

Management of Breast Lumps in Young Women- A Multi-Disciplinary Team Approach

Hazel Keane

Breast Care Program Manager, Beacon Hospital Breast Team

20/01/2024



GP Referral

Triage and appointment scheduled

Rapid access to Triple Assessment Clinic

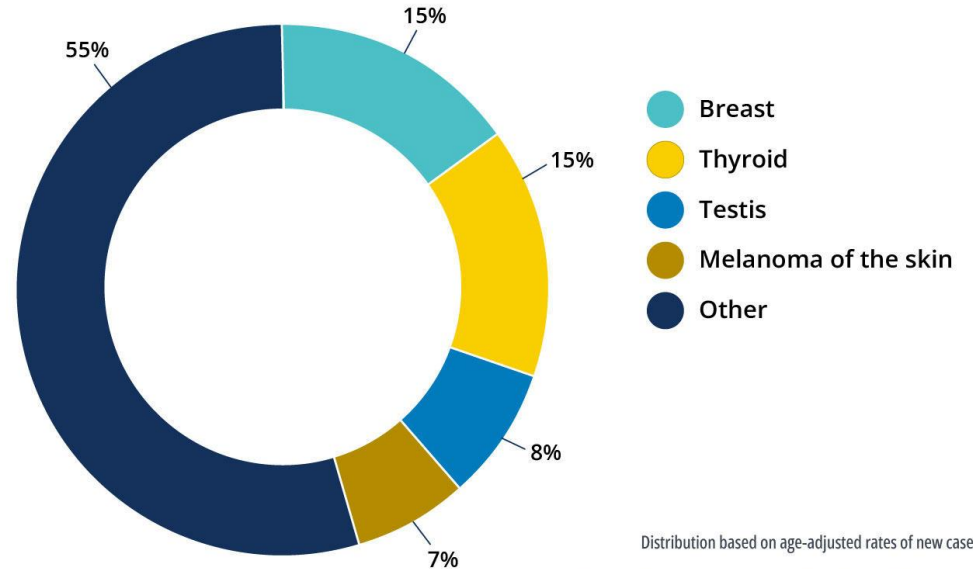
Diagnostic Radiology-Mammogram, Breast Ultrasound, Breast MRI

Direct Radiology

“Too Young to Have Breast Cancer”

- Breast Cancer is the most common cancer diagnosed in young women worldwide
- < 1% cases occur between the ages of 20-25yrs.

Common types of new cancers among AYAs



Distribution based on age-adjusted rates of new cases.



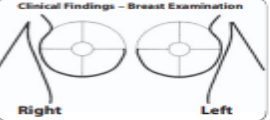
NCI's Surveillance, Epidemiology, and End Results (SEER) Program
SEER 22, 2016-2020

Case Studies

- # 1. Twenty year old woman presenting with a large fibroadenoma
- # 2. Twenty three year old woman presenting with right sided invasive ductal breast cancer.



National Breast Clinic Referral Wait Period

 NATIONAL SYMPTOMATIC BREAST CLINIC REFERRAL FORM		
POST or FAX this FORM to ONLY ONE of the National Symptomatic Breast Clinics to avoid duplication. (Please ✓)		
<input type="checkbox"/> Beaumont Hospital, Dublin 9. Tel: (01) 809 3932 <input type="checkbox"/> Cork University Hospital. Tel: (021) 492 0189 Fax: (021) 492 2391 <input type="checkbox"/> Galway University Hospital. Tel: (091) 543 446 Fax: (091) 542 877 <input type="checkbox"/> Satellite Centre: Limerick Regional Hospital. Tel: (074) 9123 737 Fax: (074) 9188 816	<input type="checkbox"/> Limerick Regional Hospital. Tel: (061) 482 832 Fax: (061) 482 572 <input type="checkbox"/> Mater Hospital, D 7. Tel: (01) 803 4269 Fax: (01) 803 2369 <input type="checkbox"/> St. James's Hospital, Dublin 8. Tel: (01) 416 2192 Fax: (01) 410 3415 <input type="checkbox"/> St. Vincent's University Hospital, D 4. Tel: (01) 221 3778 Fax: (01) 221 3678 <input type="checkbox"/> Waterford Regional Hospital. Tel: (051) 842 044 Fax: (051) 848 844	
Patient Details Surname: _____ First Name: _____ DOB: _____ Address: _____ Mobile No: _____ Tel day: _____ Tel evening: _____ Hospital No. (if known): _____ Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/> First language: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Wheelchair Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>		General Practitioner Details Name: _____ Address: _____ Telephone: _____ Mobile: _____ Fax: _____ GP Signature: _____ Medical Council Registration No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRESENTING SIGNS AND SYMPTOMS		
URGENT REFERRALS <input type="checkbox"/> Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years) <input type="checkbox"/> Ulceration <input type="checkbox"/> Skin distortion <input type="checkbox"/> Nipple eczema <input type="checkbox"/> Recent nipple retraction or distortion (less than 3 months) <input type="checkbox"/> Blood-stained nipple discharge <input type="checkbox"/> Patients with an acute abscess should be referred immediately to the next available breast clinic URGENT REFERRALS (to be seen within 2 weeks) Duration of Symptoms <input type="text"/>	EARLY REFERRALS <input type="checkbox"/> Inflammation that persists after antibiotics <input type="checkbox"/> Persistently refilling or recurrent cyst <input type="checkbox"/> Unilateral discharge (not blood-stained) <input type="checkbox"/> Intractable breast pain <input type="checkbox"/> Discrete lump in women under 35 years EARLY REFERRALS (to be seen within 6 weeks) Duration of Symptoms <input type="text"/>	ROUTINE REFERRALS A patient whom the referring doctor considers to require a specialist opinion e.g. <input type="checkbox"/> Minor or moderate degrees of persistent breast pain (no discrete palpable lesion) <input type="checkbox"/> Persistent bilateral nipple discharge (not blood-stained) <input type="checkbox"/> Other ROUTINE REFERRALS (to be seen within 12 weeks) Duration of Symptoms <input type="text"/>
Clinical Findings – Breast Examination 	Past medical history: Anticoagulants: Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: Tentative Diagnosis: _____
Date of referral: _____ Previous attendance at Breast Clinic: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Hospital: _____	Previous breast disease: <input type="checkbox"/> Details: _____ Date: _____ Hospital: _____ Previous mammogram: _____ Date: _____ Hospital: _____ Normal: <input type="checkbox"/> Abnormal: <input type="checkbox"/>	
FOR HOSPITAL USE:		
Date of referral received: _____ Date of appointment offered: _____ Reason patient did not accept first appointment offered: _____	Seen within Guidelines: Yes <input type="checkbox"/> No <input type="checkbox"/>	Breast Clinic Triage <input type="checkbox"/> Urgent Referral (to be seen within 2 weeks) <input type="checkbox"/> Early Referral (to be seen within 6 weeks) <input type="checkbox"/> Routine Referral (to be seen within 12 weeks)

Discrete lump in women under 35 years

Case Study #1

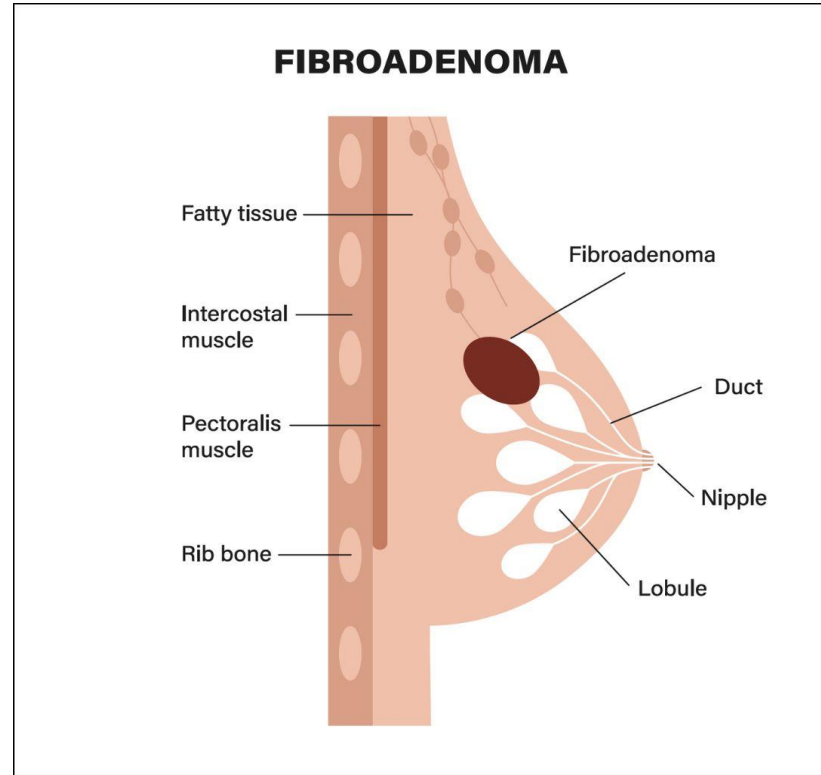
20 year old Woman:

- GP referral to breast clinic
- L breast lump x 1 year
- Increasing in size with associated tenderness
- No hx trauma
- Maternal grandmother dx breast ca aged 50yrs
- No medication
- Menarche aged 13yrs, regular menses
- Vaping x 3-4 years



Clinical Findings Case Study #1

- R breast and axilla exam is normal
- Hard large mobile 10cm mass lateral aspect of L breast
- No skin tethering
- No axillary lymphadenopathy
- Impression large fibroadenoma or phyllodes tumour



Diagnostic Radiology Case Study #1

- L breast US with striking asymmetric enlargement
- Macro lobulated mass with focal hypoechoic nodular components & central echogenicity
- Features appear typical for a giant juvenile fibroadenoma measuring **15cm R3**
- Left breast core biopsy performed



Breast MDT Discussion #1 : Case Study #1

Findings & Recommendations:

- Core biopsy L breast pathology reviewed
- Confirmed giant fibroadenoma B2
- No histopathological concerns
- Excision recommended



Breast MDT Discussion #2: Case #1

Findings & Recommendations:

- Surgical pathology reviewed
- 15cm benign fibroadenoma confirmed
- Decision- follow up in one year with surgeon at breast clinic



Case Study #2

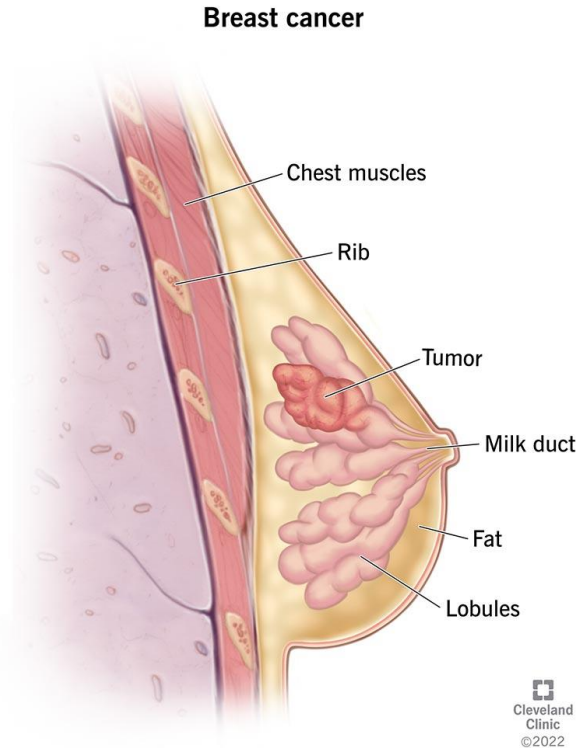
Twenty Three Year Old Woman:

- R breast lump x 1 month
- No family hx of breast or ovarian cancer
- No hx trauma
- OCP x 6 years
- Menarche aged 14yrs
- Non smoker



Clinical Findings: Case Study #2

- Palpable smooth mobile lump UIQ R breast
- No palpable axillary lymphadenopathy
- Breast US R4
- 11mm irregular hypoechoic lesion UIQ R breast
- Lesion is suspicious
- Core biopsy performed



Breast MDT Discussion #1 : Case Study #2

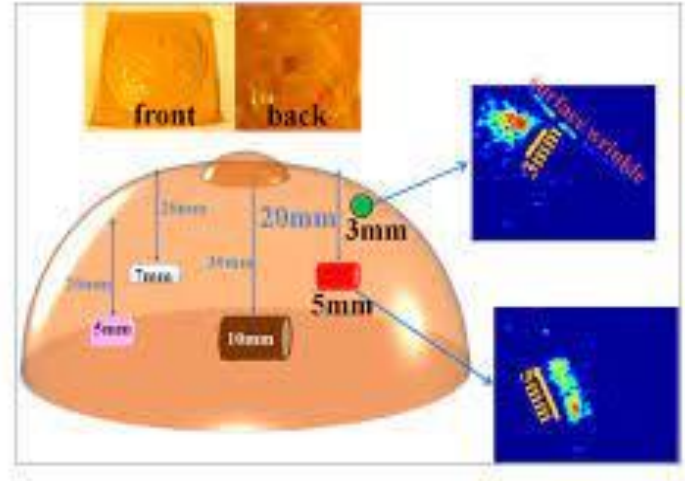
Findings & Recommendations:

- Core biopsy pathology reviewed
- IDC grade 2 confirmed
- ER weakly positive
- PR moderately positive
- HER2 positive
- Recommendations for:
 - MRI Breast
 - Axillary US
 - Staging CT TAP & Brain
 - Refer to Med Onc
 - Refer to SIMS clinic
 - Refer to Cancer Genetics



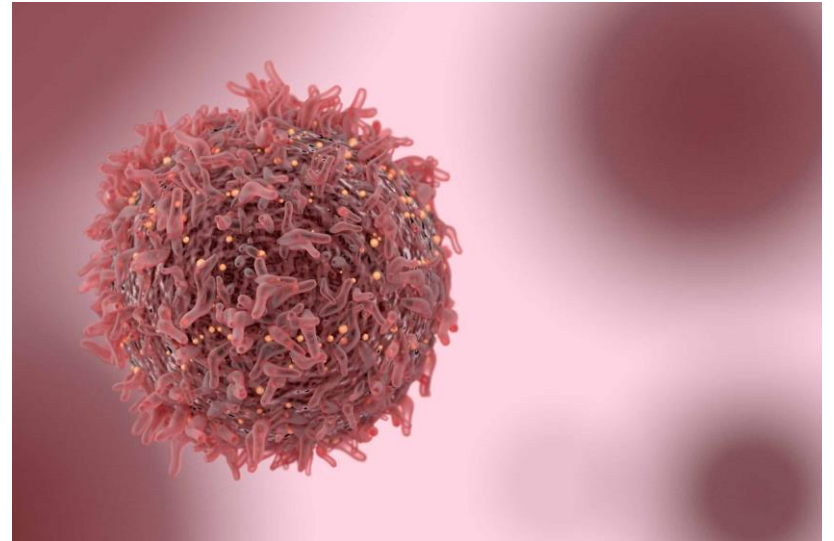
Findings & Recommendations:

- Review of staging scans showed no evidence of metastatic disease
- Decision made to proceed with surgery as first line of treatment in collaboration with expert input from:
 - Patient preference post education
 - Onco. fertility specialist
 - Medical oncologist
 - Breast surgeon



Treatment Plan: Case Study #2

- R wide local excision & SLN bx
- Oocyte Cryopreservation
- Chemotherapy & Herceptin
- Radiotherapy
- Endocrine therapy



Unique Challenges for Young Women with Breast Cancer

Given the complex treatment and supportive needs of Young Adult Women with Breast Cancer the need for upfront coordinated multidisciplinary team approach for optimal care is **VITAL**.

- Fertility-Oocyte Cryopreservation
- Sexuality & body Image
- Premature menopause
- Depression/anxiety/social isolation
- Disruption in career/education
- Financial implications
- Treatment related side effects
- Risk of recurrence
- Potential for genetic predisposition
- Facing mortality so young



Specific Role of Breast Care Nurse

Point of Contact

- Education
- Breast cancer/Benign Breast Change
- Treatment plan Surgery/Reconstruction
- Fertility
- Genetics
- Psycho-Oncology

Patient Advocate

- Emotional support
- Care coordination
- Follow up care
- Future surveillance
- Survivorship



Resources Available

- Beacon Breast Clinic
- Psych-oncology Services
- ARC
- Purple House



Psychological, Educational & Emotional Support

WWW.ARCANCERSUPPORT.IE

CLASSES & PROGRAMMES

<p>WOMEN'S HEALTH & WELLBEING</p> <ul style="list-style-type: none"> • Women's Health & Wellbeing Programme • Breast Self-Examination (BSE) Course • Breast Cancer Screening & Diagnostic Course • Breast Cancer Rehabilitation Programme • Breast Cancer Support Group • Breast Cancer Survivorship Programme • Breast Cancer Survivorship Programme • Breast Cancer Survivorship Programme 	<p>EMOTIONAL & PSYCHOLOGICAL SUPPORT</p> <ul style="list-style-type: none"> • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme • Emotional & Psychological Support Programme 	<p>PROFESSIONAL & CAREER DEVELOPMENT</p> <ul style="list-style-type: none"> • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme
<p>CHILDREN & YOUNG PEOPLE</p> <ul style="list-style-type: none"> • Children & Young People Programme • Children & Young People Programme • Children & Young People Programme • Children & Young People Programme • Children & Young People Programme • Children & Young People Programme • Children & Young People Programme 	<p>ADULTS WITH LUNG CANCER</p> <ul style="list-style-type: none"> • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme • Adults with Lung Cancer Programme 	<p>PROFESSIONAL & CAREER DEVELOPMENT</p> <ul style="list-style-type: none"> • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme • Professional & Career Development Programme

Purple House Cancer Support Centre, 2 Eyrehill Park, Gallesborough Park, Bray, Co. Wicklow.
www.purplehouse.ie | info@purplehouse.ie | Registered Charity No. 20117118

Key Takeaways

Although rarely cancer (<1%), it is important to fully evaluate a breast lump in a young woman

It is vital to be aware of the complex and unique needs of these young women

The GP as a primary care provider and first point of contact, is a key stakeholder in the early detection and treatment pathway for young women in the communities they serve

A large, stylized, light blue 'S' shape is positioned on the left side of the slide, partially overlapping the main text area. The background is a solid, medium blue color.

Thank you