

Standard Operating Procedure
Direct Access Mammography Pathway for Breast Pain

Background

Breast pain (cyclical or non-cyclical) is very common and in the absence of clinical signs, is associated with a very low risk of breast cancer (<1%). Imaging for breast pain alone is not mandatory and current NICE guidance recommends initial conservative management of breast pain in primary care ([NICE guidance](#)). The majority of breast pain will gradually settle with conservative management.

The Direct Access Mammography Pathway for breast pain was setup to provide this cohort of patients access to an up to date mammographic screen and for the majority, reassurance with normal findings.

The document below outlines the SOP for this pathway.

Referral Criteria

The referral criteria for Direct Access Mammogram Pathway includes:

- Female patient > 40 years of age
- Breast pain in the absence of clinical signs (eg: lump, nipple discharge, skin change)
****clinical examination in primary care is mandatory****
- Prior mammograms > 12 months ago
- No history of breast cancer treatment with the last 5-years

Timelines and procedure for communication of results

- Mammogram organised within 2 weeks of referral received via ICE radiology
- Results of mammogram communicated to GP via ICE within 2 weeks
- Abnormal results flagged to referring clinician via the CAT5 reporting system.

*****It is the responsibility of the referring clinician to inform the patient of mammograms results and action an onward referral to the breast unit via the TWR pathway*****

Interpretation of mammogram results

All mammogram reports will contain a detailed explanation of findings and the standard breast assessment of coding nomenclature as below;

M1 – Normal

M2 - Benign

M3 – Indeterminate

M4 – Likely malignant

M5 – Malignant

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The following diagram summarises the pathway:

