The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

A GP'S APPROACH TO BREAST LUMPS AND SYMPTOMS

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GPGC WORKSHOP 18.08.18

HAVE A SYSTEM

- HISTORY
- EXAMINATION
- INVESTIGATION
- FOLLOW UP

HISTORY

BREAST SYMPTOMS

- DON'T FORGET SKIN CHANGES AND NIPPLE CHANGES INCLUDING DISCHARGE (¿UNILATERAL, ¿SINGLE DUCT , ¿SPONTANEOUS, ¿BLOODY OR SEROUS)

RISK FACTORS FOR BREAST CANCER

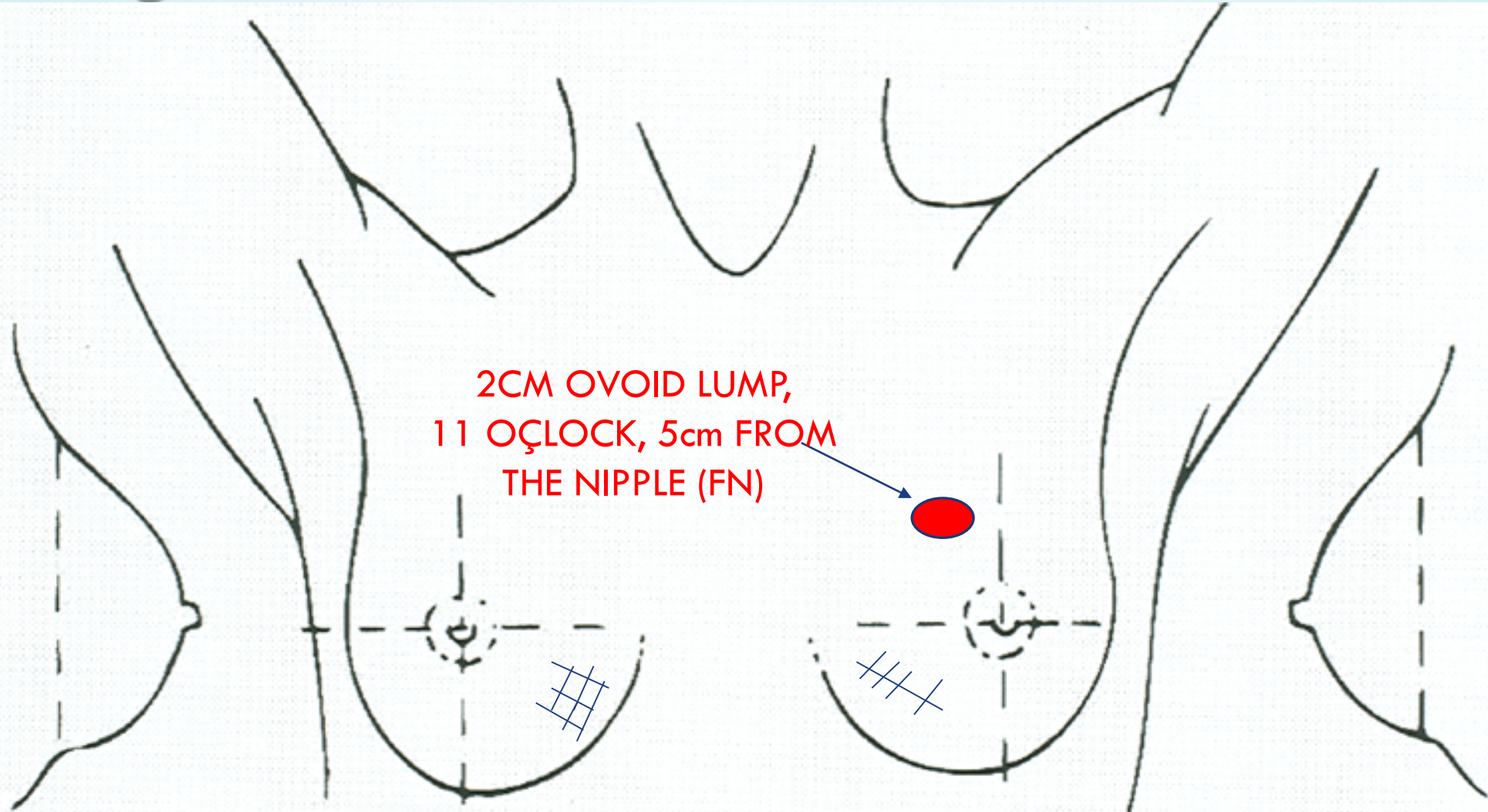
- NON-MODIFIABLE – FAMILY HISTORY ESP <50 YO, HX RADIATION TO CHEST
- MODIFIABLE – EG HEALTHY WEIGHT, SMOKING, HORMONE THERAPIES

REF: [HTTPS://WWW.BREASTCANCER.ORG/SYMPTOMS/UNDERSTAND_BC/RISK/FACTORS](https://www.breastcancer.org/symptoms/understand_bc/risk/factors)

EXAMINATION

- POSITIONING AND LIGHTING
- DON'T FORGET THE AXILLA AND LYMPH NODES
- DON'T FORGET THE NIPPLES
- DOCUMENT CLEARLY LESIONS FOUND (USE A DIAGRAM TO GUIDE RADIOLOGY)
 - THICKENING, LUMP, GLANDULAR TISSUE
 - SIZE, POSITION, CM FROM NIPPLE
 - NORMAL, BENIGN, EQUIVOCAL, SUSPICIOUS, MALIGNANT

2CM OVOID LUMP,
11 O'CLOCK, 5cm FROM
THE NIPPLE (FN)



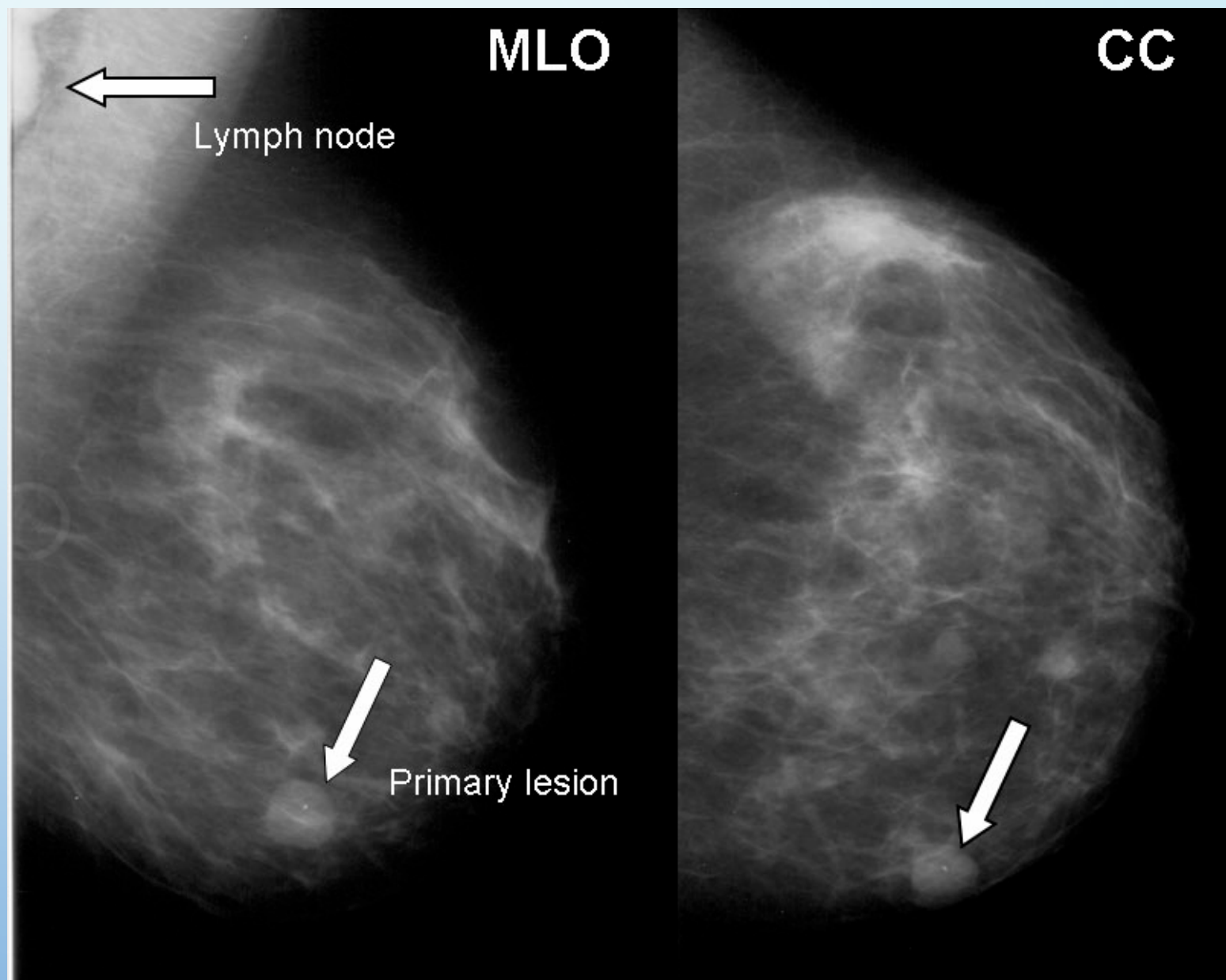
INVESTIGATION

MAMMOGRAM >35YO

ULTRASOUND PALPABLE LUMPS

MRI — DISCUSS WITH THE SPECIALISTS

REF: [HTTP://WWW.JLGH.ORG/PAST-
ISSUES/VOLUME-1-ISSUE-2/BREAST-CANCER--AN-
ILLUSTRATED-CASE-STUDY.ASPX](http://www.jlgh.org/past-issues/volume-1-issue-2/breast-cancer--an-illustrated-case-study.aspx)



BIOPSIES

- **FNA** CYSTS
- **CORE BIOPSY** SOLID LESIONS AND COMPLEX CYSTS WITH SOLID COMPONENT. NB: FIBROADENOMAS >2CM

FOLLOW UP

CORRELATE !!!!

- DOES YOUR IMAGING RESULTS MATCH CLINICAL FINDINGS
- DRAW A PICTURE
- USE YOUR MULTIDISCIPLINARY TEAM
- HYPOECHOIC SOLID LESIONS

FOLLOW UP !!!!

- HAVE A RECALL SYSTEM

CASE

39 YO MUM OF 3 CHILDREN

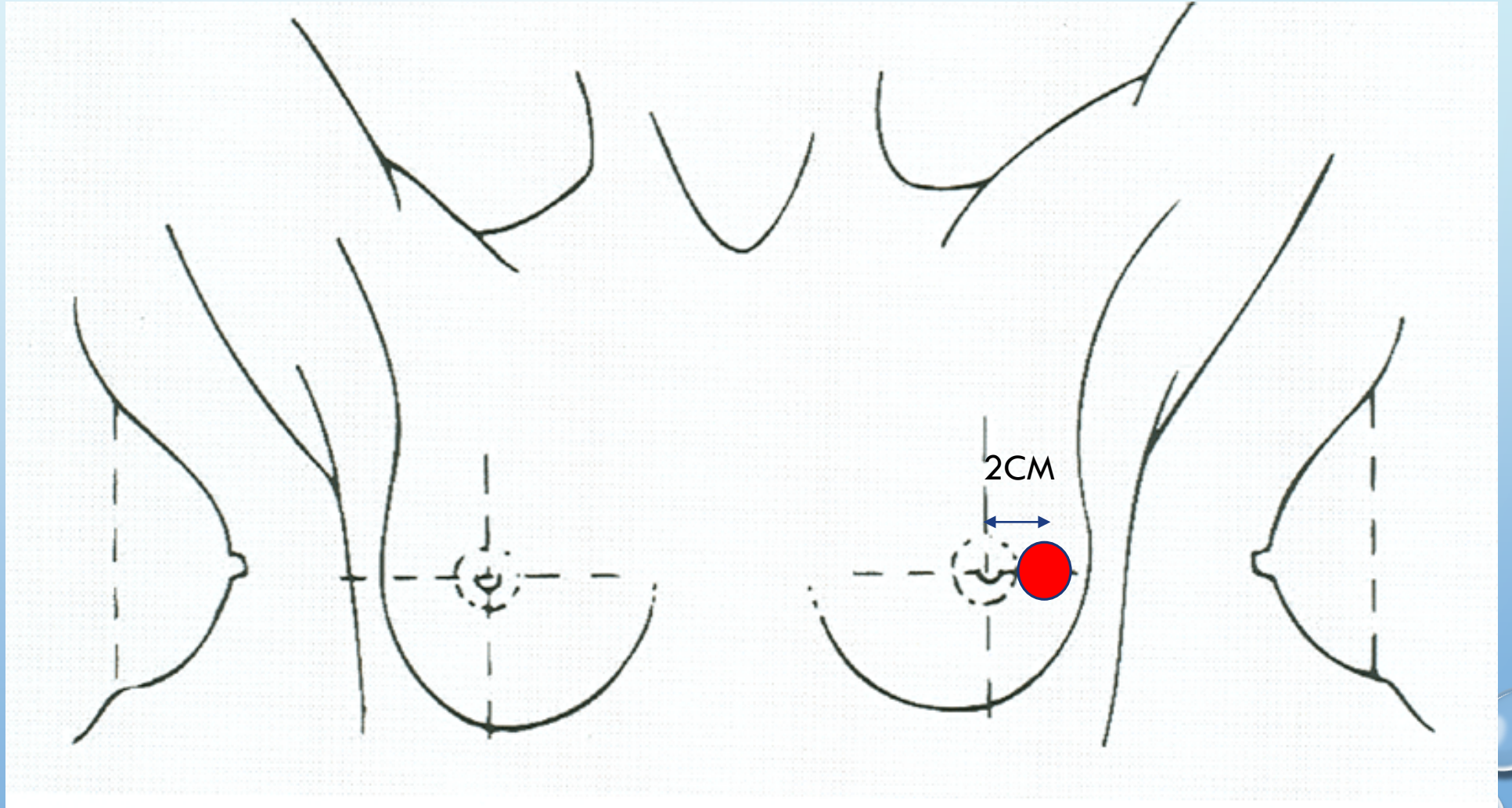
- C/O 2 MONTH HISTORY OF TENDER 2CM LUMP IN THE **LEFT** BREAST THAT HAS GROWN QUICKLY
- NO SIGNIFICANT PMHX
- ON OCP FOR 6 YEARS
- FAM HX – PAT GRANDMOTHER BREAST CANCER AT 78YO

EXAMINATION

NO SKIN OR
NIPPLE CHANGES

20MM ROUND
SMOOTH TENDER
MOBILE LUMP

- THOUGHTS?
- INVESTIGATIONS?



INVESTIGATIONS

- MAMMOGRAM NAD
- USS:

L BREAST - 19 MM SIMPLE CYST 3 O'CLOCK, 2CM FN SEEN IN AREA OF CLINICAL CONCERN

R BREAST – 15MM SOLID LESION 10 O'CLOCK, 8CM FN.

BILATERAL SCATTERED SMALL SIMPLE CYSTS WITH BENIGN FEATURES ALSO NOTED.

WHAT NEXT??

TRIPLE TEST

- **LEFT BREAST** – SIMPLE BENIGN CYST. OFFER ASPIRATION IF CONTINUES TO BE SYMPTOMATIC TO PATIENT
- **RIGHT BREAST** – ALL SOLID LESIONS REQUIRE FURTHER INVESTIGATION
- BILATERAL SMALL SIMPLE CYSTS – NIL FURTHER REQUIRED
- **R BREAST CORE BIOPSY** – BENIGN FIBROADENOMA (REFER FOR EXCISIONAL BIOPSY IF FURTHER IF RAPIDLY GROWING OR $>2.5\text{CM}$ DUE TO RISK PHYLLOIDES)

CASE 2

- 45YO NULLIP, NO OTHER RELEVANT PMHX
- PRESENTED WITH 2 PALPABLE LUMPS **LEFT** LATERAL BREAST.
- HAD BREAST ULTRASOUND 6 MTHS EARLIER

USS REPORT 6/12 EARLIER

L BREAST – 10MM SOLID LESION AT 12 O’CLOCK, 5CM FN CONSISTENT WITH BENIGN FIBROADENOMA. 10MM HYPOECHOIC LESION 4 O’CLOCK, 2CM FN. 3MM SIMPLE CYST 5 O’CLOCK, 1CM FN AND 9MM SIMPLE CYST 10 O’CLOCK, 8CM FN.

R BREAST – 4MM SIMPLE CYST AT 6 O’CLOCK 2CM FN, 8MM SIMPLE CYST AT 8 O’CLOCK 5CM FN. 15MM SIMPLE CYST AT 8 O’CLOCK 10CM FN.

CURRENT BREAST USS

LEFT BREAST – 22MM IRREGULAR SPICULATED HYPOECHOIC MASS SEEN AT 4 O'CLOCK, 2CM FN. THERE IS A SECOND 10MM HYPOECHOIC LESION SEEN AT 5 O'LOCK ADJACENT TO THE 4 O'CLOCK LESION.

LEFT AXILLA – THERE IS AN ENLARGED 18MM LYMPH NODE IN THE L AXILLA. BIOPSY OF BOTH BREAST LESIONS AND THE AXILLARY LYMPH NODE IS RECOMMENDED.

MORAL OF THE STORY

- DON'T FORGET TO CORRELATE
- DON'T FORGET TO FOLLOW UP

THANK YOU 😊

- **FURTHER READING:**

[HTTPS://WWW.BCI.ORG.AU/WP-CONTENT/UPLOADS/2016/10/WBCI_PROTOCOLS_WEB.PDF](https://www.bci.org.au/wp-content/uploads/2016/10/WBCI_PROTOCOLS_WEB.PDF)

[HTTPS://CANCERAUSTRALIA.GOV.AU/SITES/DEFAULT/FILES/PUBLICATIONS/IBS-INVESTIGATION-OF-NEW-BREAST-SYMPTOMS_50AC43DBC9A16.PDF](https://canceraustralia.gov.au/sites/default/files/publications/ibs-investigation-of-new-breast-symptoms_50ac43dbc9a16.pdf)