Breast Cancer - Suspected
Oncology > Oncology > Breast Cancer


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1 Care map information

Quick info:

In scope:

• identification and assessment of adult patients suspected to have invasive breast cancer
• referral pathway to secondary services

Out of scope:

• breast cancer treatment
• population breast screening and breast cancer prevention strategies

Definition:

Invasive breast cancer:

• a primary malignant tumour that develops in breast tissue

Main subtypes of invasive cancer:

• infiltrating (or invasive) ductal carcinoma:
  • most common form of breast cancer
  • accounts for about 75-80% of invasive breast cancers
  • starts in a milk duct of the breast

• infiltrating lobular carcinoma:
  • accounts for about 10% of invasive breast cancers
  • starts in the milk-producing glands or lobules of the breast
  • lobular carcinomas have a higher propensity than ductal carcinomas to be multifocal in the breast
  • lobular carcinomas are not always clearly seen on mammography

• inflammatory breast tumour:
  • accounts for 1-3% of all breast cancers
  • typical presentation is of a red, swollen breast with thick pitted appearance of the skin (peau d’orange)
  • in the early stages may appear similar to a breast infection
  • usually there is no discrete lump so may not be clearly identified on mammography

• paget’s disease of the nipple:
  • accounts for around 1% of breast cancers
  • nipple and skin of areola appear scaly, crusted and red and may bleed or be itchy
  • paget’s disease is almost always associated with an underlying ductal carcinoma in situ or invasive ductal carcinoma

• special subtypes of invasive carcinoma that are often described based on morphological appearance under the microscope:
  • medullary carcinoma
  • mucinous or colloid carcinoma
  • adenoid cystic carcinoma
  • metaplastic carcinoma
  • tubular carcinoma
  • papillary carcinoma
  • micropapillary carcinoma

Common sites of metastatic spread:

• lymph nodes, especially axilla, internal mammary nodes, supraclavicular fossa nodes and mediastinal nodes
• bone
• lung
• liver
• brain

Incidence and Prognosis:

• breast cancer is New Zealand’s third most common cancer and causes more than 600 deaths per year [1]. In 2013 there were over 3000 breast cancer registrations [2]
• Maori women have, on average, a 33% higher incidence of breast cancer than non-Maori women [3]
• Maori and pacific women are also at greater risk of dying of breast cancer than other NZ women
• with over a ten year average Maori women have shown to have a 65.4% higher mortality rate from breast cancer than non-Maori women [3]
• women are to be encouraged to take part in the free national breast screening programme run by BreastScreen Aotearoa, open to women aged between 45-69

Ministry of Health Faster Cancer Treatment (FCT) timeframes:
• FCT is a patient pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
  • for patients referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
  • for patients referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
  • for patients with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

2 Information resources for patients and carers

Quick info:
Breast Cancer Information Resources for patients and carers:
1. New Zealand Breast Cancer Foundation:
  • I've found a lump - what happens next?
  • Breast Awareness Card - Reduce your Risk (English Version) also available in:
    • Chinese
    • Cook Islands Maori
    • Korean
    • Maori
    • Samoan
    • Tongan
  • support services
2. Breast Screen Aotearoa:
  • mammogram
  • tiakina o u - look after your breasts
  • breast screen information for samoan women
  • learn more about the breast screening programme
3. Cancer Society:
  • an information giude for women with Breast Cancer
  • we supply women’s packs containing all relevant information pertaining to breast cancer including;
    • specific information sheets and brochures
    • silkies that are made by Zonta (each person receives one of these)
    • loan information for travel purposes if required
  • for additional support services you can phone our cancer information nurses on the Cancer Information Helpline 0800 226 237
4. Cancer Nurse Coordinators Central Region:
Cancer Nurse Coordinators can improve the experience for patients including:
  • their family and whaanau, with cancer or suspected cancer
  • they also help improve overall access and timeliness of access to diagnostic and treatment services for patients with cancer
5. Central Region Cancer Services Directory
The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke’s Bay including:
  • breast services
  • ethnic and cultural
Breast Cancer - Suspected

• accommodation
• disability support
• government health services
• medication
• legal advice

6. Assessment of Breast Symptoms
This brochure contains information for patients and their family/whānau about different types of breast assessments and their purpose.


3 Information resources for clinicians

Quick info:
Breast Cancer Information Resources for patients and clinicians:
1. Breast Cancer Aotearoa Coalition

2. Health Navigator NZ

4 Updates to this care map

Quick info:
Date of publication: 20 October 2016.
For further information on contributors and references please see the care map’s Provenance.

5 Hauora Maori

Quick info:
As a practitioner you will work with Maori whānau/families. Each Maori whanau is diverse with their own set of values and beliefs, inherited, practised and passed down from generation to generation.

There are some important things that you should be mindful of when working with Maori individuals and their whanau from a holistic approach to working in a Whanau ora or family / whanau centred way.

Key enablers that you should be aware of when working with Maori whanau/families are:
• building relationships and gaining trust
• effective communication with whanau / families
• understanding and involving whanau/ families in the treatment planning and care management
• practical things to be mindful of when working with Maori whanau so that you do not breech Tikanga/Principles and practices that are important in Te Ao Maori/the Maori world

Common terms and definitions are noted here.

6 Pasifika

Quick info:
Our pasifika community:
• is a diverse and dynamic population
  • more than 22 nations represented in New Zealand
  • each with their own unique culture, language, history, and health status
  • share many similarities which we have shared with you here in order to help you work with pasifika patients more effectively

The main Pacific nations in New Zealand are:
• Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging The FonoFale Model (pasifika mode of health) when working with pasifika peoples and families.
Acknowledging general pacific guidelines when working with pasifika peoples and families:

- cultural protocols and greetings
- building relationships with your pacific patients
- involving family support, involving religion, during assessments and in the hospital
- home visits
- pasifika phrasebook

7 Presenting symptoms

Quick info:
NB: Refer also to RED FLAG symptoms.
Presenting symptoms include:
- breast lump(s)
- nipple changes
- breast skin changes including tethering and dimpling of skin
- breast swelling
- breast pain - severe intractable unilateral breast pain associated with abnormal findings on clinical examination
- lymph node swelling in axilla

Breast cancer in men:
- about 1% of breast cancer occurs in men
- men can have mammograms and lumps should be investigated in the same way as in women

8 History and assessment

Quick info:
NB: Maori and Pacific women are at greater risk of dying of breast cancer than other NZ women. Over a ten year average, Maori women have shown to have a 65.4% higher mortality rate from breast cancer than non-Maori women.

History of presenting symptoms:

Lumps:
- site and side - constant or changing
- duration - when and how first noted
- any changes since first noted
- relationship to menstrual cycles or exogenous hormones
- associated symptoms

Nipple changes:
- side
- duration of change
- colour change
- fixed whole nipple inversion
- ulceration
- bloody or serous unilateral nipple discharge

Skin changes:
- site and side
- duration and any treatment applied
- description of change
- associated symptoms such as itch or pain
Consider Paget's Disease of the breast as a presentation of breast cancer.

Paget's Disease of the breast:
- a scaly, raw, vesicular or ulcerated lesion that begins on the nipple and spreads to the areola
- pain, burning, or pruritus may be present before the development of clinically apparent disease
- there may not be an associated mass or breast imaging abnormality

Breast pain:
- if pain is present, and there are no red flags after completing the breast examination, see the breast pain pathway
- breast pain as an isolated symptom is rarely due to cancer and is usually hormonal in origin

Other history to note:
- ethnicity, including hapu and iwi if patient self-identifies as Maori
- previous breast imaging, whether screening or diagnostic, including where imaging performed and results
- current medication and any allergies
- smoking status
- current pregnancy?
- menopausal status and menstrual history
- parity and age at first full term pregnancy
- previous history of breast or ovarian cancer
- co-morbidities
- previous surgery to the breast including breast reconstruction/implants/reduction
- previous breast or chest trauma, including motor vehicle accident
- family history of breast or ovarian cancer or other cancer

9 Risk factors

Quick info:

**RISK FACTORS:**
- strong family history (i.e. brother, sister) of breast cancer;
  - a first degree relative diagnosed with breast cancer before aged 50 years
  - two or more first degree relatives on the same side of the family diagnosed with breast cancer at any age
  - two second degree relatives on the same side of the family, diagnosed with breast cancer, at least one before age 50
  - first or second degree relative diagnosed with bilateral breast cancer
  - first or second degree relative with male breast cancer
  - age 40 years or older, and persists after her next period or presents after menopause
  - aged younger than 40 years and the lump is increasing in size or where there are other reasons for concern such as strong family history
- Maori / Pacific ethnicity
- family history of ovarian or related cancers
- known to carry a breast cancer susceptibility gene mutation (e.g. BRCA1 or BRCA2)
- radiation therapy previously delivered to the chest or mediastinum
- personal history of breast or ovarian cancer
- older age at birth of first child or nulliparity
- increasing age
- hormone replacement therapy for several years
- increased breast density

10 Red Flags - high suspicion of cancer

Quick info:
Red Flags: FCT High Suspicion of Breast Cancer Definition [1].

If the patient presents with one or more of the following red flags, then the referral should be triaged as ‘High Suspicion of Cancer’:

- diagnosed cancer on fine needle aspiration or core biopsy (or results suspicious of malignancy). Although a diagnosis of cancer on FNA or core biopsy is not a high suspicion as the diagnosis is proven, this criteria remains in the “High Suspicion of Breast Cancer” definition as it ensures timely referral from the GP and prioritisation by secondary services if a patient returns to their GP after imaging and biopsy results
- imaging suspicious of malignancy
- discrete, hard breast lump with fixation (with or without skin tethering)
- discrete breast lump that presents in women with one or more of the following:
  - aged younger than 40 years and the lump is increasing in size or where there are other reasons for concern such as strong family history
  - with previous history of breast cancer or ovarian cancer
- imaging suspicious of malignancy
- discrete breast lump with fixation
- discrete breast lump that presents in women with one or more of the following:
  - aged younger than 40 years and the lump is increasing in size or where there are other reasons for concern such as strong family history
  - with previous history of breast cancer or ovarian cancer
- suspected inflammatory breast cancer or symptoms of breast inflammation that have not responded to a course of antibiotics
- spontaneous unilateral bloody nipple discharge
- women aged over 40 years with recent onset unilateral nipple retraction or distortion
- women aged over 40 years with unilateral eczematous skin or nipple change that does not respond to topical treatment
- men aged 50 years and older with a unilateral, firm sub-areolar mass, which is not typical gynaecomastia or is eccentric to the nipple

11 Examination

Quick info:

Examination:

1. Examine under good light with the patient's consent and in the presence of a chaperone:
   - examine unaffected side first
   - examine with arms by patient’s side
   - examine with arms raised above patient’s head
   - examine with patient’s hands pressing on hips and leaning forward (i.e. contracting pectoral muscles)

2. Pay particular attention to:
   - breast contours – skin changes such as erythema, bruised appearance, dimpling, or puckering, pitting of skin (peau d’orange), visible lumps
   - nipples – inversion, erythema, eczema, nodules, ulcers, discharge

3. Palpation:
   - patient seated or standing:
     - use the flat of the fingers to palpate
     - supraclavicular and axillary fossae
     - breasts
   - patient lying flat:
     - palpate supraclavicular and axillary fossae
     - palpate all quadrants of breasts and axillary tail, as well as around and behind the nipple
     - use the non-examining hand to immobilise a large breast

4. Record details of any lumps:
   - size
   - shape
   - consistency
   - mobility
   - tenderness
• fixation
• exact position (o'clock position and cm from nipple)

12 Refer for imaging and surgical breast assessment

Quick info:
If the patient presents with one or more red flags, then the referral should be triaged as ‘High Suspicion of Cancer’.
Imaging should be in the form of mammography and/or ultrasound:
• breast feeding or pregnant – arrange a breast ultrasound
• aged < 35 years – arrange a breast ultrasound
• aged > 35 years – arrange a breast ultrasound and mammogram

Referral information:
Whanganui Referral Form
Patient information that should be stated on a referral for breast imaging and surgical breast assessment includes:
• age
• ethnicity (including Hapu and Iwi if patient self-identifies as Maaori)
• presenting symptoms and duration
• clinical examination findings including:
  • side
  • position in breast (o'clock position, distance from nipple)
  • size
  • mobility
  • skin or nipple changes if present
  • axillary lymph node changes if present
• menopausal status
• current medication
• previous breast imaging
• previous breast surgery, reconstruction or trauma
• any risk factors for breast cancer (as listed 'risk factors' box)
• any other relevant clinical information

Patients should be encouraged to take a support person with them to any imaging or clinical appointments. Discuss with patient the option of referral to support service.

13 Consider differential diagnosis

Quick info:
Consider other causes of breast symptoms:
• fibroadenoma
• breast cysts
• traumatic fat necrosis (including history of motor vehicle accident)
• radial scar
• papilloma
• fibrocystic disease
• mastitis and/or abscess
• costochondritis

14 Level of engagement and understanding
Quick info:

1. Apply health literacy principles:
   • ask what the patient understands:
     • build on what the patient already knows
     • translate medical terminology into lay language
     • draw diagrams or write key phrases and messages down and give it to the patient to take with them
     • provide educational material
   • check the patient’s understanding to confirm that they understand the key messages
   • encourage patient to bring trusted support people to future consultations
   • consider other health literacy resources as appropriate:
     • interpreter Services – Language Line (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, and Saturday 9am to 2pm
     • maaori navigational services
     • pasifika health services
     • cancer nurse coordination services
     • cancer society
   • LETS PLAN is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury

2. Consider any barriers to effective care:
   • complexity of cancer care pathway – not knowing when or where to go next
   • whaanau, family and social network dynamics
   • whaanau support, family history
   • family obligations including dependents
   • work responsibilities
   • whaanau, hapu, and iwi obligations
   • community engagement and obligations or responsibilities
   • locality and geographical access to health and hospital services
   • socio-economic factors, including source of income

15 Investigation and diagnosis - Triple Assessment

Quick info:
Patients presenting with symptoms or signs suspicious for breast cancer should undergo triple assessment:
   • clinical examination
   • imaging in the form of mammography and/or ultrasound:
     • breast feeding or pregnant – arrange a breast ultrasound
     • aged < 35 years – arrange a breast ultrasound
     • aged > 35 years – arrange a breast ultrasound and mammogram
   • core biopsy or fine needle aspiration (FNA) if a lesion is identified [1]
Core biopsy has the highest sensitivity for the detection of breast cancer.
NB: when a patient goes privately for their mammogram and ultrasound, the biopsy is an additional cost and they should be made aware of this prior to referral.

16 Refer patient to support services

Quick info:
Cancer Support Services:
1. Cancer Nurse Coordinator Whanganui Region Region:
Cancer nurse coordinators can improve the experience for patients including:
• their family and whaanau, with cancer or suspected cancer
• they also help improve overall access and timeliness of access to diagnostic and treatment services for patients with cancer

2. Cancer Society:
• an information guide for women with Breast Cancer
• for additional support services phone the cancer information nurses on the Cancer Information Helpline 0800 226 237
• Whanganui patient information sheet

3. Central Region Cancer Services Directory:
The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke’s Bay including:
• breast services
• ethnic and cultural
• accommodation
• disability support
• government health services
• medication
• legal advice

4. Maori Health Service Providers in Whanganui

5. Social Worker Whanganui Hospital
   Phone (06) 3568322 Pager 152

6. Cancer Psychology Service Whangnui
   0272121391

7. New Zealand Breast Cancer Foundation:
• search the national online service directory if you're in need of a local breast cancer service or product, from counselling to wig and prostheses suppliers. Nearly 400 support services and products are listed to help make what you need easier to find

8. Patient Resource - Assessment of Breast Symptoms
This brochure contains information for patients and their family/whaanau about different types of breast assessments and their purpose.

17 Referral for breast imaging

Quick info:
**Referral Information:**

Whanganui Referral Form

Patient information that should be stated on a referral for breast imaging includes:

• age
• ethnicity (including Hapu and Iwi if patient self-identifies as Māori)
• presenting symptoms and duration
• clinical examination findings including:
  • side
  • position in breast (o’clock position, distance from nipple)
  • size
  • mobility
  • skin or nipple changes if present
  • axillary lymph node changes if present
• menopausal status
• current medication
• previous breast imaging
• previous breast surgery, reconstruction or trauma
• any risk factors for breast cancer (as listed ‘risk factors’ box)
• any other relevant clinical information
Patients should be encouraged to take a support person with them to any imaging or clinical appointments. Discuss with patient the option of referral to support services.

18 Review findings from Triple Assessment
Quick info:
Review findings from triple assessment.

19 Cancer / abnormal findings
Quick info:
Cancer / abnormal findings:

• if after these imaging assessments the patient’s radiological findings are not consistent with the clinical findings and the primary health care provider still has concerns a breast cancer is present, the patient should be referred for specialist breast assessment in a surgical clinic

• if a patient has a focal abnormality in the breast on clinical examination, with a recent mammogram in the past 3 months indicating no abnormality or the patient is known to a surgical breast clinic, patient should be referred for ultrasound before referral to surgical breast clinic

• if a patient has a focal abnormality in the breast on clinical examination and red flags are present, refer urgently for specialist breast assessment in a surgical clinic and annotate “High Suspicion of Cancer” for the Faster Cancer Treatment Programme. At the same time an urgent breast ultrasound should be arranged if the patient is aged < 35 years or an urgent mammogram and breast ultrasound arranged if the patient is aged > 35 years

20 No abnormal findings
Quick info:
No abnormal findings:

NB: Māori women have, on average, a 33% higher incidence of breast cancer than non-Māori women [1]:

• Māori and Pacific women are also at greater risk of dying of breast cancer than other NZ women. Over a ten year average, Māori women have shown to have a 65.4% higher mortality rate from breast cancer than non-Māori women [1]

1. Offer reassurance, lifestyle advice, and advice about routine screening guidelines
2. If there is thickening or nodularity consistent with hormonal change:
   • continue with Breast Screening Programme
   • treat any pain, follow the Breast Pain pathway
   • review in 1 to 2 months, and if problem persists, consider further diagnostic imaging
3. If the results of the imaging:
   • show normal breast tissue or no discrete lesion, and these results are:
     • consistent with clinical findings, advise regarding breast awareness and future screening. Consider review in 2 to 3 months
     • not consistent with clinical findings, refer for surgical opinion and ongoing monitoring plan

General practitioners are responsible for informing patients of the results. If you have requested automatic surgical opinion for investigations suggesting malignancy, include a full medical history. General practitioners are still responsible for advising the patient of the result before they see the surgeon.

21 Referral Specialist Breast Assessment
Quick info:
NB: Annotate “High suspicion of breast cancer” to aid triage for Faster Cancer Treatment Programme.

Whanganui Referral Form

Patient information that should be stated on a referral for breast imaging includes:

• age
22 Surveillance

Quick info:

Recall system for patients with strong family history:
- an annual mammogram follow up for 10 years can be done by sending a referral to radiology for future appoints within 1-10 years.

Eligible for publicly funded surveillance (please stipulate age and specific family details on referral):
- known to carry a breast cancer susceptibility gene mutation (e.g. BRCA1 or BRCA2)
- radiation therapy previously delivered to the chest or mediastinum
- personal history of breast or ovarian cancer
- strong family history of breast or ovarian cancer:
  - a first degree relative diagnosed with breast or ovarian cancer before aged 50 years
  - two or more first degree relatives on the same side of the family diagnosed with breast or ovarian cancer at any age
  - two second degree relatives on the same side of the family, diagnosed with breast or ovarian cancer, at least one before age 50
- first or second degree relative diagnosed with bilateral breast cancer
- first or second degree relative with male breast cancer

Not eligible for public funded surveillance:
- older age at birth of first child or nulliparity
- increasing age
- hormone replacement therapy for several years
- obesity
- heavy alcohol intake
- increased breast density
- current or recent use of oral contraceptives for several years

23 Breast Screening Programme 45-69 yrs

Quick info:
Patient Information Resource:

- breastscreen aoteaora resources

A screening mammogram is an X-ray of the breast. You can have a free screening mammogram every two years through Breast Screen Aotearoa if you meet all the following:

- are aged 45–69 years
- have no symptoms of breast cancer
- have not had a mammogram in the last 12 months
- are not pregnant or breastfeeding
- are eligible for public health services in New Zealand

If you meet the criteria above and have had breast cancer, you can re-enter Breast Screen Aotearoa five years from when your cancer was found.
Breast Cancer Suspected
Breast Pain – Mastalgia
Provenance Certificate

Overview
This document describes the provenance of Whanganui District Health Board’s pathway.

The purpose of implementing cancer pathways in our District is to:
- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite this pathway, use the following format:
Map of Medicine/Whanganui District View/Oncology/Breast Cancer Suspected, Breast Pain (Mastalgia)

Editorial methodology
This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References
This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

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Whanganui DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.