

DIAGNOSTIC BREAST SERVICES – ACCESS AND SERVICE DELIVERY

This local operating procedure (LOP) is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this guideline.

Background

Due to ongoing increased demand for our services, the NSW Women's Breast Centre has developed this local operating procedure to guide clinicians in regards to access to Breast Diagnostic services.

1. AIMS

- To provide diagnostic breast services in line with NSW Health and eviQ guidelines, to ensure equitable and fair use of resources.
- To utilise resources as efficiently as possible
- To ensure clinically urgent women are prioritised

2. PATIENT CRITERIA

Women requesting to be seen at the NSW Women's Breast Centre should meet at least one of the following High Risk criteria:

- Have a new breast symptom.
- Have a history of previous breast cancer (diagnosed within the last 10 years) and be under the age of 60 years.
- Have family history of breast cancer (immediate relative diagnosed under the age of 50 years) and be under the age of 60 years.
- Be an existing patient of the Prince of Wales (POW) Hereditary Cancer Centre under the age of 60 years or a mutation carrier up to age of 70.
- Be diagnosed with a precursor high risk lesion.

3. STAFF

- Reception staff
- Breast Centre Nurse Unit Manager (NUM)
- RHW Executive

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Obtain relevant clinical information (see Patient Criteria above). If a woman does not meet booking criteria, advise her to contact her General Practitioner (GP) for alternative services.
- Ask the woman to fax through her GP referral if she meets the above criteria
- The NUM will triage referrals. Any complex referrals should be assessed by a Medical Officer (MO).
- Book women with a new symptom within a 2 week time frame, depending on clinical urgency, as ascertained by NUM and or MO.
- Book women with a previous or family history of breast cancer and no new symptom for the next available appointment.
- Advise women of alternative options for accessing diagnostic breast services to ensure she is aware she can access services sooner if she wishes.
- Breast assessment can be complex and resource intensive. A high level of commitment is required by patients who are part of this program.
- Clinical indication for prolonged management must be based on current scientific literature along with Medical Specialist interpretation of the most recent imaging. If indicated, individual women may be required to continue assessment within this program for an extended period, but not indefinitely.

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Clinical guidelines:

MRI = Magnetic Resonance Imaging

MMG = Mammogram

US = Ultrasound

Symptomatic women:

Age < 35 years US and if indicated MMG

Age ≥ 35 years MMG, +/- US

If indicated, MRI at later date (private/public)

If symptomatic but benign, assessment discharge from clinic.

Asymptomatic Women:

Age ≤ 29 years

Screening recommended to start 10 years prior, to the age of diagnosis of an immediate relative with breast cancer.

Mutation carriers

Individualised screening options apply.

Non-mutation carriers

Offer annual US only. MMG if clinically indicated.

Previous diagnosis of Breast Cancer

Offer annual MMG + US.

Age 30 –39 years

Mutation carriers or equivalent risk

Offer annual MRI, +/-MMG / US, if clinically indicated.

Non mutation carriers

Offer annual US, +/-MMG / MRI, if clinically indicated.

Previous diagnosis of Breast Cancer

Offer annual MMG, +/- US.

Age 40 –49 years

Mutation carriers or equivalent risk

Offer annual MRI + MMG, +/- US if clinically indicated.

Non mutation carriers

Offer annual MMG / MRI, +/-US.

Previous diagnosis of Breast Cancer

Offer annual MMG, +/-US.

Age 50 –59 years

Mutation carriers or equivalent risk

Offer annual MMG + US.

Non mutation carriers

Offer annual MMG, +/-US.

Previous diagnosis of Breast Cancer

Offer annual MMG, +/- US

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Age ≥ 60 years - annual screening

Mutation Carriers or equivalent risk

Age ≥ 70 years - Private screening (MMG, +/-US)

Non mutation carriers

Age ≥ 60 years family history only and > 50% breast density – Private screening (MMG+US)

Age ≥ 60 years family history only and < 50% breast density – Breast Screen (MMG).

Personal History of Breast Cancer

Offer annual MMG, +/-US, if diagnosed within previous 10 yrs.

6. DOCUMENTATION

- See attached the Flowchart for the Breast Clinic Local Operating Procedure
- Women referred to the Breast Centre from the Hereditary Cancer Centre at POW will be recalled by the registered nurse allocated to this duty in that department.

7. EDUCATIONAL NOTES

Not applicable

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP This mainly relates to NSW Health, SESLHD or other RHW LOPs relating to this one, if you have these below in your references, leave this blank, if not they need proper names and / or links

- Medicare guidelines
- Breast screen guidelines

9. NATIONAL STANDARD

- Comprehensive Care

10. RISK RATING

- Low

11. REFERENCES

1. <https://www.eviq.org.au/cancer-genetics/risk-management/170-risk-management-for-a-female-brca1-mutation-ca#65631>
2. <https://www.eviq.org.au/cancer-genetics/risk-management/162-risk-management-for-a-female-brca2-mutation-ca#65653>
3. <https://canceraustralia.gov.au/clinical-best-practice/breast-cancer/screening-and-early-detection/mri-high-risk-women>
4. <https://www.medicare.gov/coverage/mammograms.html>
5. <http://www.health.gov.au/internet/main/publishing.nsf/Content/mri-breast-services-q-and-a>
6. <https://www.breastscreen.nsw.gov.au/about-screening-mammograms/am-i-eligible-for-a-mammogram/>

REVISION & APPROVAL HISTORY

Endorsed Gynaecology Services Division Quality Committee

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