

## **REFERRAL PATHWAY FOR BREAST IMAGING -Marlborough**

These guidelines outline the referral pathway for women requiring diagnosis of breast pathology. They do not concern screening, apart from a reminder about the "at-risk" scheme (see below).

As resources are limited it is recommended that those whose procedures are covered by private health insurance make use of this in the first instance. This will ensure public funding is targeted towards those who must otherwise pay.

It is hoped the new referral pathways will reduce demand on surgical clinics solely for the authorisation of radiology.

### **Indications for full breast assessment**

(ie. combined clinical assessment and radiological examination)

- Any positive findings of concern on clinical exam (eg. lump, thickening, nipple or skin change, asymmetry)
- Nipple discharge and bleeding

GP to send request for "diagnostic breast imaging (DBI)"

The appropriate investigation will be determined by the radiologist but usually involves ultrasound only for women <30 years old, and mammogram + ultrasound for women aged 30 or older.

With full information, a copy of the referral for SOPD can act as the request for DBI. This should be stated in the referral. Thus both request for DBI and referral to SOPD are sent at the same time which enables earliest possible booking of patient to see the specialist post-investigation.

### **Indications for breast imaging alone (rarely likely)**

- GP may request mammogram for women >40 with persistent, non-cyclical, focal mastalgia of over three months duration where clinical examination is normal and there is no requirement for specialist opinion regarding management of breast pain.

### **Indications for specialist clinical assessment alone**

(ie. do not request imaging)

- Gynecomastia (imaging is dependent on clinical findings)
- Request for augmentation, reduction, gender conversion
- Developmental abnormality or asymmetry
- Clinical concerns in women <20 years of age

### **Recommendations for breast screening of women aged 30-45**

(Note this is not available under the public hospital service)

- Annual mammography is recommended for women with a family history of a first-degree relative with breast cancer <40 years of age, or at any age with bilateral disease, or *two* first-degree relatives with breast cancer at any age. Screening should commence at an age 5 years less than that at which their relative was diagnosed.  
Referrals made to Mammography service

### **GP follow-up of breast cancer patients**

- See <http://www.nmdhb.govt.nz/publisheddocs/guidelinescliniccare.shtml#follow>