Breast Update

BARNSLEY GP TEACHING, 19TH NOVEMBER 2025

Breast Pain

- **Breast pain alone is not associated with breast cancer**
- Part of National Working Groups designed to innovate in symptom management
- Number of cancers detected in fast-track clinic is not increasing in line with the number of patients referrals
- Low risk patients do not need to be seen in fast-track clinic, as long as examination is normal

Breast pain: assessment, management, and referral criteria | British Journal of General Practice

Breast pain is not a symptom of breast cancer - the evidence and guidance - East Midlands Cancer Alliance

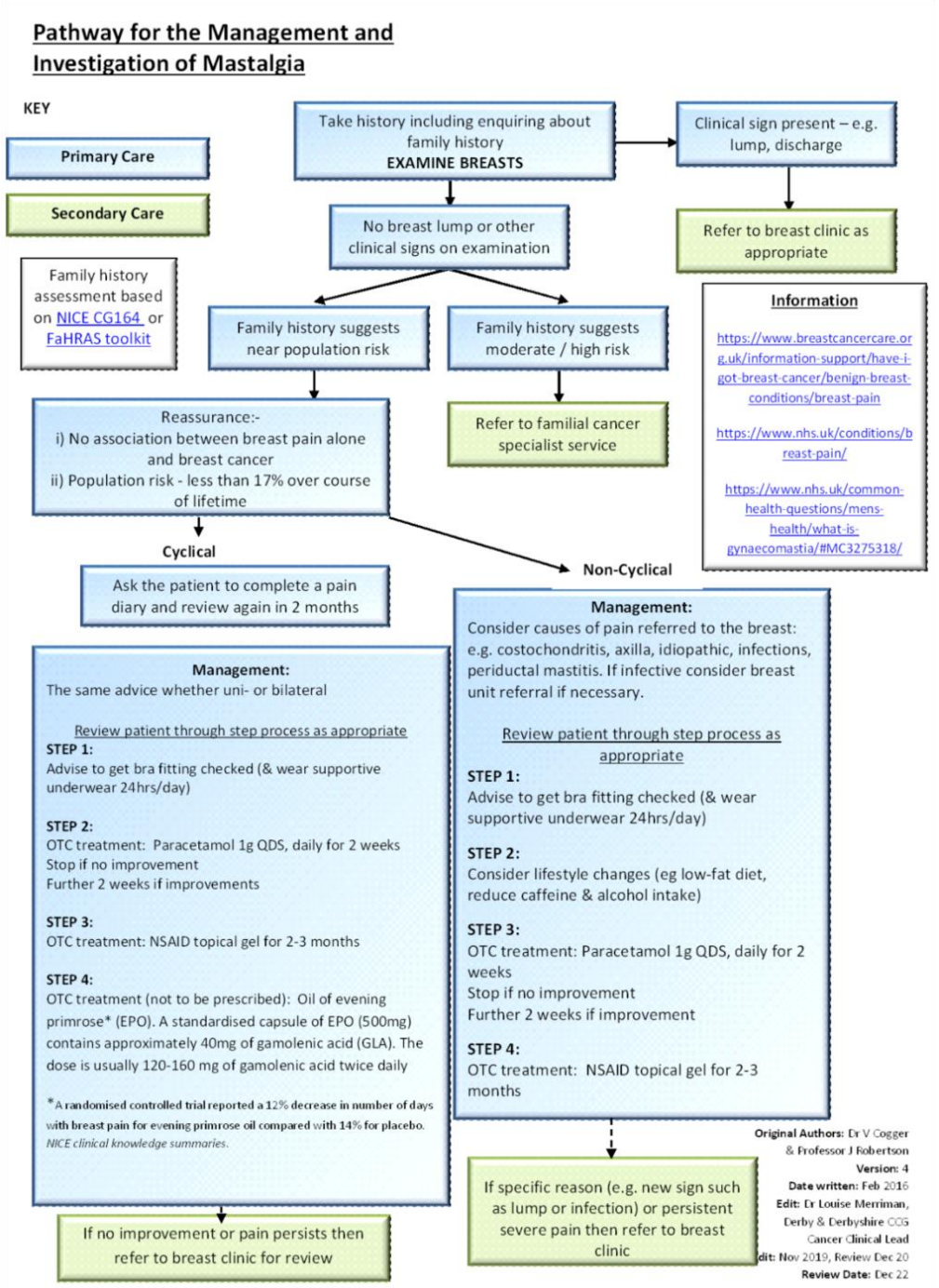
Normal examination = no need for imaging

Barnsley Breast Pain Service Outcomes

- Every Wednesday morning at Glass Works CDC
- 734 patients seen between June 2020 and Aug 2025
- Age range 18-89, average age 50
- 32 Referrals to Family History Clinic
- 1.8% reattendance rate
- No cancers detected
- Patient satisfaction- positive experience

Referral tips

- Document examination of both breasts
- Consider positioning to help identify a non-breast cause
- No improvement at 6 weeks, please review
- Refer to Breast Team and we can assess further
- Patient expectations- imaging



Questions?

Does anyone have any questions……

Before I move onto the next section on Breast cancer and HRT

Breast cancer and HRT

- 80% of breast cancers are oestrogen positive (ER+)
- Cancer recurrences and new primaries are NOT always the same subtype

  NICE guidelines:

  No HRT - even in triple negative patients, and

  Stop HRT in new diagnosis of breast cancer

- Patients with severe menopausal symptoms in breast cancer who wish to consider HRT should be referred to specialist menopause clinic (Sue Stillwell, Jessop)

Surgery and radiotherapy - tightening arm/shoulder, lymphoedema, pain, wound issues, reconstruction delays

Medically Induced menopause - aches and pains, tiredness, VMS, poor concentration, depression and anxiety, genitourinary symptoms, osteoporosis risk

SELF

Chemotherapy/HER2/Bisphos - neuropathy, haematoparesis, tiredness, hair loss, nausea/GI issues, rash, heart problems, headaches, dizziness

Poor compliance

Why are we concerned about compliance with endocrine treatment?

- Endocrine treatment reduces risk of recurrence and can also reduce risk of new cancer. But not all patients will have significant benefit from these medications
- Side effects (vasomotor symptoms, joint pain, geniturinary symptoms, fatigue) are typically most severe in first 3 months.
- Side effects are responsible for patients stopping medication.
- Epidemiological studies (US and UK) prove **non-compliance or non-persistence are associated with cancer recurrence and all-cause mortality.**

Patient centred care

- **Breast Care Nurses** - able to talk to the patients about their concerns, tailor care and manage side effects. Refer onto services and support locally.

- **Breast Cancer Follow Up Menopause Clinic** - Tues afternoons, Breast Unit

  Direct referral from BCN

  Letter requesting review from GP

Part of working group with aim of coordinating menopause care in breast cancer patients to improve quality of life

Genitourinary Symptoms of Menopause

Genitourinary symptoms

- Poorly described- mistaken for recurrent UTI, thrush and other issues
- More problematic with Aromatase Inhibitors than Tamoxifen
- How is it impacting their life?
- Ask about continence
- Ask about washing routines- how often, baths, using what, douching?

Please examine to exclude other causes

Self management- 2 months

- Emollients as soap substitutes and for toileting
- Vaginal moisturisers - twice a week e.g. Hyalofemme, Replens
- Ask about sexual activity - which lubricants do they use? -e.g. Uberlube, Yes (Oil/Water), Sutil
- They can use these for anything causing chafing

Breast Clinic Options

- Reduce endocrine therapy dose
- Swap medication - if you are taking Letrozole, Anastrozole or Exemestane, another could swap to another of these. Alternatively, consider changing to another type of anti-oestrogen drug Tamoxifen
- Treatment holiday - try 3 months off endocrine treatment
- Vaginal oestrogen

Vaginal oestrogens after breast cancer

- BNF states these are contraindicated (in particular with aromatase inhibitors), BUT the practice is changing
- Lancet 2024; 403: 984–96- Managing Menopause after Cancer
- Systemic absorption of vaginal oestrogen is thought to be 'low or immeasurable' and it is therefore generally accepted to be safe to use
- **No increased mortality from breast cancer and no increased risk of breast cancer recurrence**

Which vaginal oestrogen?

Estriol
Imvaggis Pessary (30 mcg) Daily for 3 weeks then twice weekly
Blissel Gel (50mcg) Daily for 3 weeks then twice weekly
Estriol 0.01% (500mcg)- branded Gynest, Ovestin Daily for 2 weeks then twice weekly

- **Estriol has a higher affinity for genitourinary receptors and should therefore be used in preference to Estradiol.**
- **3 month trial and review**

Estring (7.5mcg/24hr of estradiol) has not been shown to produce consistent elevations in levels of serum oestradiol and this might be a safer option for ER+ patients who are experiencing significant GSM.

Summary

- Endocrine therapy side effects can contribute to poor quality of life in breast cancer patients
- Vaginal oestrogen is safe in breast cancer patients
- Non-compliance with endocrine therapy will kill more women with breast cancer than giving them vaginal oestrogen

Any questions? c.ferguson10@nhs.net