National Breast Cancer GP Referral Guideline
Disclaimer

‘This guideline (“the Guideline”) was developed by a multidisciplinary Guideline Development Group (“the Group”) and is based upon the best clinical evidence available together with the clinical expertise of the Group members. The Guideline supersedes all previous HSE/NCCP breast cancer GP referral guidelines. The National Cancer Control Programme (NCCP) is part of the Health Service Executive (HSE) and any reference in this disclaimer to the NCCP is intended to include the HSE. Please note, the Guideline is for guidance purposes only. The appropriate application and correct use of the Guideline is the responsibility of each health professional, as an autonomous practitioner, at all times. Each health professional should exercise his or her clinical judgement in deciding when and how to make a referral to a Symptomatic Breast Disease Clinic. In the event of any uncertainty as to the application and/or use of the Guideline or whether a referral should be made to a Symptomatic Breast Disease Clinic it is the responsibility of each health professional to seek further clarity from the appropriate clinician or specialist. The NCCP accepts no liability nor shall it be liable, whether arising directly or indirectly, to the user or any other third party for any claims, loss or damage resulting from any use of the Guideline.’
Introduction
The National Breast Cancer GP Referral Guideline has been developed to provide a clear pathway for women with suspected breast cancer to access the National Symptomatic Breast Disease Clinics. These guidelines are based on the best available evidence integrated with clinical expertise and patient values.

How to Refer
Patients with suspected breast cancer should be referred electronically to one of the Symptomatic Breast Disease Clinics. Electronic referrals are sent via Healthlink (www.Healthlink.ie) or by using any of the following Irish College of General Practitioner (ICGP) accredited software systems:
- Complete GP
- Helix Practice Manager
- HealthOne
- Socrates

List of Clinics
- Beaumont Hospital, Dublin 9
- Cork University Hospital
- Letterkenny University Hospital
- Mater Misericordiae University Hospital, Dublin 7
- St. James's Hospital, Dublin 8
- St. Vincent's University Hospital, Dublin 4
- University Hospital Galway
- University Hospital Limerick
- University Hospital Waterford

Phone Numbers
- (01) 809 3932
- (021) 492 0189
- (074) 9123 737
- (01 803 4269
- (01) 416 2192
- (01) 221 3778
- (091) 543 446
- (061) 482 832
- (051) 842 044

Health and Lifestyle Tips

- Do not smoke. For advice, go to [www.quit.ie](http://www.quit.ie) or phone 1800 201 203 to learn more.
- Less is better, none is best. For advice go to [www.askaboutalcohol.ie](http://www.askaboutalcohol.ie) to learn more.
- Diet and exercise – be active everyday. For advice go to [www.hse.ie](http://www.hse.ie) to learn more.
- Encourage the patient to check their registration status with [BreastCheck](http://BreastCheck) if they are a woman between the ages of 50 and 69.
A patient with a breast lump

A patient presents with a self-detected breast lump

A clinical exam by the GP identifies a discrete breast lump

The GP takes a patient history and performs a clinical exam

A discrete breast lump is not found by the GP

If the clinical exam is normal reassure the patient. Consider a clinical review at a different time of the patient’s menstrual cycle. Refer the patient to the Symptomatic Breast Clinic if there is an ongoing concern.

A discrete breast lump is found by the GP

Refer the patient to the Symptomatic Breast Clinic

If any other breast signs are identified please refer to algorithm: A patient presents with a breast complaint (other than a discrete lump)
A patient who presents with a breast complaint (other than a discrete breast lump)

The GP takes a patient history and performs a clinical exam

**Breast / Axilla**
- Breast abscess
- Suspicious axillary lump
- Asymmetric focal nodularity that persists beyond one menstrual cycle
- Image-detected breast abnormality found on CT/MRI/breast imaging (the report and disk will be required for appointment)

**Nipple conditions**
- Unilateral bloody nipple discharge
- Unilateral spontaneous serous nipple discharge
- New and fixed nipple retraction
- Nipple eczema refractory to topical treatment

**Skin conditions**
- Skin dimpling
- Peau d'orange
- Nipple eczema refractory to topical treatment
- Breast abscess

**Refer to the Symptomatic Breast Clinic**

- Hidradenitis
- Axillary adiposity
- Gynaecomastia
- Costochondritis/musculo-skeletal pain

**Do not refer to the Symptomatic Breast Clinic**

- Nipple itch without an associated rash
- Non-bloody bilateral nipple discharge

- Nipple itch without an associated rash
- Sebaceous cysts
- Skin lesions
- Hidradenitis
A patient who presents with mastalgia (breast pain) alone

The GP takes a patient history and performs a clinical exam

- Normal clinical examination
  - No referral to the Symptomatic Breast Clinic is indicated
    - Patient under 35 years of age
    - Patient 35 years of age or older
      - No referral to the Symptomatic Breast Clinic is indicated.
        - Reassure the patient that mastalgia without any other breast signs or symptoms is not suggestive of cancer.
        - Provide advice on mastalgia.
        - Advise the patient to return if other breast signs or symptoms develop.
      - No referral to the Symptomatic Breast Clinic is indicated.
        - Reassure the patient that mastalgia without any other breast signs or symptoms is not suggestive of cancer.
        - Provide advice on mastalgia.
        - Advise the patient to return if other breast signs or symptoms develop.
    - If pain persists after three months consider referring the patient for mammography only using the Symptomatic Breast Clinic Referral Form

- Suspicious clinical findings
  - Follow appropriate algorithm:
    1. A patient with a breast lump
    2. A patient who presents with a breast complaint (other than a discrete breast lump)

A patient who presents with mastalgia (breast pain) alone