NHS
Greater Manchester
Cancer Alliance

Greater Manchester Cancer Alliance Guidelines: Primary and Secondary Care Management of Breast Conditions in Children

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Written on behalf of the Greater Manchester Cancer Alliance Breast Pathway Board and approved by board members April 2026

Thank you to the Paediatric Endocrinology Clinical Team, Royal Manchester Children's Hospital for their support to develop these guidelines

Contents

In the UK, no cases of breast malignancy have been reported in children under the age of 15 years.[1,2]

1. Breast conditions in neonates and children **up to the age of 10**

This includes conditions such as neonatal abscesses, gynaecomastia, precocious puberty, unilateral breast bud development, galactorrhoea and dermatological conditions affecting the skin of the chest/breast area.

- Most breast symptoms in young children can be managed in primary care.
- If a primary care practitioner determines that a specialist opinion is required, **please refer to paediatrics.**
- Neonatal abscesses are managed by paediatricians, with iv antibiotics and referral to paediatric surgery if they fail to settle.

2. Breast conditions in children from the age of **10 to 15 years**

2.1 Management in primary care (10-15 year-old children)

The following conditions do not usually require secondary care referral and should be managed in primary care with reassurance:

Breast symptoms to be managed in primary care	Notes for clinical teams
Pain within developing or developed breast tissue	• Pain in breast tissue, and the developing breast bud, is very common and does not need further investigation. • **Reassure and advise a well-fitting bra +/- topical NSAID gel.**
Mild to moderate gynaecomastia in male children with no other endocrine signs or symptoms	• Gynaecomastia affects approximately 60% of adolescent males.[3] • Pubertal oestrogen production begins prior to testosterone production due to early maturation of aromatase (catalyses conversion of androgens to oestrogens) which can cause temporary gynaecomastia.[4] • The Association of Breast Surgery Gynaecomastia Guideline states that adolescents with mild to moderate physiological pubertal gynaecomastia should not undergo any investigations.[4] • Regression occurs in 90% of cases, but this may be over a period of months or years.[4] • **Reassure the child and their family.** • See section 4 for information about aesthetic surgery.

Low volume milky/yellow/green/brown **nipple discharge**	• **Reassure and advise patient not to squeeze nipple area.** • If nipple discharge is bloody, and not related to nipple eczema, please refer to local breast unit.
Asymmetry of the breasts	• Asymmetry due to one breast bud growing before the other is common. Most differences even out over time and do not need investigation or treatment. • **Reassure the child and their family and advise to re-present if asymmetry persists at the age of 18.** • Do not refer to secondary care for consideration of aesthetic surgery before the age of 18 (see section 4 for eligibility criteria). • If asymmetry of the breasts is caused by a unilateral mass within, but separate to, the breast tissue please refer to local breast unit.
Amazia (absence of the breast with presence of the nipple) and **Amastia** (absence of the breast and the nipple)	• Delayed puberty should be referred to paediatrics • Do not refer to secondary care for consideration of aesthetic surgery before the age of 18 (see section 4 for eligibility criteria).
Macromastia (abnormally large breasts)	• Surgery is not recommended or funded except in exceptional circumstances (see section 4 for eligibility criteria). • **Reassure the child and their family.**
Accessory nipples or supernumerary breast	• Can occur in 1-6% of the population.[3] • Surgery is not recommended or funded. • **Reassure the child and their family.**

2.2 Management by paediatrics (10-15 year-old children)

The following conditions should be referred to paediatrics to exclude an underlying endocrine/genetic cause:

- Galactorrhoea
- Severe, large volume gynaecomastia
- Gynaecomastia with additional symptoms/signs suggestive of Klinefelter's, testicular feminisation, hormone secreting tumours, thyroid dysfunction
- Delayed puberty

2.3 Management in secondary care breast services (10-15 year-old children)

The following conditions in this age group can be referred to the local secondary care breast service:

Breast symptoms to be managed in secondary care	Notes for clinical teams
Abscesses within breast tissue (infected epidermoid cysts and other skin conditions should be referred to paediatrics)	• Abscesses in older children are treated by ultrasound guided aspiration and antibiotics, with surgery reserved for cases that have necrotic skin. • **Start antibiotics in primary care and refer to breast unit for ultrasound scan.**
Distinct lump in developing/developed breast tissue	• **10-15 year-old children with a distinct lump in otherwise normally developing/developed breast tissue should be referred to the breast unit for an ultrasound scan**. This is usually sufficient to make a diagnosis. • Biopsy in children is not indicated for solid lesions typical of a fibroadenoma, fat necrosis, intramammary node, or lipoma • Invasive tests (e.g. FNA, core biopsy) and surgical excision should be avoided unless absolutely necessary. • Most children with a fibroadenoma(s) can be discharged or offered review after 6-12 months to reassess the size. • Giant fibroadenomas (over 5cm) can grow rapidly and should be excised. • Phyllodes tumours should be excised with clear margins, and any malignant phyllodes should be referred to the sarcoma service at Manchester Foundation Trust. • Breast cancers are extremely uncommon in children, and when they do occur, they are usually a metastases from elsewhere. A strong family history suggesting a Li Fraumeni mutation or a history of chest irradiation should raise suspicion.
Bloody or clear nipple discharge not related to nipple eczema	• **Refer to breast unit for ultrasound scan to exclude underlying pathology.** • Bloody or clear discharge may be due to duct ectasia in boys and girls. • Discharge usually settles spontaneously. • Surgery should be avoided unless absolutely necessary.
Asymmetry of the breasts	• If asymmetry of the breasts is caused by a unilateral mass within, but separate to, the breast tissue please refer to local breast unit for triple assessment. • Surgery to correct the appearance of congenital asymmetry is only funded when the patient is 18 years

	of age or older and if the patient meets the Greater Manchester eligibility criteria (see section 4). • Please do not refer for aesthetic surgery if the patient is under 18 years of age.
Amazia (absence of the breast with presence of the nipple) and **Amastia** (absence of the breast and the nipple)	• Delayed puberty should be referred to paediatrics. • Surgery to correct the appearance of amazia/amastia is only funded when the patient is 18 years of age or older and if the patient meets the Greater Manchester eligibility criteria (see section 4). • Please do not refer for surgery if the patient is under 18 years of age.

3. Breast conditions in patients **16 years old and over**

Please follow adult guidelines and referral processes.

4. Information for children, young adults and their families on aesthetic breast surgery

Breast symptom	Notes for clinical teams, patients and families about aesthetic breast surgery
Asymmetry of the breasts More than 3 cup-sizes difference	• Surgery to correct the appearance of congenital asymmetry is only funded on the NHS when the patient is 18 years of age or older and if the patient meets the Greater Manchester eligibility criteria. • Please do not refer for surgery if the patient is under 18 years of age or does not meet the eligibility criteria. • **If the patient is seeking aesthetic breast surgery, please make a non-urgent referral to the local breast unit only if the individual is over 18 years of age, AND has three cup sizes difference between the breasts AND has a BMI <27** (eligibility criteria as per the Greater Manchester Procedures of Low Clinical Value Commissioning Statements, Jan 2026[6]). **The patient should stop smoking prior to referral.** • If there are less than 3 cups sizes difference between the breasts, but there is a clear tubular deformity of one breast (the breast base diameter of the tubular breast must measure less than 50% of the contralateral breast) the patient can be referred to the local breast unit for consideration of surgery, once the patient is 18 years or older and has a BMI <27.

Amazia (absence of the breast with presence of the nipple) and **Amastia** (absence of the breast and the nipple)	• Surgery to correct the appearance of amazia/amastia is only funded when the patient is 18 years of age or older. • Surgery is only funded if there is **complete** amazia/amastia. Surgery is not funded for small breasts.[6] • Please do not refer for surgery if the patient is under 18 years of age or does not meet the eligibility criteria. • **If the patient is seeking aesthetic breast surgery, please make a non-urgent referral to the local breast unit only if the individual is over 18 years of age, AND has complete amazia/amastia AND has a BMI <27. The patient should stop smoking prior to referral.**

- The following procedures are **not** currently routinely commissioned or funded (April 2026):
  - Breast reduction
  - Breast lift (mastopexy)
  - Chest wall contouring surgery for gynaecomastia
  - Removal of accessory nipples
  - Correction of nipple inversion
- These procedures are only funded in 'exceptional' circumstances as per Greater Manchester Procedures of Low Clinical Value Commissioning Statements.[6]
- 'Exceptional' in commissioning terms is a clinical case where the general rule should not apply. Very few patients have clinical circumstances which are genuinely exceptional, as per the commissioning description.
- Do not refer to secondary care unless the patient is over 18 years of age **AND** has been accepted for funding via the Greater Manchester Individual Funding Requests Operational Policy (IFR).[7]
- The IFR will **NOT** take into consideration the following: the individual's situation, background, ambition in life, occupation, ability to work, family circumstances, mental health impact, cosmetic appearance.

5. Surgery in children

Any units performing surgery in children should ensure the correct governance structures are in place to provide high quality pathways including: admission information; the care environment and ward staffing; anaesthetic, theatre and recovery care including pain management; discharge and follow-up; communication with the patient and family.[8,9]

For young people aged 16-17 the choice of treatment on an adult or children's ward will depend on local service provision, however, it is preferable that the patient has a choice of treatment in either environment.

6. References

1 Cancer Research UK. Children's cancer statistics. Available from: https://www.cancerresearchuk.org/health-professional/cancer-statistics/childrens-cancers 5

2 Gutierrez JC, Housri N, Koniaris LG, Fischer AC, Sola JE. Malignant breast cancer in children: a review of 75 patients. J Surg Res 2008;147:182–1882018

3 Association of breast surgery guidelines guidance and pathways for the assessment of children with breast symptoms https://associationofbreastsurgery.org.uk/media/erapzd5s/guidance_pathways_children_final.pdf

4 Association of Breast Surgery Summary Statement: Investigation and Management of Gynaecomastia in Primary & Secondary Care. March 2021. https://associationofbreastsurgery.org.uk/media/b2ljdqhr/abs-summary-statement-gynaecomastia-v3.pdf

5 UK Cancer Reform Strategy Breast Cancer Working Group: Best Practice Diagnostic Guidelines for Patients Presenting with Breast Symptoms. November 2010. https://associationofbreastsurgery.org.uk/professionals/information-hub/guidelines/2010/best-practice-diagnostic-guidelines-for-patients-presenting-with-breast-cancer-symptoms

6 **Greater Manchester Procedures of Low Clinical Value Commissioning Statements. Jan. 2026** Greater Manchester Individual Funding Request Service | Greater Manchester Integrated Care Partnership

7 Greater Manchester Individual Funding Requests Operational Policy Version 1.1 (Feb 2025) https://www.gmeurnhs.co.uk/nhsgmgmicbblobstorage/GMEUR/Other%20Policies/GM%20EUR%20Operational%20Policy.pdf

8 Standards for non-specialist emergency surgical care of children 2015. Royal College of Surgeons of England https://www.baps.org.uk/wp-content/uploads/2017/03/Service-standards-for-non-specialist-emergency-childrens-surgery-2015.pdf

9 Royal College of Anaesthetists. Chapter 10: Guidelines for the Provision of Paediatric Anaesthesia Services 2020. https://www.rcoa.ac.uk/gpas/chapter-10