

## EVALUATION OF BREAST SYMPTOMS

Presented by Dr Melissa Bochner at the June 2009 Education Meeting.

### What investigations?

- Triple Assessment consists of history and examination, imaging with mammogram/ultrasound scan (USS), and biopsy. It is an essential element in evaluation of breast symptoms and is over 99% accurate in the post-menopausal woman, though less accurate in younger women.
- **Results of the individual elements of Triple Assessment must be concordant in order to be accepted.** When deciding whether to proceed with further investigation/referral, question whether the biopsy taken can be considered truly representative of the lesion.
- The gold standard for evaluation of a woman over 35 years with a new breast symptom remains the mammogram. USS is primarily used for evaluation of women younger than 35 years where the mammogram has reduced sensitivity because of their relatively dense breasts. Targeted USS of part of the breast is useful in investigating focal symptoms.
- Magnetic Resonance Imaging (MRI) has gained importance in screening the woman at high risk and in staging a newly diagnosed breast cancer.

### Benign breast disorders

- Fibroadenomas represent developmental abnormalities of the breast. They can enlarge rapidly in 1/20 young girls, so it is important to review in 3–6 months to ensure stability.
- Phylloides are benign in the majority of cases, but can prove malignant and have an infiltrative margin with consequent risk of recurrence.
- Cysts do not require biopsy as long as the radiological appearance is consistent with simple cysts. If symptoms dictate the need for aspiration of a simple cyst and the aspirate is bloodstained, histology must be performed to exclude an intracystic neoplasm.
- Fat necrosis resulting from trauma or surgery may have suspicious USS features, but the histology is diagnostic, with the presence of inflammatory cells. Clinical monitoring at 6 weeks and 3 months is recommended until resolution occurs.

- Mammary hypertrophy is best not treated before 16 years of age and ideally in the early 20s. If a significant amount of tissue is removed, there can be a 50% reduction in breast cancer incidence. Pre-operative screening is recommended if the client is in her mid-30s.

### Management of mastalgia

#### Cyclical breast pain

B6 and diuretics are not effective remedies. Evening Primrose Oil has proven benefit and minimal side effects at doses of 1 g daily. Maintaining a symptom chart is recommended. Reducing caffeine and dietary fat may be useful if taken in excessive amounts.

Danazol 200 mg is effective in 70% when symptoms are severe, but major androgenic side effects limit use.

Low dose Tamoxifen is also effective, but menopausal symptoms may prove problematic.

#### Non-cyclical mastalgia

Consider other causes such as inflammatory chest wall conditions. There will be a trigger spot. Consider lifestyle issues which may be predisposing to the condition.

#### Breast infection

- Lactational mastitis is due to staphylococcal infection. Treat with Flucloxacillin and continue breast feeding. Percutaneous drainage of abscesses is a simple outpatient procedure.
- Peri-ductal mastitis is evident in the peri-areolar region, is due to mixed anaerobic infection and presents more commonly in smokers. Treat with Augmentin. Duct excision may be required.

**Practice point:** Beware inflammatory carcinoma. Never diagnose a **spontaneous breast infection** in the post-menopausal woman. It is important to monitor for resolution of infection.

#### Discharge

Systemic causes present as bilateral, white or discoloured discharge from multiple ducts, as opposed to local causes that present as unilateral discharge from a single duct.

Discharge may be blood-stained in pregnancy, but is otherwise a significant finding. Using a dipstick to analyse for blood is useful. Spontaneous, copious, sanguinous discharge is significant and may be due to ductal carcinoma in-situ, DCIS, or intraduct papilloma, not readily detected on radiology. Duct excision is indicated.

Duct ectasia occurs with involutional change of the breast. Dilation and shortening of the ducts may occur, causing nipple inversion and multi-duct discharge.

Benign nipple inversion due to duct ectasia appears slit-like and will evert whereas a retracted nipple that does not evert is malignant.

**Practice point:** *Beware Paget's disease of the nipple where the rash spreads from the nipple outward toward the areola, compared with eczema where the rash spreads to the nipple from the areola.*

Be aware that candidiasis of the nipple may exist without a rash clinically evident.

### Breast cancer and family history

**Practice point:** *Breast cancers are genetic in 5%.*

High risk clinics are available at RAH and QEH, with a multidisciplinary team, including a surgeon, gynaecologist, radiologist and counsellor.

Women are reviewed 6-monthly with alternating MRI and mammography.

In general terms screening is recommended to commence 10 years earlier than the youngest affected family member.

Digital mammography has increased sensitivity especially in younger women. MRI has increased sensitivity, but increased false positive rates. This is compounded by the difficulty in accessing MRI guided biopsy currently.

**Note:** *A Medicare rebate is now available for annual MRI in eligible high-risk women under 50 years.*

This should form part of an organised cancer surveillance program in conjunction with screening mammography. The women must be asymptomatic and be referred by a specialist.

#### High risk women are defined as:

3 or more first or second degree relatives on the same side of the family with breast or ovarian cancer

2 or more first or second degree relatives on the same side of the family with breast or ovarian cancer, plus any of the following:

- bilateral breast cancer
- breast cancer onset before 40 years
- ovarian cancer onset before 50 years
- breast and ovarian cancer in the same relative
- Ashkenazi Jewish heritage
- breast cancer in a male relative

1 first or second degree relative with breast cancer at 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at 45 years or younger

a high-risk genetic mutation for breast cancer has been identified

### Useful websites

[www.breastscreen.sa.gov.au](http://www.breastscreen.sa.gov.au)

Position statements for client information on the various modalities of investigation and controversial areas will assist with queries.

[www.nbocc.org.au](http://www.nbocc.org.au)

A risk calculator tool is one of the resources.

#### Stop Press

Janssen-Cilag is phasing out Coil Spring diaphragms, in favour of All Flex diaphragms, and in-date supplies are currently limited. The range in sizing will be restricted to 65–80. We are reminded that there are no studies relating efficacy of diaphragms to sizing. The material used will also change to medical grade silicone, thought to have an improved durability of two years. TGA approval will determine availability of the new style diaphragms, but is hoped for by end 2009.

Note that Spermicidal Jelly and Acijel distributed by the same company are also out of production, due to quality specification issues. While spermicidal jelly will be available at some future time, the company is recommending alternatives to Acijel be sought. Multi-Gyn gel derived from the Aloe Vera plant, marketed as a treatment for bacterial vaginosis and thrush, is said to lower vaginal pH.

#### Reminder

- Gardasil now has TGA approval for women to 45 years of age.
- Note that since Clinic 275 no longer has funding to continue contact tracing of chlamydia for cases diagnosed outside their program, it is essential to carry out treatment of the primary partner of any positive clients.

#### 2009 SHine SA Education Meetings

Tuesday 1 September

**Men's business: advances in reproductive technology**

Dr Kelton Tremellen, Reproductive Medicine Specialist

Thursday 12 November

**Experiences with IUDs**

Dr Melissa Sandercock, Gynaecologist