TH1.2 Referral of patients with breast pain to breast clinic: a retrospective analysis

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Aims: Previous literature provides evidence that in patients with breast pain and a normal breast examination, the incidence of ipsilateral breast cancer is approximately equivalent to the screening incidence. Isolated breast pain is not an indication for a suspected cancer pathway referral as per NICE guidance. We assessed all breast clinic referrals in one month for use of the appropriate referral pathway for patients with isolated breast pain, and correct primary care management of breast pain.

Methods: GP referral letters and breast clinic letters were analysed retrospectively using an electronic clinical data system for all 173 patients referred to breast clinic in September 2021, of which, 47 patients satisfied eligibility criteria. Letters were assessed for urgency of referral and documentation of GP interventions for breast pain (bra fitting advice, simple oral analgesics and topical NSAIDs).

Results: 62% of patients presenting with isolated breast pain were referred under a USC or urgent referral pathway to breast clinic. Only one patient with breast pain as a symptom, had documented evidence of GP interventions for breast pain.

Conclusions: The majority of patients presenting with isolated breast pain were inappropriately referred under urgent pathways, potentially impeding capacity in breast clinic for patients that satisfied USC criteria. There was little evidence of GP interventions for breast pain which could negate need for a clinic appointment or alleviate symptoms in the interim. Further GP education could reduce inappropriate urgent referrals of patients with isolated breast pain and improve breast pain management.