

Urgent referrals

Breast lumps

- Any new palpable breast lump which is suspicious of breast cancer
- Any lump associated with nipple or skin changes
- Any new skin dimple
- Skin changes characteristic of peau d'orange
- Mammographic abnormality suspicious of cancer

Inflammatory

- Suspicion of inflammatory breast cancer or persistent mastitis/abscess

Nipple changes / discharge

- Blood-stained nipple discharge
- Nipple eczema suspicious of Paget's disease
- Nipple retraction or distortion of recent onset

Suspect male breast cancer

- Non-tender breast lump in a male (male breast cancer does occur: 0.2% of all breast cancers)

Routine referrals

- Recurrent breast cysts in a patient with a past history of benign cysts
- Persistent breast nodularity
- Persistent breast pain not responding to evening primrose oil
- Lactational mastitis
- Periductal mastitis
- Non blood stained nipple discharge
- Tender gynaecomastia in a male
- Strong family history of breast cancer:
 - One first degree relative* diagnosed with breast cancer under 40 (or under 45 for chemoprevention studies)
 - two or more first or second degree relatives
 - one or more first degree relatives with bilateral breast cancer

** a first degree relative can be a mother, father, sister or daughter, and a second degree relative can be an aunt, grandmother or granddaughter*

If there is uncertainty about their family history, we will write to the patient for more details prior to their clinic appointment.

Patients may be sent postal questionnaires to help estimate their risk before being sent an appointment. Some patients may be reassured by post.