Breast lumps are common and usually benign, but understandably may cause significant anxiety for the patient. Comprehensive assessment, involving clinical examination, imaging and biopsy, are required for definitive diagnosis. For two reasons - breast lumps are a high risk presentation, and registrars are likely to have limited clinical experience during their hospital training – supervisors must ensure registrars are competent in the assessment and management of breast lumps. Additionally, registrars need to know the benefits, risks and practicalities of breast cancer screening.

**TEACHING AND LEARNING AREAS**
- Common and serious causes of breast lumps
- Key diagnostic features on history and examination, including red flags
- Risk factors for breast cancer
- [Breast examination](NHS video)
- Triple test
- Local referral pathways and options
- Approach to specific groups e.g. breast feeding, implants, male
- [Breast cancer screening recommendations](RACGP Red Book)

**PRE-SESSION ACTIVITIES**
- Registrar to undertake the Clinical Reasoning Challenge under exam conditions (7 minutes)

**TEACHING TIPS AND TRAPS**
- Every breast lump is breast cancer until proven otherwise
- Young women get breast cancer (1/3 patients aged under 50)
- The triple test is positive if any component is indeterminate, suspicious or malignant
- Offer the use of a chaperone prior to breast examination

**RESOURCES**
**Read**
- [ABC – To screen or not to screen?](https://www.abc.net.au/)

**Listen**

**FOLLOW UP/ EXTENSION ACTIVITIES**
- Visit local BreastScreen service
- [RACGP gplearning - Breast cancer screening and diagnostic breast imaging](https://www.racgp.org.au)
Clinical Reasoning Challenge

Mary Wills, a 52 year old high school teacher, presents with a breast lump.

**QUESTION 1.** What are the key features of her breast symptoms that you would ask about? List up to five (5)

1. 
2. 
3. 
4. 
5. 

**QUESTION 2.** What other key aspects of the history would you explore? List in note form only, up to five (5)

1. 
2. 
3. 
4. 
5. 

**QUESTION 3.** What are the components of the ‘triple test’ approach to diagnosis? List three (3)

1. 
2. 
3. 

You cannot feel a lump on clinical examination. You refer Mary for imaging and the result is as follows: ‘Normal breast tissue with no discrete lesion noted, however mammography may miss early lesions and evaluation within clinical context is required.’

**Question 4:** What is the next step in management? Select those that are appropriate from the following list:

- Refer urgently to a breast surgeon for further review
- Reassurance
- Arrange fine needle aspiration (FNA)
- Arrange MRI of the breast
- Nil further action required
- Advice regarding breast awareness
- Advice regarding future screening
- Request serum tumour markers – CA19.9, CA125, CEA
- Arrange genetic testing for BRCA1/2
- Arrange follow-up if lump recurs or patient concerned
ANSWERS

QUESTION 1
What are the key features of her breast symptoms that you would ask about? List up to five (5)

• Site – constant or changing
• Duration
• Tenderness or pain
• Relationship to period
• Nipple changes or discharge
• Breast asymmetry or skin changes

QUESTION 2
What other key aspects of the history would you explore? List in note form only, up to five (5)

• Medication history e.g. exogenous hormones etc
• Hormonal status (premenopausal vs menopausal
• Parity
• Previous breast problems
• Family history breast/ovarian cancer

QUESTION 3
What are the components of the ‘triple test’ approach to diagnosis? List three (3)

• Medical history and clinical breast examination
• Imaging and/or ultrasound
• Non excision biopsy – Fine needle aspiration (FNA) cytology and/or core biopsy

QUESTION 4
What is the next step in management?

• Reassurance
• Advice regarding breast awareness
• Advice regarding future screening
• Arrange follow-up if lump recurs or patient concerned