



Response to “*Work-up and management of breast pain*”

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We have read the review article entitled “*Work-up and management of breast pain*” by Li *et al.* (1) published in *Annals of Breast Surgery*. We want to congratulate the authors for this successful review article it was of great interest due to the recent changes made at our local breast centre.

We introduced an outpatient breast pain clinic (BPC), as a quality improvement project, to streamline patients presenting with breast pain. Thereby, more effectively addressing the psychological impact of presenting with breast pain and providing a formal management pathway.

Traditionally general physicians have referred patients to the triple assessment clinic (TAC) when they desired a specialist review of the by the breast team. The TAC is an efficient process by which breast services meet the gold standard of provision for those with suspected cancer. It consists of an examination, imaging and biopsy in the same clinic setting. Whilst appropriate for diagnosing breast cancer, these investigations are not only unnecessary but may also be of detriment to those with breast pain symptoms only. Examples of the detrimental factors include radiation exposure, invasive investigations with the biopsy and not the mention the psychological impact of referring a woman to a “breast cancer clinic”.

The BPC in contrast has been tailored more appropriately to serve the needs of the prevalent symptom of breast pain. It was developed purely for patients with simple breast pain, no other concerning symptoms or history of malignancy. BPC appointments are physician/nurse-led appointments which provide a suitable environment for patients to be reviewed, reassured as appropriate and to be given educational leaflets on breast

pain. A bra fitting service is also offered alongside the clinic.

To assess the impact of the BPC, ongoing feedback from service providers and patients was collected through distributed questionnaires. We also collected retrospective data on TAC attendees between September–December 2018, noting the number of patients with breast pain imaged and those with positive results. This was compared to prospective data collected on those attending the TAC and BPC between September–December 2019.

The results showed that 96% of questionnaire respondents felt confident managing breast pain following their appointment, with 92% of respondents having good knowledge of what symptoms should provoke them to re-seek medical attention; 100% of respondents were confident that the doctor or nurse understood their personal concerns and 79% were not worried about their breast pain.

The results also showed, retrospectively, 17% (151/888) of TAC attendees were patients with breast pain solely, 23.8% (36/151) of these patients imaged and 97.2% (35/36) had normal or benign changes. Following BPC creation 7% (67/940) of TAC attendees were still patients with breast pain and 31.3% (21/67) were imaged all with no positive results.

Whilst your article states that conservative therapy had little impact, we found that the development of a BPC with bra fitting services and patient education were successful in reducing anxiety, educating patients, and allowing patients to feel confident about managing breast pain. It also reduced the proportion of patients presenting too the TAC clinic with pain solely and the proportion of patients

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imaged. We would like to recommend breast specialists adopt a formal BPC with bra fitting services as a useful addition to the work-up and management of breast pain.

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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1. Li P, Simpson A, Dietz J. Work-up and management of breast pain. *Ann Breast Surg* 2021;5:27.