**Practice 9** [1]

**Not appropriate** to confirm or exclude a diagnosis of breast cancer without undertaking the triple test, which involves:

- taking a patient history and clinical breast examination;
- imaging tests (mammogram and/or ultrasound); and
- biopsy to remove cells or tissue for examination.

**Context**

In 2016, it is estimated that there will be 15,930 new cases of breast cancer in Australia. More than half of these will be diagnosed as a result of the investigation of a breast change. Studies have shown that the most effective and accurate way to diagnose breast cancer in women with breast symptoms is to use the triple test.

The triple test refers to three diagnostic components used to investigate new breast symptoms that could be due to breast cancer: (i) patient history and clinical examination; (ii) diagnostic imaging; (iii) non-surgical biopsy. The correct sequencing of tests and correlation of results with the breast symptom is important to the overall interpretation of the results.

The triple test is positive if any component is indeterminate, suspicious or malignant. Any positive result requires further investigation or specialist referral, with the likelihood of cancer increasing if more than one component is positive. A positive triple test is found in 99.6% of breast cancers.

**Value to patients**

Providing patients with a confirmed diagnosis of breast cancer is important to enable informed discussions and decision-making around treatment options and to potentially reduce the number of surgical procedures.

**Supporting evidence**

National Breast and Ovarian Cancer Centre. *Investigation of a new breast symptom, a guide for general practitioners.* 2006 Surry Hills, NSW.


**Source URL:** https://thestatement.canceraustralia.gov.au/the-practices/practice-9

**Links**