Breast Cancer Update for Primary Care

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24/6/20

Speakers

- Dr Elisabetta Giannotti – Consultant Radiologist, Nottingham Breast Institute
- Miss Georgette Oni- Consultant Plastic/Oncoplastic Breast Surgeon, Nottingham Breast Institute
- Dr Angela Esiwe - Salaried G.P, Grantham.
- Lisa Sawyers- Specialist Nurse Practitioner, Nottingham Breast Institute

Objectives

- Case Studies of typical G.P cases (E.G/A.E/G.O)
  - Presentation
  - Investigations and Diagnosis at Breast clinic
  - Management
  - Complications
- Tips on breast examination (L.S/G.O)
- Criteria for referral Genetic counselling in a nutshell (G.O)
- Post care support (G.O)
- Q+ A

Introduction – Why talk about Breast Ca

- Most common cancer in UK.
- Early diagnosis = better prognosis
- Life time risk: 1 in 8 women affected
- Health promotion is paramount to prevention and early detection

Introduction – Challenges for G.P's.

- The ……." W's''……..

- When to refer or not to Breast clinic?
- Where to refer Lincs/Notts/Peterborough?
- Which cases to 'watch and wait' or refer 2WW?

- ''inappropriate referrals''
- Patient's expectation pre and after care

Dr Elisabetta Giannotti

NEW REFERRAL CLINIC

common themes primary management
when to worry
when to relax

Elisabetta Giannotti - Lisa Sawers

Nottingham Breast Institute

NOTTINGHAM
INTERNATIONAL BREAST EDUCATION CENTRE

Summary

- New referral clinic pathways
- Symptoms: GOOD BAD UGLY

Why talk about Breast Cancer?

- Breast cancer commonest cancer in UK.
- Life time risk: 1 in 8 women in UK.
- Challenges for G.P's- " W's''
  - When to refer or not to Breast clinic?
  - Where to refer Lincs/Notts/Peterborough?
  - Which cases to 'watch and wait' or refer 2WW?
  - ''inappropriate referrals''
- Role of a G.P in prevention, early diagnosis, after care.

NEW REFERRAL CLINIC

- Nurse Practitioner/Surgeon
- History- clinical examination
- Request images if necessary

- Radiological examination Mammogram
- Ultrasound
- +/- Biopsy

- outcome

- Patient discharged

BIOPSY

- Patient suitable for results by letter
- Patient come back for results/ COVID pathway results by phone

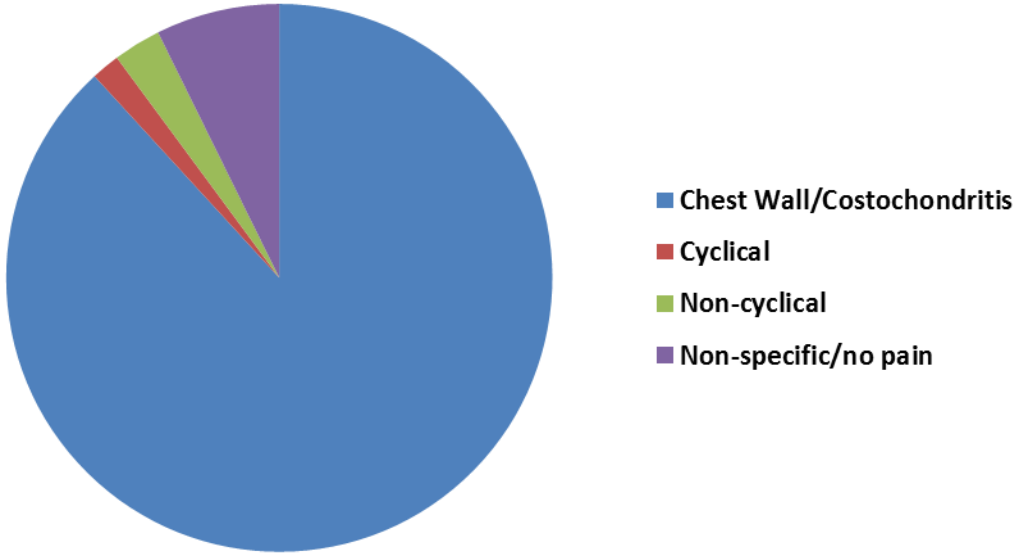
Opportunity for breast awareness

PAIN

- < 40 Clinical examination
- > 40 Screening mammogram (if not in the last 12 months)

Breast pain alone is not usually a sign of breast cancer and is much more likely to be either a benign breast condition or chest wall pain due to other factors

- Cyclical breast pain
- Non-cyclical breast pain
- Chest wall pain- 88% of cases



Just pain: immediate referral not necessary!

LS breast pain video

PAIN - treatment

Chest wall / Costochondritis:

- **Reassure!** - pain not a worrying symptom
- Treat with **NSAID gel** for 4-6 weeks
  - Works for all types of breast pain
  - Includes the **massage** effect
  - Gives them something to do!
- Paracetamol, opiates etc will mask rather than treat
- Ensure wearing an appropriate and supportive bra.
- Consider checking vitamin D levels and supplement as necessary.
- **Heat** can offer relief, such as hot water bottle or wheat bag
- **REST**! Treat as an injury

True breast pain:

- Regular simple analgesia and anti-inflammatory gel (for the massage effect) for 6 weeks.
- **High dose** Oil of Evening Primrose (1g tds) or starflower oil.
- Check Vitamin D levels- supplements
- Appropriate and supportive bra
- Hormonal contraceptive
- Other complimentary treatments: acupuncture and homeopathy
- Pre-menstrual breast pain is often due to increased water retention:
  - Healthy well balance diet
  - Weight control
  - Low salt diet?
  - Reduce caffeine intake
  - magnesium and vitamin B6
- The evidence for supplements and alternative therapies is mostly anecdotal, but many women find relief trying these methods.

NIPPLE DISCHARGE

- **SINGLE DUCT – MONOLATERAL- CLEAR BLOODY**

MAMMOGRAM >35 + CYTOLOGY

Please refer!

- **MULTI DUCT / Bilateral / various colours (not blood)**

- Benign physiological/ smokers
- Milky discharge- can persist for ~ 2 years post lactation ceasing

Please DON'T refer!

Gentle massage of the breast will often demonstrate that discharge come from multiple ducts or is bilateral

BREAST LUMP

- <40 Target US
- >40 Screening Mammogram + Ultrasound

If CYST: offer aspiration
If LUMP>30 CORE BIOPSY
LUMP<30 benign appearance: discharge

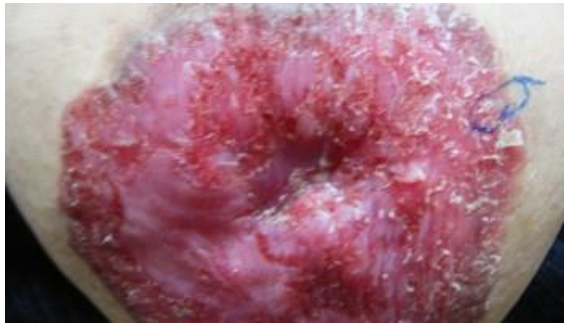
Please refer!

PAGET'S vs Eczema

Pagets:

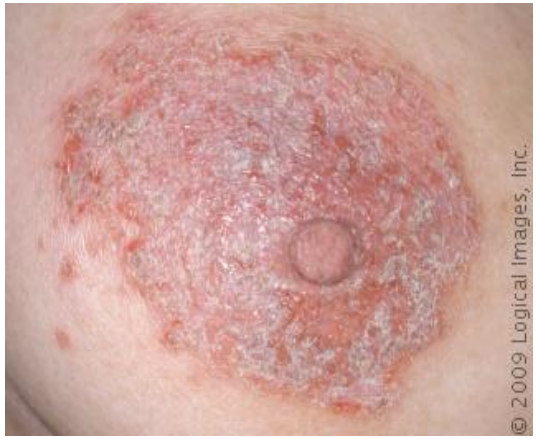
Occurs almost exclusively in women
Most common around the menopause

- Unilateral, persistent eczematous-type change of the nipple areola complex **(Starts at tip of nipple)** + erythema + scaling
- Itching or burning sensation
- Discharge and/or bleeding from the nipple
- Ulceration
- Destruction of the nipple
- Inversion of the nipple
- Sometimes palpable breast lump



Eczema:

- Can occur anywhere on the breast- Paget's exclusively on NAC
- Any age affected
- Usually Responds to topical Steroid treatment
- Often history of atopic eczema with personal or family history of hay fever or asthma



PAGET'S vs Eczema

Management Paget

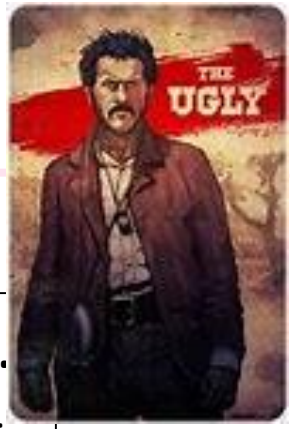
- Mammogram >35 yo
- Punch biopsy of nipple
- Surgery etc

Management Eczema

- Avoid aggravating cause
- Moisturisers
- Topical corticosteroid cream or ointment
- Oral antihistamine if itching is troublesome
- Patch testing if allergen suspected

Treat first! If no <u>sustained</u> response, please refer

HIDRADENITIS SUPPURATIVA

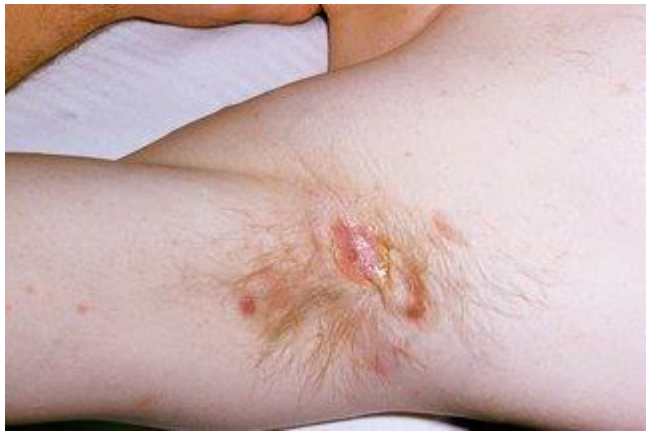


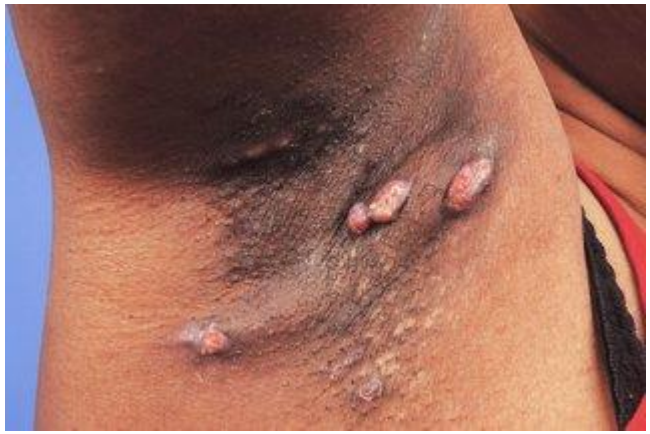
Painful, long-term skin condition that causes abscesses and scarring on the skin.

Causes a mixture of red boil-like lumps, blackheads, cysts, scarring and channels in the skin that leak pus

Will usually affect Breasts, Groins, Axillas and buttocks

Difficult to treat, often requires dermatology input





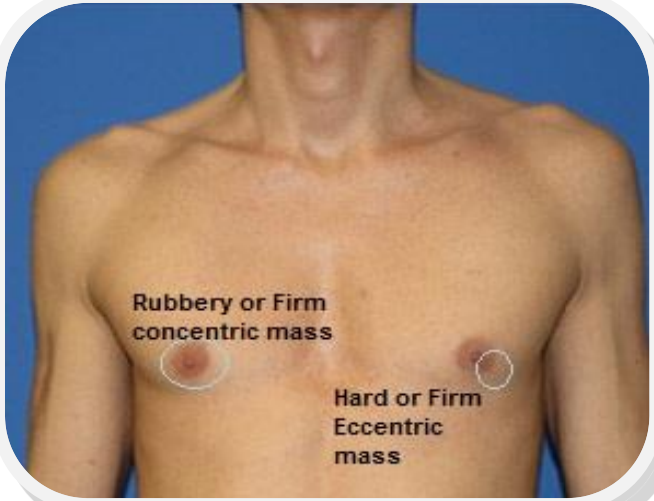
Don't refer!

GYNAECOMASTIA

Causes:

- Excess oestrogens: puberty testicular tumours adrenocortical tumours hyperthyroidism
- **Disturbance in oestrogen metabolism:** alcoholism chronic liver disease
- **Decreased androgens:** Ageing, primary gonadal failure – Klinefelters, viral orchitis, **Secondary gonadal failure:** pituitary or hypothalamic disease
- **Disturbance in androgen binding:** chronic renal failure, HIV
- **Medications** (e.g. Spironolactone, Digoxin, cimetidine, tricyclic antidepressants, Steroids and many others)
- **Other drugs** (e.g. marijuana, alcohol, anabolic steroids amongst others)

Cancer	Gynaecomastia
Eccentric lump	Concentric lump
Non-painful	Painful / tender (in early stages)
Hard	Rubbery
Very Rare, especially in <40	Common



GYNECOMASTIA

CAUSE	TREATMENT
Pubertal	Will usually spontaneously resolve <3 years
Hypogonadism	Refer to Endocrinologist
Drug/Lifestyle cause	Remove/correct underlying cause
Idiopathic	Tamoxifen
Obesity	Advise to lose weight
Old age	Normal aging process

MALE BREAST CANCER

- **Age >60 (majority)**
- **Rare- 1% of breast cancers**

- ↑Nodal involvement and higher stage disease

- lump in the breast area, more likely away from the nipple, **painless**
- oozing from the nipple (a discharge) that may be blood stained
- swelling of the breast
- a sore (ulcer) in the skin of the breast
- a nipple that is pulled into the breast (called nipple retraction)
- lumps under the arm
- a rash on or around the nipple

Miss Georgette Oni/ Dr A. Esiwe

Case Study 1

- Miss A is 33 yrs old presents with 2/12 hx of a painful breast lump.

LMP= 3/12 ago on Cerezette (POP)

- Pain – not sure if related to her cycle
- Examination: generally 'lumpy' breasts.
- Referred to breast clinic
- FHx: Sister diagnosed with Breast Ca 3yrs ago age 42, Mum age 46, Grandma in her 50's.

DDx

- Benign breast lump
  - Eg fibroadenoma, benign phyllodes
- Exclude malignancy
  - Malignant Phyllodes
  - DCIS/Inv cancer

ND.RH version VIII – 5.3.2020

Primary Care - what to do if a patient has a family history of Breast/Ovarian Cancer?

Important Please Read

- A close relative is any first or second degree relative (parent, sibling, child, aunt, uncle, grandparent)
- Please remember if there are intervening male relatives then more distant relationships maybe relevant.
- The family history should be of affected **blood relatives** through **either** the **maternal or paternal side** of the family.
- If there is Jewish ancestry in the family, the history may be more significant – seek advice from the Clinical Genetics service.
- For **enquiries** contact your local breast family history clinic – see list on main website https://www.nuh.nhs.uk/genetics
- If concerned about a history of unusual cancers contact the on-call genetic counsellor nuhnt.clinicalgenetics@nhs.net or 0115 9627728

Number of 1st or 2nd degree relatives with breast cancer	Family History of breast cancer	Age of cancer diagnosis	Refer to family history service
1 (first degree)		≤ 40	✓
		> 40	X (*unless triple negative under 60)
	 (bilateral)	< 50 (2nd primary can be over 50)	✓
	 (male)	Any age	✓
2 or more (or 1 breast and 1 ovary even if deceased)		Any age	✓

Number of 1st or 2nd degree relatives with ovarian cancer	Family History of ovarian cancer	Age of cancer diagnosis	Refer to Clinical Genetics* (or if Derby FHC)
1 any age if a surviving relative		Any age	✓
2 or more even if relatives deceased (or 1 ovary and 1 bowel)		Any age	✓
Any patient reporting a gene mutation in the family	Any relative with gene mutation	Any age	Refer directly to Clinical Genetics

Copies of guidance can also be found online at https://www.nuh.nhs.uk/cancer-referral-management-guide

GUIDELINES FOR THE RISK STRATIFICATION OF FAMILIES WITH BREAST/OVARIAN CANCER

The family history can be defined as being low, moderate or high risk.

Low Risk - Less than 2 x population lifetime risk of breast cancer

Moderate Risk - 2 – 3 x population lifetime risk of breast cancer

High - Greater that 3 x population lifetime risk of breast cancer

NB: Women with Jewish Ancestry are around 5-10 times more likely to carry BRCA 1 or BRCA 2 mutations than women in the non-Jewish population.

Risk stratification and screening

- Low risk – no intervention
- Moderate risk – annual MMGs from age of 40
- High risk – annual MMGs from age of 35
- Genetic syndromes eg BRCA – MMGs from age of 30 and MRI

Case 2

- Mrs B. Is a 43yr old with lump in her left breast

Examination: Left breast- 2cm lump

Mum had cancer in her 40's

Plan: Refer 2WW Breast clinic- Notts City Hosp

DDx: Breast cancer, benign breast lump

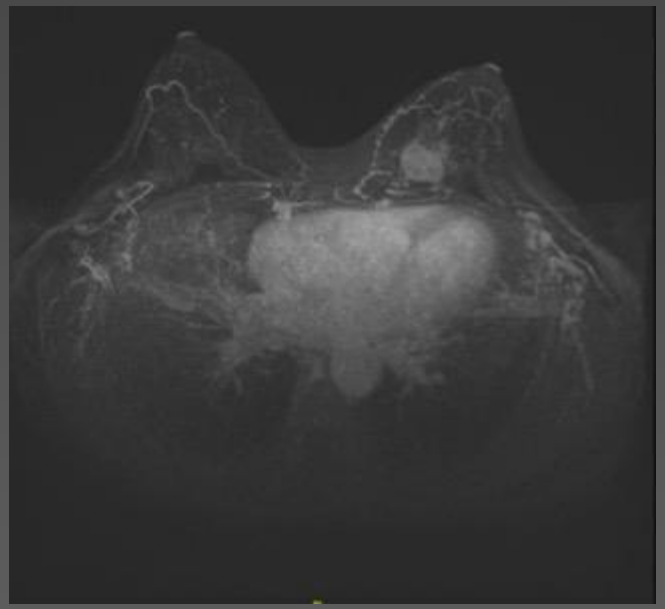
Management

- Triple assessment
  - Palpable lump
  - Seen on MMG and USS
  - Gd 2, 26mm, Node +ve, ER +ve, Her2 -ve
- FHx assessed –tested
  - BRCA 2

Indications for NACT

- Age
- Grade
- Tumour size
- Nodal involvement
- Her 2 status
- Inflammatory breast cancer
- Genetics, fertility etc
- Down-staging to facilitate BCS

Mgmt ctd



- NACT – partial response
- Surgery
- Radiotherapy
- Endocrine therapy
- Oopherectomy

Case 3

- Mrs C. Is a 78yr old presents with 3/12 history of left arm pain. Pain radiates occasionally to breast

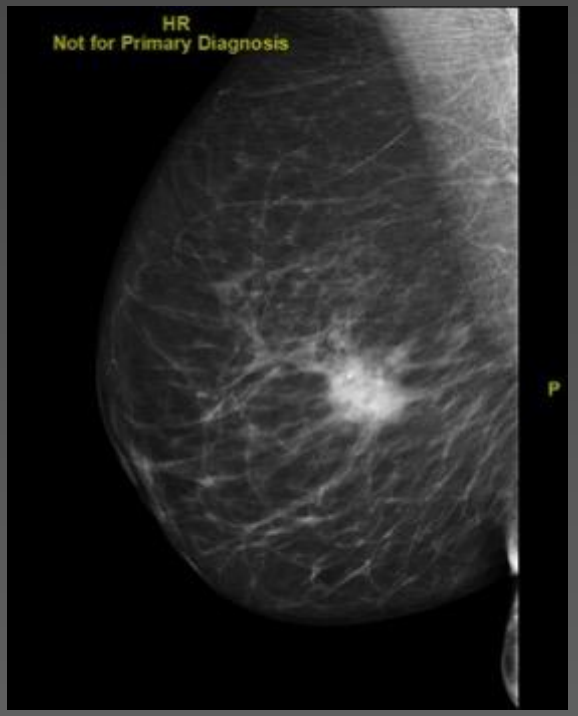
No history of injury or trigger.

Multiple co-morbidities

Examination:

- MSK- left arm-NAD
- Breast- Large breast lump >5cm, fixed with nipple inversion
- Axilla: NAD

Case 3



Diagnosis: Breast cancer

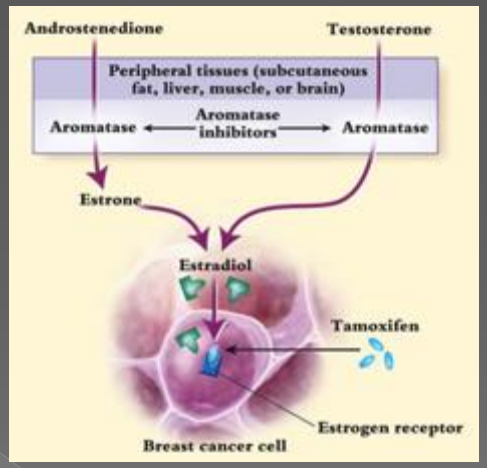
Inv: ER +ve ,PR +ve, Her 2 –ve.

Discussion – not keen for surgery

Endocrine tablet therapy

Primary endocrine treatment

- Not safe for surgery
  - NACOP surgery still best long term treatment
- Side effects
  - Menopausal, aches and pains
  - Dexa scan
- Monitoring
  - Nurse led clinic
  - Caliper measurements, imaging
- Resistance - 1st, 2nd, 3rd line treatments



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Quick fire round

CASES

- 35 years old attends GP clinic for single duct discharge of yellow colour
- During the visit nipple discharge is multiduct

WHAT TO DO?

<u>NO REFERRAL NEEDED</u>

CASES

- 54 years old attends GP clinic for rush upper outer right breast away from the nipple
- Clinical examination confirm the rush but no palpable lump noted.

WHAT TO DO?

? Eczema

Treat first! If no <u>sustained</u> response, please refer

CASES

- 53 years old attends GP clinic because she can feel a new lump in the right breast
- Last mammogram 13 months ago

WHAT TO DO?

REFERRAL NEEDED

CASES

- 37 years old attends GP clinic for single duct discharge of red colour
- During the visit nipple discharge is single duct and of bright red colour

WHAT TO DO?

<u>REFERRAL NEEDED</u>

CASES

- 52 years old attends GP clinic for pain right breast

- Clinical examination normal
- the patient can not feel lump and she had last screening mammogram 6 months ago

WHAT TO DO?

<u>TREAT</u>

<u>NO IMMEDIATE NEED TO REFER</u>

CASES

- 24 years old pain both breast

- Clinical examination normal
- the patient can not feel lump

WHAT TO DO?

<u>TREAT</u>

<u>NO IMMEDIATE NEED TO REFER</u>

Breast Pain

No refer!

Breast Lump
Single nipple discharge clear or bloody
Paget disease

Refer!

Multiple bilateral nipple discharge
Idroadenites
Eczema

No refer!

Any questions?

Lincolnshire Breast care Nurses

Patients can contact for advice nurses on

- Grantham: 01476 593945
- Boston: 01205 445998
- Lincoln: 01522 537662
- Local Website - https://www.ulh.nhs.uk/services/breast-surgery/
- Other's: Breast cancer care, Macmillian cancer support , coppafeel