

REFERRAL GUIDELINES: BREAST PAIN

Clinically Significant Breast Pain	1
Clinically Insignificant Breast Pain	2
Treatment of Breast Pain	
References	
DEPARTMENT CONTACTS:	<u>-</u>

LAST REVIEWED BY ADRIENNE HANSEN, MD 11/25/25

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

Different pain sensations make the breast feel tender, sore, heavy, burning, or itchy. The cause of benign breast pain can 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.

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.

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

Breast pain should be <u>focal</u> (patient can reliably locate pain with one finger) and <u>non-cyclical</u> (NOT associated with changes of the menstrual cycle. **Associated symptoms**: concurrent palpable area associated with skin or nipple changes.

IMAGING/STUDIES	Age < 30 years:
	Ultrasound of the affected side
	Age ≥ 30 years:
	Diagnostic mammography and ultrasound of the affected side



CLINICALLY INSIGNIFICANT BREAST PAIN

There is no evidence that **non-focal** (occurring over more than one breast quadrant and/or occurring in both breasts) and **cyclical** (associated with changes in the menstrual cycle) pain with **no associated symptoms** (no palpable abnormality, skin, or nipples changes) is associated with malignancy. **No imaging evaluation is required**.

Research has shown that there is NO increase in breast cancer risk associated with this type of breast pain.

Imaging of clinically insignificant breast pain for patient reassurance is **not indicated** and adds 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 that can provide continued reassurance and support.

TREATMENT OF 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
- Applying heat/cold packs
- · Healthy balanced diet
- Evening Primrose oil
- Vitamin E Supplementation
- Oral or topical NSAIDS

REFERENCES

ACR Appropriateness Criteria:

https://acsearch.acr.org/docs/3091546/Narrative

An Image-Rich Educational Review of Breast Pain:

Anthony H Bui, Gretchen J Smith, Sara W Dyrstad, Kathryn A Robinson, Cheryl R Herman, Nicci Owusu-Brackett, Amy M Fowler, An Image-Rich Educational Review of Breast Pain, *Journal of Breast Imaging*, Volume 6, Issue 3, May/June 2024, Pages 311–326, https://doi.org/10.1093/jbi/wbae001

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 Imaging*, Volume 5, Issue 5, September/October 2023, Pages 591–596, https://doi.org/10.1093/jbi/wbad023

A Review of Breast Pain: Causes, Imaging Recommendations, and Treatment:

Rebecca Sivarajah, Janelle Welkie, Julie Mack, Rachel S Casas, Melody Paulishak, Alison L Chetlen, A Review of Breast Pain: Causes, Imaging Recommendations, and Treatment, *Journal of Breast Imaging*,



Volume 2, Issue 2, March/April 2020, Pages 101–111, https://doi.org/10.1093/jbi/wbz082

SBI Patient Care & Delivery Committee:

Kathryn Zamora, MD, Kristen Coffey MD Brittany Dashevsky MD, Santo Maimone IV MD, Sarah Jacobs, BS RT(R)(M)(CT), Elizabeth Vorhis MD, Amy Kerger DO, and Katerina Dodelzon MD FSBI

DEPARTMENT CONTACTS:

Diagnostic Imaging, Mares Campus – 1st Floor: (ext. 64028):

Phone: (509) 436-4028 Fax: (509) 436-3001

Radiology Manager (ext. 66218): Karla Gustafsson

Physician Manager: Drew Stewart, MD