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# Clinical breast examination of asymptomatic women

## Attitudes and clinical practice

### Background

Well woman health checks are offered in general practice and may include breast examination.

### Methods

The authors explored the attitudes of general practitioners toward clinical breast examination as a screening test in asymptomatic women. Twenty-seven GPs were interviewed about their current practice and opinions of the value, advantages and disadvantages of breast examination. The interview data was analysed qualitatively.

### Results

Most GPs performed clinical breast examinations and had no wish to change their practice. The GPs had different opinions about the value of breast examination, few of which were evidence based.

### Discussion

It is difficult to change doctors' practice based on evidence alone when the practitioner has personal opinions concerning the value of a procedure. However, women need to be fully informed of the efficacy of clinical breast examination if such examinations are to be performed.

■ **Well woman health checks involving clinical breast examination (CBE) are an accepted part of general practice services, but do not fulfil the necessary criteria for a screening test. The Wilson criteria state that the screening test should accurately identify a high proportion of patients with early disease.<sup>1</sup>**

Thirty years ago, a critical review of screening tests offered to patients as periodic health checks recommended that clinicians only perform screening that was proven to be effective. At that time there was insufficient evidence to recommend a clinician's breast examination to screen for breast cancer.<sup>2</sup>

In 1995, a survey in the United States found that up to one-third of a doctor's time was devoted to health checks, including physical examinations of unknown effectiveness for prevention.<sup>3</sup> Patient expectations and the presence of CBE as part of a continuing doctor-patient relationship, were two reasons suggested for the prevalence of these examinations.

The Royal Australian College of General Practitioners (RACGP) *Guidelines for preventive activities in general practice* do not recommend CBE as a screening test for women at average or slightly increased risk of breast cancer,<sup>4</sup> but recognise CBE as a clinical adjunct for screening by mammogram for women at increased risk. The National Breast Cancer Centre's (NBCC) position paper on the early detection of breast cancer states that women not undergoing routine mammograms may benefit from regular CBE. The NBCC does acknowledge, however, that there is no high quality evidence that CBE reduces mortality from breast cancer.<sup>5</sup>

The authors reviewed the evidence for CBE and made recommendations for the use of CBE in clinical practice,<sup>6</sup> including that CBE should not be a routine part of health care in younger women unless specifically requested. The objective of the project was to explore GPs' attitudes to CBE and to assess whether they would change their practice in view of the evidence.

## Methods

Eighty-seven GPs were invited to participate in a semistructured interview. Minor changes were made to questions after piloting. Interviews were transcribed from audiotape and open coded. The transcripts were analysed using an inductive approach whereby the content of the interviews was organised into dominant themes in line with a modified grounded theory approach.<sup>7,8</sup>

The research project was funded through the RACGP Chris Silagy Research Scholarship. Ethics approval was granted by the James Cook University Human Research Ethics Committee (reference H2231).

## Results

Twenty-seven GPs (9 men and 18 women) were interviewed (31% response rate). Follow up notices were not sent to nonrespondents. The participating doctors had been working in general practice a minimum of 5 years and a maximum of 56 years (average 19.3 years, median 17 years). All quotes below are from GP participants and are quoted verbatim, except where noted in parentheses.

### Well women checks

Most practices offered well women health checks that included CBE. The check was also used to promote preventive activities such as mammography and breast awareness education.

'I think it [CBE] also enhances the patient's knowledge about preventative care and encourages them to look after themselves a little bit more.'

### Value of clinical breast examination

There was a range of opinion concerning the value of CBE and its role as a screening test. Previous experience of detecting problems in asymptomatic women appeared to inform subsequent attitudes toward the examination, but many GPs continued to perform CBE even with a low yield of abnormal findings.

'[In] older women I actually found breast cancers, but it would be less than a handful. So when I consider the thousands that I have probably examined that is not a really high pick up rate.'

'I am not really convinced that it [CBE] makes a big difference but it is almost [that] I don't have to be proved why to do it, it is almost like I have to prove why not to do it. [It] is not painful or difficult to achieve, it is something I can do.'

While GPs displayed some knowledge of the lack of evidence concerning screening, they were able to justify practising in a way that ignores this evidence.

'Based on the evidence there is not a lot of point in doing it then anyway, but you'd feel bad if there was a lump that you had missed.'

Some doctors undertook the examination because they believed that patients expected it to be performed and would be reassured by a 'normal' examination, even though the doctor did not consider such reassurance to be justified. Legal issues were also a factor.

'I think it may falsely reassure them but it certainly is comforting for people to come in, and you examine them, and you say, "look, that breast feels normal to me".'

'The value is possibly detecting pathology, peace of mind for the patient, patient reassurance and covering your arse against medical legal action.'

Clinical breast examination was also seen as useful because it provided an opportunity to educate women about breast self examination (BSE) and/or breast awareness. This seemed to outweigh any lack of clinical merit associated with CBE.

'I think the only value in doing the breast examination may be to empower the woman to perform her own self examination or at least be more aware of changes in the breast and get them early. So it has an educational function rather than a screening function.'

### CBE and mammography

There was a difference of opinion as to the role of CBE within the national mammography screening program. Some doctors believed CBE had the potential to detect abnormalities that were not detected by mammogram; others felt that CBE wasn't necessary if a woman was having regular mammograms.

'I think routine advice to all women who have mammograms that certainly, they should have regular breast examinations by physicians. We endeavour to do that as much as we can.'

'So if they say mammogram happened 2 weeks ago, I don't really bother, because I think it [CBE] would be a waste of time.'

### CBE techniques and training

Most GPs had first learnt how to perform CBEs as medical students. Subsequent 'retraining' was rare, and most doctors still performed the examination as they had been taught at medical school.

No uniform technique was found among this sample of GPs. The most popular method of palpation was to divide each breast into quadrants. Other methods included the spiral, spiral and quadrant combined, and clock and zigzag (also known as lawnmower technique) methods. Overall, most doctors estimated that CBE took 1–3 minutes, certainly less than 5 minutes.

'I have timed myself on that, and I can do that in just under 20 minutes. That is, blood pressure, their pill script if they needed it, a quick skin check, breast examination, PV and a smear... But that is me being very slick and very experienced. No waffle, no chit-chat about the dog or the husband or the kids. Breast examination on its own, 3 to 4 minutes, say 3. Just a smear and breast check, that is 11 minutes.'

A number of responses indicated that guidelines and literature had some influence on current practice of CBE. Doctors generally felt that they would change their technique if suggested by the evidence, but others felt the techniques suggested in the literature were not practical.

'I have done some reading about it and I am well aware that it is a good idea to inspect in different positions and look carefully

and I could spend 20 minutes doing that, being very thorough. I know that there are other techniques to doing it but from a practical point of view it just doesn't work out.'

### Counselling and explanation

The minority of GPs who saw little value in the examination as screening tended to convey this attitude to their patients. However the overall impression was that little time was spent on discussing the value of CBE as screening tests.

'[I say] with the breast exam [I'm] just examining for first symptoms so tenderness and lumps and any changes to their skin or their nipples.'

'Usually say to them.... I can teach them how to be breast self aware but just having a manual breast examination is not necessarily going to tell them very much about the health of their breasts.'

### Advantages and disadvantages

The doctors identified a number of advantages and disadvantages associated with conducting CBE for asymptomatic women (Table 1).

### Discussion

There was a diversity of opinion and practice regarding CBE among local GPs. Even if the GPs recognised that the evidence base was lacking, many still continued to perform CBEs because of patient expectations, fear of 'missing something', legal ramifications and because it was their routine practice. The GPs admitted that the detection rate for serious pathology was rare in this asymptomatic group. However, GPs had a reinforced belief in the importance of the examinations if they had detected any abnormality in the past.

The GPs felt that the examination had value beyond the detection of significant abnormalities (which was rare), including the opportunity to advise women about BSE and/or breast awareness. The evidence for BSE is poor,<sup>9</sup> but breast awareness is an important part of health self management.

The authors noted a difference of opinion as to whether CBE was necessary to complement mammography in the target age group. Based on our findings, women who change GPs are likely to be receiving conflicting messages about breast checks

Patient reassurance was perceived to be the principal value of the examination. In some cases such reassurance would be false, as 'normal' examinations do not conclusively rule out the presence of early pathology. Judging by the GPs' responses, it is likely that the level of explanation to women before examination is inadequate.

Most doctors were using the same technique they had learnt as students, were able to perform a CBE relatively quickly and felt they didn't require any update – even though refreshing CBE skills has been shown to increase the detection rate of lumps and the ability to feel smaller lumps.<sup>10</sup>

The major perceived barrier to practising evidence based medicine is lack of personal time, while the use of evidence based guidelines

Table 1. Advantages and disadvantages of clinical breast examinations

Advantages	Disadvantages
Early detection of disease	False reassurance
Allay anxiety	Cause anxiety
Facilitates discussion of personal details	False positives/negatives
Patient education	Over examination
Recognition of normality	Women do not like them
Avoid litigation	Invasive and uncomfortable
'Better than nothing'	Time
	Chaperone needed (male GPs)

developed by colleagues is perceived as being the most appropriate way to move toward evidence based general practice.<sup>11</sup> However, GPs also make decisions to ignore guidelines or may not be fully aware of their implications.

Further research is needed to investigate women's beliefs and expectations concerning CBE. The idea that women expect these examinations is difficult to assess. Women should be adequately counselled about the implications and efficacy of these examinations so that they understand what is meant by a 'normal' finding in a CBE.

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