

Scope and Target Population:

This guideline applies to all patients who have a breast concern or abnormality.

Aims:

1. Reduce the length of time between first knowledge of a breast abnormality and diagnostic resolution.
2. Ensure that patients with bloody or clear discharge have a mammogram (with or without an ultrasound) and are referred to a surgeon or radiologist.
3. Ensure that needle biopsies demonstrating abnormal findings are followed by performance of an excisional biopsy.
4. Ensure that all women with a breast concern that is indeterminate will have a follow-up clinical assessment within 6 to 12 months.

Clinical Highlights:

- It is imperative that communications between the radiologic and surgical consultants and the primary care clinician are thorough and consistent.
- Patients with a bloody or clear discharge should be referred to a radiologist and/or surgeon for further evaluation.
- A persistent mass with negative imaging does not rule out malignancy and requires a referral to a surgeon.
- Abnormal pathologic findings from image-directed biopsy requires a surgical consultation and possible excisional biopsy.