

**Clinical Breast Examination**  
*Minimal Clinical Elements for the*  
*Centers for Disease Control and Prevention Breast and Cervical Cancer Program*  
 Breast Cancer Detection and Diagnosis

<b>Step</b>	<b>Minimal Clinical Elements*</b>
Detection	<p><b>*CBE done on all program eligible women:</b></p> <ul style="list-style-type: none"> <li>• Done previous to and within three months of screening mammogram</li> <li>• Entire breast examined including the retroareolar and peripheral areas and the upper lateral quadrant into the axilla</li> <li>• The preferred method* is the strip technique using 3 levels of pressure in small circular motions with pad of three middle fingers without lubrication (*H.S. Pennypacker Method)</li> </ul> <p><b>*Findings reported as:</b></p> <ul style="list-style-type: none"> <li>• <i>Negative</i></li> <li>• <i>Non-significant findings – Specify</i></li> <li>• <i>Further evaluation needed</i> <ul style="list-style-type: none"> <li>- Distinct palpable mass or thickening of concern to examiner and / or patient regardless of degree of tenderness</li> <li>- Skin dimpling / reddening</li> <li>- Bloody nipple discharge</li> <li>- Nipple discharge that is unilateral, spontaneous, localized to one duct</li> <li>- Skin retraction or scaliness around nipple</li> <li>- Inverted nipple (recent occurrence / onset) in woman not pregnant or lactating</li> <li>- New onset of pain in the elderly atrophic breast</li> </ul> </li> <li>• <i>Does or does not have implants</i></li> <li>• <i>Has or has not had mastectomy / lumpectomy</i></li> </ul>
Diagnosis / Further Evaluation	<p>For <u>all</u> distinct palpable masses or thickening of concern to examiner and / or patient regardless of degree of tenderness; skin dimpling / reddening; nipple discharge that is bloody or unilateral, spontaneous, localized to one duct; skin retraction or scaliness around the nipple; inverted nipple (recent occurrence / onset) in woman not pregnant or lactating; or new onset of pain in the elderly atrophic breast, further evaluation is required. All abnormalities mentioned above must be evaluated by all appropriate bulleted elements listed below, until a definitive diagnosis is established.</p> <p><b>Further evaluation <sup>1</sup>implemented by a radiologist and/or surgeon as follows:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic mammography – <i>always</i></li> <li>• Ultrasound of a palpable finding or possible cyst – when recommended by a radiologist or surgeon</li> <li>• Needle aspiration of a cyst           <ul style="list-style-type: none"> <li>Indications for aspiration: palpation of possible cyst, ultrasound documentation, or mammographic appearance. Aspiration performed by primary care provider, radiologist or surgeon</li> <li>Indications for further evaluation of a cyst:               <ul style="list-style-type: none"> <li>- Inflammatory fluid – consideration for culture and / or antibiotic therapy as clinically indicated.</li> <li>- Bloody fluid – surgical evaluation for consideration of excisional biopsy.</li> <li>- Clear fluid – reaspirate x2 at 3 month intervals if necessary; referral to surgeon for consideration of excisional biopsy at third recurrence</li> </ul> </li> </ul> </li> <li>• Fine needle biopsy (FNB) or core needle biopsy (CNB) of solid tumor performed by an experienced physician. If FNB is negative, surgical evaluation for consideration of excisional biopsy is required – <i>always</i></li> <li>• History and clinical breast exam by surgeon for all solid (non-cystic) masses (regardless of mammography findings) – <i>always</i></li> <li>• Excisional biopsy of a palpable mass – when recommended by the surgeon or radiologist</li> <li>• Excisional biopsy of non-palpable or questionably palpable mass (utilizing localization by an imaging modality, e.g. mammography, ultrasound, etc) – when recommended by surgeon or radiologist. Specimens of such biopsies should be verified by the same imaging modality.</li> </ul> <p><b>*Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer by surgeon who removes tissue for diagnosis.</b></p> <p><b>*Stage I or greater cancer evaluated by a medical, surgical, or radiation oncologist.</b></p>
Treatment	<p><b>*Positive biopsy treated.</b></p>

<sup>1</sup>The diagnostic workup / evaluation report should include the results of the diagnostic mammogram, ultrasound (when appropriate), clinical breast exam, and the correlation of each test with each other.