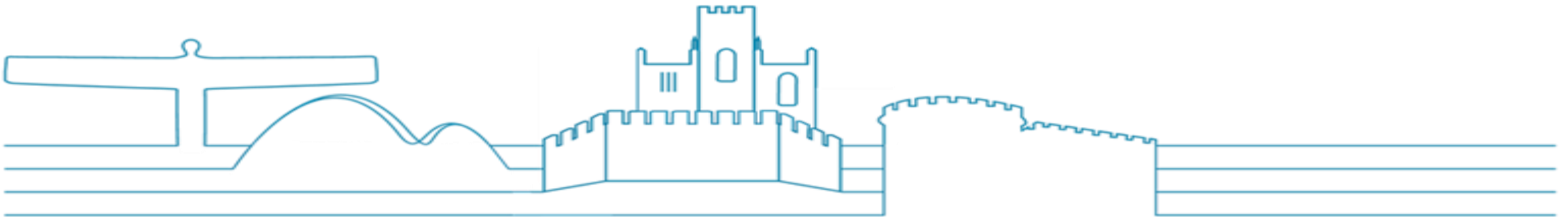


Breast Pain Pathway

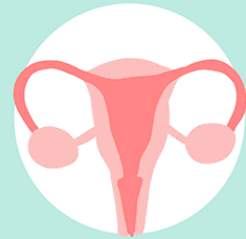


What is breast pain?

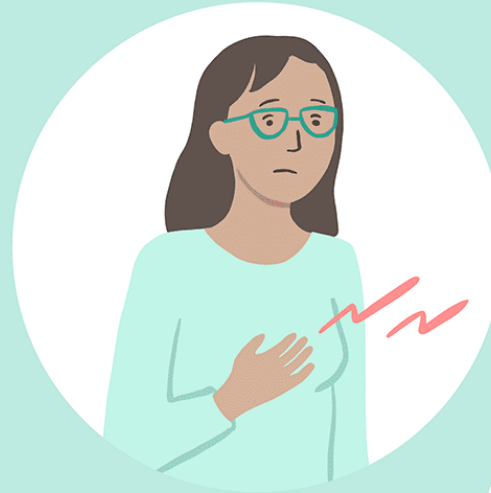
Breast pain can be described as tenderness, throbbing, sharp, stabbing, burning pain or tightness in the breast tissue. The pain may be constant or it may occur only occasionally, and it can occur in men, women and transgender people.

Breast pain can range from **mild to severe**.

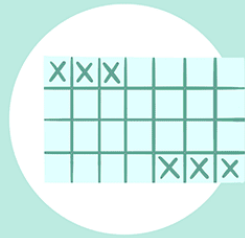
What to Know About Breast Pain and Your Period



Causes include breast lobes and breast ducts enlarging around the time of ovulation.



Cyclical breast pain is typically not a symptom of breast cancer.



Try keeping a breast pain chart to track cycle.



Prescription medication, support bras, and dietary supplements are a few ways to manage symptoms.



Seeing your doctor is your best bet.

Background

- For many breast problems, especially in younger patients or patients presenting with breast pain only, reassurance and a period of watchful waiting may be suitable.
- Breast pain is not usually associated with cancer. It is a common symptom and, if of short duration with no other clinical concern, may be managed initially in a GP setting. Studies show that breast pain often settles with 3-6 months.
- Minor or moderate degree of breast pain with no lumps/bumps, when initial treatment fails and/or with unexplained persistent symptoms, greater than 3 months need to be referred as non-urgent.
- Cyclical breast pain in the younger patient does not need to be referred and can be managed supportively.

Why develop a Breast Pain Pathway?

- Where breast pain is the **ONLY presenting breast symptom** there is a **very low level of cancer risk** (less than for breast screening population who have no symptoms)
- Currently there is **variation** in referral for women with breast pain (2ww, symptomatic pathway, other options)
- Where women are referred into **secondary care** they are often seen alongside women on an **urgent cancer pathway** raising anxiety for these women
- Has the potential to **reduce unnecessary imaging** whilst ensuring that these patients concerns are addressed (family history element)
- Allows for **better resource management** of those waiting for investigation for breast cancer and better patient experience for those waiting for breast pain investigation only
- **Excellent examples** from elsewhere (East Mids and G Manchester), and feedback locally.

Northern Cancer Alliance Approach

- Review of Breast Pain pathway development
- Review of GP information, strategies/contacts for sharing the pathway
- Supporting development of Breast Pain Clinics



Progress to date

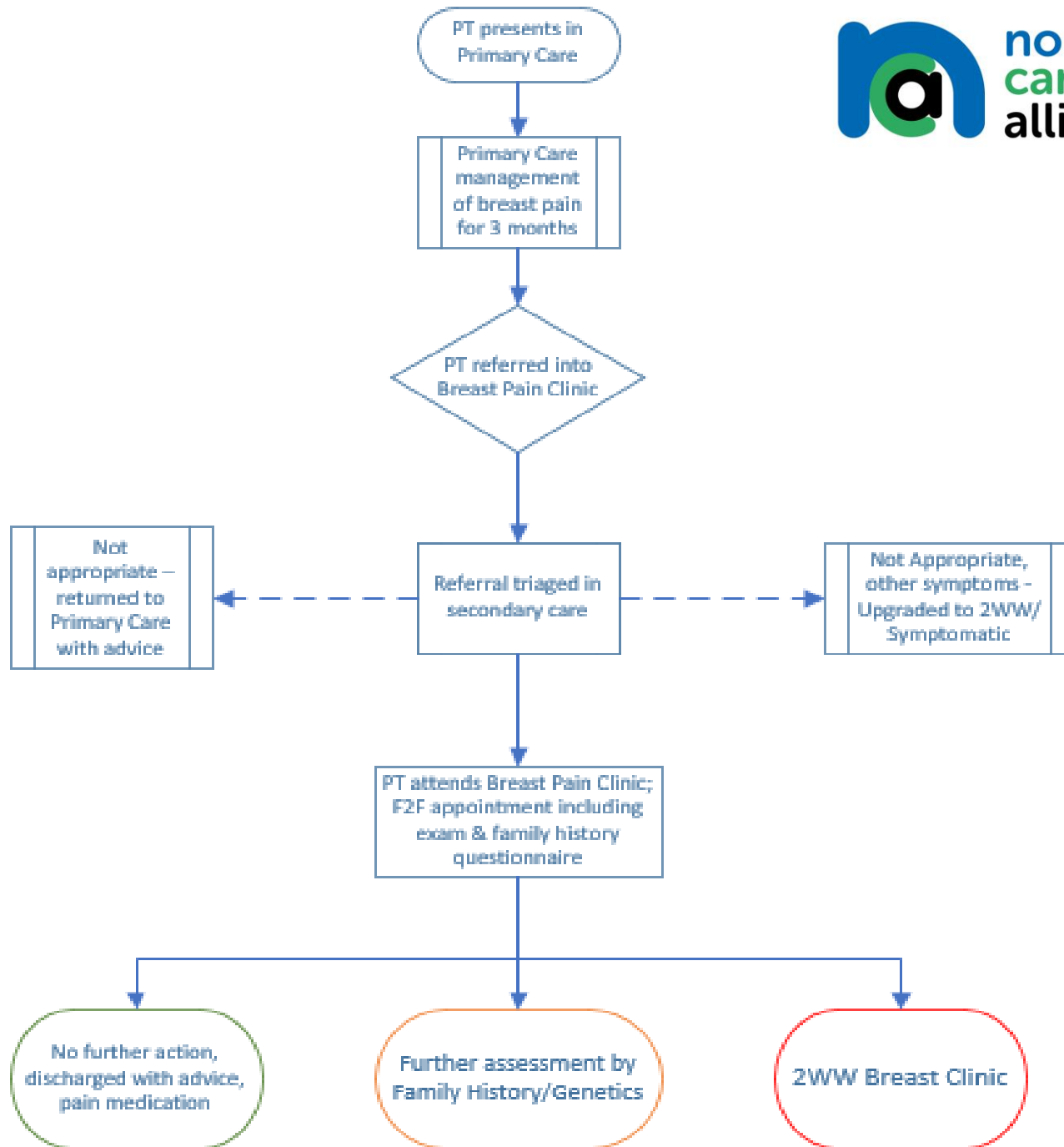
- All areas can take up the primary care management once patient education and primary care education is in place
- Clinics are regularly seeing patients in
 - Newcastle,
 - Northumbria,
 - North Cumbria,
 - Gateshead
 - North Tees
- Plans to start Durham early this year



Locally Agreed pathway

3 months management in Primary Care

Aim for 2 Weeks from Referral to seen in Breast Pain Clinic





Information for GP's on Breast Pain - Flow Chart

[Link to Breast Referral form](#)

[Link to Pathway and information sheet](#)

Key:

Primary Care

Secondary Care

Family history assessment based on NICE CG164 or FaHRAS toolkit

CYCLICAL

Management

(Same advice whether uni- or bilateral)

Review possible treatment options with patient. Can be offered concurrently.

- Advise to get bra fitting checked (& wear supportive underwear 24hrs/day).
- OTC treatment: Paracetamol 1g QDS, daily for 2 weeks.
- Stop if no improvement. Further 2 weeks if improvement.
- OTC treatment: NSAID topical gel for 2-3 months
- OTC treatment (not to be prescribed): Oil of evening primrose*(EPO). A standardised capsule of EPO (500mg) contains approximately 40mg of gamolenic acid (GLA). The dose is usually 120-160 mg of gamolenic acid twice daily

*A randomised controlled trial reported a 12% decrease in number of days with breast pain for evening primrose oil compared with 14% for placebo. NICE clinical knowledge summaries.

If no improvement or pain persists then refer to breast clinic for review

START

Take history including enquiring about family history

EXAMINE BREASTS

No breast lump or other clinical signs on examination

Family history suggested near population risk

Family history suggests moderate / high risk

Reassurance:

- a) No association between breast pain alone and breast cancer
- b) Risk of breast pain only as a symptom of breast cancer is less than population risk

Refer to Family History / Genetics clinic

NON-CYCLICAL

Management

Consider causes of pain referred to the breast: e.g. costochondritis, axilla, idiopathic, infections, periductal mastitis. If infective consider breast unit referral if necessary.

Review possible treatment options with patient. Can be offered concurrently.

- OTC treatment: Paracetamol 1g QDS, daily for 2 weeks.
- Stop if no improvement. Further 2 weeks if improvement.
- OTC treatment: NSAID topical gel for 2-3 months

If specific reason (e.g. new sign such as lump or infection) or persistent severe pain then refer to breast clinic

Clinical sign present e.g. lump, discharge

Refer to breast clinic as appropriate

Information

<https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain>
<https://www.nhs.uk/conditions/breast-pain/>
<https://www.nhs.uk/common-health-questions/mens-health/what-is-gynaecomastia/>

Things to know if you have breast pain



Breast Pain is very common in women of all ages. Having breast pain alone without a lump or other changes, means breast cancer is unlikely.

There are different types of breast pain

- Pain that comes and goes at different times, sometimes linked to a woman's periods
- A pain that doesn't go away, or lasts a long time



If your breast pain doesn't go away, go to your GP who will examine you to check for any other symptoms.



About breast pain

Most breast pain will clear up on its **own within 3 months** and will not need any treatment.



Sometimes pain that feels as though it's in the breast is coming from somewhere else, such as a pulled muscle in the chest. This is known as chest wall pain. Your doctor can help you understand the pain and if any treatment is needed.



Treatment

Your GP may recommend you try some of the following to help you with your breast pain

- Bra fitting
- Pain relief tablets or Pain relief gel
- There are herbal remedies that your GP may suggest, such as Oil of Evening Primrose



If these treatments don't help, your GP can refer you to a breast pain clinic. The nurse will talk to you about symptoms and also your family history.



We understand breast pain can be upsetting, however in most cases it will be the result of normal changes that occur in your breasts.

Having breast pain alone without a lump or other changes, means breast cancer is unlikely. However, it is still important to be breast aware and go to your GP if the pain gets worse or changes, or you notice any other changes to your breasts.



More information can be found in the Breast Cancer Now booklets

Breast Pain: bit.ly/3R3EB8q
Know your Breasts: bit.ly/3ZND61X

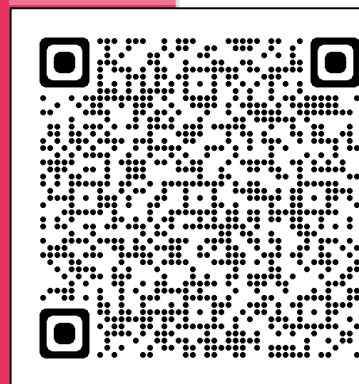
QR for patient information



KNOW YOUR BREASTS

A GUIDE TO BREAST AWARENESS AND SCREENING

QR code for Know Your Breasts



[know your breasts booklet link](#)

 **breast cancer care**
YOUR GUIDE
to a well-fitting bra

[well fitting bra guide order page](#)

TOUGH LOOK CHECK™

BREAST CANCER NOW
The research & care charity



[Breast Pain booklet order page](#)



[Breast Cancer Now Information page](#)

[Breast pain patient leaflet \(northerncanceralliance.nhs.uk\)](https://northerncanceralliance.nhs.uk)

Take home messages

- Breast Pain alone has an extremely low risk of breast cancer.
- The breast pain pathway has been developed so that those ladies with breast pain only will be better supported in their GP practice.
- Only when not responding can be referred into a clinic, appointments wont include imaging.
- Anyone worried about their breast symptoms should see their GP.
- Link to [Breast Pain Pathway video](#)