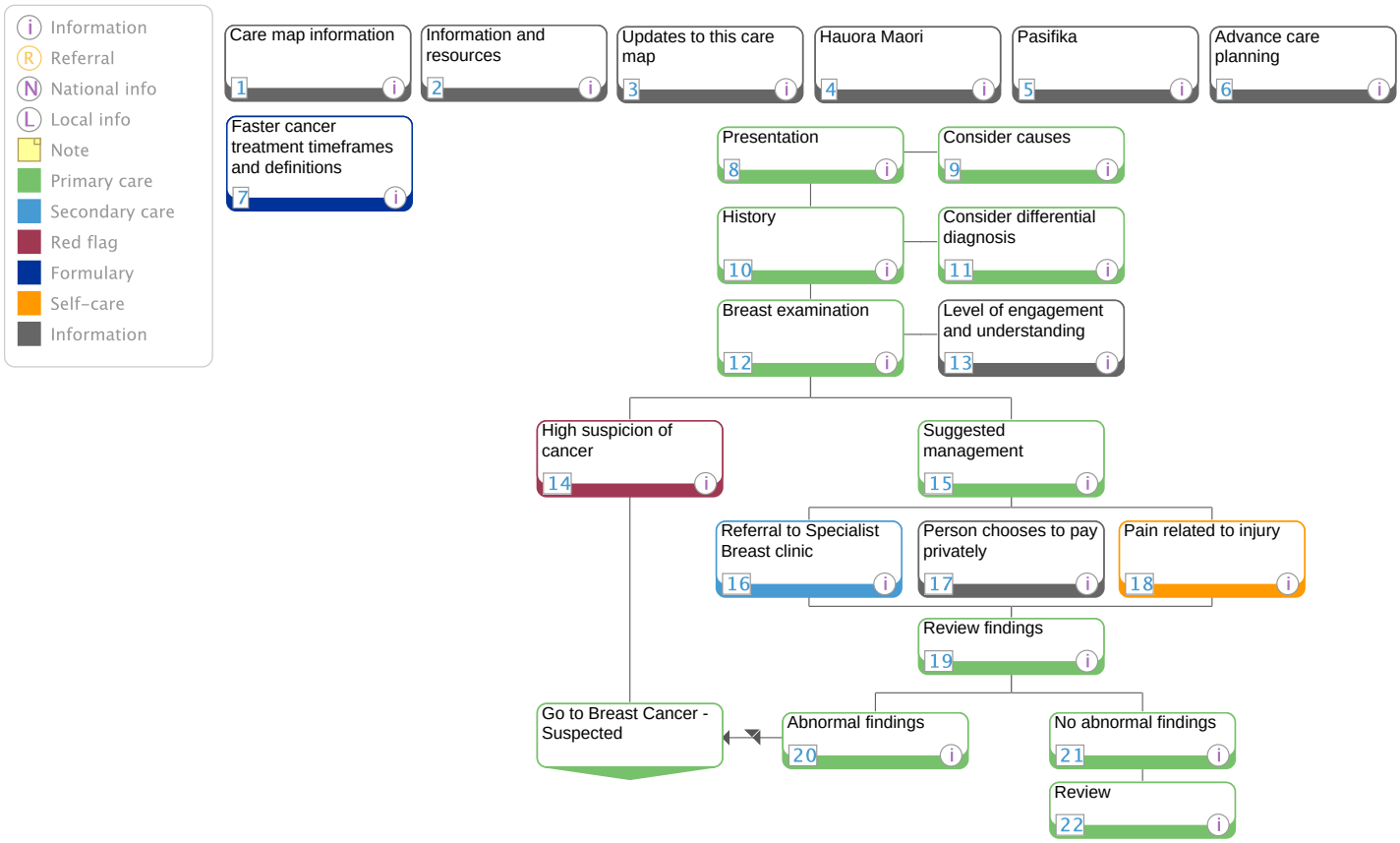
Breast Pain (Mastalgia)

Oncology > Oncology > Breast Disease



Published: 17-Nov-2017 Valid until: 30-Jun-2019 Printed on: 14-Sep-2018

Breast Pain (Mastalgia)

1 Care map information

Quick info:

In scope:

- identification and assessment of breast pain (mastalgia)

Out of scope:

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

About breast pain:

- mastalgia, mastodynia, or breast tenderness is a common problem experienced by most women. Only a small proportion of patients seek medical advice from their general practice team
- breast pain can be cyclical and non-cyclical and is most common between the ages of 30 and 50 years. It is often located in the upper outer quadrant of the breast
- cyclical breast pain resolves spontaneously within 3 months of onset in 20% to 30% of women. The pain tends to relapse and remit, and up to 60% of women develop recurrent symptoms 2 years after treatment
- non-cyclical pain responds poorly to treatment but may resolve spontaneously in about 50% of women [1]

References:

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

2 Information and resources

Quick info:

Information and resources:

- Health Ed fact sheet - describes the benign breast conditions of cyclic and non-cyclic breast pain and what might cause these
- Best practice diagnostic guidelines for patients presenting with breast symptoms
- Breast pain calendar
- Breast pain leaflet

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

Maori health services

Published: 17-Nov-2017 Valid until: 30-Jun-2019 Printed on: 14-Sep-2018

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:

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 timeframes 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

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

8 Presentation

Quick info:

Presentation

Establish whether the pain is:

- cyclical or non-cyclical
- focal
- unilateral or bilateral
- if history of pain is unclear, ask the person to complete breast pain calendar

9 Consider causes

Quick info:

Consider the cause of breast pain in:

- females:
  - menstrual cycle hormonal fluctuation causes the majority of cases. Typically occurs in the second half of the cycle and settles once the period starts
  - pregnancy
  - menopause (unless the person is on hormone replacement therapy)
  - exogenous hormones, including contraceptives (Depo-Provera injections, progesterone only pill, progesterone implants, combined oral contraceptive pill), fertility treatment, and HRT
  - non-cyclical breast pain may be from the weight of large breasts or referred pain from osteoarthritis of the thoracic spine or underlying musculoskeletal pain
  - breast pain associated with redness with or without a tender lump suggests mastitis or a breast abscess
- males:
  - can occur in young boys and adults, usually related to physiological gynaecomastia. This generally resolves without any treatment. Consider possible side effects of hormone use (for body building) or marijuana
  - in elderly men who develop gynaecomastia, usually secondary to certain diuretics and cardiac medications, discomfort is usually worse
  - can occur in men on hormone treatment for prostate cancer

10 History

Quick info:

History:

- pain is breast, cardiorespiratory, or musculoskeletal in origin
- pain is cyclical or non-cyclical, unilateral or bilateral
- hormonal status and menstrual history
- current medications or recent changes in medication, especially exogenous hormones, anticoagulants
- parity and age at first full-term pregnancy
- previous breast cancer/disease, investigations, imaging and biopsy results
- implants or breast reduction surgery
- most recent and historical imaging (if any) - date, results, where performed (i.e. other regions) and whether screening or diagnostic

Published: 17-Nov-2017 Valid until: 30-Jun-2019 Printed on: 14-Sep-2018

- smoking status

11 Consider differential diagnosis

Quick info:

Differential diagnosis includes non-cancer causes such as:

- fibrocystic change
- breast cysts
- fat necrosis secondary to trauma

12 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
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

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13 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
     - 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 referrral 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

14 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

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- 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

15 Suggested management

Quick info:

In most people with breast pain, imaging is not required however:

- it may provide reassurance and can identify non-cancer causes such as fibrocystic disease, breast cysts and fat necrosis secondary to trauma
- consider the benefits of reassurance versus the risks of over-diagnosis and unnecessary investigations of false-positive suspicious findings
- if person has anxitey, consider private breast imaging

Breast imaging if pain is:

- associated with a lump or other concerns
- unilateral persistent pain in post-menopausal women
- intractable pain despite first-line treatment for 3 months

Breast imaging:

- breast feeding or pregnant – arrange a breast ultrasound
- aged < 30 years – arrange a breast ultrasound
- aged > 30 years – arrange a breast ultrasound and mammogram

16 Referral to Specialist Breast clinic

Quick info:

Referral **to be made 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**

Information that will assist triage decision:

- presenting symptoms and duration
- clinical examination findings including:
- side
- position in breast (o'clock position, distance from nipple)
- size
- mobility
- skin or nipple changes if present
- axillary lymph node changes if present
- menopausal status
- current medication
- previous breast imaging
- previous breast surgery, reconstruction or trauma
- any risk factors for breast cancer (Breast screen reference chart)
- pregnant/breast feeding
- **any other relevant clinical information**

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

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17 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.

Refer to:

TRG Imaging (also known as HB Radiology):

- Royston Hospital 325 Prospect Road HastingsPhone 06 873 1166
- 522 Kennedy Road NapierPhone 06 873 1166

Referrals can be:

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

18 Pain related to injury

Quick info:

If breast pain is related to injury follow ACC guidelines.

19 Review findings

Quick info:

Review findings

20 Abnormal findings

Quick info:

Abnormal findings:

- if there is clinical or radiological suspicion of breast cancer, request specialist breast assessment

21 No abnormal findings

Quick info:

If symptoms are significant consider:

- stopping or altering hormonal contraceptives

There is limited evidence of benefit from the following treatments, though some people find them helpful:

- a well-fitting sports bra (preferably non-underwired)
- increase soy products and reduce caffeine and salt intake
- topical NSAID gel:
  - more effective than standard oral analgesia
  - diclofenac topical gel can be effective at relieving symptoms of cyclical and non-cyclical breast pain and is considered appropriate first-line treatment as benefits are thought to outweigh the risk of adverse effects
- evening primrose oil:
  - there is inconclusive evidence for evening primrose oil
  - some people find ≥ 3000 mg a day helps mastalgia. This maybe placebo effect
  - 4 months of continuous treatment is needed to assess effectiveness

Published: 17-Nov-2017 Valid until: 30-Jun-2019 Printed on: 14-Sep-2018

- review of diuretics

NB: Where pain is severe and there is no improvement with measures above, consider referral to breast surgeon for assessment and consideration of a trial of second-line treatment options including Danazole or Tamoxifen.

22 Review

Quick info:

If breast pain persists, review at 3 months or earlier if new symptoms arise.

Published: 17-Nov-2017 Valid until: 30-Jun-2019 Printed on: 14-Sep-2018

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.