

## 2WW & Symptomatic Breast Referrals

- Only about half of diagnosed breast cancers were coming through the urgent 2ww route so in January 2010 the 2ww standard was expanded so that any patient referred with breast symptoms would be seen within 2 weeks, whether cancer was suspected or not.
- There is continuing confusion about which referral route to use for patients resulting in many patients not benefiting from the faster pathways (2ww and 62 days) that could improve, not only their experience of the service, but also, potentially, their outcome.

### Urgent 2ww breast standard

where the GP (or other relevant health professional) suspects cancer.

*Please use the 2WW proforma*

### Symptomatic breast 2 week standard

where the GP is referring a patient for breast symptoms but does not suspect cancer.

*Please use the standard DRSS proforma*

- There are two types of breast referral that are excluded from the symptomatic breast 2ww standard. These are referrals:
  - from family history clinics (unless a patient is symptomatic);
  - for cosmetic breast surgery (such as enlargement or reduction).

## *Quick Guide for managing symptomatic patients in primary care:*

GPs are reminded that symptomatic breast disease where cancer is not suspected may be appropriate for management in primary care.

For many breast problems, especially in younger patients or patients presenting with mastalgia only, reassurance and a period of watchful waiting may be suitable.

Breast pain is not usually associated with malignancy. It is a common symptom and, if of short duration with no other clinical concern, may be managed initially in a primary care setting. Studies show that breast pain often settles within 3-6 months.

Management in primary care should include:

- Reassurance
- Advice on supportive, fitted bras
- Oral or topical analgesia
- Review of any hormonal medications the patient may be taking
- When there are associated, or incidental, focal clinical signs in the breast (localised tenderness, nodularity, swelling or a lump) follow the lump imaging protocol. If infection or abscess is suspected an initial ultrasound scan should be performed and any fluid or pus aspirated and cultured
- Breast pain alone is not an indication for imaging

It should also be noted that any patient in whom presumed mastitis does not resolve after a month of treatment needs referral to exclude inflammatory breast cancer.

Source: [Best practice diagnostic guidelines for patients presenting with breast symptoms](#)