# Follow Up Safety Data from the Derbyshire Pilot of Community Breast Pain Clinics

**Mark Sibbering, Veronica Rogers, Denise Stafford, Lisa Rose, Karen Ives-Smith, Kevin Clifton, Iman Azmy, Thilan Bartholomeuz, John Robertson**

NHS England

Guidance
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**Faster diagnostic pathways: implementing a timed breast cancer diagnostic pathway**

**Breast pain alone is rarely a presenting feature of breast cancer.**

Mandates triage of all referrals to divert patients at low risk of a cancer diagnosis from one-stop clinics.

See in an appropriate setting: single clinician - avoid unnecessary imaging– aim to make best use of one-stop clinic resource.

Close links into one-stop clinic services for any patients found to have red-flag symptoms. Outcome within 28 days.

**New pathways for breast pain management should be evaluated to ensure safety and patient satisfaction**

**The East Midlands Breast Pain Pathway**

- Breast pain only
- Community setting
- Clinical assessment
- Family history (FH) risk assessment
- Breast pain management advice

**Exclusion criteria:**

- Previous personal history of breast cancer
- Breast implants

**Community Breast Pain Clinics (CBPC) Derbyshire**

- Catchment population ~ 1 million
- Collaboration between Primary and Secondary Care
- 2 community sites in Derbyshire
- Patients seen within 2 weeks
- Triage of all referrals
- 20 minute appointment
- Single clinician - Advanced Nurse Practitioner
- Support of a Clinic Administrator (acts as chaperone)
- No breast imaging at clinic
- Direct referral to one-stop clinic if indicated
- Direct referral to Familial Cancer Services if indicated

Community Hospital Derby


GP Practice Chesterfield

**Background:** The East Midlands Breast Pain Pathway (EMBPP) manages women with breast pain alone in Community Breast Pain Clinics (CBPCs), outside of the one–stop breast cancer diagnostic pathway, in keeping with Faster Diagnosis Pathway Guidance. It is essential that women selected for management in CBPCs are at relatively low risk of breast cancer.

**Methods:** We present outcome and PROMS data on Derbyshire CBPC attendees up to February 2023, all with 12 months follow-up after clinic attendance (Audit: UHDBS274).

**Results:**

**Clinic Outcomes**

**June 2021 - February 2023: 1036 patients**

Median patient age: 49 (range 16-88) years

993 (95.8%) - discharged from the clinic with breast pain management advice
43 (4.2%) - referred for further assessment at a one-stop breast diagnostic clinic

124 (12.3%) FH risk assessment identified above population risk of breast cancer
Offered referral to Familial Cancer Services

**Patient Reported Outcomes - post clinic attendance questionnaire (n=1036)**

| | |
|---|---|
| Did you find the breast pain advice you received helpful? | 1029 (99%) |
| Do you feel reassured by the breast pain advice you received? | 1018 (98%) |
| Did you find the information regarding your personal risk of developing breast cancer helpful? | 981 (95%) |
| How likely are you to recommend this service to friends and family? Likely / extremely likely | 1022 (99%) |

**Follow Up** Seven patients were diagnosed with breast cancer at or within 12 months of their CBPC attendance:

5 patients were diagnosed through attending the CBPC: 2 direct onward referral to one-stop clinic, 3 NHSBSP screening recommended at CBPC
1 patient was subsequently referred to a one-stop clinic with a new breast symptom and had a mammographically occult tumour diagnosed
1 patient was diagnosed following a subsequent routine breast screening invitation

**Breast Cancer Incidence 4.8 per 1,000**

Two of the five patients diagnosed with breast cancer had a personal history of breast cancer which was a stated exclusion criterion for the CBPC
Breast cancer incidence in women with breast pain only and fulfilling CBPC referral criteria was 5 / 1034 = 4.8 per 1,000

The population attending the CBPCs is at relatively low risk of developing breast cancer

## Conclusion

It is feasible to manage women with breast pain only outside of one-stop diagnostic clinics in Community Breast Pain Clinics, with excellent patient feedback.
A low incidence of breast cancer in CBPC attendees can be achieved by strict adherence to the exclusion criteria (previous personal history of breast cancer).

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**Contact details: Mark.Sibbering@nhs.net**