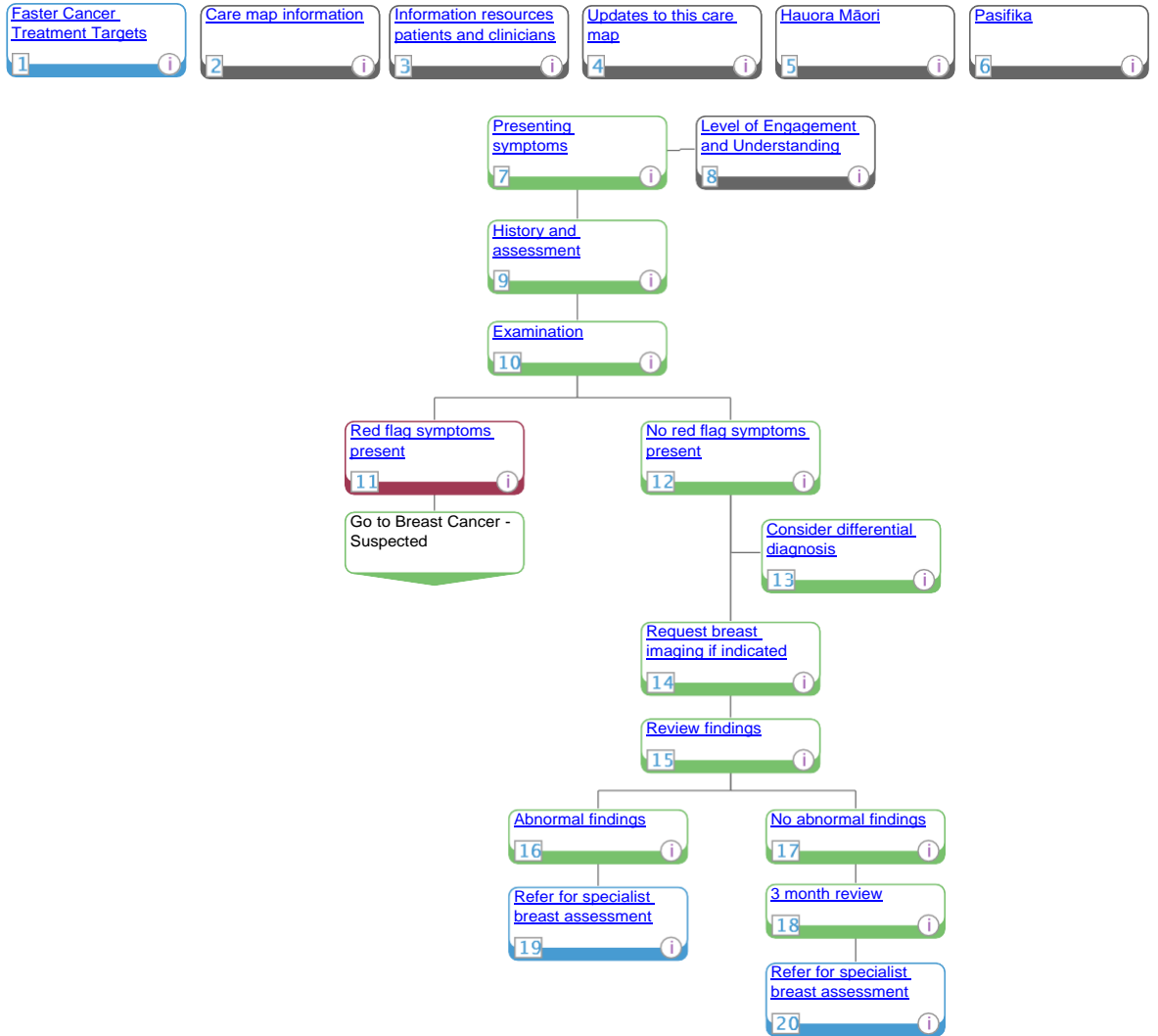


Breast Pain (Mastalgia)

Oncology > Oncology > Breast Pain

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Red flag
- Information



1. Faster Cancer Treatment Targets

Faster Cancer Treatment:

- the Faster Cancer Treatment (FCT) health target builds on the significant improvements that have been made in the quality of cancer services over recent years. It provides a lens across the whole cancer pathway to ensure people have prompt access to excellent cancer services

Targets:

- 85 percent of patients 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 percent by June 2017

Ministry of Health:

- [Ministry of Health High Suspicion of Cancer Definitions](#)
- [National Tumour Standards - Breast](#)

2. Care map information

In scope:

- identification and assessment of mastalgia (breast pain)

Out of scope:

- breast cancer treatment

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]

3. Information resources patients and clinicians

Patients and carers:

- [Health Ed fact sheet](#) - describes the benign breast conditions of cyclic and non-cyclic breast pain and what might cause these
- [Reasons why your breasts may hurt.](#)

Clinicians:

- Association of Breast Surgery – [Best practice diagnostic guidelines for patients presenting with breast symptoms](#)

4. Updates to this care map

Date of publication: August 2016.

Date of review August 2017.

5. Hauora Māori

NB: Māori and Pacific women are also at greater risk of dying of breast cancer than other NZ women. Over a ten year average, Māori women have shown to have a 65.4% higher mortality rate from breast cancer than non-Māori women [1]

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whakawhanaungatanga') - 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 (Iwi and Hapu) or where they have significant connections to
- acknowledging [Te Whare Tapa Wha](#) (Māori model of health) when working with Māori Whānau
- asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular [cultural beliefs](#) they or their Whānau have that might impact on assessment and treatment of a particular health issue
- consider importance of [whakawhanaungatanga \(making meaningful connections\)](#) with their Māori client/Whānau
- knowledge of Whānau [Ora](#), Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

Consider barriers to effective care:

Factors that could stop the patient from getting further tests or treatment:

- complexity of care pathway not knowing when or where to go next
- Whānau, family and social network dynamics
- Whānau support, family history
- family obligations including dependents
- work responsibilities
- Whānau, 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

Health Literacy: [LETS PLAN](#) is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury.

Language Line (interpreter service):

- 0800 656 656

6. Pasifika

NB: Pacific Island women are more likely to die from breast cancer than other ethnic groups in NZ. Their five year survival rate is 79% compared to 87% for NZ European women.

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

[Acknowledging general pacific cultural guidelines](#) when working with Pasifika peoples and families:

- cultural protocols and greetings
- building relationships with your Pasifika patients

- involving family support, involving religion, during assessments and in the hospital
- home visits
- contact information

Consider barriers to effective care: Factors that could stop the patient from getting further tests or treatment:

- health literacy - english as a second language
- complexity of care pathway, not knowing when or where to go next
- family support, obligations, independent
- work responsibilities
- socio-economic factors including source of income
- locality and geographical access to health and hospital services
- cultural beliefs, values, morals, traditional healing
- religious beliefs

Health Literacy: [LETS PLAN](#) is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury.

Language Line (interpreter service):

- 0800 656 656

7. Presenting symptoms

Presenting symptoms:

- establish whether the pain is:
 - cyclical or non-cyclical
 - focal
 - unilateral or bilateral

[Reasons why your breasts may hurt.](#)

8. Level of Engagement and Understanding

1. Apply health literacy principles:

- ask what the patient understands:
 - build on what the patient already knows
 - translate medical terminology into lay language
 - draw diagrams or write key phrases and messages down and give it to the patient to take with them
 - provide educational material
- check the patient's understanding to confirm that they understand the key messages
- encourage patient 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
 - Māori navigational services
 - pasifika health services
- [LETS PLAN](#) is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury

2. Consider any barriers to effective care:

- complexity of care pathway – not knowing when or where to go next
- Whānau, family and social network dynamics
- Whānau support, family history
- family obligations including dependents
- work responsibilities
- Whānau, 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

9. History and assessment

History:

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

Assessment:

- assess whether the pain is breast, cardiorespiratory, or musculoskeletal in origin
- establish whether the pain is cyclical or non-cyclical, unilateral or bilateral

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 patient 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. Examination

Examination:

1. Examine under good light with the patient's consent and in the presence of a chaperone:

- examine unaffected side first
 - examine with arms by patient's side
 - examine with arms raised above patient's head
 - examine with patient'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:
- patient seated or standing:
 - use the flat of the fingers to palpate
 - supraclavicular and axillary fossae
 - breasts
 - patient 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 lumps:
- size
 - shape
 - consistency
 - mobility
 - tenderness
 - fixation
 - exact position (o'clock position and cm from nipple)

11. Red flag symptoms present

Red Flags - FCT High Suspicion of Breast Cancer Definition as per Ministry of Health Guidelines 2016.

If the patient presents with one or more red flags, then the referral should be triaged as '**High Suspicion of Cancer**':

- 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
 - with previous breast cancer or ovarian cancer
- suspected inflammatory breast cancer or symptoms of breast inflammation that have not responded to a course of antibiotic
- spontaneous unilateral bloody nipple discharge
- 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 gynecomastia or is eccentric to the nipple

12. No red flag symptoms present

Breast pain is very rarely the only presenting symptom for breast cancer. If red flags have been excluded, provide reassurance and follow up as appropriate.

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]

13. Consider differential diagnosis

Differential diagnosis includes non-cancer causes such as:

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

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 patient 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)
 - in elderly men who develop gynaecomastia, usually secondary to certain diuretics and cardiac medications, discomfort is usually worse

14. Request breast imaging if indicated

Request breast imaging if pain is:

- associated with a lump or other breast symptom red flags
- 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 < 35 years – arrange a breast ultrasound
- aged > 35 years – arrange a breast ultrasound and mammogram

NB: Imaging for pain not meeting the above criteria may provide reassurance but must be balanced against the risks of creating alarm and unnecessary investigations of false-positive suspicious findings.

15. Review findings

Review findings

16. Abnormal findings

Abnormal findings:

- if there is clinical or radiological suspicion of breast cancer, request specialist breast assessment
- note '**high suspicion Breast Cancer**' to aid triage for Faster Cancer Treatment Programme

Ministry of Health Faster Cancer Treatment (FCT) timeframes:

- FCT is a patient pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
 - for patients referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
 - for patients referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
 - for patients with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

17. No abnormal findings

If symptoms are significant consider these treatment options:

- stopping or altering hormonal contraceptives
- there is limited evidence of benefit from the following treatments, though some women 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)
 - evening primrose oil
- review of diuretics
- for some patients with persistent severe mastalgia that is resistant to usual first line treatment and reassurance, hormone therapy with tamoxifen may be started under specialist supervision. The usual dose is 10mg Tamoxifen daily, for three months. The symptomatic benefits must be balanced against the risks and side effects. Patients with mastalgia that is severe enough to require tamoxifen would usually be managed in conjunction with a breast specialist. The need for the tamoxifen should be reviewed regularly and stopped as soon as possible.
- if breast pain persists, review at 3 months or earlier if new symptoms arise

18. 3 month review

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

19. Refer for specialist breast assessment

Referral Information:

- [referral form](#)
- [referral information for patients to breast imaging](#)
- patients should be encouraged to take a support person with them to any imaging or clinical appointments
- discuss with patient the option of referral to support services

20. Refer for specialist breast assessment

Referral Specialist Breast Assessment:

- if no improvement with measures, consider referral for a surgical breast assessment

Referral Information:

- [referral form](#)
- [referral information for patients to breast imaging](#)
- patients should be encouraged to take a support person with them to any imaging or clinical appointments
- discuss with patient the option of referral to support services

Breast Pain (Mastalgia) Provenance Certificate

[Overview](#) | [Editorial methodology](#) | [References](#) | [Contributors](#) | [Disclaimers](#)

Overview

This document describes the provenance of MidCentral District Health Board's pathway.

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 this pathway, use the following format:

Map of Medicine/MidCentral District View/Oncology/Breast Cancer Suspected

Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

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Contributors

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB 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 patient 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.