<b>DHB symptomatic service</b>
Eligibility	Asymptomatic women 45 to 69	Women of any age who have significant breast symptoms
Purpose	To diagnose unsuspected cancer at an early, potentially curable stage and refer for treatment	To diagnose the symptom and treat if necessary
Referral	Self or GP initiated enrolment with BSA	GP visit
Initial test	2 view screening mammogram	Clinical examination and history
Further investigation	Only if there is a mammographic abnormality	Persistent signs or symptoms
Referral	Appointment to BSA assessment clinic. No triage	GP referral to service triaged on basis of clinical urgency
Follow-up tests	Mammography abnormality directed further views and ultrasound. Clinical exam and needle biopsy only if imaging abnormality persists	Clinical abnormality directed imaging. Biopsy if either persistent imaging or clinical abnormality

### **Code of Health and Disability Services Consumers' Rights**

Breaches of the Health and Disability Commission Code of Rights have occurred where doctors have failed to fully investigate, or delayed investigation of significant symptoms caused by breast cancer. Inappropriate referral of symptomatic women to BSA can potentially lead to significant diagnostic delay. GPs should refer women with significant breast symptoms to a DHB service rather than to BSA.

### **References**

1. Morrow M, Schmidt RA, Bucci C. Breast conservation for mammographically occult carcinoma. *Ann Surg* 1998;227:502-6.
2. Hollingsworth AB, Taylor LD, Rhodes DC. Establishing a histologic basis for false-negative mammograms. *Am J Surg* 1993;166:643-7.
3. BSA Independent Monitoring Report to December 2005. [www.nsu.govt.nz](http://www.nsu.govt.nz).