



Diagnosis of breast cancer in general practice – tips for best practice

Preamble

Breast cancer is the most common cancer among Australian women, accounting for 27% of all cancer diagnoses in 2007.

In 2007, there were 2680 female and 26 male deaths from breast cancer. These statistics indicate that the prevalence of breast cancer is on the rise, with the number of women being diagnosed increasing from 5291 in 1982 to 12 567 in 2007.¹

With the increasing prevalence of breast cancer, there is also an increasing amount of medical negligence claims made against Australian general practitioners for failure to diagnose cancer, with the majority of these cases relating to breast cancer.²

Evidence suggests that the events leading to diagnostic error can include failure to use an indicated test, misinterpretation of a test result, and failure to act or follow up on abnormal results.³

Given the above, this resource was developed to support GPs by providing them with key areas to consider for the diagnosis and detection of breast cancer in their clinical practice. This resource does not attempt to set the standards or benchmarks for the diagnosis of breast cancer, rather it was designed to provide GPs with questions/issues pertaining to the diagnosis of breast cancer, to consider during and after the consultation, to assist in early detection.

During the consultation

When did you last check and update the patient's family history?

- Apart from gender and increasing age, family history is the most important risk factor for breast cancer.⁴
- Do not discount the possibility of breast cancer because of the patient's sex or young age (less than 40 years of age). Low risk does not equal no risk.

Have you performed an adequate clinical breast examination (CBE)?

- A CBE is an essential part of evaluating any woman with a breast symptom, or lump (large or small, tender or painless, mobile or fixed).⁵
- Be aware of the limitations of CBE – a normal CBE does not exclude the diagnosis of breast cancer.

Have you reviewed previous entries in the medical records?

- Do not simply rely on the patient to raise significant issues at each consultation.

Have you referred the patient for further investigation?

- Further investigation will help maximise diagnostic accuracy in the investigation of breast changes within the screening and diagnostic settings, and in the follow up of women with a previous diagnosis of breast cancer.
- If there is any level of suspicion, adopt and follow the 'triple test' assessment for the investigation of a new breast symptom, which consists of an ordered combination of:
 - clinical opinion (CBE and medical opinion)
 - imaging (mammogram and ultrasound)
 - non-excision biopsy (fine needle aspiration/cytology and/or core biopsy).⁵

Further information regarding the investigation of a new breast symptom can be accessed at <http://canceraustralia.nbcc.org.au/view-document-details/ibs-the-investigation-of-a-new-breast-symptom-guide-for-gps>.

Diagnostic testing and follow up

Have you provided the pathologist and/or radiologist with sufficient, accurate, clinical information, and identified the area to be investigated?

- It is essential to have a differential diagnosis and presumptive diagnosis in mind.
- Ensure that your request for a mammogram, ultrasound and/or fine needle aspiration includes comprehensive clinical notes outlining the reasoning for the request.

Were the test/s performed?

- Clarify whether your patient has had the test/s you ordered.
- Ensure that your practice has an adequate test tracking system in place.

Have you seen results for all the tests you ordered from the pathology laboratory?

- Confirm that you have viewed all of the test results that you have ordered.
- Sometimes a normal/negative result means the patient must be seen for review for reconsideration of the diagnosis. Ensure you follow up with the patient.

Communication with the patient

Have the tests results been communicated to the patient?

- Ensure that your practice has a system for checking and recording whether the patient has been given their results, outlining your recommendation if further action is required.⁶

Do you have a system to check the patient has responded?

- Ensure that your practice has an adequate and reliable recall system for clinically significant tests and results.

1. Australian Institute of Health and Welfare & Australasian Association of Cancer Registries. Cancer in Australia: an overview. Cancer series no. 60. Cat. no. CAN 56. Canberra: AIHW, 2010.
2. Bird S. Failure to diagnose breast cancer. *Aust Fam Physician* 2002;31(7):623–5.
3. Bird S. Breast screening and failure to diagnose breast cancer. *Aust Fam Physician* 2009;38(4):237–8.
4. National Breast and Ovarian Cancer Centre. Breast cancer risk factors – a review of the evidence. Sydney: NBOCC, 2009.
5. National Breast Cancer Centre. The investigation of a new breast symptom – a guide for general practitioners. NBCC, 2006.
6. The Royal Australian College of General Practitioners. Standards for general practices. 4th edn. Melbourne: RACGP, 2010:40–4.