

BREAST CANCER



Symptoms that best predict breast cancer^{9, 18}

- lump or lumpiness in breast or axilla, especially if it's only in one breast or on one side
- breast lump and pain
- changes in nipple appearance, e.g. retraction, scaliness, inversion, redness
- discharge from the nipple
- breast pain, particularly localised with or without cyclic variation
- change in shape or appearance of breast, e.g. dimpling, redness.

Figure 5: Probability of cancer if clinical features present⁹

Age (years)	PPV= Positive predictive value (%) or probability of cancer				
	Breast pain	Nipple discharge	Nipple retraction	Breast lump	Breast lump/pain
40-49	0.17	1.2	□	4.8	4.9
50-59	0.80	2.1	2.6	8.5	5.7
60-69	1.2	2.3	3.4	25	6.5
>70	2.8	23	12	48	>5

Figure 5 shows the probability of breast cancer for clinical features paired with age groups.

For example, the probability of breast cancer for a breast lump at age 40-49 years is 4.8%. This increases to 48% for a woman aged 70 years or over.

Probabilities highlighted in red are >5%, and urgent referral should be considered.

- >5% probability of cancer
- 2-5% probability of cancer
- 1-2% probability of cancer
- <1% probability of cancer
- denotes data unknown

Risk factors¹⁰

- family history of breast or ovarian cancer (see **iPrevent**¹⁴ for risk criteria)
- increasing age (uncommon <40 years)
- previous diagnosis of breast cancer or high risk benign lesion such as LCIS
- breast density
- hormonal factors:
 - longer menstrual history (age at menarche <12 years, age at menopause >55 years)
 - use of hormonal treatments (combined hormone replacement therapy, oral contraceptive pill)
 - conception history (age at first birth >29 years, nulliparity)
- alcohol use, smoking, overweight and obesity (particularly in postmenopausal women), physical inactivity.

Implications for practice

- Any new breast symptom or sign should be investigated as clinically indicated.
- The triple-test is the recommended approach in the investigation of breast changes. The triple-test includes:
 1. Clinical examination and family history.
 2. Imaging (mammography and/or ultrasound).
 3. Non-excision biopsy (FNA and/or core biopsy).
- If any of the triple test results are abnormal or if even one of the results do not fit with a benign diagnosis, refer urgently to a Breast Assessment Clinic.
- Nipple retraction in women over 50 years should be investigated.

Diagnostic pathways

Refer to Cancer Australia's 'The investigation of a new breast symptom: a guide for GPs'¹¹ for investigation pathways.

Refer all suspected breast cancer within two weeks to a Breast Assessment Clinic affiliated with a multidisciplinary team (MDT).

View more FCE resources at findcancerearly.com.au/gp/

Partner:



Government of Western Australia
Department of Health

