

## Breast awareness and screening mammograms

Breast cancer is the commonest cancer in the UK. Approximately 1 in every 100 women will develop breast cancer each year in the UK, *mainly affecting women over 50*. This leads to a *cumulative* risk of the cancer affecting one in nine women at some time in their life. 65% of breast cancers affect women between the ages of 50 and 80 and the national screening programme therefore focuses on the 50 - 70 year old age group.

*However 14% of all breast cancers occur in the 40 - 50 year old age group (1 in every 50 women age 40 - 50 will develop breast cancer).* Linklaters recognise this risk and therefore support the opportunity to have a mammogram as part of a regular health screen from the age 40 onwards. Breast awareness and screening can help early detection and reduce the number of deaths from breast cancer.

Being breast aware simply means understanding how your breasts look and feel normally, and how they change at different times of the month. Knowing what is normal for you means you find it easier to notice unusual changes if they occur.

**Nine out of ten breast lumps are not breast cancer.** However, if a cancer is present, treatment is simpler and more successful if it's found early. Women who are breast aware are more likely to detect unusual changes in their breasts as early as possible.

The main UK breast cancer charities recommend a five-point code:

- Know what is normal for you
- Check both the look and feel of your breasts
- Know what changes to look for and feel
- Report any changes to your GP without delay
- Attend for routine breast screening if you are aged 50 or over

### How to be breast aware

There is no one correct time or fancy technique for checking your breasts. You should simply get into the habit of feeling and looking at your breasts from time to time *in a methodical manner*. Check yourself in a way that is comfortable. Some women find it convenient to look at their breasts when preparing for a bath or shower, using a mirror to view their breasts from different angles. Some women find it easiest to feel their breasts with a soapy hand or with skin lotion since this will slide more easily over the breasts. Once you are familiar with the usual feel and appearance of your breasts you will be able to notice changes. If you find anything that makes you feel uncomfortable or anxious when checking yourself do arrange to see a doctor to discuss your concern.

It is important to remember that each woman's breasts are different and that it is normal for them to change in appearance and feel. They can be affected by the menstrual cycle, age, pregnancy, the menopause and taking the contraceptive pill.

### Changes which may not be normal are:

- Sudden changes in size or shape of the breast or dimpling of the skin.
- Rash or crusting of the nipple or surrounding area or changes in nipple shape or position, any discharge (unless breastfeeding and it's 'milky').
- swelling or a lump in the breast or armpit
- any changes in sensation, especially if in one breast only
- constant pain in part of the breast or armpit

Remember, you are looking and feeling for any *changes in your breasts that are unusual for you*.

## Mammograms

A mammogram is an X-ray of the breasts. In the UK, the National Health breast screening programme will invite you for a mammogram every 3 years between the ages 50 to 70. You are also very likely to have a mammogram if you have a breast lump symptom.

### What happens when you have a mammogram?

A radiographer helps you to position one breast at a time on a small flat plate, with an X-ray plate under it. There is another flat plate above your breast. Your breast is firmly pressed down between the plates by the machine for a few moments to allow a clear picture of the breast tissue.

Later, a specialist will then look at your mammogram x-ray and see if there are any signs suspicious of cancer. He will send your report to the Harley Street General Practice and we will write to you as soon as we receive the result. You should get your results within 5 - 7 days. If there is anything doubtful on the report we will also endeavour to speak to you personally. If there is any doubt at all about your mammogram you will be advised as soon as possible about the need for further tests.

### **Does everyone called back for further tests have cancer?**

No - far from it. There is no reason to panic if you are called back for more tests. In the UK breast screening programme about 1 in 20 women (5%) are called back for further tests. But only 1 in 8 of this 5% who are called back will turn out to have cancer.

**So 7 out of every 8 women 'called back for more tests' will be fine.** It is true that these 7 women will have had some unnecessary anxiety. But the specialist has to err on the safe side otherwise the risk of missing an early cancer is increased.

Cancers picked up by screening mammograms tend to be diagnosed very early on in their development. This usually means they are easier to treat, need less treatment and are more likely to be cured.

### **What does a mammogram show?**

Well developed breast cancers nearly always show up clearly on mammograms. Unfortunately, there will always be the occasional cancer that is missed or doesn't show up (false negatives). *Mammography is not perfect*, but screening for breast cancer using mammography is presently the best technique to pick up breast cancers at a very early stage.

### **About 7 cancers are found for every 1,000 women screened in the 50 - 64 year old age groups.**

A very few cancers do not show obvious signs even on the mammogram. You should therefore always tell your doctor about a suspicious lump even if you have recently had a mammogram.

### **DCIS**

The mammogram may also report DCIS. This stands for '*ductal carcinoma in situ*'. It is a very, very early breast cancer. Some doctors call it a pre-cancer. The breast cancer cells are forming in the lining of the tubes (ducts) that carry milk within the breast. Because they haven't broken out of the tubes, the cancer cells can't have spread. So there is very little risk of DCIS coming back once it has been removed.

### **Is breast cancer over diagnosed?**

There has been quite a debate in the medical press about breast screening programmes picking up a breast cancer when there isn't really one there (a 'false positive'). Or picking up an early breast cancer that was never going to develop any further. Obviously this potentially exposes women to unpleasant and potentially damaging cancer treatments that they didn't really need.

There is no evidence for over diagnosis of invasive breast cancer in the UK screening programme. However there may be over diagnosis of some milder forms of DCIS that have a better outlook. Unfortunately, presently we can't really know for sure which ones those are. As we can't tell at the moment which ones are going to carry on developing into an invasive cancer, the only safe option presently is to treat them all.

Cancer Research UK researchers have estimated that up to 1 in 3 cases of DCIS found when women are screened for the first time might not develop into invasive cancer if they weren't treated. That is about 1 in 20 (5%) of all women diagnosed with either DCIS or invasive breast cancer by the UK breast screening programme at their first screen.

So a very few women may have surgery they don't really need, but many more will be having potentially life saving treatment. The most vital thing we can do presently is continue research to find out more about how to identify the group of 'pre-cancers' that won't develop further.

We hope this leaflet will help by helping you understand about breast awareness and explaining that ***if you are called back for further tests this usually does not mean you have breast cancer.***

Of course many women also find having regular breast screening very reassuring.

### **Further information**

#### **Breast Cancer Care**

<http://www.breastcancercare.org.uk>

020 7384 2984

#### **Breakthrough Breast Cancer**

<http://www.breakthrough.org.uk>

020 7405 5111