

Breast Cancer - Suspected

Oncology > Oncology > Breast Cancer



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1 Care map information

Quick info:

In scope:

- identification and assessment of adult people suspected to have breast cancer

Out of scope:

- population breast screening and breast cancer prevention strategies
- breast cancer treatment that is not provided in Hawke's Bay

Stats:

- maori and pacific women are at greater risk of dying of breast cancer than other NZ women
- maori women have shown to have a 65.4% higher mortality rate from breast cancer than non-Maori women [1]
- pacific island women are more likely to die from breast cancer than other ethnic groups in NZ. Their five year survival rate is 79% compared to 87% for NZ European women
- about 1% of breast cancer occurs in men and should be investigated the same way as women

HB Stats:

- Breast, lung, colorectal, and uterine cancers were the most commonly registered among Hawke's Bay Maori women during 2008-2012, breast cancer was 53% higher for Maori than non Maori women [2]

References:

1. Faster Cancer Treatment (FCT): High Suspicion of Cancer Definitions. Ministry of Health, September 2015.
2. Maori Health Profile 2015 - Cancer by DHB Region.

2 Information and resources

Quick info:

Breast Cancer Information Resources for a person and carers:

1. Hawke's Bay Clinical Nurse Specialist

- phone 878 8109 ext. 4515
- cell phone - 027 243 6552

2. [Breast Screen Aotearoa](#):

- mammogram
- [tiakina o u - look after your breasts](#)
- breast screen information for samoan women
- learn more about the [breast screening programme](#)

3. New Zealand Breast Cancer Foundation:

- [I've found a lump - what happens next?](#)
- [what do my biopsy results mean?](#)
- [what are my surgical options?](#)
- [what happens after surgery?](#)
- [Breast Awareness Card - Reduce your Risk](#) (English Version) also available in:
 - [Chinese](#)
 - [Cook Islands Maori](#)
 - [Korean](#)
 - [Maori](#)
 - [Samoan](#)
 - [Tongan](#)
- [support services](#)

4. Cancer Society:

- an [information guide](#) for women with Breast Cancer

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- for additional support services phone the cancer information nurses on the **Cancer Information Help line 0800 226 2374**

5. [Central Region Cancer Services Directory](#)

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- breast services
- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

6. [PINC program - giving women with cancer strength](#)

7. [Hawke's Bay Breast Cancer Trust - Moving on programmes](#)

Language translation assistance:

HBDHB Interpreting Service. To make an appointment (charges may apply):

- phone 06 878 8109 ext. 5805 or
- email interpreting@hawkesbaydhb.govt.nz

These websites may help with simple words and phrases:

- [Babelfish](#)
- [Google translate](#)

[Language Line](#). Professional interpreters are available, free of charge, for telephone-based sessions (44 languages are supported):

- Phone 0800 656 656
- Monday - Friday 9am - 6pm
- Saturday 9am - 2pm

Bookings are not usually necessary. For longer consultations (for example, a nurse consultation for a newly diagnosed person) it is best to make a booking at least 24 hours in advance by calling the above number or emailing language.line@dia.govt.nz and providing your contact details and a summary of the service you require (time and date of the meeting, language, approximate length of the appointment, gender of interpreter (if relevant)).

3 Updates to this care map

Quick info:

Date of publication: November 2017

Review date: December 2018

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.

NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

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Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. Practitioners should discuss, where appropriate, information about relevant Maori health services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving services following discussions.

Central Hawke's Bay:

[Central Health](#)

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

[Referral Form](#)

Hastings:

[Te Taiwhenua o Heretaunga](#)

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

[Referral Form](#)

[Kahungunu Health Services](#) (Choices)

500 Maraekakaho Road, Hastings

Phone: 06 878 7616

Email: kahungunu@paradise.net.nz

[Referral Form](#)

Napier:

[Te Kupenga Hauora](#)

5 Sale Street, Napier

Phone: 06 835 1840

Email: info@tkh.org.nz

[Referral Form](#)

Wairoa:

Kahungunu Executive (no website)

65 Queen Street, Wairoa 4108

Phone: 06 838 6835 Fax: 06 838 7290

Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:

Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services

Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information

Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as [Te Whare Tapa Wha](#) and Te Wheke when working with Maori whanau
- national Maori Health Strategies:
 - **Mai Maori Health Strategy 2014-2019** - [Full file](#) or [Summary diagram](#)
 - **He Korowai Oranga:** Maori Health Strategy - sets the [Government's overarching framework](#) to achieving the best health outcomes for Maori
- local [Hawke's Bay health sector's strategies and initiatives](#) for improving Maori health and wellbeing
- [Medical Council of New Zealand competency standards](#)

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Cultural Competency Training

Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator

Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:

Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.

The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.

Acknowledge [The FonaFale Model](#) (Pacific model of health) when working with Pacific people and families.

General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

- [Cultural protocols and greetings](#)
- [Building relationships](#) with your Pacific people
- [Involving family support and religion](#) during assessments and in the hospital
- [Home visits](#)

Hawke's Bay-based resources:

- [HBDHB interpreting service website](#) or phone 06 8788 109 ext. 5805 (no charge for the hospital; charges may apply for community-based translations) or contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare ([SIA](#))
- [Improving the Health of Pacific People in Hawke's Bay](#) - Pacific Health action Plan

Ministry of Health resources:

- [Ala Mo'ui](#) Pathways to Pacific Health and wellbeing 2014-2018
- [Primary Care for Pacific people](#): a Pacific and health systems approach
- Health education resources in [Pacific languages](#) (links to a web page where you can download resources)

6 Advance care planning

Quick info:

Advance Care Planning:

Advance Care Planning is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan:

An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. It may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an Advance Directive.

Advance Directive:

An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An Advance Directive is legally binding if made in appropriate circumstances.

Competency and Advance Care Planning:

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Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes such decisions are a reflection of the person's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Acts.

According to ACP - A Guide for the NZ Health Care Workforce - "in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- [The code of rights](#)
- [Advance care planning guide Ministry of Health](#)
- [Advance care planning resources](#)

7 Faster cancer treatment time frames and definitions

Quick info:

Ministry of Health Faster Cancer Treatment (FCT) time frames:

- FCT is a person's pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
 - for people referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
 - for people referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
 - for people with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

[Faster Cancer Treatment: High suspicion of cancer definitions](#) This document outlines the red flags for high suspicion of cancer.

Definitions

Invasive breast cancer:

- a primary malignant tumour that develops in breast tissue

Main subtypes of invasive cancer:

- infiltrating (or invasive) ductal carcinoma:
 - most common form of breast cancer
 - accounts for about 75-80% of invasive breast cancers
 - starts in a milk duct of the breast
- infiltrating lobular carcinoma:
 - accounts for about 10% of invasive breast cancers
 - starts in the milk-producing glands or lobules of the breast
 - lobular carcinomas have a higher propensity than ductal carcinomas to be multifocal in the breast
 - lobular carcinomas are not always clearly seen on mammography
- inflammatory breast tumour:
 - accounts for 1-3% of all breast cancers
 - typical presentation is of a red, swollen breast with thick pitted appearance of the skin (peau d'orange)
 - in the early stages may appear similar to a breast infection
 - usually there is no discrete lump so may not be clearly identified on mammography
- paget's disease of the nipple:
 - accounts for around 1% of breast cancers
 - nipple and skin of areola appear scaly, crusted and red and may bleed or be itchy
 - paget's disease is almost always associated with an underlying ductal carcinoma in situ or invasive ductal carcinoma
- special subtypes of invasive carcinoma that are often described based on morphological appearance under the microscope:
 - medullary carcinoma
 - mucinous or colloid carcinoma
 - adenoid cystic carcinoma

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- metaplastic carcinoma
- tubular carcinoma
- papillary carcinoma
- micropapillary carcinoma

8 Presentation

Quick info:

Presenting symptoms may include:

- breast lump(s)
- nipple changes
- breast skin changes including tethering and dimpling of skin
- breast changes (size, shape, colour)
- breast swelling
- breast pain - severe intractable unilateral breast pain associated with abnormal findings on clinical examination
- lymph node swelling in axilla
- abnormal imaging results
- if a person presents with a 'feeling that something is wrong' complete an assessment and examination and then ensure that the person is enrolled into the correct screening programme based on age, risk factors, and past history

9 Managing a woman's risk of breast cancer

Quick info:

This resource has been developed locally and aids in managing the risk of breast cancer. [Breast screen reference chart](#)

10 History

Quick info:

History of:

Lumps:

- site and side - constant or changing
- duration - when and how first noted
- any changes since first noted
- relationship to menstrual cycles or exogenous hormones
- associated symptoms
- breast changes (size, shape)

Nipple changes:

- side
- duration of change
- colour change
- fixed whole nipple inversion
- ulceration
- bloody or serous unilateral nipple discharge

Skin changes:

- site and side
- duration and any treatment applied
- description of change
- associated symptoms such as itch or pain

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- colour

Breast pain:

- if pain is present, and there are no red flags after completing the breast examination, see [the Breast Pain \(Mastalgia\) pathway](#)
- breast pain as an isolated symptom is rarely due to cancer and is usually hormonal in origin

Other history to note:

- ethnicity, including hapu and iwi if a person self-identifies as Maori
- previous breast imaging, whether screening or diagnostic, including where imaging performed and results
- current medication and any allergies
- smoking status
- weight loss/anorexia
- current pregnancy?
- menopausal status and menstrual history
- parity and age at first full term pregnancy
- previous history of breast or ovarian cancer
- co-morbidities
- previous surgery to the breast including breast reconstruction/implants/reduction
- previous breast or chest trauma, including motor vehicle accident
- family history of breast or ovarian cancer or other cancer
- alcohol intake

11 Consider differential diagnosis

Quick info:

Consider other causes of breast symptoms:

- fibroadenoma
- breast cysts
- reconstruction
- traumatic fat necrosis (including history of motor vehicle accident)
- radial scar
- papilloma
- fibrocystic disease
- mastitis and/or abscess
- costochondritis

Consider Paget's 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

12 Level of engagement and understanding

Quick info:

1. Apply health literacy principles:

- ask what the person understands:
 - build on what the person already knows
 - translate medical terminology into lay language
 - draw diagrams or write key phrases and messages down and give it to the person to take with them

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- provide educational material
 - check the person's understanding to confirm that they understand the key messages
 - encourage the person to bring trusted support people to future consultations
 - consider other health literacy resources as appropriate:
 - interpreter Services – Language Line (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, and Saturday 9am to 2pm
 - maori navigational services
 - pasifika health services
 - cancer nurse coordination services
 - cancer society
 - **LETS PLAN** is a resource to help the person plan their next health care visit. It will help them to understand more about their health and treatment for an illness or injury
2. Consider any barriers to effective care:
- complexity of cancer care pathway – not knowing when or where to go next
 - whanau, family and social network dynamics
 - whanau support, family history
 - family obligations including dependents
 - work responsibilities
 - whanau, hapu, and iwi obligations
 - community engagement and obligations or responsibilities
 - locality and geographical access to health and hospital services
 - socio-economic factors, including source of income
3. Please contact refer to referral to person support services node if you require further information/guidance.
- Refer to:
- advanced care planning node above
 - when appropriate discuss Enduring Power of Attorney

13 Breast examination

Quick info:

Breast examination:

1. Examine under a good light with the person's consent and in the presence of a chaperone:
 - examine unaffected side first
 - examine with arms by person's side
 - examine with arms raised above person's head
 - examine with person's hands pressing on hips and leaning forward (i.e. contracting pectoral muscles)
2. 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 – inversion, erythema, eczema, nodules, ulcers, discharge
3. Palpation:
 - person seated or standing:
 - use the flat of the fingers to palpate
 - supraclavicular and axillary fossae
 - breasts
 - person lying flat:
 - palpate supraclavicular and axillary fossae
 - palpate all quadrants of breasts and axillary tail, as well as around and behind the nipple
 - use the non-examining hand to immobilise a large breast

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4. Record details of any significant findings:

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

5. Common sites of metastatic spread:

- lymph nodes, especially axilla, internal mammary nodes, supraclavicular fossa nodes and mediastinal nodes
- bone
- lung
- liver
- brain

14 Referral to person support services

Quick info:

1. Hawke's Bay Clinical Nurse Specialist

- phone 878 8109 ext. 4515
- cell phone - 027 243 6552

2. Social Workers - Oncology

There are two social workers for oncology who work across Secondary and primary care services:

- contact hospital switchboard and ask for oncology social workers - 06 878 8109

3. Maori Health Navigators

Maori Health Navigator service:

- link, engage and follow up with primary care
- provide social support for people and whanau
- help improve health literacy
- phone hospital switchboard and ask for Maori health services - 06 878 8109

4. Population Screening

For guidance and support please email populationscreening@hbdhb.govt.nz or alternatively complete the [referral form](#)

5. Cancer Society:

- [a information guide for women with Breast Cancer](#)
- for additional support services phone the cancer information nurses on the **Cancer Information Helpline 0800 226 237**
- [Referral form](#)

6. [Central Region Cancer Services Directory](#)

The directory provides a list of cancer support services available across Hawke's bay, MidCentral and Whanganui including:

- breast services
- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

6. New Zealand Breast Cancer Foundation:

- search the [national online service directory](#) if you are in need of a local breast cancer service or product, from counselling to wig and prostheses suppliers. Nearly 400 support services and products are listed to help make what you need easier to find

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7. Regional Cancer Treatment Service (RCTS):

Cancer treatment services are provided to people in Hawke's Bay, Taranaki, Whanganui, Tarawhiti and MidCentral District Health Boards by the Regional Cancer Treatment Service (RCTS):

- for more information go to [website](#)

15 High suspicion of cancer

Quick info:

If the person presents with one or more of the following then the referral should be triaged as '**High Suspicion of Cancer**':

- diagnosed cancer on fine needle aspiration or core biopsy
- imaging suspicious of malignancy
- discrete, hard breast lump with fixation (with or without skin tethering)
- discrete breast lump that presents in women with one or more of the following:
 - age 40 years or older, and persists after her next period or presents after menopause
 - aged younger than 40 years and the lump is increasing in size or where there are other reasons for concern such as strong family history [Breast screen reference chart](#)
 - with previous history of breast cancer or ovarian cancer
- suspected inflammatory breast cancer or symptoms of breast inflammation that have not responded to a course of antibiotics
- spontaneous unilateral bloody nipple discharge
- women aged over 40 years with recent onset unilateral nipple retraction or distortion
- women aged over 40 years with unilateral eczematous skin or nipple change that does not respond to topical treatment
- men aged 50 years and older with a unilateral, firm sub-areolar mass, which is not typical gynaecomastia or is eccentric to the nipple

16 Probably Benign

Quick info:

Suspect benign changes if:

- no high suspicion of cancer 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

17 Suggested management

Quick info:

Current process is to refer to the **Specialist Breast Clinic**:

- **via E-Referral HBDHB**
- **fax - 06 873 2180**
- **paper base referrals/ letter:**
 - **Outpatient referral centre (OPD Villas)Harding HallHawke's Bay DHB**

This process is currently under review.

18 Referral to Specialist Breast Clinic

Quick info:

Referral **to be made to the Specialist Breast Clinic**:

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- **via E-Referral HBDHB**
- **fax - 06 873 2180**
- **paper base referrals/ letter:**
 - **Outpatient referral centre (OPD Villas)Harding HallHawke's Bay DHB**

Information that will assist triage decision:

- lump:
 - nature - discrete or diffuse
 - position:
 - nipple and areola
 - central portion
 - upper inner quadrant
 - lower inner quadrant
 - upper outer quadrant
 - lower outer quadrant
 - axillary tail
 - side - right, left or both
 - skin changes - ulceration or tethering
 - other lump details
 - lymphadenopathy
 - breast disease history
 - family history of breast / ovarian cancer
 - confirmed genetic link
 - menstrual status:
 - pre-menopausal
 - menopausal
 - post-menopausal
 - N/A male
 - pregnant
 - breastfeeding
 - current medication
 - previous breast imaging
 - previous breast surgery, reconstruction or trauma
 - any risk factors for breast cancer ([Breast screen reference chart](#))
 - investigations/results:
 - ultrasound
 - mamogram
 - biopsy
 - **any other relevant clinical information**

The person should be encouraged to take a support person with them to any imaging or clinical appointments.

19 Person chooses to pay privately

Quick info:

Private referral:

If the person has private medical insurance and wishes to go private then follow the medical insurance guidelines for acceptance and referral.

If the person chooses to go privately for their mammogram and ultrasound, the biopsy is an additional cost and they should be made aware of this prior to referral.

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Refer to:

TRG Imaging (also known as HB Radiology):

- Royston Hospital 325 Prospect Road Hastings Phone 06 873 1166
- 522 Kennedy Road Napier Phone 06 873 1166

Referrals can be:

- sent via fax 06 873 1167 to TRG Imaging, and TRG will contact the client to make a booking
- given to the client who can arrange the booking either by phone or over the counter in the Hastings

Ask the person if they wish to be referred to the Cancer Society who can provide support for their journey.

[Cancer Society Referral](#)

- phone: 0800 226 237
- email an information nurse via info@cancersoc.org.nz

NB: People who choose to go through a private referral path are still entitled to receive "packs" to aid them in their journey. This is available for private people via the Cancer Society.

20 Triple assessment provided by Specialist Breast Clinic

Quick info:

Triple Assessment comprises of the following:

- 1. Clinical examination**
- 2. Imaging**, at time of imaging the person is asked to make a follow-up appointment with the GP
- 3. Tissue Sampling**
 - Core biopsy (has the highest sensitivity for the detection of breast cancer)
 - or fine needle aspiration (FNA) if a lesion is identified [1]

Reference:

1. Faster Cancer Treatment (FCT): High Suspicion of Cancer Definitions. Ministry of Health, September 2015.

21 Review of findings by Breast Assessment MDT

Quick info:

A Integrated Breast Team **meets weekly** to review finding and discuss management plans.

The team comprises of:

- surgeons
- radiologists
- clinical nurse specialists
- breast screening nurses
- pathologists
- mammographers

Results will be faxed back to the GP following the Breast Assessment MDT meeting and will include histology results, management plan and out patient appointment.

The CNS for breast will make contact with the person within a week after the MDT meeting. The purpose of this call is for the CNS to introduce herself and commence dialogue with the person on what support services are available.

This only includes people that have been seen and treated via Secondary services. This does not include people who have been treated privately.

22 GP receives results

Quick info:

General practitioners are responsible for informing the person of the results before they see the surgeon.

NB: If the person had imaging done privately then a referral will need to be completed and sent to secondary services.

If there is abnormal findings the person will already be in the Secondary Care system so no referral is required.

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23 Abnormal findings

Quick info:

Findings are discussed with the person as recommended by the Breast Assessment MDT meeting, which include results, management plan and out patient appointment.

24 No abnormal findings

Quick info:

No abnormal findings:

Management plan as per Breast Assessment MDT instructions

FRA-BOC

25 Secondary Care - Oncology Treatment Planning MDT

Quick info:

Dependent on findings interventions occur.

A Integrated Breast Team **meets weekly** to review findings and discuss management plans.

The team comprises of:

- surgeons
- radiologists - if required
- clinical nurse specialists
- pathologists
- oncologist - medical
- oncologist - radiation

The person is seen by the Surgeon at outpatients.

26 Ongoing management

Quick info:

1. Offer reassurance, lifestyle advice, and advice about routine screening guidelines. Managing a woman's risk of breast cancer -[breast screen reference chart](#)

2. If there is thickening or nodularity consistent with hormonal change:

- continue with [Breast Screening Programme](#)
- treat any pain, follow the [Breast Pain \(Mastalgia\)](#) pathway
- review in 1 to 2 months, and if problem persists, consider further diagnostic imaging

3. If the results of the imaging:

- show normal breast tissue or no discrete lesion, and these results are:
 - **consistent with clinical findings**, advise regarding breast awareness and future screening. Consider review in 2 to 3 months
 - **not consistent with clinical findings**, refer for surgical opinion and ongoing monitoring plan

27 Out patient surgeon assessment

Quick info:

Surgeon meets with person at out patients and further discusses abnormal findings.

28 Cancer diagnosis

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Quick info:

Cancer diagnosis

29 Non Cancer diagnosis

Quick info:

Non Cancer diagnosis

30 Referral to other Services

Quick info:

Other Services may include:

- medical oncology
- plastics
- radiation oncology
- palliative care - [Cranford Hospice](#)
- [psychology services](#)
- lymphoedema therapist

31 Surgery

Quick info:

Outcome of the discussion options are:

- public funded surgery
- private funded surgery

32 Ongoing surveillance by Clinical Nurse specialist - Breast

Quick info:

Ongoing surveillance will be determined by clinical diagnosis:

- follow up time frame
- further radiology imaging

i.e:

- low risk cancer - 2 years and return to GP
- high risk cancer - annual surveillance for 10 years and then return to breast screening according to age

GP's are kept informed.

33 Ongoing supportive care

Quick info:

The aim of supportive care is to provide the person with the best quality of life possible so that they are able to participate in their treatment to maximise comfort and eliminate suffering and aid with getting on with life after treatment.

Cancer Support Services:

1. Cancer Society:

- an [information guide](#) for women with Breast Cancer
- for additional support services phone the cancer information nurses on the **Cancer Information Helpline 0800 226 237**
- [After treatment](#)

Breast Cancer - Suspected

Oncology > Oncology > Breast Cancer

- [Getting on with life after treatment](#)

2. [Central Region Cancer Services Directory](#):

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- breast services
- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

4. New Zealand Breast Cancer Foundation:

- search the [national online service directory](#) if you're in need of a local breast cancer service or product, from counselling to wig and prostheses suppliers. Nearly 400 support services and products are listed to help make what you need easier to find

34 Transfer of care back to GP

Quick info:

A letter to be written to the referrer indicating the outcomes and a planned approach of ongoing care (transfer of care).

A phone call to the referrer is preferred when there are short time frames for care planning/ intervention.

Provenance Certificate – Breast Cancer

Overview

This document describes the provenance of Hawke's Bay Region Breast Cancer Pathways.

The purpose of implementing cancer pathways in our District is to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite these pathways, use the following format:

Map of Medicine – Hawke's Bay View / Oncology /Breast Cancer / Breast Cancer – Suspected
 Map of Medicine – Hawke's Bay View / Oncology / Breast Cancer / Breast Pain (Mastalgia)

Editorial methodology

This care map has been based on a Map of Medicine Care Map developed according to the Map of Medicine editorial methodology. The content of the Map of Medicine care map is based on high quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience (see contributors section of this document). This localised version of the evidence-based, practice informed care map has been peer-reviewed by the HBDHB and Collaborative Clinical Pathways Director and with stakeholder groups.

References

1	Faster Cancer Treatment (FCT): High Suspicion of Cancer Definitions. Ministry of Health, September 2015.
2	Maori Health Profile 2015 – Cancer by DHB Region.

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Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay.

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge.

Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the person receives the best possible care.

Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.