

# Breast Symptoms

[Disclaimer](#)

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This pathway is about breast symptoms in men and women, not routine or high risk screening. See also [Breast Cancer Screening](#).

## Red flags

- Discrete breast or axillary lump, ulceration, skin dimpling, breast distortion
- Persistent nipple eczema, ulceration, recent (< 3 months) nipple distortion, or retraction
- Bloody or serous unilateral or spontaneous nipple discharge
- Inflammation not responding to treatment
- Repeated consultation about the same breast symptoms
- Known family genetic mutation

## Assessment



### Practice Point

#### ***Investigate men the same as women***

*Men can have mammograms and lumps should be investigated in the same way as in women.*

## Aboriginal and Torres Strait Islander care.

1. **Ask** and record if the patient identifies as being of Aboriginal or Torres Strait Islander origin. Consider the ***specific cultural and spiritual needs*** of each patient.

➤ ***Ask if the patient identifies as being of Aboriginal or Torres Strait Islander origin***

If a patient or their family want to know why you are asking this question, you may reply with:

- We ask this question of everyone.
- It enables us to help you access extra services that are funded for Aboriginal and Torres Strait Islander peoples, such as support to buy medications and extra funded visits with some health care providers.
- This information helps our practice and the health care providers we refer you to, to provide culturally safe care.

For more information, see the RACGP's [Five steps towards excellent Aboriginal and Torres Strait Islander healthcare](#).

➤ ***Advice for communicating with Aboriginal and Torres Strait Islander people***

- *Encourage patients to book a longer consultation, to allow sufficient time for discussion and building trust.*
- *Only use traditional terminology such as "Aunty" and "Uncle" if invited to do so.*
- *Consider the role of factors such as gender, kinship, family ties, language barriers and socio-economic issues.*
- *Offer the patient:*
  - *the option of seeing a health professional of the same gender or if this is not possible, referral to another [service](#).*
  - *the option to have support person present, such as a family member, a community member, or an Elder.*
  - *access to funding assistance to overcome any identified or potential financial barriers e.g., ITC Funding. See [SEMPHN Aboriginal and Torres Strait Islander health](#)*

➤ Acknowledge and respect how cultural, spiritual and historical beliefs and experiences impact on ***decision-making***.

***Respecting Aboriginal and Torres Strait Islander people's decision-making processes***

- *Aboriginal and Torres Strait Islander knowledge, values, beliefs, cultural needs, and health history may strongly inform decision-making processes about treatment and ongoing care.*
- *If possible and if requested by the patient, support the inclusion of cultural practices e.g., involvement of a traditional healer, or performing ceremonies.*

➤ Be aware the term “survivor” may have negative connotations for historical reasons.

➤ Proactively explore and monitor symptoms of **pain**.

### **Considerations for assessing and managing pain in Aboriginal and Torres Strait Islander people**

*Aboriginal and Torres Strait Islander patients may not actively report pain or other needs.*

- *Offer patients the option to discuss their needs with a health professional of the same gender.*
- *If available, use a pain tool that is culturally appropriate for the local community.*
- *Allow sufficient time to discuss and explain the options, usage, and side-effects of pain relief in full.*
- *Be aware of:*
  - *significant cultural practices regarding which family members can assist with providing pain relief, and how pain medication is administered.*
  - *fears that pain relief medicines may accelerate the passing of the patient.*

➤ Understand how the concept of **family** is different for Aboriginal and Torres Strait Islander people.

### **Considerations when discussing family with Aboriginal and Torres Strait Islander people**

*For Aboriginal and Torres Strait Islander people:*

- *the concept of family is broader than being genetically related.*
- *be sensitive when taking a family history, as discussing members of the stolen generation may be distressing*
- *Be sensitive when referring to people who have died – check and ask permission. There may be cultural taboos in discussing Sorry Business (referring to people who have died).*

➤ Be supportive and understanding if **appointments** are missed, and facilitate follow-up or rebooking.

### **Appointments for Aboriginal and Torres Strait Islander people**

- *Patients who identify as Aboriginal and Torres Strait Islander people may have complex factors e.g., family and community responsibilities, or previous experiences with mainstream medical services, that make it difficult for them to attend appointments.*
- *The following supports may facilitate this process:*
  - *Recall and reminders*
  - *ITC funding*
  - *Referral to an Aboriginal Liaison officer, support, or health worker.*

➤ Aboriginal and Torres Strait Islander people are more likely to have multiple co-morbidities that can impact treatment outcomes.

➤ Ensure contact details are up to date.

➤ If available, use **assessment tools and resources** designed specifically for Aboriginal and Torres Strait Islander people.

### **Aboriginal and Torres Strait Islander assessment tools and resources**

- See [SCNAT-IP](#) – online tool that assesses the supportive care needs of Aboriginal and Torres Strait Islander cancer patients and their families.

2. Ask about presenting symptoms, including:

➤ **Lumps**

- Site and side – constant or changing, unilateral or bilateral
- Duration – when and how first noted
- Any changes since first noted
- Relationship to menstrual cycles or exogenous hormones
- Associated symptoms

➤ **Nipple changes**

*Clinically abnormal or suspicious nipple changes include:*

- colour change
- fixed whole-nipple inversion or distortion
- ulceration and/or eczematous-like changes
- bloody or serous unilateral nipple discharge
- indications of Paget's disease of the breast, a presentation of breast cancer:
  - Scaly, raw, vesicular or ulcerated lesion that begins on the nipple and spreads to the areola.
  - Pain, burning, or pruritus may be present before the development of clinically apparent disease.
  - There may not be an associated mass or breast imaging abnormality.

➤ **Nipple discharge**

- Unilateral, spontaneous, bloody or serous discharge raises the possibility of cancer, especially if it occurs in women aged > 60 years.
- Green or creamy discharge is not a red flag.

➤ **Breast pain**

➤ **Inflammation and skin dimpling – consider inflammatory breast cancer**

*Inflammatory breast cancer is a rare and aggressive form of breast cancer characterised by diffuse erythema and oedema involving a third or more of the skin of the breast and typically has the peau d'orange skin dimpling appearance. The inflammatory changes are caused by tumour emboli.*

- Consider inflammatory breast cancer when [mastitis](#) is:
  - accompanied by skin dimpling (peau d'orange), or
  - not responsive to antibiotics after 10 days and
  - not associated with breast feeding or another cause.
- There is usually no fever.
- See also the [Mastitis and Breast Abscess](#) pathway.

➤ Recent breast trauma – recent breast trauma still requires investigation

➤ Other symptoms of breast cancer:

- Thickening or ridge
- Breast or nipple asymmetry
- Skin dimpling

3. Take a further **breast symptom history**

Ask about:

- medications:
  - Current or recent changes in medication, especially exogenous hormones
  - Complementary or alternative medicines
- hormonal status and menstrual history.
- pregnancy history:

- parity and age at first full-term pregnancy.
- recent pregnancies and breastfeeding.
- imaging history:
  - Most recent imaging, date, results, where performed, and whether screening or diagnostic.
  - Previous breast disease, investigations, and biopsy results.
- previous radiation therapy or previous breast surgery including cosmetic surgery.

4. Ask about **risk factors**

➤ *Risk factors include:*

- *strong family history (maternal or paternal) of [breast or ovarian cancer](#), gastric cancer, Lynch syndrome or Peutz-Jeghers syndrome*
- *known family genetic mutation*
- *obesity*
- *alcohol intake (one standard drink a day is associated with increase in risk of 5%).*
- *childhood radiation.*

5. Perform **breast examination**

➤ *Examine under good light with the patient's:*

- *arms by their side.*
- *arms raised above their head.*
- *hands pressing on hips, leaning forward (i.e., contracting pectoral muscles).*

➤ *Pay particular attention to:*

- *breast contours – skin changes such as erythema, bruised appearance, dimpling, or puckering, pitting of skin (peau d'orange), visible lumps.*
- *nipples – height, any inversion, erythema, eczema, nodules, ulcers.*

➤ *Palpation:*

- *With the **patient seated or standing**, use the flat of the fingers to palpate:*
  - *supraclavicular and axillary fossae.*
  - *breasts, particularly upper quadrants and bimanual palpation.*
- *With **patient lying flat**:*
  - *palpate supraclavicular and axillary fossae.*
  - *palpate all quadrants and axillary tail, as well as around and behind the nipple.*
  - *use the non-examining hand to immobilise a large breast.*

*A pillow placed under the shoulder may assist in examination of the outer quadrants of a large breast.*

➤ *Record details of any lumps, including:*

- *size and shape*
- *consistency*
- *mobility*
- *tenderness*
- *fixation*
- *exact position (o'clock position, centimetres from nipple)*

6. In men, try to determine between [gynaecomastia](#), and presentations suspicious for breast cancer.

7. Assess whether there is **suspicion of breast cancer**.
  - **Red flags** for suspicion of breast cancer:
    - Discrete breast or axillary lump, ulceration, skin dimpling, breast distortion.
    - Persistent nipple eczema, ulceration, recent (< 3 months) nipple distortion, or retraction.
    - Bloody or serous unilateral or spontaneous nipple discharge.
    - Inflammation not responding to treatment. Consider **inflammatory breast cancer**.
    - repeated consultation about the same breast symptoms.
    - Known family genetic mutation.
  - Consider **Paget disease of the breast** as a presentation of breast cancer.
    - **Paget's disease of the breast**  
A scaly, raw, vesicular or ulcerated lesion that begins on the nipple and spreads to the areola.
      - Pain, burning, or pruritus may be present before the development of clinically apparent disease.
      - There may not be an associated mass or breast imaging abnormality.
  - The changes are probably **benign**  
**Benign changes**  
Suspect benign changes if no **red flags** and:
    - thickening or nodularity consistent with hormonal change.
    - aged ≤ 49 years with tender or lumpy breasts without a localised abnormality.
    - aged ≥ 50 years with symmetrical nodularity without a localised abnormality.
    - bilateral or intermittent nipple discharge unless serous or blood-stained.
8. Investigations:
  - If suspicion of breast cancer arrange diagnostic breast imaging with both mammography and ultrasound.
  - Core biopsy requests should be discussed with a [breast surgeon](#) first.
  - Fine needle aspiration (FNA) has mostly been superseded by diagnostic breast imaging and core biopsy in the investigation of breast lesions.

## Management

1. If patient identifies as Aboriginal or Torres Strait islander, understand their **specific cultural and spiritual needs** when discussing and delivering treatment options.
  - **Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People**
    - Offer referral to culturally appropriate social and emotional wellbeing [services](#).
    - Consider including an [expert](#) in the multidisciplinary team, to provide culturally appropriate care to Aboriginal and Torres Strait Islander people.
    - Provide culturally appropriate information or resources about the signs and symptoms of recurrent disease, secondary prevention, and healthy living.
2. Manage according to most likely diagnosis:
  - **Suspected breast cancer**
    1. If suspected inflammatory breast cancer, request [urgent breast surgeon referral](#).
    2. Request [urgent or routine breast surgery referral](#) if:
      - **Any Red flags**
      - suspicious clinical examination.
      - equivocal, suspicious, or malignant imaging.
      - equivocal, suspicious, or malignant core biopsy (or FNA).
      - cyst aspiration which has:

- persistent refilling.
  - orange or bloody (non-traumatic) aspirate.
  - persisting lump.
  - spontaneous, unilateral nipple discharge, especially if patient is aged > 60 years.
  - inconsistent test results requiring further investigation.
3. If imaging shows benign or simple cyst (symptomatic), arrange aspiration if not done at time of imaging.

➤ **Probably benign changes**

1. Offer reassurance, lifestyle advice, and advice about routine screening guidelines.
2. If imaging shows normal breast tissue and no discrete lesion, and this result is consistent with clinical findings:
  - advise regarding [breast awareness](#) and future screening.
  - consider review in 6 to 8 weeks.
3. If cyst aspiration shows normal (straw to dark green coloured) fluid and no remaining lump, advise review if it refills.
4. For women with thickening or nodularity consistent with hormonal change, advise [screening mammogram](#), if due (with or without ultrasound). Review in 6 to 8 weeks, and if problem persists consider diagnostic breast investigations.
5. Manage breast pain according to the [Breast Pain](#) pathway.
6. If breast inflammation, consider following the [Mastitis and Breast Abscess pathway](#), but reconsider inflammatory breast cancer if inflammation does not resolve with treatment.
7. If repeated consultations about the same breast symptom, consider breast surgery assessment.
8. If known [family genetic mutation](#), have a low threshold for referral.

## Referral

If suspected breast cancer, include all test results, relevant history, and examination findings, and write "urgent – high suspicion of breast cancer" on the request.

- If the patient is recently known to a specialist breast service or surgeon and examination is abnormal, request direct assessment by that surgeon.
- If suspected inflammatory breast cancer, request [urgent breast surgeon referral](#).
- Request [urgent or routine breast surgery referral](#) if:
  - any **red flags**.
  - Discrete breast or axillary lump, ulceration, skin dimpling, breast distortion.
  - Persistent nipple eczema, ulceration, recent (< 3 months) nipple distortion, or retraction.
  - Bloody or serous unilateral or spontaneous nipple discharge.
  - Inflammation not responding to treatment.
  - Repeated consultation about the same breast symptoms.
  - Known family genetic mutation.
  - suspicious or malignant findings on clinical examination.
  - indeterminate, suspicious, or malignant imaging results.
  - abnormal core biopsy.
  - abnormal cyst aspiration results.
  - abnormal discharge cytology.
  - cyst aspiration results in bloody aspirate (non-traumatic) or lump remains post-aspiration.
  - mastitis with skin dimpling (peau d'orange) appearance or not responsive to antibiotics after 10 days.

- spontaneous unilateral, bloody, serous, or persistent discharge.
  - examination or imaging findings are indeterminate, equivocal, or inconsistent with other results.
  - men with unilateral, firm sub-areolar mass, not typical of gynaecomastia.
  - repeated presentation with the same breast symptom.
- **Referral Options for Aboriginal and Torres Strait Islander people**
- For hospital referrals, consider engaging support from the [Aboriginal Hospital Liaison Officers](#).
  - For community referrals, consider referral to an Aboriginal Community Controlled Health service.
  - For care coordination, support and advocacy throughout treatment, consider referral to [Care Coordination and Supplementary Services \(CCSS\)](#).

## Information

### For health professionals

British Medical Journal – [Over-Diagnosis in Breast Cancer Screening](#)  
 Cancer Australia – [Investigation of a New Breast Symptom Guide for General Practitioners Diagnostic Imaging Pathways \(Australia\)](#)

### For patients

BreastScreen Victoria:

- [Homepage](#)
- [Aboriginal and Torres Strait Islander people](#)

Cancer Australia – [Calculate Your Risk](#)

Cancer Council Victoria:

- [Checking for Cancer: What to Expect](#)
- [Take the Lead: Be Breast Aware](#)

National Indigenous Cancer Network – [About Cancer](#)

Patient:

- [Breast Lumps](#)
- [Breast Pain](#)

## References

### References

1. Parkin DM. [Cancers attributable to consumption of alcohol in the UK in 2010](#). Br J Cancer. 2011;105(S2):S14-S18.

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