

#### REFERRING PROVIDER HANDOUT Clinically Insignificant and Clinically Significant Breast Pain

## What is Breast Pain?

Breast pain is discomfort in the breast, also called **mastalgia** or **mastodynia**. While it may be worrisome to your patient, most manifestations of breast pain do **not** require imaging evaluation.

## Is Breast Pain Common?

Breast pain is the **MOST** common presenting breast symptom and affects **70-80%** of women during their lifetime.

## What are the different presentations of breast pain?

Different pain sensations may make the breast feel tender, sore, heavy, burn or itch.

## What causes breast pain?

The cause of benign breast pain may be difficult to identify. **Hormonal changes** are the **most frequent** cause including those related to menstruation, perimenopause, pregnancy, and lactation. Other causes of breast pain include diet, medications, injury, biopsy, surgery and infection. Occasionally, the cause of breast pain may not be identified.

# According to the American College of Radiology (ACR), breast pain should be triaged into <u>Clinically Significant</u> versus <u>Clinically Insignificant</u> categories.

## Clinically SIGNIFICANT breast pain

## \*Imaging is Recommended

- Focal and Non-cyclical
  - Focal the patient can reliably locate the pain with one finger
  - Non-cyclical NOT associated with changes of the menstrual cycle
- Associated Symptoms concurrent palpable area, associated skin or nipple changes.

## \*What imaging studies are recommended?

- < 30 years old
  - o Initial imaging with ultrasound of the affected side
- $\geq$  30 years old
  - Initial imaging with diagnostic mammography and ultrasound is usually appropriate

## Clinically INSIGNIFICANT breast pain

## \*Imaging is *NOT* Recommended

- Non-focal or Cyclical
  - $\circ$   $\ \ \ Non-focal$  occurs over more than one quadrant of the breast and may occur in both breasts

- o Cyclical associated with changes of the menstrual cycle
- No Associated Symptoms no palpable abnormality, skin or nipple changes

#### Why is imaging NOT needed for clinically insignificant breast pain?

As there is no evidence that nonfocal and cyclical pain is associated with malignancy, it requires no imaging evaluation. Research has shown that there is **NO** increase in breast cancer risk associated with this type of breast pain.

#### Should I image clinically insignificant breast pain for patient reassurance?

No. Imaging is not indicated and would only be an extra expense and time commitment for the patient. Studies demonstrate no role of negative imaging in lasting patient reassurance, but rather greater subsequent patient clinical services utilization. Providing education and reassurance to the patient may be helpful. The Society of Breast Imaging (SBI) offers a comprehensive patient handout on clinically insignificant breast pain (future website) that may provide continued reassurance and support.

Annual **screening mammography** is always recommended. The ACR recommends screening mammography **EVERY YEAR** for all women **starting at the age of 40.** If a patient is at elevated risk for breast cancer, imaging starting at an earlier age and/or supplemental breast MRI in addition to a yearly mammogram may be recommended.

#### Are there treatments for breast pain?

Certain lifestyle and dietary modifications may help to reduce breast pain. Some medications may also be helpful. Although there are limited supportive data, the following may be used to manage clinically insignificant breast pain:

Wear a bra of appropriate size and support Routine exercise Massage Applying heat/cold packs Healthy balanced diet Caffeine reduction Evening Primrose oil Vitamin E supplementation Oral or Topical NSAIDS

#### **QUICK REFERENCES**

- 1. ACR Appropriateness Criteria https://acsearch.acr.org/docs/3091546/Narrative
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- 3. **Patient-centered Care: Value Added by Breast Radiologists in the Management of Breast Pain** Katerina Dodelzon, Shreena Shah, Lona Prasad, Juliana Atallah, Janine T Katzen, Patient-centered Care: Value Added by Breast Radiologists in the Management of Breast Pain, *Journal of Breast*

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