

**FAQs for Urgent Suspected Breast Cancer Referrals**

**June 2024**

1. ***What is the difference between the old 2WW breast cancer referral form and the new urgent suspected cancer referral form?*** 
   1. We no longer have a red and blue pathway for female and male suspected breast cancer referrals.
   2. The word 2WW referral is now phased out to be called an urgent suspected cancer referral for breast cancer.
   3. The new urgent suspected cancer referral form for breast cancer is much simpler. The new criteria includes: those under the age of 30 with a persistent lump and unilateral skin changes in the nipple after treatment with topical creams.
   4. Isolated breast pain in women can be referred via Advice and Refer. See below for some specific questions.
2. ***If the patient, with suspected breast cancer signs and symptoms, has a family history of breast cancer, what should I do next?*** 
   1. Refer as normal using the new urgent suspected cancer referral form for breast cancer, marking “yes” to positive family history.
3. ***If the patient has no signs and symptoms of breast cancer, but has a strong family history of breast cancer, what should I do next?*** 
   1. You can refer the patient to the Genetics Unit at BWH or the patient can self-refer. The form is available on the Birmingham Women`s and Children`s Hospital website. The form is called - *West Midlands Clinical Genetics Cancer Family History Form BSol ICB* v1 – please see the links as below. They will need to complete a Family History Form and return directly to the Genetics Department at BWH.
   2. Information for Clinicians - <https://bwc.nhs.uk/information-for-professionals-genetics>
   3. Information for Patients - <https://bwc.nhs.uk/information-for-genetics-patients/>
4. ***If the patient has been seen at the Clinical Genetics Department at BWH, and they have requested early breast screening surveillance from the age of 40 (before the national breast screening programme commences), what is the best way to refer?*** 
   1. The genetics department will send a letter to the GP and the patients with moderate risk to arrange a referral to Breast Clinic for early surveillance screening. This can be done via Advice and Refer to the Breast Clinic on ERS. Please attach the genetic assessment and risk stratification letter to the Advice & Refer along with the referral to facilitate organising the early breast screening surveillance.
   2. The Clinical Genetics Department should directly refer very high-risk patients who require surveillance screening to the respective screening unit who provide national Very High-risk Screening (VHR screening). This could be at City Hospital or at UHB <https://bwc.nhs.uk/information-for-genetics-patients/>
5. ***If a new patient arrives at your practice who has history of breast cancer from another area and is under surveillance screening. What is the quickest way to get her into the Breast Clinic at the local hospital?*** 
   1. Refer through Advice and Refer to the Breast Clinic via ERS. The Breast team at UHB will need a summary of the patient’s previous treatment history, details of the surgical and oncological team at the local hospital, where the patient had her previous treatment, and the date of her last mammogram. If possible don’t initiate Advice & Refer referral until you have received the GP summary and the above details from the patient.
   2. If the patient is > 50 years, and has completed 5 years annual mammogram surveillance, then she doesn’t need to be seen in the Breast Clinic and will need only 3 yearly national NHS Breast Screening Programme mammogram.
6. ***The patient is requesting cosmetic procedures including breast reduction surgery, what should I do?*** 
   1. Cosmetic breast procedures are considered under (PLCV), “procedures of low clinical value.” This is not funded by the NHS. However, the ICB will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the ICB.
   2. Breast reduction surgery: For non-breast cancer patients refer to plastic surgeons using Advice and Refer pathway only if the patient meets **all the minimum eligibility criteria** under intervention 5 - [Policy for Cosmetic Surgery (icb.nhs.uk)](https://www.birminghamsolihull.icb.nhs.uk/application/files/1516/5952/2605/Policy_for_cosmetic_surgery.pdf)
   3. Breast augmentation: It is not routinely commissioned and Breast Unit at UHB does not offer this service due to prioritising the delivery of cancer treatment to the community it serves. If the patient meets the eligibility criteria under intervention 4, please consider referral through Advice and Refer to Plastic Surgeons - [Policy for Cosmetic Surgery (icb.nhs.uk)](https://www.birminghamsolihull.icb.nhs.uk/application/files/1516/5952/2605/Policy_for_cosmetic_surgery.pdf)
   4. Mastopexy: It is not routinely commissioned and Breast Unit at UHB does not offer this service due to prioritising the delivery of cancer treatment to the community it serves. If the patient meets the eligibility criteria under intervention 4, please consider referral through Advice and Refer to Plastic Surgeons - [Policy for Cosmetic Surgery (icb.nhs.uk)](https://www.birminghamsolihull.icb.nhs.uk/application/files/1516/5952/2605/Policy_for_cosmetic_surgery.pdf)
   5. Inverted nipple: It is not routinely commissioned and Breast Unit at UHB does not offer this service due to prioritising the delivery of cancer treatment to the community it serves - [Policy for Cosmetic Surgery (icb.nhs.uk)](https://www.birminghamsolihull.icb.nhs.uk/application/files/1516/5952/2605/Policy_for_cosmetic_surgery.pdf)
   6. Gynaecomastia: Surgery for gynaecomastia is not routinely commissioned and the Breast Unit at UHB does not offer this service due to prioritising the delivery of cancer treatment to the community it serves - [Policy for Cosmetic Surgery (icb.nhs.uk)](https://www.birminghamsolihull.icb.nhs.uk/application/files/1516/5952/2605/Policy_for_cosmetic_surgery.pdf)
   7. If there is no impact on quality of life, advise private referral.
7. ***What do I do with a patient with a past history of breast cancer, but is now requesting HRT?***
   1. Please refer via Advice & Refer to gynaecology outlining the PMH. There are dedicated menopause clinics at women’s hospital
8. ***What are my referral options for breast services?***

There are two options:

1. Urgent Suspected Cancer Referral on ERS (previously known as 2ww).
2. Advice and Refer Referral. All non-urgent referrals to be sent through the Advice & Refer pathway. After triaging, if needed, the clinician at UHB will convert the Advice & Refer referral to an appointment at breast unit.
3. ***What do I do with a patient with isolated breast pain? (No lumps)***
   1. First point of management is in primary care, please offer 4-6 weeks with Non-steroidal anti-inflammatory drugs (NSAIDs) and/or paracetamol as cancer is highly unlikely. See links below for more information on how to manage breast pain.

- [Breast pain | Breast Cancer Now](https://breastcancernow.org/about-breast-cancer/breast-lumps-and-benign-not-cancer-breast-conditions/breast-pain/)

- [Understanding Breast Pain | CoppaFeel!](https://coppafeel.org/breast-cancer-info-and-advice/understanding-breast-changes/breast-pain/)

* 1. If the pain still persists then review the patient again to exclude any red flags including a face-to-face examination to exclude breast lumps. Then if isolated breast pain exits without red flags, then refer via Advice and Refer to the breast team.

1. ***What do I do with a patient with infection and inflammation in the breast that fails to respond to antibiotics?***
   1. Refer via Advice & Refer to the breast team on ERS. Please state what antibiotics you have tried and for what duration. Please include that there are no red flags, including breast lumps and the date of your face-to-face examination. If there is a breast abscess or patient is acutely unwell with pain, please refer to Surgical Assessment Unit (SAU) or A&E.
2. ***What do I do with a patient who has eczema in the areola without involvement of the nipple?***
   1. Please try topical steroids like 0.1% mometasone for 6 weeks. If there is no response, then to refer on the urgent suspected cancer referral pathway under abnormal skin changes. If you feel this is eczema, complete an Advice & Refer to dermatology.
   2. If there is eczema or crusting or ulceration of the nipple then refer using the urgent suspected breast cancer referral pathway.
3. ***What do I do with a patient with asymmetrical nodularity or thickening that persists at review after menstruation?***
   1. Ensure you have reviewed the patient face-to-face just after they have completed their period and before mid-cycle if they are premenopausal; otherwise rebook to examine them.
   2. If the changes above persist on examination, please refer via Advice and Refer noting the dates of your examination. The breast team may send further advice back or convert this to a face-to-face appointment at the Breast Clinic.