

# Operational guidelines for breast clinics

2022



**National Cancer Control Programme**  
**Ministry of Health**  
**Sri Lanka**





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## Contents

- 1. Background**
- 2. Goals and Objectives**
- 3. Administration**
- 4. Establishment**
- 5. Frequency of the breast clinic**
- 6. Staff of the breast clinic**
- 7. Services provided and functions**
- 8. Flow chart to outline the activities**
- 9. Registers and returns**
- 10. Monitoring and evaluation**
- 11. Further reading**
- 12. References**



## Background

Breast cancer is the most common cancer among women in Sri Lanka and also the commonest cause of death due to cancers among females in Sri Lanka. According to the National Cancer Registry 2019, 26% of all newly diagnosed cancers among women are breast cancers.<sup>1</sup> In 2019, 4447 women were diagnosed with breast cancer and there has been an increasing incidence of breast cancer over the last 25 years.<sup>1</sup>

Breast cancer incidence rises with age and peaks between the ages of 45 and 65. The most widely accepted prevention method for breast cancer is early detection. However, breast cancer does not have a specific cause unlike certain other cancers, making primary prevention of the disease challenging. Therefore, early detection is the main recognized global control strategy for breast cancer.

Detecting breast cancer at an early stage is key to providing effective treatment. Treatment of breast cancer often comprises a combination of surgical removal, radiation therapy and medication (hormonal therapy, chemotherapy and/or targeted biological therapy) to treat microscopic cancer that has spread from the breast tumour. Such treatment can prevent cancer growth and spread and it save lives.

Many patients still present to health services with advanced cancer stages due to lengthy waiting times; at clinics, investigation procedures, obtain confirmation of reports and treatment dates<sup>2,3</sup>. The urgency of ending this delay was stressed at the impACT Review, which took place in November 2019.

Since 2001, breast clinics have been operating in Sri Lanka (e.g.: - National Cancer Institute, National Hospital Kandy, etc.), intending to offer specialized, gender-specific services to encourage women to seek treatment as soon as they experience any breast-related symptoms<sup>5</sup>. But these services are limited to very few hospitals and did not expand to peripheries. Thus, initiating and expanding dedicated 'breast clinics' is necessary to improve timely breast cancer care in Sri Lanka.<sup>4</sup>

In 2020, the 'National Advisory Committee on Prevention and Control of Cancers, chaired by the Secretary of Health, instructed all major hospitals in Sri Lanka to establish Breast Clinics aiming to reduce the delays in seeking health services and provide appropriate care.



A 'breast clinic' is a place where persons with breast abnormalities are provided with appropriate diagnosis and treatment facilities without delay. The clinic should provide care for breast diseases at all stages, from screening to care for advanced disease. Despite the limited resources available, patients can have timely access to radiological and pathological laboratory services for triple assessment while getting the maximum possible care.

This guideline is intended for all healthcare staff establishing and conducting breast clinics.

## **Goal and objectives of Breast Clinics**

### **Goal**

*To detect breast diseases especially breast cancer in women at an early stage without a delay, provide timely treatment and improve their survival and quality of life.*

### **Objective**

To make available a high-quality and timely specialized care service for breast diseases for all women in Sri Lanka and empower self-breast examination

### **Specific objectives**

1. To detect breast disease, especially breast cancer among symptomatic patients and provide them with appropriate and timely care.
2. To facilitate and coordinate the comprehensive triple assessment and recommend treatment at a 'one-stop' breast clinic centre without delay.
3. Health education and promotion of self-breast examination.



## Administration

The clinic staff is under the administration of the director of the particular hospital/health institution. The National Cancer Control Programme, Ministry of Health, is the technical focal point and will provide technical expertise for establishing and maintaining breast clinics.

The head of the institution should identify key personnel to conduct this clinic at the hospital management committee. In addition, the institutional head should coordinate the following consultants and their respective departments to facilitate the triple assessment and early treatment.

- Designated onco-surgeon or general surgeon
- Designated radiology unit with a consultant radiologist and at least one female radiographer.
- Digital mammography (preferably) OR analog mammography, and ultrasound scan machine.
- Consultant histopathologist with facilities to conduct Fine Needle Aspiration Cytology (FNAC) and/or core biopsy facilities. Image-guided core biopsy or FNAC can be carried out with the support of radiology unit.

## Establishment

A breast clinic can be established separately or as a part of a surgical / onco-surgical clinic on selected days/sessions.

All breast clinics should carry a name board displayed as “Breast Clinic” in all three official languages. The opening time should be displayed in a visible place.

Registers and returns should be maintained separately for the breast clinics using the formats provided by the National Cancer Control Programme.

If there is no separate space, the breast clinic can be conducted along with the surgical clinic. But the registers and returns should be maintained separately for the breast clinic and priority should be given to the patients with breast abnormalities.



## Space

- Room with floor area approximately 10×15 feet for consultation and examination.
- The examination area should be adequately covered to maintain privacy.
- Adequate lighting, ventilation and water supply should be available.
- A separate demarcated area for height and weight measurements and to check random capillary blood sugar.

## Equipment

- Table (1)
- Chairs (For staff officers & sitting area)
- Examination bed (1)
- BP apparatus
- Weighing scale
- Height measuring instrument
- A computer
- Punch biopsy needles
- Set of glass slides and fixator spray
- US Scan (optional)

## Documents to be available

- Client Record
- Breast clinic register
- Breast clinic monthly return

## Frequency

The frequency of the clinic should be decided with the consensus of the hospital director and the surgeon.

In hospitals where there is only one surgeon, the breast clinic shall be conducted weekly. In larger hospitals, the frequency of clinic days/sessions could be increased and clinic days/sessions can be divided among surgeons.



## Staff

Breast clinics should be conducted under the leadership of a consultant surgeon (onco-surgeon or general surgeon with a special interest in breast disease) with the participation of,

- Medical Officers – At least one (1) medical officer working at the relevant onco-surgical unit or surgical unit of the consultant pertinent to conduct the clinic.
- Nursing officers – A minimum of two (2) allocated by the head of the institution to facilitate the clinic.
- Health attendant/SKS – two members allocated by the head of the institution to facilitate the activities of the clinic.

In hospitals where there is more than one surgeon, overall management shall be allocated to one surgeon. But the clinic days shall be divided among all the surgeons. In a specific clinic day, the responsible surgeon and his medical officers are responsible to conduct the clinic and manage patients. The nursing staff and the health attendants shall be the same persons for all clinic days.

## Services provided and functioning of the clinics

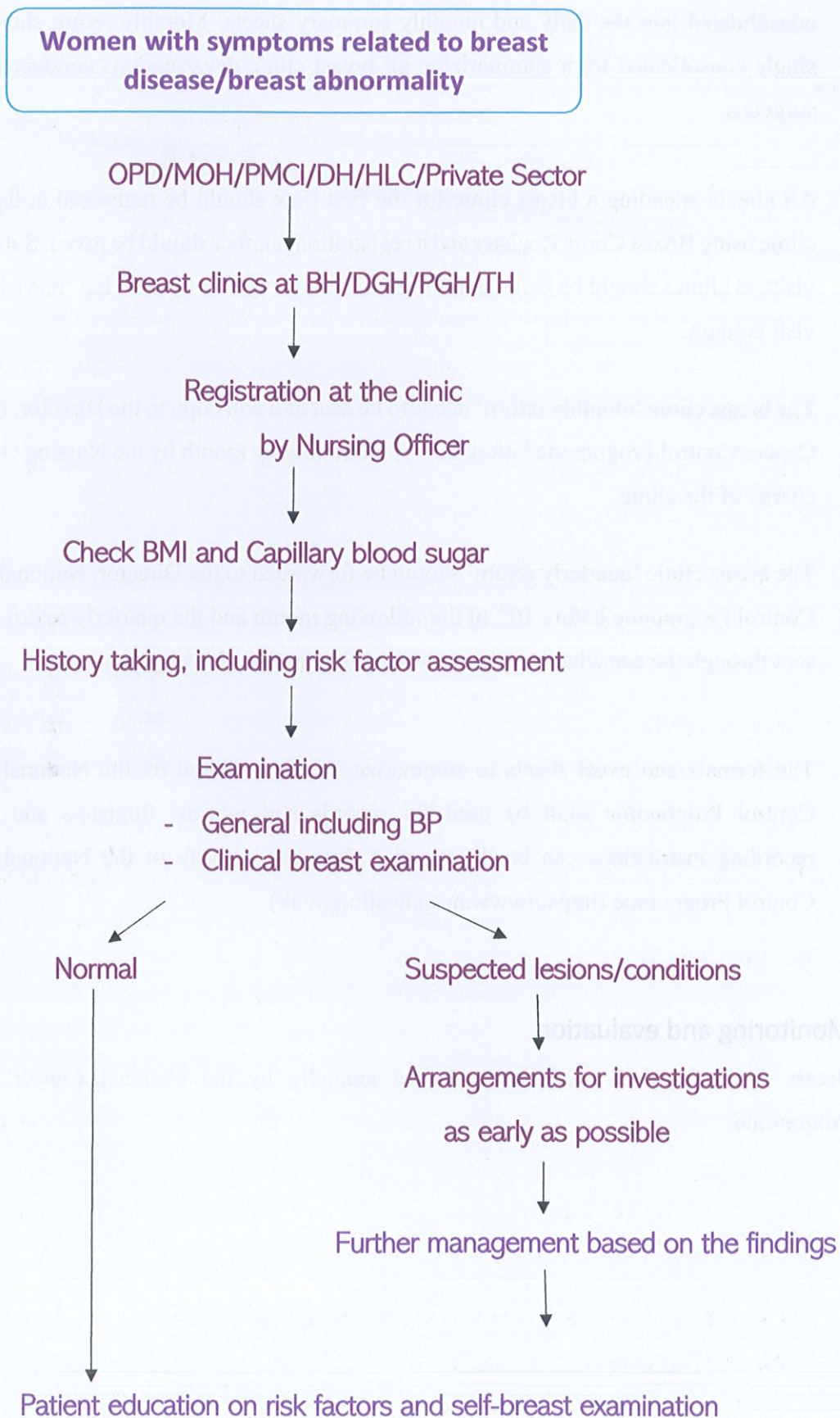
1. Any person with symptoms related to breast disease/breast abnormality can utilize the services of breast clinics. However, they are advised to come with a referral from MOH/HLC/OPD/PMCI/DHs/private sector.
2. Risk factors such as family history of cancers, exposure to hormones, exposure to radiation, history of pregnancy (nulliparity), early menarche and late menopause should be assessed at the breast clinic.
3. BMI and blood pressure should be checked among all persons. Random capillary blood sugar may be checked depending on the facilities available.
4. Clinical Breast Examination (CBE) should be carried out for every client. CBE is used as a screening method to detect possible breast cancers in asymptomatic and symptomatic women and as a component in triple assessment in diagnosing breast cancer. In addition, a detailed history followed by a thorough clinical examination provides more information. (Please refer to “Handbook on Comprehensive Breast Cancer Care for Health Care Workers 2021” for a detailed description of self and clinical breast examination procedures.)



5. Clinical breast examination should be done in a covered area with good light. A female chaperone should be present if the examiner is a male. Before starting the examination, it is necessary to explain the procedure to the woman and get her consent.
6. If any change/s are detected, they should be further investigated using imaging techniques (USS and Mammography) and pathological assessment (FNAC/biopsy) if facilities are available. High-risk patients should be investigated with Mammography/USS and biopsy/FNAC on the same day or by the earliest possible date.
7. If mammography facilities are not available, arrangements should be made from the nearest possible hospital to get it done. (Please refer to the letter NCCP/GOSL/42/2021 dated 2021/05/07, titled “Slot allocation of mammography from nearest hospital” issued by the DGHS)
8. Preferably, all investigations should be completed within 14 days of patient registration and definitive treatment should be planned accordingly by the earliest possible date.
9. To facilitate timely investigations the head of the institution should ensure that adequate slots are reserved in advance for investigations such as biopsy, mammography and ultrasound scans for clients referred from breast clinics.
10. Diagnosed patients with breast diseases should be treated at a Surgical/Oncological clinic. (Please refer to “National Guidelines for the Management of Early and Locally Advanced Breast Cancer in Sri Lanka”)
11. Patient education should be carried out by the nursing officers in all breast clinics for all clients on risk factors for breast cancers and self-breast examination techniques using IEC materials. IEC materials provided by the National Cancer Control Programme can be used for this purpose.
12. All other (normal) clients should be referred to primary healthcare for follow-up.
13. Under the supervision of relevant consultants, the nursing officers of the breast clinic should carry out educational activities for the staff of the hospital, MOH offices, PMCIs, Divisional Hospitals and other institutions. Efforts should be taken to conduct at least two such programmes every month.
14. The breast clinics shall organize and conduct special breast cancer screening programmes in the area depending on their workload.



## Flow chart to outline the activities of a breast clinic





## Registers and returns

- All client records should be documented in the client record form. This shall be consolidated into the daily and monthly summary sheets. Monthly return should be a single consolidated form summarizing all breast clinic days/sessions conducted by all surgeons.
- All clients attending a breast clinic for the first time should be registered at the breast clinic using Breast Clinic Register and a registration number should be given. Subsequent visits to clinics should be entered in the breast clinic register by entering 're-visit' in the visit column.
- The breast clinic 'monthly return' needs to be sent as a soft copy to the Director, National Cancer Control Programme before 10<sup>th</sup> of the following month by the Nursing Officer in charge of the clinic.
- The breast clinic 'quarterly return' should be forwarded to the Director, National Cancer Control Programme before 10<sup>th</sup> of the following month and the quarterly return must be sent through the consultant in charge of the clinic and institutional head.
- The formats and excel sheets to summarize the data, shared by the National Cancer Control Programme shall be used for records and returns. Registers and returns, recording instructions can be downloaded from the website of the National Cancer Control Programme (<https://www.nccp.health.gov.lk>)

## Monitoring and evaluation

Breast clinic functions shall be evaluated annually by the National Cancer Control Programme.



## For further reading

1. National Cancer Control Programme: National Guidelines for the Management of Early and Locally advanced Breast Cancer in Sri Lanka 2021.  
<https://www.nccp.health.gov.lk/storage/post/pdfs/National%20Guidelines-%20Management%20of%20Breast%20Cancers%20in%20Sri%20Lanka.pdf>
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