

## Surgical Breast Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of breast conditions. Patients will be clinically triaged into management pathways according to specific clinical requirements.

## Conditions not seen by Breast Surgery Specialists at Western Health:

Condition	Recommendation
Known, metastatic breast cancer	Refer to Breast Oncology Clinic at WH
Patients without breast cancer but with a high risk of breast cancer/strong family history	Refer to Royal Melbourne Hospital or Peter MacCallum Cancer Centre High Risk/Familial Cancer Clinic (Western Health does not have a high-risk clinic). See <a href="#">Familial cancer centres - Cancer Council Victoria</a>
Chest wall pain	GP to treat
Thickening or nodularity consistent with hormonal change	Review in 2 or 3 months. If changes persist on review for imaging and referral
Nipple discharge and change <ul style="list-style-type: none"> <li>- Bilateral on expression only</li> <li>- No discrete lesion</li> <li>- No blood</li> </ul>	Reassure, encourage not to express. Review in 2-3 months
Normal or No discrete lesion (Category 1) on imaging <u>consistent</u> with clinical exam	Reassure patient. Advise breast self-awareness <b>Advise age &gt;50 two yearly mammogram – Breast Screen 13 20 50 <a href="http://www.breastscreen.org.au/">http://www.breastscreen.org.au/</a></b>
Benign (Category 2) <u>simple</u> cysts on imaging, <u>not palpable</u>	Reassure patient.
Benign (Category 2) <u>complex</u> cysts on imaging, <u>not palpable</u>	Age <40 years old - reassure and re-examine six months Age >40 years old - re-examine and re-image six months
Solid lesions (no clinical abnormality) on imaging, age < 25 years	Reassure patient.
Solid lesions (no clinical abnormality) on imaging, age 25 – 35 years	Repeat ultrasound at 6 months + stop if no change

## Breast Alarm Symptoms:

Any patient presenting with the following should present directly to an emergency department:

- Metastatic breast disease with intractable pain
- Fungating mass or wound with haemorrhage
- Post-surgical wound with dehiscence or sepsis
- Breast abscess failing drainage
- Lactational mastitis with systemic symptoms not improving with initial GP treatment and concern for abscess development

## Access & Referral Priority Surgical Breast Clinic:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p style="text-align: center;"><b>URGENT</b></p> <p style="text-align: center;"><b>Appointment timeframe 30 days.</b></p>	<p style="text-align: center;"><b>ROUTINE</b></p> <p style="text-align: center;"><b>Appointment timeframe greater than 30 days, depending on clinical need.</b></p>
<p>Suspected new or early breast cancer with accompanying imaging suggestive of a possible cancer.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Breast lump or mass</li> <li>• Changes in breast shape or size</li> <li>• Nipple discharge that occurs without squeezing</li> <li>• Other nipple changes</li> <li>• Skin changes on breast</li> <li>• Axillary mass or palpable axillary lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with a breast lump or other breast symptoms where imaging does not suggest cancer.</li> <li>• Breast pain:               <ul style="list-style-type: none"> <li>– With discrete lesion</li> <li>– With nodularity persisting &gt;2 months</li> </ul> </li> <li>• Nipple discharge:               <ul style="list-style-type: none"> <li>– Unilateral, spontaneous</li> <li>– Bloody discharge</li> <li>– Single duct discharge</li> <li>– Nipple inversion/change (&lt;3 months)</li> </ul> </li> <li>• Breast lesions               <ul style="list-style-type: none"> <li>– Discrete lesion or</li> <li>– Palpable complex cysts</li> </ul> </li> </ul>

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Refer to Health Pathways Melbourne for assessment and management of breast conditions prior to referral.

### Family history guidelines\*

- Specify all family members including whether they are a 1st or 2nd degree relative, their relationship to the patient, age of diagnosis if known who have had breast cancer +/- ovarian cancer, bilateral cancer or male breast cancer.
- Please include whether the patient is of Ashkenazi heritage.

### Imaging guidelines\*\*

- >35 years – Mammogram & Ultrasound
- <35 years – Ultrasound only
- Specialist review prior to image guided or clinician biopsy of lesions is preferred
- Where imaging is undertaken, please advise patients to take previous films for the radiologist to review AND bring films/disks to their hospital appointment.

# Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
<p>Suspected new or early breast cancer</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Breast lump or mass</li> <li>• Changes in breast shape or size</li> <li>• Nipple discharge that occurs without squeezing</li> <li>• Other nipple changes</li> <li>• Skin changes on breast</li> <li>• Axillary mass or palpable axillary lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>• Details of presenting symptoms and clinical findings</li> <li>• Medication list incl details of past /current hormone therapy or hormonal contraception</li> <li>• Smoking and alcohol use</li> <li>• Family history*</li> </ul>	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Bilateral mammogram</li> <li>• Include reports in referral</li> </ul> <p>If available, patients to bring breast imaging films/disc to their clinic appointment</p> <p>Specialist will arrange core biopsy after review in specialist clinic</p>
<p>Breast pain with:</p> <ul style="list-style-type: none"> <li>• Discrete lesion</li> <li>• Nodularity persisting &gt;2 months</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical history and examination findings</li> <li>• Family history*</li> </ul>	<ul style="list-style-type: none"> <li>• Imaging as per age recommendations above**</li> <li>• Please include copies of reports and details of imaging provider</li> </ul>
<p>Nipple discharge or nipple eczema (new):</p> <ul style="list-style-type: none"> <li>• Unilateral, spontaneous</li> <li>• Bloody discharge</li> <li>• Single duct discharge</li> <li>• Nipple inversion/change (&lt;3 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical history and examination findings</li> <li>• Family history*</li> </ul>	<ul style="list-style-type: none"> <li>• Imaging as per age recommendations above**</li> <li>• Please include copies of reports and details of imaging provider</li> </ul>
<p>Breast lesion:</p> <ul style="list-style-type: none"> <li>• Discrete lesion or</li> <li>• Palpable complex cysts</li> </ul> <p>Practice note: Simple cysts if palpable please arrange aspiration via local radiology service. Referral not required</p>	<ul style="list-style-type: none"> <li>• Clinical history and examination findings</li> <li>• Family history*</li> </ul>	<ul style="list-style-type: none"> <li>• Imaging as per age recommendations above**</li> <li>• Please include copies of reports and details of imaging provider</li> </ul>