


Coversheet for Network Site Specific Group Agreed Documentation

This sheet is to accompany all documentation agreed by Pan Birmingham Cancer Network Site Specific Groups. This will assist the Network Governance Committee to endorse the documentation and request implementation.

Document Title	Guidelines for the Referral to Secondary Care Breast Care Services Urgent and Routine												
Document Date	September 2010 (revised April 2012 to incorporate new breast referral form)												
Document Purpose	This Guidance has been produced to support the following: Referral to Breast Care Services												
Authors	<table border="0"> <tr> <td style="padding-right: 10px;">1</td> <td style="padding-right: 10px;">Alan Jewkes</td> <td>Consultant Surgeon</td> </tr> <tr> <td>2</td> <td>Lara Barnish</td> <td>Deputy Nurse Director</td> </tr> <tr> <td>3</td> <td>Lucy Burgess</td> <td>Macmillan Cancer Genetic Counsellor</td> </tr> <tr> <td>4</td> <td>Clair McGarr</td> <td>Acting Project Lead</td> </tr> </table>	1	Alan Jewkes	Consultant Surgeon	2	Lara Barnish	Deputy Nurse Director	3	Lucy Burgess	Macmillan Cancer Genetic Counsellor	4	Clair McGarr	Acting Project Lead
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References	See document												
Consultation Process	Consultation and review was via the Breast Network Site Specific Group in June 21010												
Review Date	September 2013												
Approval Signatures:													
Network Site Specific Group Clinical Chair													
Date Approved by Network Governance Committee June 2010													

Guidelines for the Referral to Secondary Care Breast Care Services Urgent and Routine

Version History

Version	Date Issued	Brief Summary of Change
2	24.09.07	Endorsed by Governance Committee
2.1	Feb 2010	Circulated at February 2010 Breast NSSG
2.2	18.05.10	With amendments from Lara Barnish. For comment by Lucy Burgess and the breast NSSG. Resent to breast NSSG 18.05.10
2.3	27.05.10	Following discussion at the Breast NSSG. For comment by the breast NSSG
2.4	18.06.10	Following final consultation. For submission to the Guidelines Subgroup.
2.5	27.07.10	Agreed with minor changes at Governance Subgroup. Clarity over genetics referrals and referrals for patients with accesses required.
3	23.08.10	With changes from Alan Jewkes and Lucy Burgess. Completed for distribution
3.a	19.04.12	This version has been produced to incorporate the new 2 week wait breast referral form

Summary of changes between version 2 and version 3

- *Referral times altered to reflect new policy guidance: all patients who need referral to be seen within 2 weeks.*
- *Details under 'referral for family history assessment' section has been updated, and referral form attached.*
- *Changes to the referral proforma to include all patients being referred.*

1 Scope of the Guideline

This guidance has been produced to support the following:

- a) The referral of patients with breast symptoms to a secondary care breast clinic.

- b) The management of patients who may have a genetic predisposition for breast cancer.

Waiting times guidance for patients with suspected and diagnosed breast cancer are dealt with in a separate Guideline (see PBCN Guidelines for the Diagnosis of Breast Cancer).

2 Guideline Background

In response to a number of policy and related documents^(1,2,3,4,5,6) Pan Birmingham Cancer Network has produced guidance for the referral of patients requiring secondary care for a breast related problem.

Guideline Statements

3 All Patients

- 3.1 All patients with breast symptoms meriting specialist review should be referred to a specialist breast multidisciplinary team, and be seen by a specialist from this team within 2 weeks of referral.
- 3.2 All patients should be referred using the Pan Birmingham referral form (attached) and faxed to the relevant Trust 2 week wait office. Please ensure that it is clearly indicated on the form whether the patient's symptoms are suspicious of cancer (see 4.2)
- 3.3 Clinicians referring should ensure that they have accurately completed the attached referral form:

4 Referral of patients with symptoms suggestive of cancer

- 4.1 Patients with the following should be classified as urgent:
 - a) patients with a discreet lump patients 30 years or older
 - b) those with signs which are highly suggestive of cancer such as:
 - ulceration
 - skin nodule
 - skin distortion
 - nipple eczema
 - recent nipple retraction or distortion (< 3 months)
 - Unilateral blood stained discharge
- 4.2 Patients with a clinical diagnosis of **breast abscess** should be prescribed appropriate anti staphylococcal antibiotics and referred urgently to the breast clinic - using the two week referral or direct phone call to breast service during daytime.

5 Referral of patients with non suspicious symptoms

Patients with the following should also be seen in 2 weeks:

- a) Lump
 - discrete lump in patients under 30 years
 - asymmetrical nodularity that persists at review after menstruation
- b) Pain
 - Intractable pain not responding to reassurance, simple measures such as wearing a well supporting bra and common analgesic drugs
- c) Spontaneous nipple discharge
 - Except if blood stained where patient should be treated as urgent

6 Referral for Family History Assessment

6.1 Individuals (affected or unaffected with cancer) who express concern about a family history of breast cancer to their GP or secondary care provider should be assessed using the guidelines below. Individuals who meet the guidelines should be referred to the West Midlands Regional Clinical Genetics Unit, Birmingham Women's Hospital for risk assessment.

Criteria taken from West Midlands Family Cancer Strategy (WMFACS) Cancer Family History Referral Guidelines (2007)

Breast Cancer	1 close relative, age under 40. 1 close relative with bilateral disease. 1 male relative, any age. 2 close relatives, age under 60. 3 close relatives, any age. Or Grade 3, breast cancer in self or relative under age 45, with oestrogen, progesterone and herceptin receptor negative status.
Ovarian Cancer	2 close relatives with ovarian cancer, any age
Breast AND Ovarian Cancer	Minimum of 1 of each cancer; ovarian cancer any age, breast cancer age under 60
Other Cancers	Multiple primary cancers in one individual. 3 or more close relatives with cancer at the same site. 3 or more close relatives with any cancer at an earlier than average age. 3 or more relatives with a combination of cancers of either breast, ovary, prostate, pancreas, melanoma, endometrial, sarcoma or thyroid cancer.

	Patient with a childhood tumour, leukaemia, sarcoma, brain tumour or adrenocortical tumour
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6.2 Other considerations

- 6.2.1 If uncertain refer for assessment.
 - 6.2.2 Individuals who are requesting risk-reducing surgery should also be referred for risk assessment.
 - 6.2.3 Individuals with an Eastern European Jewish origin who do not meet the above criteria could still be considered because of their increased risk of BRCA1 and BRCA2 mutations.
 - 6.2.4 Also Families with a history of breast cancer and sarcomas or rare childhood cancers should also be referred for assessment.
 - 6.2.5 The individuals will be assessed and managed using the West Midlands Family Cancer Strategy guidelines. Further details about the strategy are available at www.bwhct.nhs.uk/wmfacs and a family history form template at http://www.bwhct.nhs.uk/family_history_form_july_2009.pdf
- 6.3 Individuals who do not meet the referral guidelines and who are asymptomatic can be managed at primary care level. E.g. reassurance provided that cancers in the family more likely to be due to chance, thus additional cancer surveillance and secondary/tertiary referral is not indicated based on current knowledge and evidence. Leaflets are available to support the advice from the Clinical Genetics Unit. Taking part in population surveillance programmes is recommended and healthy lifestyle information can also be provided.
- 6.4 For those requiring a referral this should be done using the form available on the website cited above in 6.2.5.

7 Monitoring of the Guideline

- 7.1 Each Trust is required to monitor the appropriateness of referrals and feed back the results to the local General Practitioners
- 7.2 Waiting times for patients identified as suspicious for cancer are monitored locally and nationally using the National Cancer Waiting Times Database.
- 7.3 Monitoring the use of the local genetic service: observing levels of referrals from Hospital Trusts/PCTs.

References


1. Department of Health, 2000, *The NHS Cancer Plan: A plan for investment, a plan for reform*. Department of Health, London.
2. NHS Executive, 2001, *Cancer Waiting Times HSC 2001/012*. Department of Health, London. See Also DSCN 22/2002 *National Cancer Waiting Times Monitoring*.
3. NHS Executive, 2000, *Cancer Referral Guidelines HSC 2000/013*. Department of Health, London.

Date 22 September 2010

Network Site Specific Group Clinical Chair

Name: Alan Jewkes

Signature

A handwritten signature in black ink, appearing to read 'Alan Jewkes', written in a cursive style.

Date 22 September 2010

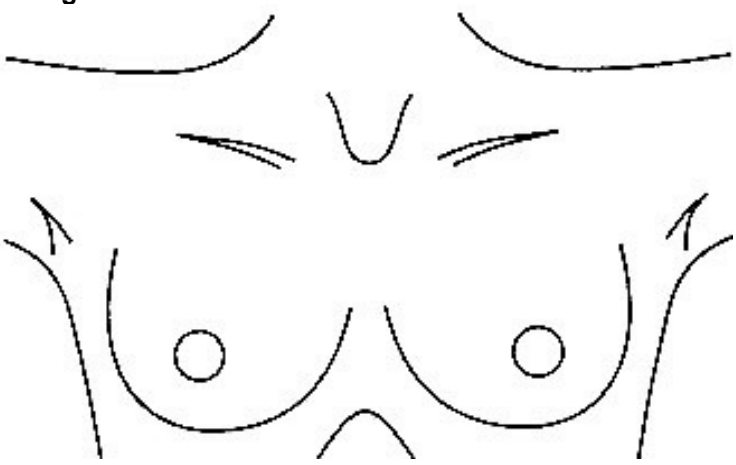
REFERRAL FORM FOR PATIENTS WITH BREAST SYMPTOMS (Version 4.0)

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.**

ALL PATIENTS WILL BE OFFERED AN APPOINTMENT WITHIN TWO WEEKS OF RECEIPT OF THIS FORM

Please complete all of the fields below as accurately as possible:

Patient Details**GP Details (inc. Fax Number)**

Surname:	NHS No:	Tel No: _____ Fax No: _____
Forename:	Hospital No:	
Address:		
Postcode:	Date of decision to refer:	
Telephone:	Date referral made:	<p>GP signature</p> <p>Please indicate the site of the problem:</p> <p>Right: _____ Left: _____</p>  <p>Clinical Details:</p> <p>Date/place of last mammogram: _____</p>
Interpreter required? Yes/No Language:	GP signature	
Please indicate whether or not you feel this patient is likely to have breast cancer: Yes <input type="checkbox"/> (Please complete only Section A below) No <input type="checkbox"/> (Please complete only Section B below) NB. Patients will be offered an appointment within 2 weeks regardless of whether or not cancer is initially suspected.		
Section A – Suspected breast cancer		
<ul style="list-style-type: none"> • >30 with discrete mass post period/ menopause <input type="checkbox"/> • <30 with persistent fixed, hard or enlarging lump <input type="checkbox"/> • Lump/ suspicious symptoms in patient with previous carcinoma-in-situ of breast or breast cancer, any age <input type="checkbox"/> • Eczematous nipple change or nipple retraction of recent onset <input type="checkbox"/> • Blood stained nipple discharge <input type="checkbox"/> • Man >50 with unilateral firm subareolar mass <input type="checkbox"/> 		
Section B – Breast cancer not initially suspected		
<ul style="list-style-type: none"> • Breast pain <input type="checkbox"/> • Non blood stained nipple discharge <input type="checkbox"/> • Family history <input type="checkbox"/> • Other breast lump in women < 30 years <input type="checkbox"/> 		
Relevant medical history: _____		
Current medications: _____		
For office use:	Appointment date: _____	
Clinic Attending	Was the referral appropriate? Yes / No (if no please give reason) _____	
BREAST CLINICS WITH RAPID ACCESS FACILITIES		
Hospital	Tel	Fax
City and Sandwell	0121 507 2658	0121 507 3723
Good Hope	0121 424 7476	0121 424 7376
Heart of England	0121 424 5000	0121 424 5001
Queen Elizabeth (UHBFT)	0121 626 4551	0121 460 5800
Walsall Manor	01922 721172 ext 7110 or 7785	01922 656773

Why Have I Been Given a 'Two Week Wait' Hospital Appointment?

What is a 'two week wait' appointment?

The 'two week wait' or 'urgent' appointment was introduced so that a specialist would see any patient with symptoms that **might** include symptoms that indicate cancer as quickly as possible. **All** patients with breast signs or symptoms are now offered an appointment within 2 weeks regardless.

Why has my GP referred me?

GPs diagnose and treat many illnesses but sometimes they need to arrange for you to see a specialist hospital doctor. This could be for a number of reasons such as:

- The treatment already given by your GP has not worked.
- Your symptoms need further investigation.
- Investigations arranged by your GP have shown some abnormal results.
- Your GP suspects cancer.

Does this mean I have cancer?

Most of the time, it doesn't. **Even though you are being referred to a specialist, this does not necessarily mean that you have cancer.** More than 90% of patients referred with a 'two week wait' appointment do not have cancer.

What symptoms might need a 'two week wait' appointment?

- A lump in your breast that does not go away.
- A recent change to the skin of your nipple or to the nipple itself.
- Bleeding or discharge from your nipple.
- Breast pain.
- A family history of breast cancer.
- Other unexplained symptoms.

What should I do if I'm unable to attend an appointment in the next two weeks?

This is an important referral. Let your GP know immediately (or the hospital when they contact you) if you are unable to attend a hospital appointment within the next two weeks.

What do I need to do now?

- Make sure that your GP has your correct address and telephone number, including your mobile phone number.
- The hospital will try to contact you by telephone to arrange an appointment. If they are not able to make telephone contact, an appointment letter will be sent to you by post.
- **Inform your GP surgery if you have not been contacted by the hospital within three working days** of the appointment with your GP.
- You will receive further information about your appointment before you go to the hospital. It is important you read this information and follow the instructions.
- Please feel free to bring someone with you to your appointment at the hospital.

It is important to remember that even though you will receive a 'two week wait' appointment, being referred to a specialist does not necessarily mean that you have cancer. Remember, 9 out of 10 patients referred this way do not have cancer.

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