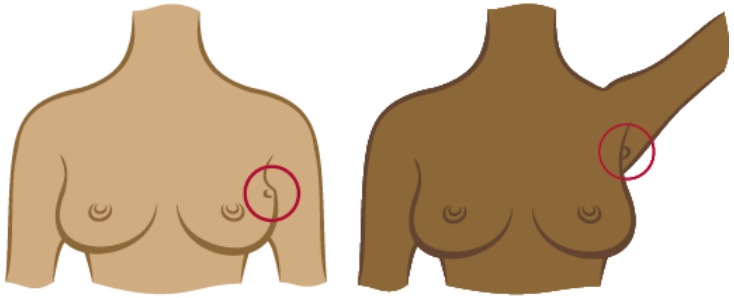
Primary care provider tool:

Breast cancer

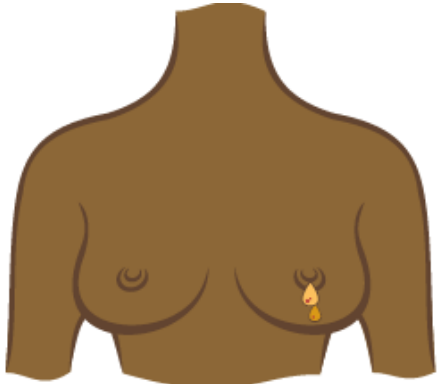
AWACAN-ED
African aWAreness of CANcer & Early Diagnosis

FUNDED BY
NIHR | National Institute for Health and Care Research

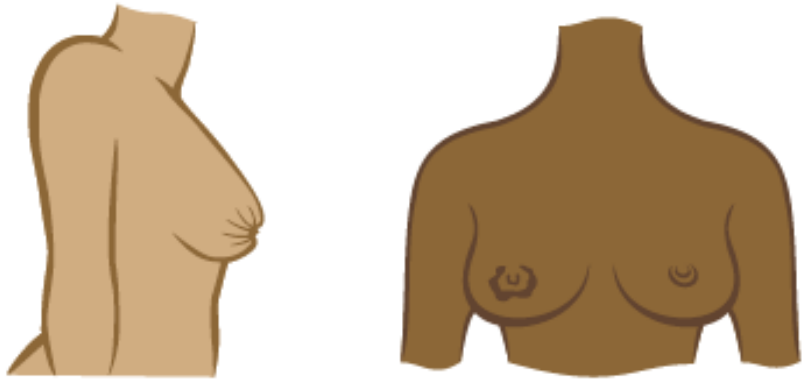
Breast cancer symptoms



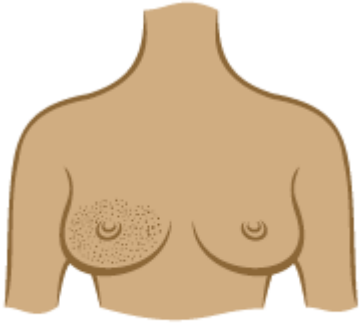
Any breast or armpit lump or hardening, with or without pain



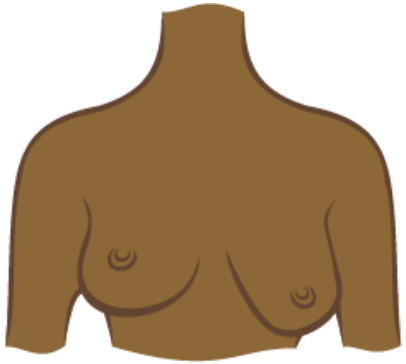
Abnormal or bloody fluid from the nipple



Change in shape or look of the nipple, such as it is being pulled inwards



Change in breast skin, such as dimpling (like orange peel), redness or darkness

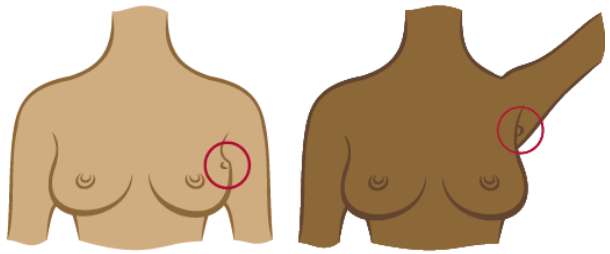


Change in size, shape or look of the breast

General symptoms of breast cancer:

- Constant feelings of tiredness
- Loss of appetite
- Weight loss

Breast or armpit lump (with or without pain)



Any breast or armpit lump or hardening, with or without pain

For women 20 years and older

History taking:
- Personal or family history of breast cancer?
- Hormone Replacement Therapy or oral contraceptive use?

Examination:
General exam including focused breast exam

Is there a suspicion the patient has a breast abscess? ***OR***

Any features of a suspicious lump (fixed, hard **or** irregular)? ***OR***

Is the lump present in the armpit? ***OR***

Any non-suspicious breast lump (smooth, mobile, painless)?

Yes → **Immediate referral:**
- Refer to the referral hospital to be seen on the same day

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital to be seen at next available breast clinic date (within 1 week)

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital within 2 weeks

No lump palpated

Is there a personal or family history of breast cancer? ***OR***

Is there a history of hormone replacement therapy or oral contraceptive use?

Yes → (Referral: Refer to specialist breast clinic at referral hospital within 2 weeks)

No

Safety-netting:
See ***additional information*** for further details [a, b]

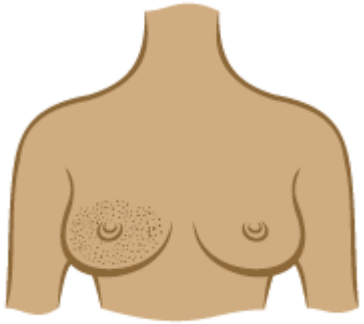
1) Symptomatic management: analgesia
2) Reassure patient: no breast lump palpated on exam
3) Counsel on breast cancer symptoms and risk factors
4) Provide guidance on performing breast self-examination
5) Continue routine care at primary care level

Additional information:

a) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) SA Breast cancer guidelines: https://knowledgehub.health.gov.za/elibrary/clinical-guidelines-breast-cancer-control-and-management

Breast skin changes



Change in breast skin, such as dimpling (like orange peel), redness or darkening

History taking:
- Personal or family history of breast cancer?
- Hormone Replacement Therapy or oral contraceptive use?

Examination:
General exam including focused breast examination

Is there a suspicion the patient has a breast abscess? ***OR***

Any features of suspicious breast skin changes (ulceration, bumps/lumps/nodules or stretched skin/dimpling)? ***OR***

Is there a personal or family history of breast cancer? ***OR***

Is there a history of hormone replacement therapy or oral contraceptive use?

Yes → **Immediate referral:**
- Refer to referral hospital to be seen on the same day

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital to be seen at next available breast clinic date (within 1 week)

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital within 2 weeks

None of the above

Safety-netting:
See ***additional information*** for further details [a, b]
1) Exclude other possible causes of symptoms
2) Follow up in 2 weeks

Does symptom persist at 2 week follow up?

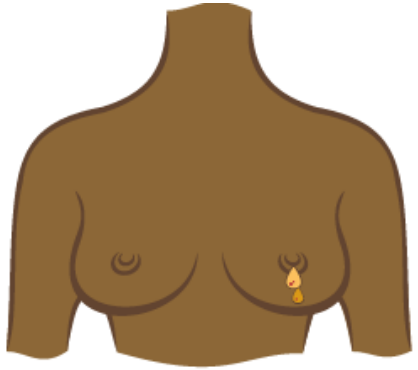
Yes → (to Referral: Refer to specialist breast clinic at referral hospital within 2 weeks)

No → **Management plan:**
1) Counsel on breast cancer symptoms and risk factors
2) Provide guidance on breast self-exam
3) Continue routine care

Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) SA Breast cancer guidelines: https://knowledgehub.health.gov.za/elibrary/clinical-guidelines-breast-cancer-control-and-management

Abnormal or bloody nipple discharge



History taking:
- Personal or family history of breast cancer?
- Hormone Replacement Therapy or oral contraceptive use

Examination:
General exam including focused breast examination

ALL 3 features of an abnormal nipple discharge present:
(1) Free-flowing discharge without squeezing the nipple *and*
(2) one-sided discharge *and*
(3) bloody or watery discharge? ***OR***

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital to be seen at next available breast clinic date (within 1 week)

Is there a personal or family history of breast cancer? ***OR***

Is there a history of hormone replacement therapy or oral contraceptive use?

Yes → **Referral:**
- Refer to specialist breast clinic at referral hospital within 2 week

None of the above

Safety-netting:
See ***additional information*** for further details [a, b]
1) Exclude other possible causes of symptoms
2) Reassure patient: non-pathological nipple discharge
3) Manage patient according to Adult Primary Care Clinical Tool (2023):
   - **Breast symptoms**: pg. 43 [a]
4) Follow up in 2 weeks for symptom review

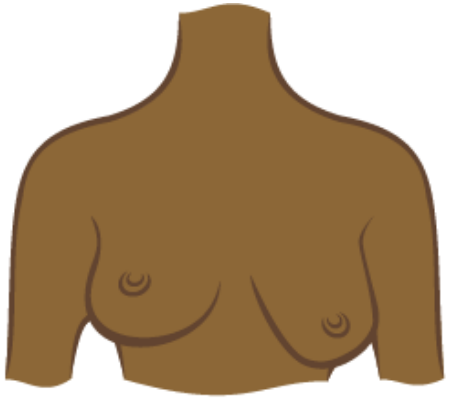
Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) SA Breast cancer guidelines: https://knowledgehub.health.gov.za/elibrary/clinical-guidelines-breast-cancer-control-and-management

Does symptom persist at 2 week follow up?

Yes → (to Referral: Refer to specialist breast clinic at referral hospital within 2 week)

No → **Management plan:**
1) Counsel on breast cancer symptoms and risk factors
2) Provide guidance on breast self-exam
3) Continue routine care



Change in size, shape or look of the breast

Change in the size, shape or appearance of the breast or nipple

History taking:
- Personal or family history of breast cancer?
- Hormone Replacement Therapy or oral contraceptive use?

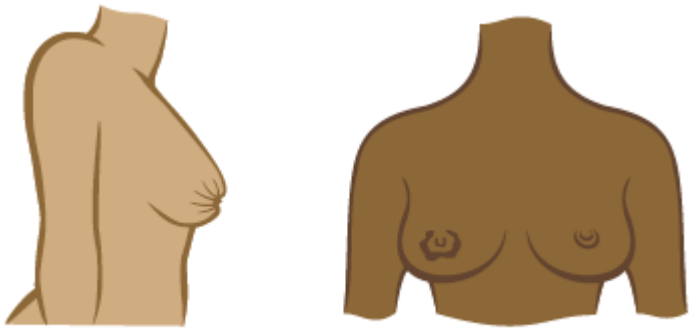
Examination:
General exam including focused breast examination

Any change to the size, shape or appearance of the breast ? *OR*

Any change to the nipple appearance ?

Yes

Referral:
- Refer to specialist breast clinic at referral hospital to be seen at next available breast clinic date (within 1 week)

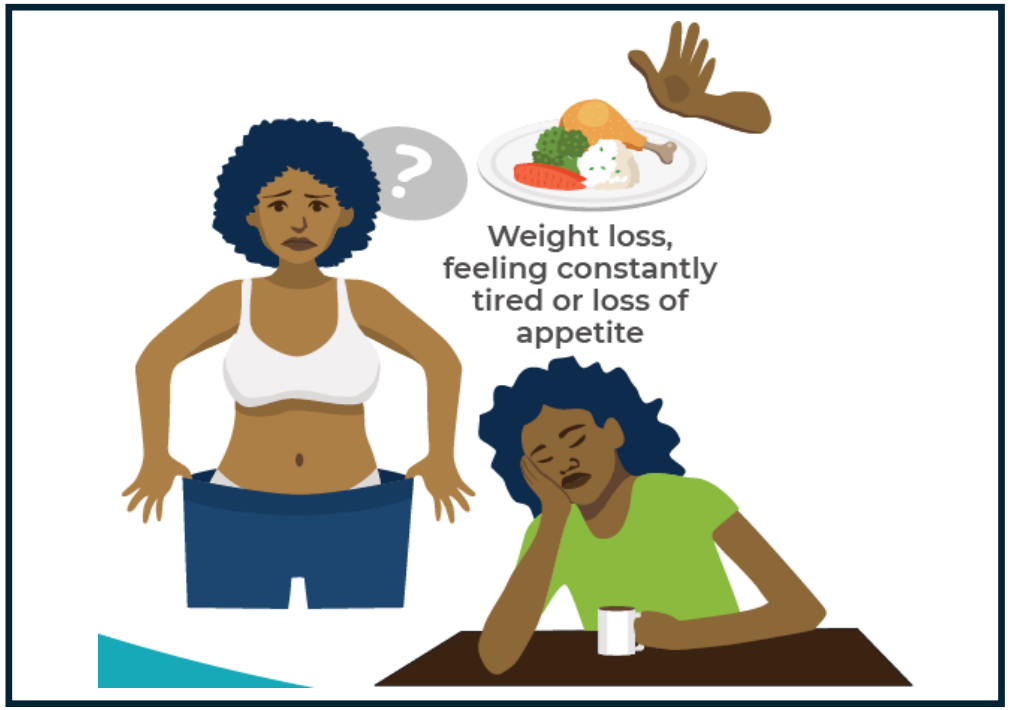


Change in shape or look of the nipple, such as it is being pulled inwards

Additional information:
Adult Primary Care Clinical Tool 2023 (SA):
Breast symptoms: pg. 44
- https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

SA Breast cancer guidelines:
- https://knowledgehub.health.gov.za/elibrary/clinical-guidelines-breast-cancer-control-and-management

General symptoms of breast and other cancers



General symptoms of breast and other cancers:

- Constant feelings of tiredness
- Loss of appetite
- Weight loss

Primary care provider tool:

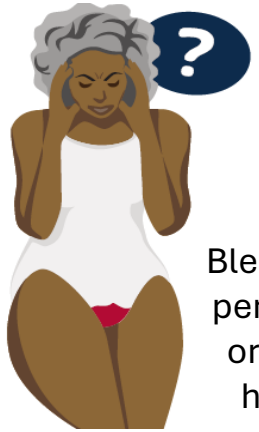
Cervical cancer

AWACAN-ED
African aWAreness of CANcer & Early Diagnosis

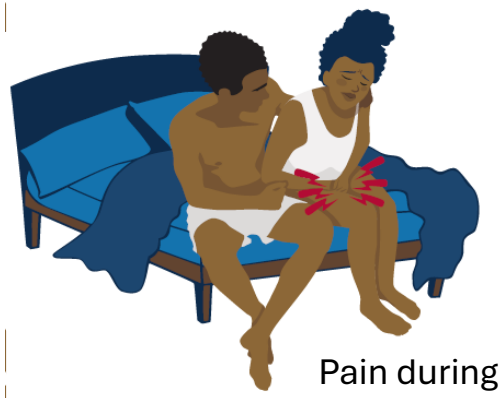
FUNDED BY
NIHR | National Institute for Health and Care Research

Cervical cancer symptoms

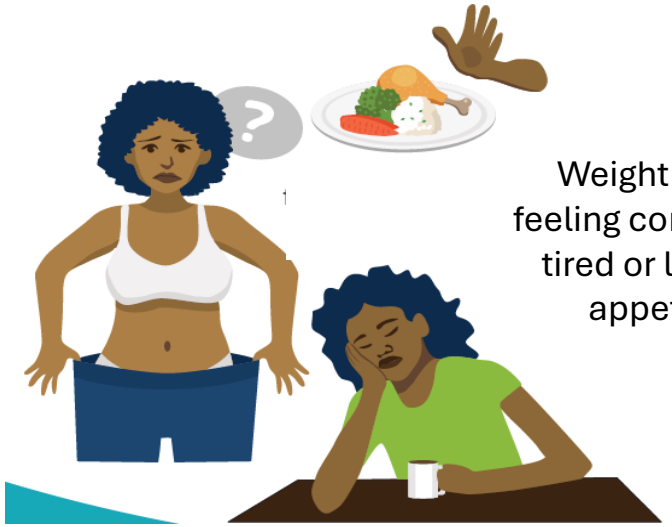
Increased or foul-smelling vaginal discharge



Bleeding between periods, after sex or after periods have stopped permanently



Pain during sex or vaginal discomfort



Weight loss, feeling constantly tired or loss of appetite

Persistent pain in the back, legs, or pelvis

General symptoms of cervical cancer:

- Constant feelings of tiredness
- Loss of appetite
- Persistent pain in back, leg or pelvis
- Weight loss
- Pain during sex or vaginal discomfort
- Urinary incontinence
- Faecal incontinence

Increased or foul-smelling vaginal discharge

History taking:
- HIV status and, if positive, adherence to ARVs?
- Cervical cancer screening history?
- High risk group: child-bearing or post-menopausal women

Examination:
1. General exam including focused abdominal and gynaecological exam.
2. Conduct internal exam: inspect cervix and bimanual palpation

Does the patient have features of an acute abdomen (distended, rigid or severe pain over abdomen) or is the patient unstable? **OR**

Is there a lesion on inspection of the cervix? ***OR***

Is this a post-menopausal woman? ***OR***

Is the patient also complaining of pelvic, lower back or leg pain or weight loss?

Yes → **Immediate referral**:
- Stabilize patient
- Arrange for urgent (same day) referral

Yes → **Early referral**:

Cervical cancer suspected:
- Refer patient to nearest specialist clinic within 2 weeks
- Advise patient to return to clinic if appointment missed. Re-book patient.

None of the above

Safety-netting:

*(see **additional information** for further details)* [a, b, c]

1) Investigations: pregnancy test and HIV test

2) Manage and follow-up patient according to Adult Primary Care Clinical Tool (2023):
   - ***Abnormal vaginal discharge***: pg. 51 [a]

3) Perform cervical cancer screening (following SA guidelines) [b]

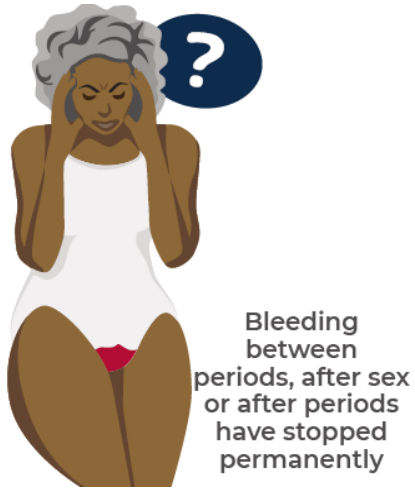
Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023
b) SA Cervical Cancer Prevention and Control Policy: https://knowledgehub.health.gov.za/elibrary/cervical-cancer-prevention-and-control-policy
c) Primary Healthcare Level: Sexually transmitted infections (Chp.12): https://www.health.gov.za/nhi-edp-stgs-eml/

At **follow up**, does the symptom persist?

No → **Management plan**:
1) Counsel on cervical cancer symptoms and risk factors
2) Counsel on sexually transmitted infections
3) Follow up cervical cancer screening results
4) Continue routine care

Yes → **Refer: relevant Outpatient Department** (OPD)
- Refer to relevant OPD for further investigation. Patient can be seen at next available OPD clinic date.
- Advise patient to return to clinic if appointment missed. Re-book patient.

Bleeding between periods, after sex or after periods have stopped permanently



History taking:
- HIV status and, if positive, adherence to ARVs?
- Cervical cancer screening history?
- Last menstrual period (exclude pregnancy)?

Examination:
1. General exam including focused abdominal and gynaecological exam.
2. Conduct internal exam: inspect cervix and bimanual palpation

Is the patient unstable from frank vaginal bleeding or acute/severe blood loss? ***OR***

Is there a lesion on inspection of the cervix? ***OR***

Is this a post-menopausal woman? ***OR***

Is the patient complaining of pelvic, lower back or leg pain or weight loss?

Yes

Immediate referral:
- Stabilize patient
- Arrange for urgent (same day) referral

Yes

Early referral:
Cervical cancer suspected:
- Refer patient to nearest specialist clinic within 2 weeks
- Advise patient to return to clinic if appointment missed. Re-book patient.

None of the above

Safety-netting :
*(see **additional information** for further details)* [a, b, c, d]
1) *Investigations*: pregnancy test and HIV test
2) Exclude other possible causes [a]
3) Manage patient according to Adult Primary Care Clinical Tool (2023): [b]
   - ***Abnormal vaginal bleeding***: pg. 57
4) Perform cervical cancer screening [c] (follow SA guidelines) [d]
5) Follow up within 6 weeks: review symptom and results

Additional information:
a) Possible causes: pregnancy related (ectopic or miscarriage), infection, pelvic inflammatory disease (PID)
b) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023
c) Can delay screening to next visit if excess vaginal bleeding
d) https://knowledgehub.health.gov.za/elibrary/cervical-cancer-prevention-and-control-policy

At follow up:
- Is the cervical cancer screening result abnormal? ***OR***
- Do the symptoms persist, with no known cause?

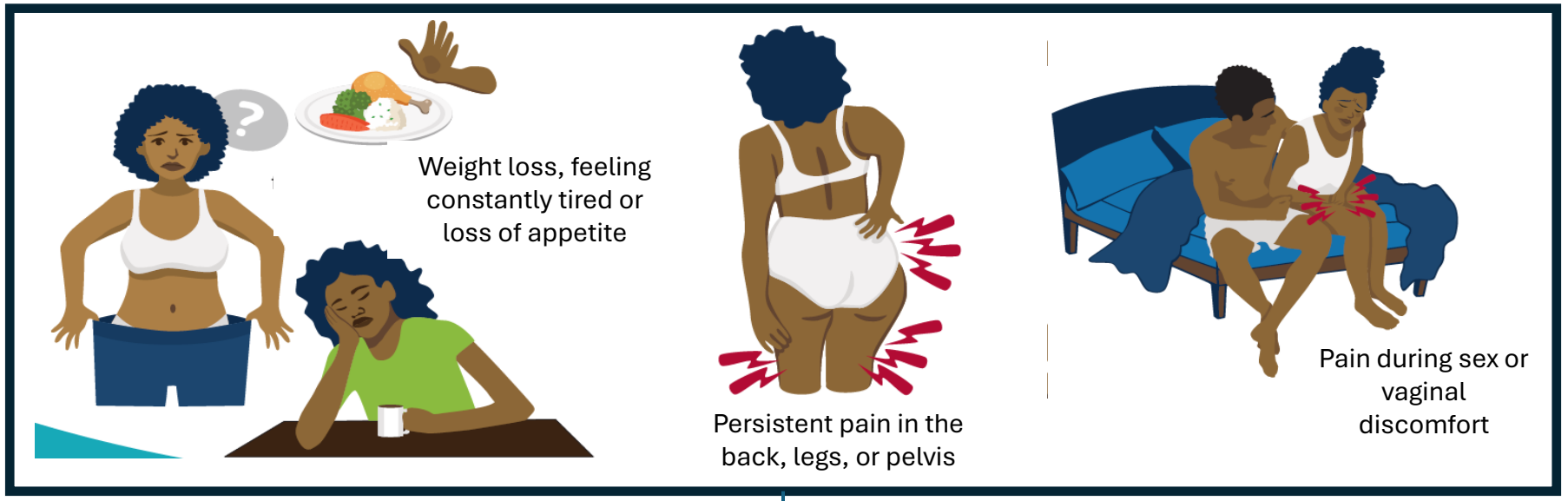
No

Management plan:
1) Counsel on cervical cancer symptoms and risk factors
2) Continue routine care

Yes, to one or both

Refer: relevant Outpatient Department (OPD)
- Refer to relevant OPD for further investigation. Patient can be seen at next available OPD clinic date.
- Advise patient to return to clinic if appointment missed. Re-book patient.

General symptoms of cervical and other cancers



General symptoms of cervical and other cancers:

- Constant feelings of tiredness
- Loss of appetite
- Persistent pain in back, leg or pelvis
- Weight loss
- Pain during sex or vaginal discomfort
- Urinary incontinence
- Faecal incontinence

Primary care provider tool:

Colorectal cancer

AWACAN-ED
African aWAreness of CANcer & Early Diagnosis

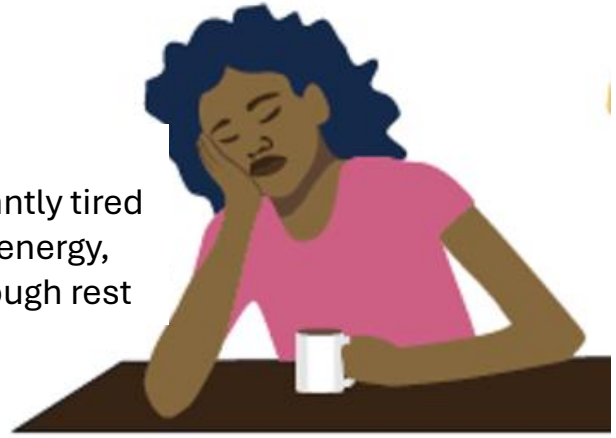
FUNDED BY
NIHR | National Institute for Health and Care Research

Colorectal cancer symptoms

Change in bowel habits for over 3 weeks – going more often, looser stools, constipation

Bleeding from your bottom or blood in the stools

Discomfort in your stomach, such as cramps, pain or bloating that won't go away



Feeling constantly tired and lacking energy, even with enough rest

Unexplained weight loss that is sudden or losing weight without trying

Change in bowel habits for more than 3 weeks

Change in bowel habits for over 3 weeks – going more often, looser stools, constipation

History taking:
- Family history or personal history of bowel cancer?
- History of Crohn's disease or ulcerative colitis?

Examination:
1) General exam including focused abdominal and digital rectal exam
2) Perform finger-prick haemoglobin (Hb) test

Does the patient have features of an acute abdomen (distended, rigid or severe pain over abdomen) **or** bowel obstruction (abdominal pain and vomiting) **or** is the patient unstable? ***OR***

Yes → **Immediate referral:**
- Stabilize patient
- Arrange for urgent (same day) referral

Is there a palpable rectal mass or suspected abdominal mass? ***OR***

Is the finger-prick Hb low? (with no obvious cause e.g. heavy menstruation) ***OR***
- For women: Hb less than 12 g/dL (or 11g/dL in pregnancy)
- For men: Hb less than 13 g/dL

Yes → **Referral:**
Colorectal cancer suspected
- Refer to specialist clinic at referral hospital within 21 days
- Advise patient to return to clinic if appointment missed. Re-book patient.

Is there a personal history of colorectal cancer? ***OR***

Was a family member diagnosed with colorectal cancer before age 50? ***OR***

Is there a personal history of Crohn's disease or ulcerative colitis?

Yes → **Referral:**
- Refer to medical specialist clinic where patient was diagnosed with Crohn's disease or ulcerative colitis within 21 days

None of the above

Safety-netting management:
(See ***additional information*** for further details on management) [a, b]
1) Advise on lifestyle modification: diet, fluid intake, exercise
2) Exclude other possible causes of symptoms
3) Manage patient according to Adult Primary Care Clinical Tool (2023): [a]
   - **Constipation:** pg. 48
   - **Diarrhoea:** pg. 46
4) Follow-up in 1 month for review

Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA)
https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) Primary Health Care 2020 Edition (SA)
https://www.health.gov.za/nhi-edp-stgs-eml/

Do symptoms persist at 1 month follow up?

Yes → (back to Referral: Colorectal cancer suspected)

No → **Management plan**:
- Continue routine care
- Counsel on colorectal cancer symptoms and risk factors

Bleeding from your bottom or blood in the stools

Bleeding from your bottom or blood in the stools

History taking:
- Family history or personal history of bowel cancer?
- History of Crohn's disease or ulcerative colitis?

Examination:
1) General exam including focused abdominal and digital rectal exam
2) Perform finger-prick haemoglobin (Hb) test

Is the patient unstable as a result of frank rectal bleeding or acute/severe blood loss? ***OR***

Yes → **Immediate referral:**
- Stabilize patient
- Arrange for urgent (same day) referral

Is there a palpable rectal mass or suspected abdominal mass? ***OR***

Is the finger-prick Hb low? (with no obvious cause e.g. heavy menstruation) ***OR***
- For women: Hb less than 12 g/dL (or 11g/dL in pregnancy)
- For men: Hb less than 13 g/dL

Yes → **Referral:**
Colorectal cancer suspected
- Refer to specialist clinic at referral hospital within 21 days
- Advise patient to return to clinic if appointment missed. Re-book patient.

Is there a personal history of colorectal cancer? ***OR***

Was a family member diagnosed with colorectal cancer before age 50? ***OR***

Is there a personal history of Crohn's disease or ulcerative colitis?

Yes → **Referral:**
- Refer to medical specialist clinic where patient was diagnosed with Crohn's disease or ulcerative colitis within 21 days

No

Safety-netting management:
(See ***additional information*** for further details on management) [a, b]
1) Advise on lifestyle modification: diet, fluid intake, exercise
2) Exclude other possible causes of symptom (e.g. Haemorrhoids)
3) Manage patient according to Adult Primary Care Clinical Tool (2023):
   - **Anal symptoms**: pg. 48 [a]
4) Follow-up in 1 month for symptom review

Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA)
https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) Primary Health Care 2020 Edition (SA)
https://www.health.gov.za/nhi-edp-stgs-eml/

Do symptoms persist at 1 month follow up?

Yes → (return to Referral: Refer to medical specialist clinic where patient was diagnosed with Crohn's disease or ulcerative colitis within 21 days)

No → **Management plan:**
- Continue routine care
- Counsel on colorectal cancer symptoms and risk factors

Abdominal discomfort/pain/cramps

Discomfort in your stomach, such as cramps, pain or bloating that won't go away

History taking:
- General history: look for causes of symptom
- Family or personal history of bowel cancer?
- History of Crohn's disease or ulcerative colitis?

Examination:
1) General exam including focused abdominal and digital rectal exam
2) Perform finger-prick haemoglobin (Hb) test

Is the patient unstable ***OR***

Is there a palpable rectal mass or suspected abdominal mass? ***OR***

Is the finger-prick Hb low? (with no obvious cause e.g. heavy menstruation) ***OR***
- For women: Hb less than 12 g/dL (or 11g/dL in pregnancy)
- For men: Hb less than 13 g/dL

Is there a personal history of colorectal cancer? ***OR***

Was a family member diagnosed with colorectal cancer before age 50? ***OR***

Is there a personal history of Crohn's disease or ulcerative colitis?

Yes → **Immediate referral:**
- Stabilize patient
- Arrange for urgent (same day) referral

Yes → **Referral :**
- Refer to specialist clinic at referral hospital within 21 days
- Advise patient to return to clinic if appointment missed. Re-book patient

Yes → **Referral:**
- Refer to medical specialist clinic where patient was diagnosed with Crohn's disease or ulcerative colitis within 21 days

No

Safety-netting management:
*See **additional information** for further details* [a, b]
1) Advise on lifestyle modification: diet, fluid intake, exercise
2) Exclude other possible causes of symptom
3) Manage and follow-up patient according to Adult Primary Care Clinical Tool (2023):
   - **Abdominal pain**: pg. 44 [a]

Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA) https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) Primary Health Care 2020 Edition - SA https://www.health.gov.za/nhi-edp-stgs-eml/

At follow up, does the symptom persist?

No → **Management plan:**
- Continue routine care
- Counsel on colorectal cancer symptoms and risk factors

Yes → **Referral:**
Relevant Outpatient Department (OPD)
- Refer to relevant OPD for further investigation.
- Advise patient to return to clinic if appointment missed. Re-book patient.

Constant tiredness or fatigue

Feeling constantly tired and lacking energy, even with enough rest

History taking:
- General history: Look for causes of tiredness

Examination:
1) General exam including focused abdominal and digital rectal exam
2) Perform finger-prick haemoglobin (Hb) test

Is the patient unstable? ***OR***

Is there a palpable rectal mass or suspected abdominal mass?

Yes → **Immediate referral:**
- Stabilize patient
- Arrange for urgent (same day) referral

Yes → **Referral:**
Colorectal cancer suspected
- Refer to specialist clinic at referral hospital within 21 days
- Advise patient to return to clinic if appointment missed. Re-book patient.

No

Is the finger-prick Hb low?
- For women: Hb less than 12 g/dL (or 11g/dL in pregnancy)
- For men: Hb less than 13 g/dL

No → Manage patient according to Adult Primary Care Clinical Tool (2023): **Weakness or Tiredness**: pg. 26 [a]
[see ***additional information***]

Yes

Safety-netting management:
*See **additional information** for further details* [a, b]
1) *Investigations*: full blood count (FBC) and other relevant tests
2) Work-up patient according to Adult Primary Care Clinical Tool (2023):
   - **Anaemia** (pg. 27) [a]
3) Follow-up in 2 weeks for FBC results - manage patient according to mean cell volume (MCV)

At follow up, is the MCV low with no obvious cause?

Yes → (Referral: Colorectal cancer suspected)

No → Manage patient according to Adult Primary Care Clinical Tool (2023): **Anaemia** (pg. 27) [a]
[see ***additional information***]

Additional information:
a) Adult Primary Care Clinical Tool 2023 (SA): https://knowledgehub.health.gov.za/elibrary/adult-primary-care-apc-clinical-tool-2023

b) Primary Health Care 2020 SA): https://www.health.gov.za/nhi-edp-stgs-eml/

General symptoms of colorectal and other cancers

Unexplained weight loss that is sudden or losing weight without trying

General symptoms of colorectal and other cancers:

- Loss of appetite
- Weight loss