Appendix A

MANAGEMENT OF COMMON BREAST SYMPTOMS

ETIOLOGY:
A variety of breast lesions including breast cyst, fibroadenoma, fibrocystic breast changes, duct ectasia, gynecomastia, trauma, intraductal papilloma, or carcinoma. Eight out of ten breast lesions are benign, but breast cancer is a leading cause of death from cancer in women. Age is an important factor with most women <25 years of age with masses benign and 75% of women >70 years of age with palpable masses having cancer. Every breast mass must be considered suspicious for breast malignancy until proven otherwise. Every breast complaint must be evaluated individually.

Breast mass is a thickening or lump that is felt in a woman's breast, which may or may not have the following characteristics:

Nipple retraction
Skin dimpling
Skin thickening
Tenderness

Nipple discharge
Inflammation or discoloration
Palpable nodes
Change in size of the breast
Dominant breast mass/thickening:
Subjective:
- Patient may report breast mass or thickening on self-breast examination
- May be asymptomatic
- History of previous breast disorder
- Family history of breast cancer or other organ cancer, breast masses or disease (specifically first degree relative)
- Abnormal mammogram

Objective:
  - Patient history
  - Clinical breast exam to include entire breast and the opposite breast with documentation specific to:
    - Mass Characteristic: approximation of size, location, shape, consistency, delineation, tenderness to palpation, mobility
    - Nipple inversion and/or drainage
    - Secondary signs: skin changes, asymmetry, or retraction
    - Node status: in axilla and supraclavicular regions

Assessment (R/O)
  - Breast Mass
  - Fibrocystic breast
  - Fibroadenoma
  - Carcinoma
Plan

Age <30:
- Reexamine during days 5-10 of menstrual cycle;
- May consider referral to District 2 Nurse Practitioner—OR—
  Consider referring for breast ultrasound and/or surgical consult if highly
  suspicious for malignancy;

NOTE: Etiologies for discrete breast lumps:
- Age under 20 – Fibroadenoma: 50%, Benign Breast mass: 50%
- Age 20-29 – Fibroadenoma: 35%, Benign Breast mass: 52%, Breast cyst 10%,
  Breast cancer 3%

Age>30
- Refer for bilateral mammogram and surgical consult (May or may not be eligible
  for the BCCP Program);

NOTE: Etiologies of discrete breast lumps:
- Age 30-39 – Fibroadenoma: 18%, Benign Breast mass 62%, Breast cyst
  10%, Breast cancer 10%
- Age 40-45 – Fibroadenoma: 9%, Benign Breast mass 31%, Breast cyst
  25%, Breast cancer 35%
- Age over 55 –Benign Breast mass 13%, Breast cyst 2%, Breast cancer
  85%

Nipple Discharge

Definition- Under certain conditions, an abnormal fluid may be expressed from the
breast(s) or flow spontaneously. Up to 50% of women in their reproductive years may
express discharge when the nipple is compressed. Most nipple discharge is associated
with a benign process but malignancy should be ruled out with all new onset of nipple
discharge.

Categorize by appearance:
- Milky – Usually premenopausal women who have had children
  Prolactin secreting pituitary tumors rare.
- Bloody – Usual cause is benign intraductal papilloma
  May be a sign of cancer (invasive or insitu) – only 5-10% due to
  malignancy
- Serous – Thin, yellowish, brown, green, or gray – Usually indicates
  fibrocystic

Subjective
- Patient complain of spontaneous discharge unilaterally or bilaterally
- Patient complaint of non-spontaneous discharge unilaterally or bilaterally

Objective
- Clinical Breast Exam to include documentation of findings specific to breast
  discharge, mass, etc. Include appearance of discharge, odor, single or multiple
  duct discharge.
• Trying to elicit a discharge is NOT considered a part of the clinical exam
• Spontaneous discharge from a single duct
• Non spontaneous non bloody discharge
• Non spontaneous discharge from multiple ducts

Assessment
• Nipple Discharge

Plan
• Refer to surgeon for:
  • Bloody discharge (Call surgeon for instructions, i.e. – need to order mammogram and/or ultrasound of the area prior to surgical consult)
  • Spontaneous discharge from a single duct
NOTE: Cytology of fluid is not helpful!!!
• Non spontaneous non bloody discharge or discharge from multiple ducts needs no further evaluation

Breast Pain

This is the most common symptom among women seeking consultation. Breast pain alone is rarely the presenting symptom in women diagnosed with breast cancer. However, up to 7% of women with newly diagnosed breast cancer presented with breast pain as their only symptom. Breast pain can be cyclic or non-cyclic. Cyclic breast pain begins during the luteal phase and resolves with menses. It is usually bilateral with no focal concern. This is most common in younger women. Non cyclic breast pain does not correlate with the menstrual cycle. It may be unilateral or focal and more common in women age 40 to 50. Referred pain occurs from sites outside the breast.

Etiology

Cyclic breast pain occurs with fibrocystic breast tissue and/or hormonal fluctuations with the menstrual cycle.

Non-cyclic breast pain can occur with a breast mass, breast cyst, mastitis, weight gain, trauma, caffeine, exogenous hormonal use, dermal lesions, and pregnancy.

Referred pain can occur with chest wall muscle pain (recent trauma; overuse from repetitive movement), costochondritis, rib pain, nerve pain, or cardiopulmonary origins.

Subjective
• Patient may present with pain, lump, swelling, redness, discharge from nipple, nipple retraction, change in appearance or skin and areola, dimpling, scaliness

Objective
• Bilateral clinical breast exam – Additional information to be considered: pain unilateral or bilateral, focal or diffused, correlate with menstrual cycle,
perimenopausal, any mass present, erythema, warmth, swelling, fever, recent trauma, recent weight gain, exogenous hormone use, recent pregnancy or nursing

- Refer to breast mass for documentation specifics

Assessment
1. Breast pain, mastalgia

Plan
2. If clinical findings are suspicious, refer for surgical consult with mammogram and/or ultrasound as indicated per surgeon
3. If clinical findings are negative, offer relief recommendations.

- NSAIDS,
- Well-fitting bra,
- Caffeine elimination,
- Weight reduction,
- Reduction or elimination of exogenous hormones,
- Vitamin E or evening primrose oil,
- Vitamin B6,
- Hot compress

Patient Education
1. See above

Refer/Consultation
2. As per above guidelines

References

BCCP District Coordinators Contact List