

Modernising Patient Pathways Programme: Breast pain pathway update

Remit

In 2019 the Scottish Access Collaborative Development Group (Breast) met to discuss themes that could be developed to sustainably improve waiting times for non-urgent care within breast services. This work has been progressed through the Modernising Patient Pathways Programme Symptomatic Breast Group to focus on delivering services in an effective, patient-centred way and is based on the NICE clinical knowledge summary (CKS) on cyclical breast pain.¹ The recommendations have not followed the standard process used by SIGN to develop guidelines. They are based on available guidance and expert opinion, with fast peer review as assurance.

This guidance will be reviewed and updated as new evidence emerges.

Recommendations

A common theme during these meetings has been a focus on the referral of breast pain to secondary care services. A consensus was formed around two principles that:

1. There has been an increasing medicalisation of the symptom of breast pain, despite this being usually an entirely normal physiological process. Breast pain is the main factor in around 15% of all symptomatic breast clinic referrals leading to over investigation.
2. Almost all people who are referred with breast/axillary pain have chest wall pain unrelated to the breast itself.

The Modernising Patient Pathway Programme Symptomatic Breast Group was tasked to discuss current and proposed practice and to develop recommendations for the management of people with breast pain. It is important to note that these recommendations are for patients with breast pain only and with no other worrying symptoms or signs on presentation (details of such signs and symptoms are provided in the NICE CKS).^{1,2}

The recommendations fall into three groups:

1. Imaging for breast pain

Currently there is a widespread difference between, and within, Scottish Breast Units with regard to imaging patients with breast pain; with some imaging no patients, some all patients and some using it as an opportunity for screening.

We suggest that:

- a. There is no indication for imaging patients with breast pain in the absence of any other symptoms or signs
- b. If patients have missed screening appointments they should be directed to the appropriate screening pathway to be included within a fully quality-assured programme, and opportunistic screening within symptomatic practice is not recommended
- c. If Units wish to image patients with breast pain it may be worth auditing this pathway to see if the incidence of cancers differs from an age-matched screening population.

2. Referral to secondary care

- a. We suggest that patients with symptoms of breast pain, whether pre- or postmenopausal, can be reassured that this is a normal process, usually settles of its own accord and are directed to symptomatic relief advice. Ideally, this reassurance would be provided through public messaging on NHS and third sector platforms without necessitating a need to be seen in primary care.³
- b. Patients who are referred to secondary care under current referral guidelines⁴ should:
 - have intractable severe unifocal postmenopausal breast (not chest wall or axillary) pain
 - have had 3 months' trial of conservative advice management
 - appreciate that further management options, apart from analgesia, are very limited.
- c. The very small number of patients with breast pain requiring referrals to secondary care do not necessarily need to be managed in rapid access clinics but instead could be given:
 - written advice which is also shared with their GP
 - a telephone/Near me appointment with specialist nurses
 - an appointment in a low risk/benign clinic.

3. Management of patients with breast pain within primary care practice.

- a. Patients experiencing breast or chest wall pain can be strongly reassured that in the absence of any other symptoms or findings that this is normal, usually self limiting and not linked with malignancy
- b. Most postmenopausal breast pain is actually chest wall in origin and patients can be reassured accordingly
- c. Conservative management advice should include a well fitted supportive bra and regular use of topical NSAIDs massaged into the symptomatic area on the chest wall.

Development Group Members

Matthew Barber	Consultant Breast Surgeon NHS Lothian
Ian Daltrey	Consultant Breast Surgeon, NHS Highland
James Mansell	Consultant Breast Surgeon, NHS Greater Glasgow & Clyde
Mike McKirdy	Consultant Breast Surgeon, NHS Greater Glasgow & Clyde
Rachel Menney	Surgical Nurse Practitioner, NHS Greater Glasgow & Clyde
Sian Tovey	Consultant Breast Surgeon, NHS Ayrshire and Arran and Chair of the group

References

1. <https://cks.nice.org.uk/topics/breast-pain-cyclical/diagnosis/diagnosis/>
2. <https://cks.nice.org.uk/topics/breast-pain-cyclical/diagnosis/differential-diagnosis/>
3. <https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/breast-cancer-female#symptoms-of-breast-cancer>
4. <https://www.cancerreferral.scot.nhs.uk/breast-cancer/>