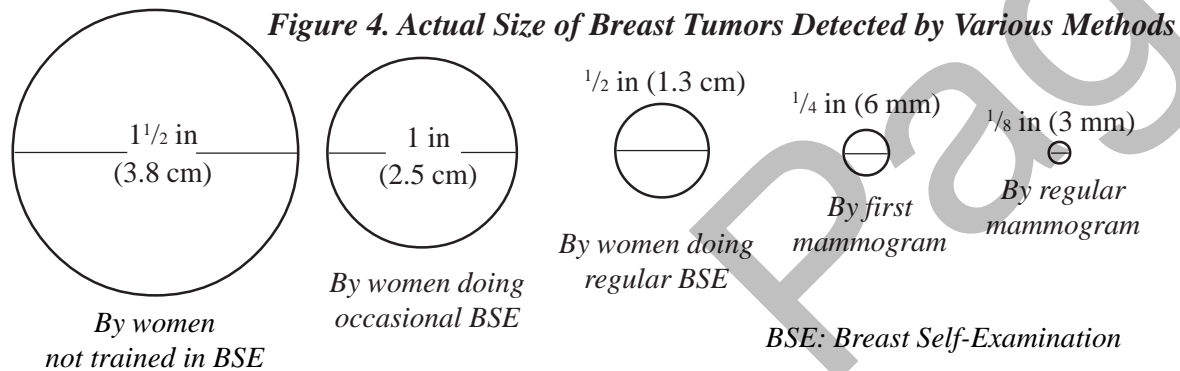


BREAST CANCER ABSTRACTING GUIDELINES

INITIAL DISCOVERY OF THE TUMOR

- Breast cancers first discovered by palpation are usually tumors an inch or more in diameter (about the size of a quarter) (Figure 4). As tumor size increases, the likelihood increases that metastases have developed.
- Mammography has the advantage that it can detect smaller lesions before they become palpable. That's why screening mammography is such an important part of a woman's general healthcare.



HISTORY

The signs and symptoms that bring the patient to a doctor are a valuable part of the diagnostic work-up for breast cancer. It is important to establish whether the patient is asymptomatic and being worked up as a result of an abnormal breast screening exam or is presenting with localized or more advanced disease.

Localized breast cancer may present as a self- or physician-discovered painless lump or mass in the breast or underarm, or as nipple discharge or retraction. Symptoms may be a change in the size or shape of the breast. With increasing awareness about breast cancer and promotion of early detection programs, a high percentage of non-palpable breast cancers are being found on screening mammography.

Advanced disease might present with a very large, fungating (ulcerated), foul-smelling breast mass or axillary mass, pleural effusion, fixation of mass to skin or chest wall, ulceration or thickening of skin of breast or bone pain due to bony metastases. In rare cases, the entire breast may be red, hot and swollen (symptoms of a possible inflammatory carcinoma).

Where to look in the patient's record

- History and physical exam report
- Consultation report(s)
- Physician's progress notes

What information to select and record (record all dates)

Signs and symptoms that document:

- Duration of symptoms
- How the breast abnormality was detected (self-exam, mammography, other)
- Pain, redness, swelling
- Signs of advanced disease (skin or chest wall involvement, bone pain, other signs)