

1. Breast

BREAST CANCER ¹	
If the patient presents with one or more of the following red flags, then the referral should be triaged as 'High Suspicion of Cancer'.	
Red flags	YES or NO
Diagnosed cancer on fine needle aspiration or core biopsy (or results suspicious of malignancy)	
Imaging suspicious of malignancy	
Discrete, hard breast lump with fixation (with or without skin tethering)	
Discrete breast lump that presents in women with one or more of the following : <ul style="list-style-type: none"> • age 40 years or older, and persists after her next period or presents after menopause • aged younger than 40 years and the lump is increasing in size or where there are other reasons for concern (see risk factors below), such as strong family history • with previous breast cancer or ovarian cancer 	
Suspected inflammatory breast cancer or symptoms of breast inflammation that have not responded to a course of antibiotic	
Spontaneous unilateral bloody nipple discharge	
Women aged over 40 years with recent onset unilateral nipple retraction or distortion	
Women aged over 40 years with unilateral eczematous skin or nipple change that does not respond to topical treatment	
Men aged 50 years and older with a unilateral, firm sub-areolar mass, which is not typical gynaecomastia or is eccentric to the nipple	

¹ Risk Factors:

- A first degree relative diagnosed with breast cancer before aged 50 years
- Two or more first degree relatives on the same side of the family diagnosed with breast cancer at any age
- Two second degree relatives on the same side of the family, diagnosed with breast cancer, at least one before age 50
- First or second degree relative diagnosed with bilateral breast cancer
- First or second degree relative with male breast cancer
- Known to carry a breast cancer susceptibility gene mutation (e.g. BRCA1 or BRCA2)
- Radiation Therapy delivered to the chest or mediastinum