

**MACMILLAN**  
CANCER SUPPORT

# UNDERSTANDING BREAST SCREENING



# About this booklet

This booklet is about breast screening. Breast screening can help find breast cancer at a very early stage, so women have the best chance of being cured.

In the UK, all women who are aged 50 to 70 and registered with a GP (family doctor) are invited to have breast screening every 3 years. Each country in the UK has its own breast screening programme. If you are aged 70 or over, you will stop getting screening invitations. But you can contact your local screening clinic to arrange an appointment.

This booklet explains:

- what breast screening is
- why women are offered breast screening
- the benefits and disadvantages of breast screening
- possible changes to look for in your breasts.

Your GP can refer you to a breast clinic for assessment at any time, even if you are already having screening. Always see your GP if you notice any changes in your breasts or under your arms.

Breast cancer in men is rare, so routine breast screening is not offered. But if you notice any changes, talk to your GP.

We hope this booklet helps you deal with some of the questions or feelings you may have.

## How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 5 to help you.

It is fine to skip parts of the booklet.

At the end of this booklet, there are details of other organisations that can help (see pages 54 to 56).

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

## Quotes

Throughout this booklet, we have included quotes from women who have had breast screening. These are from people who have chosen to share their story with us. Some quotes are from our Online Community (**community.macmillan.org.uk**). Some names have been changed. To share your experience, visit **macmillan.org.uk/shareyourstory**

## For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.



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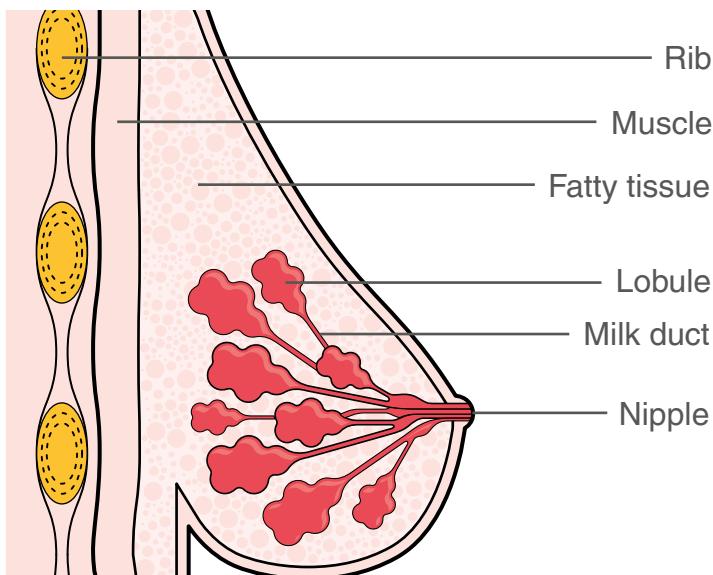
# The breasts

Breasts are made up of:

- fatty tissue
- supportive (connective) tissue
- glandular tissue containing lobes.

The lobes (milk glands) are where breast milk is made. They connect to the nipple by a network of fine tubes called ducts.

## Side view of the breast



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It is common for a woman's breasts to be a different size or shape from each other. Women who have periods may notice their breasts change at different times of the month.

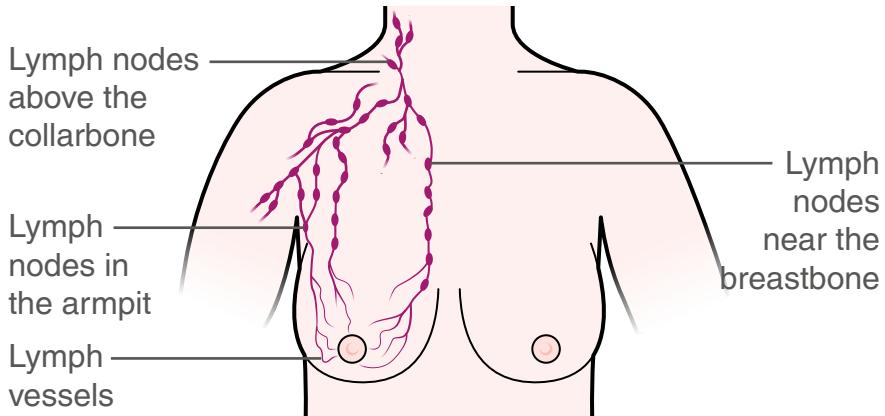
Before a period, a woman's breasts may feel tender and lumpy. After menopause, when the body makes less oestrogen, the breasts may change in size and feel softer or less full.

It is important to be aware of how your breasts feel and look at different times. You should know what is normal for you. Always see your doctor if you notice anything unusual for you, or if there is something you are not sure about.

## The breasts and the lymphatic system

The breast tissue extends into the lower armpit (axilla). The armpits also have lymph nodes (glands), which are part of the lymphatic system. The lymphatic system helps to protect us from infection and disease. It is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

### The lymph nodes near the breast



# Breast cancer

Breast cancer is the most common type of cancer in women.

As women get older, their risk of developing breast cancer increases. Most breast cancers are diagnosed in women over 50 years old.

Breast cancer treatments are improving all the time. Over 3 out of 4 women diagnosed with breast cancer (78%) are alive 10 years later.

'I was so lucky it was picked up at the screening, because if I'd had to wait until I noticed something, things could have advanced much further. Who knows how things would be different.'

Wendy



# **ABOUT BREAST SCREENING**

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# Breast screening

Breast screening is a way of finding breast cancers early, when they are small. When breast cancer is diagnosed early, less treatment may be needed, and treatment is more likely to be effective.

Every year, around 2.5 million women in the UK have screening with the NHS Breast Screening Programme. Women aged between 50 and 70 who are registered with a GP are invited for a mammogram. This happens every 3 years.

The first stage of breast screening is a breast x-ray (mammogram) of each breast (see pages 24 to 25). About 96 out of every 100 women who go for screening (96%) have a normal result.

In England, a research trial is looking at extending the age range to include women aged 47 to 49 and 71 to 73. Most local breast screening centres in England are taking part. If you live in England, you may be invited to have breast screening as part of this trial. For more information, visit [agex.uk](http://agex.uk)

## If you are trans or non-binary

If you are trans or non-binary, talk to your GP or practice nurse about breast screening. The NHS Breast Screening Programme only automatically invites people who are registered as female with their GP. But your GP can contact the NHS Breast Screening Programme, so you can be invited for screening appropriately.

If you are a trans man and have not had surgery to remove the breast tissue, it is a good idea to think about having breast screening. If you have had surgery but have some remaining breast tissue, you can also consider screening.

If you are a trans woman taking hormones, it is a good idea to think about having breast screening. This is because taking hormones may slightly increase the risk of breast cancer.

If you are worried about having breast screening, contact your local breast screening unit. Visit the NHS website to search for more information about your local breast screening unit. They can help support you (see page 55). The NHS has more information about screening for trans people. The LGBT Foundation can also give you confidential advice and support (see page 56).

## If you are under 50

Women under 50 are not routinely invited for breast screening. This is because breast cancer is much less common in women in this age group.

Mammograms are also less reliable before the menopause, which usually happens around the age of 50. After the menopause, breast tissue is less dense. There is more fatty tissue and less glandular and connective tissue. This makes mammograms easier to read.

Women under 50 who have a family history of breast cancer may be offered regular screening (see page 45). There are also some rare types of inherited conditions that can increase the risk of breast cancer (see page 46). If you have one of these conditions, you may also be offered screening under the age of 50.

**Remember, you should always see your GP if you have any changes in your breasts or notice anything unusual for you.** See pages 40 to 41 for more information on being breast aware.

## If you are over 70

If you are over 70, you can still have screening. This is because you are still at risk of breast cancer. You will not get an invitation letter unless you are part of the trial mentioned on page 14. But you can contact your local screening unit every 3 years to arrange a mammogram.

You can ask your GP where your local screening unit is. Or you can search on the NHS website at [nhs.uk/service-search/breast-screening-services/locationsearch/325](https://nhs.uk/service-search/breast-screening-services/locationsearch/325)

We have more information about the signs and symptoms of breast cancer. Visit our website or order our booklet **Understanding breast cancer in women** (see page 50).



# Getting your appointment

All women of screening age (see pages 14 to 16) who are registered with a GP will get a letter inviting them for breast screening.

In your appointment letter, you will be given a date and time to go to a local breast screening unit. This may be in a hospital or in a mobile unit (a large van). If you cannot attend the appointment you have been given, call the breast screening unit to ask for another time. The contact number will be on the appointment letter.

You will get a leaflet with your letter explaining what will happen at your appointment. You can ask for this information to be translated or sent to you in large print or audio. You can also ask for this Macmillan information to be translated into British Sign Language (BSL) (see page 50).

## If you need an interpreter

If you need an interpreter at your appointment, contact your screening unit before you go to arrange this. Some units will allow a female family member or friend to translate information for you. But others prefer you to use an interpreter.

## If you have breast implants

If you have breast implants, you will still be invited for screening. This is because you still have breast tissue around the implant. You should contact your breast screening unit to tell them about your implants when you get your invitation. Your appointment may take a few minutes longer. This allows the person doing the scan to make sure they get a clear picture of the breasts.

The pressure applied to the breasts during breast screening is unlikely to damage your implants. Mammograms for breast screening do not check for problems with your implants. If you think there is a problem with them, let your GP know.

## If you have been treated for breast cancer

If you have been treated for breast cancer, you will still be invited for screening. If you are still having follow-up mammograms at the hospital, you will not need to go for screening. But let the breast screening unit know if you are not going to the screening appointment. If you are no longer having regular mammograms at the hospital where you had treatment, you should go for screening when invited.

After your follow-up at the hospital finishes:

- if you had one breast removed, you will need to have the other breast screened
- if you had both breasts removed, you will not need breast screening, even if you have implants or reconstruction with your own tissue.

# Making a decision about breast screening

Breast screening does not prevent breast cancer from developing. But regular breast screening using mammograms is the best way to find early-stage breast cancers (see pages 24 to 25). This means treatment may be more successful. Research trials show that women who have breast screening reduce their risk of dying from breast cancer by up to 20%, compared to those who do not.

But there are some possible disadvantages of having breast screening. We explain the main benefits and disadvantages over the next few pages. This might help you decide if you want to have breast screening.

## Benefits of breast screening

### Breast screening saves lives

Research shows breast screening programmes probably prevent around 1,300 women in the UK dying from breast cancer every year.

Most cancers found through breast screening are at an early stage. This means treatment is more likely to be successful. More than half of all breast cancers found through screening are very small, and 4 out of 5 (80%) have not spread to the lymph nodes (see page 10). The lymph nodes in the armpit are one of the first places breast cancer may spread to.

If a breast cancer is found early and it is small, the surgeon can usually do breast-conserving surgery. This is when they remove the cancer and some surrounding tissue, instead of removing the whole breast. Radiotherapy is usually given after breast-conserving surgery.

Around 4 out of 5 women diagnosed through breast screening (80%) have breast-conserving surgery.

## **Disadvantages of breast screening**

### **Breast screening cannot prevent cancer**

Breast screening only helps find a breast cancer that is already there. It cannot prevent breast cancer.

### **Having a mammogram can be uncomfortable**

Many women find having a mammogram uncomfortable. Some women find it painful. This usually only lasts for a short time. But some women may find the area is tender for a few days afterwards. You can take painkillers to help. Your doctor or nurse at the breast screening unit can suggest what might help.

### **Having a mammogram involves x-rays**

All x-rays use a small amount of radiation. This includes mammograms. The amount given during a mammogram is very small and unlikely to cause any harm. The radiation dose is kept as low as possible, while making sure it gives good-quality images.

The NHS England breast screening information says having mammograms every 3 years for 20 years very slightly increases the risk of cancer in your lifetime.

But the benefits of screening and finding breast cancer early are thought to outweigh the risks of having a mammogram.

If you are worried about the risks of radiation, talk to the staff at the breast screening unit.

### **Results may cause unnecessary worry**

Mammograms can sometimes show an abnormal area in the breast that further tests show is not a cancer. This is called a false-positive result.

About 4 in every 100 women who have breast screening (4%) have an abnormal result. They are asked to go for further tests (see pages 30 to 33). The tests may include:

- more mammograms
- ultrasound scans
- a breast biopsy.

3 out of the 4 women asked back for further tests (75%) will not have breast cancer.

Waiting to get the results of these tests can be very worrying. Some women may still feel anxious, even if the doctor or nurse has told them they do not have breast cancer. You can talk to the nurse about any worries you have.

### **Mammograms sometimes need to be taken again**

1 or 2 mammograms in every 100 (1 or 2%) have to be taken again, because:

- the mammogram has missed part of the breast tissue
- the x-ray picture is blurred
- there is a problem with the equipment, but this is rare.

## Cancer may be diagnosed between screenings

Women having breast screening can still be diagnosed with breast cancer between their screening appointments. This can happen even if their last mammogram was normal. This is called an interval cancer.

Sometimes cancers are hard to see on a mammogram. Or they are too small to be seen at that time. Occasionally, the person looking at the mammogram may miss the cancer. To reduce this risk, each mammogram is looked at by two specially trained members of staff.

**If you notice any changes in the way your breasts look or feel, make an appointment to see your GP straight away.** You should do this even if you have recently had a normal mammogram.

## Breast screening may find cancer that may never have needed treatment

Some breast cancers diagnosed through breast screening may never grow any bigger or spread into surrounding breast tissue. Or they may grow so slowly they would never have caused any problems.

All women who are diagnosed with breast cancer are offered treatment. This is because it is not possible to tell which cancers do not need treatment. Because of this, some women will have treatment for a cancer that may never have caused any problems. Doctors are trying to find out how to decide which cancers may not need treatment.

It is unclear how many women are treated for a cancer that might never have caused any problems. Current research suggests about 1 in 5 cancers diagnosed through screening (20%) would never have caused a problem.

## Contacting the breast screening unit

If you are finding it hard to decide whether to have breast screening, you can contact the breast screening unit. Staff at the unit can answer any questions you have, or give you more information to help you decide. You can also talk to your GP. Or you could talk to our cancer support specialists on **0808 808 00 00**.

If you decide not to have breast screening, contact the unit by letter or phone to tell them. If you change your mind, you can contact them to make a new appointment. Even if you do not go, you will still be invited for screening again 3 years later if you are of screening age.

If you do not want to be invited again, ask the screening centre or your GP to take your name off the system. If you change your mind and want to be put back on, you can contact the screening unit.

# What happens during the appointment?

A breast screening appointment usually takes about 30 minutes. When you arrive, you will meet the receptionist or the person doing the mammogram (mammographer or radiographer). They will check your name, date of birth and address. The mammogram is done by female staff.

They will ask you questions about your health and whether you have had any breast problems. The mammographer will explain how the mammogram images are taken and can answer any questions you have. If you are happy with this, you will then have your mammogram.

The staff are trained to reassure and support you. If you feel it would help, you may be able to bring someone with you. Contact the screening unit before your appointment to arrange this. Men are not usually allowed in the screening area, but can wait in the waiting room.

If you think you will need help with travel costs to and from your appointment, speak to the breast screening staff.

## Having a mammogram

You will be asked to take off your clothes from the top half of your body. The mammographer will then position you so your breast is on the x-ray machine. Next, your breast will be gently but firmly pressed with a clear, plastic plate. This keeps your breast still and helps get a clear picture. You might find this uncomfortable or even painful. But this should only last for as long as the mammogram takes.

You need to stay still for less than a minute while the mammogram is taken. If you feel too uncomfortable, you can ask to stop at any time.

Most women have two mammograms of each breast, taken from different angles. This helps make sure as much of the breast is x-rayed as possible. Women who have very large breasts might need more x-rays to make sure all the breast tissue is included.

After the mammogram, you can get dressed and leave. The images are then looked at closely by two specially trained members of staff.

Remember, radiographers do many mammograms every day and will make you as comfortable as possible.

### Having a mammogram





# AFTER YOUR BREAST SCREENING APPOINTMENT

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# Getting your screening results

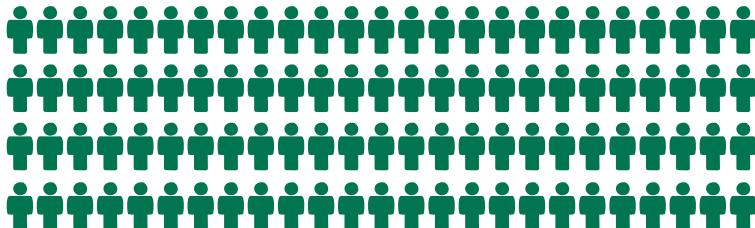
You usually get your breast screening results, in writing, about 2 to 3 weeks after your mammogram. A copy is also sent to your GP. If you have not heard anything after 3 weeks, call your breast screening unit and ask them to check your results.

Your results letter will tell you one of the following:

- Your mammogram is normal, and you will be invited again for screening in 3 years if you are still of screening age. About 96 out of every 100 women who have breast screening (96%) have a normal result.
- You are invited for a repeat mammogram because of technical problems.
- You are invited to a breast assessment clinic for further tests (see pages 30 to 33). This happens to about 4 out of every 100 women who have breast screening (4%). But around 3 out of 4 women who have further tests (75%) will not have breast cancer.

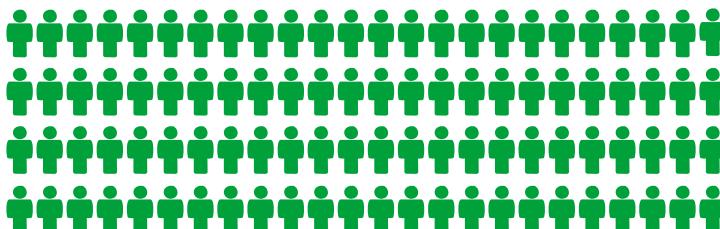
## Results of breast screening

For every 100 women who attend breast screening



96 have a normal result

4 need more tests



3 have a normal result

1 is diagnosed with cancer



# Further tests

If you need more tests, you will be asked to go to a breast assessment clinic. The clinic staff will explain why you have been invited back and which tests you need. You can usually have the tests and get the results on the same day. But you may have to go back to the clinic for the results.

## At the breast assessment clinic

At the clinic, you will see a specialist doctor, specialist nurse or radiographer. They usually ask you if you have had any breast problems or if anyone in your family has had breast cancer.

The doctor or nurse will examine the breasts and the lymph nodes under the arm. They will arrange some more tests. These may include the following.

### Mammogram

You may have more mammograms that focus on one area of the breast. These can be taken from different angles or made bigger. This is to make the image of the area clearer.

### Breast ultrasound

An ultrasound uses sound-waves to build up a picture of the breast tissue. It can show whether an abnormal area is solid (made of cells) or is a fluid-filled lump (cyst).

You will be asked to take off your clothes from the top half of your body. Then you lie down on a couch with your arm above your head. The person doing the scan puts gel on your breast. They move a small device over the area. A picture of the breast tissue shows up on a screen. An ultrasound is painless and only takes a few minutes.

## Ultrasound of the lymph nodes

You may also have an ultrasound of the lymph nodes in the armpit. If any of the nodes feel swollen or look abnormal on the ultrasound, the doctor will take a biopsy of them.

## Breast biopsy

If an abnormal area is found in the breast, the doctor will need to take a sample of cells (biopsy). The doctor removes a small piece of tissue or a sample of cells from the lump or abnormal area. A doctor who specialises in studying cells (a pathologist) looks at the sample under a microscope to check for cancer cells.

For a few days after the biopsy, the breast may feel sore and bruised. Taking painkillers and wearing a supportive bra will help. Any bruising will go away in a couple of weeks.

There are different ways of taking a biopsy. Your doctor or nurse will explain the type you will have.

### Needle (core) biopsy

The doctor or a specialist nurse will do this test. They use a needle to take small pieces of tissue from the lump or abnormal area. Before they take the biopsy, they inject some local anaesthetic into the area to numb it. They may use ultrasound picture or a mammogram (see page 30) to help guide the needle to the right place.

You may feel a little pain or a feeling of pressure for a short time during the biopsy.

The doctor or a specialist nurse can take several samples at the same time.

### Vacuum-assisted biopsy (VAB)

This is a way of taking needle biopsies (see page 31) using a vacuum-assisted method. The doctor gives you an injection of local anaesthetic into the skin to numb the area. They then make a small cut and put a needle through it into the breast. A mammogram or ultrasound picture helps them guide the needle to the right area (see page 30). The doctor puts the needle, which is attached to a suction device, into the area. Using gentle suction, they remove the breast tissue into a small container. They can take several biopsies without needing to remove the needle and put it in again.

### Fine needle aspiration (FNA)

This is a quick, simple test. The doctor or a specialist nurse puts a very fine needle into the area and withdraws a sample of cells into a syringe.

'My third mammogram revealed an abnormality in my left breast. I had a mammogram, and a biopsy. I have immense gratitude for the breast screening service. Without it, I may not have known I had breast cancer. I am very fortunate for the early diagnosis.'

**Lurline**

## Other tests

You may need to have some other tests that are not done at the assessment clinic. If you need any of the following tests, you will be given an appointment to go to the hospital.

### Excision biopsy

The doctor makes a cut in the skin of the breast and removes the lump or abnormal area. They usually do this under a general anaesthetic, but they can sometimes do it using local anaesthetic. Usually, you have stitches that dissolve and do not need to be removed.

### Wire localisation

The doctor puts a fine wire into the breast. They use an x-ray or ultrasound picture to help them guide it to the right area (see page 30). The wire marks exactly where the surgeon should take the biopsy. The surgeon removes the wire when the excision biopsy is done.

## Waiting for test results

Waiting for test results can be a hard time. You may find it helpful to talk to a partner, family member or close friend. You can also contact the breast unit where you had your tests.

Sometimes, talking to someone outside your family or group of friends can help. There are organisations that can provide support (see pages 54 to 56). You can also talk to one of our cancer support specialists on **0808 808 00 00**.

# Possible test results

A doctor or breast care nurse at the assessment clinic will give you the results of your tests. Some of the possible results include the following.

## No problem seen

This means the first mammogram showed an abnormal area in the breast, but further tests did not find a problem. The first mammogram result is called a false-positive result. You will not need to have any further tests or treatment. You will be invited back for a routine mammogram in 3 years if you are still of screening age.

Many false-positive results are caused by tiny deposits of calcium in the milk ducts. This is called microcalcification. This happens in many women over the age of 50. It is usually harmless. We have more information about breast calcifications on our website (see page 50).

## Benign condition (not cancer)

Some women will be told they do not have cancer, but have a benign (non-cancerous) condition. Many benign conditions of the breast can be seen on a mammogram. You may be referred to a breast specialist for advice, monitoring or treatment.



## Breast cancer

Only about 8 in every 1,000 women who have breast screening (less than 1%) will be diagnosed with breast cancer. If your tests show you have cancer, you will be referred to a breast surgeon.

Most breast cancers are invasive. This means the cancer cells have spread outside the lining of the ducts or lobes into surrounding breast tissue.

However, 1 out of 5 breast cancers found by screening (20%) are ductal carcinoma in situ (DCIS). DCIS is the earliest form of breast cancer. It is sometimes called non-invasive or localised cancer. This means there are cancer cells in the ducts of the breast, but they are contained (in situ) and have not spread into the breast tissue.

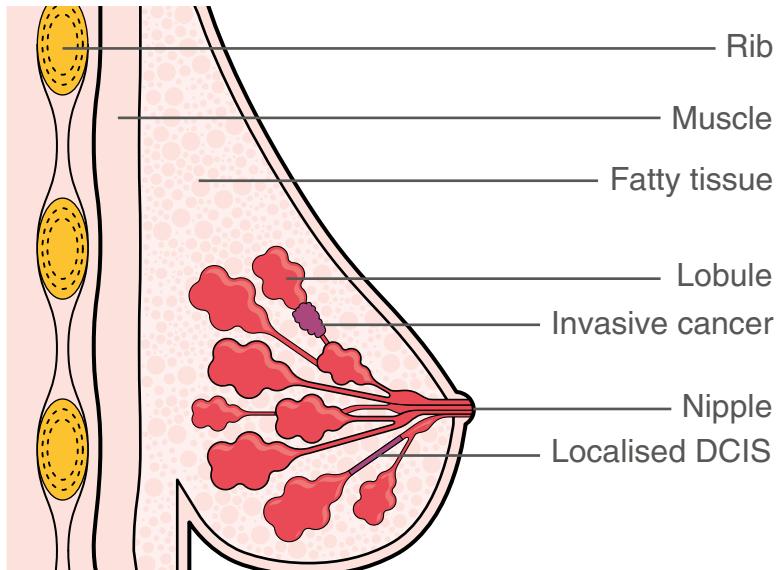
### If you are diagnosed with cancer

If you are diagnosed with cancer, you may feel shocked and worried about what is going to happen. Feeling like this is natural. You can talk to a breast care nurse who can help support you.

We have information in our booklet **How are you feeling? The emotional effects of cancer** which talks about some of the feelings you may have. It also gives advice on how to deal with your emotions and how to get support. See page 50.

Your surgeon, cancer doctor or nurse will give you more information about the diagnosis. They will talk to you about what will happen next and about your treatment options. We have more information about breast cancer and DCIS in our booklets **Understanding breast cancer in women** and **Understanding DCIS** (see page 50).

## Side view of the breast showing DCIS and invasive breast cancer





# BE BREAST AWARE

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# Breast awareness

It is important to be aware of how your breasts look and feel and what is usual for you. This will make it easier to notice any changes that are different for you. You could check your breasts in the bath or shower, or when you are getting dressed. If you have periods, you may find your breasts feel fuller and lumpier around this time.

If you are not sure about what you should do, ask your practice nurse or GP for advice.

It is important to see your GP if you have any of the following symptoms or notice anything unusual for you:

- A lump in the breast.
- Thickening of the skin or tissue of the breast, or dimpling of the skin of the breast.
- A lump or swelling in the armpit.
- A change in the shape or size of the breast, such as swelling in all or part of the breast.
- A nipple turning in (inverted nipple).
- A rash (like eczema) on the nipple.
- Discharge or bleeding from the nipple.
- Pain or discomfort in the breast that does not go away, but this is rare.

A lump in the breast is the most common symptom of breast cancer, but most breast lumps are not cancer. They are usually lumps either filled with fluid (a cyst) or made up of fibrous and glandular tissue (fibroadenoma).

**It is important to get any of these symptoms or anything unusual for you checked by your GP straight away.**



# Risk factors for breast cancer

The exact cause of breast cancer is unknown. But certain things can increase your chance of developing it. These are called risk factors. Having one or more risk factors does not mean you will get breast cancer. And if you do not have any risk factors, it does not mean you will not get breast cancer.

Breast cancer is likely to be caused by many different risk factors. We have listed the risk factors for breast cancer over the next few pages. Most of them are things you cannot change. If you are worried about your risk of breast cancer, ask your doctor for advice.

## Age

The strongest risk factor for breast cancer is increasing age. About 8 out of 10 women diagnosed (80%) are over the age of 50. Breast cancer is rare in women under 30.

## Having had breast cancer before

Your risk is higher if you have had breast cancer or ductal carcinoma in situ (DCIS) before. In this case, you will have regular follow-up appointments. Any changes in the same breast or the other breast can be checked quickly.

We have more information about DCIS in our booklet

### **Understanding ductal carcinoma in situ (DCIS)**

We also have information about follow-up appointments on our website (see page 50).

## Breast conditions

Having certain breast conditions can also increase the risk of developing breast cancer:

- Lobular carcinoma in situ (LCIS). This is when there are abnormal cell changes in the lining of the lobules.
- Atypical ductal hyperplasia or atypical lobular hyperplasia. This is when there are slightly abnormal-looking cells in the milk ducts or lobes in a small area of the breast.

Women with these non-cancerous (benign) conditions are usually monitored regularly, so any changes can be found early.

## Dense breast tissue

Dense breast tissue is when the breast is mostly made of glandular and connective tissue with very little fatty tissue. Women whose mammograms show dense breast tissue have an increased risk of breast cancer compared with women whose mammograms show mainly fatty tissue.

## Hormonal factors

The female hormones oestrogen and progesterone can affect your breast cancer risk. Factors that can increase your risk include the following:

- Taking hormone replacement therapy (HRT) for more than 5 years, especially if you are taking combined HRT (oestrogen and progesterone). But when you stop HRT, your risk reduces again.
- Not having had children.
- Having had your first child after the age of 30.
- Not breastfeeding your children, or breastfeeding for less than a year in total.
- Starting your periods early (under the age of 12) or having a late menopause (after the age of 55).
- Taking the contraceptive pill. But when you stop taking it, your risk reduces again.

## Family history and risk

Most women who get breast cancer do not have a family history of it. Or if you only have one female relative diagnosed with breast cancer over the age of 40, your risk is unlikely to be very different from other women the same age as you who do not.

But sometimes breast cancer can run in families. The chance of there being a family link is bigger when:

- a number of family members have been diagnosed with breast cancer or related cancers, such as ovarian cancer
- the family members are closely related
- the family members were diagnosed at a younger age
- a man in your family has been diagnosed with breast cancer.

Fewer than 1 in 10 breast cancers (10%) are thought to be caused by a change (alteration) in a gene running through the family. In hereditary breast cancer, BRCA1 and BRCA2 are the two genes most often found to have a change.

We have more information about breast cancer and family history in our booklets **Are you worried about breast cancer?** and **Cancer genetics: how cancer sometimes runs in families**. We also have a booklet called **Understanding cancer of the ovary, fallopian tube and peritoneum** which you may find helpful (see page 50).

## Radiotherapy to the chest at a young age

Women who have had radiotherapy to the chest at a young age (for example to treat Hodgkin lymphoma) have an increased risk of breast cancer.

## Other conditions

There are other rare inherited genetic conditions that can increase the risk of breast cancer in women. This includes conditions like neurofibromatosis and Cowden syndrome.

If you have one of these conditions, talk to your GP about whether you may need screening before the NHS breast screening programme's screening age.

## Lifestyle factors

Certain lifestyle factors may slightly increase your breast cancer risk.

### Being overweight

The risk of breast cancer is higher in women who are overweight, particularly after the menopause. This is because being overweight may change hormone levels in the body. Keeping to a healthy weight and doing regular exercise can help reduce the risk of breast cancer. Our booklets **Healthy eating and cancer** and **Physical activity and cancer** may be helpful (see page 50).

### Alcohol

Regularly drinking alcohol increases your risk of developing breast cancer. But the risk is small for women who drink within the recommended guidelines.

### Smoking

Smoking may cause a slight increase in breast cancer risk. This seems to be linked with starting smoking at a younger age and smoking for a longer time. We have information to help you stop smoking in our booklet **Giving up smoking** (see page 50).





# FURTHER INFORMATION

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# About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

## Order what you need

You may want to order more booklets or leaflets like this one. Visit [be.macmillan.org.uk](http://be.macmillan.org.uk) or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

## Online information

All our information is also available online at [macmillan.org.uk/information-and-support](http://macmillan.org.uk/information-and-support). You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

## Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at [macmillan.org.uk/otherformats](http://macmillan.org.uk/otherformats)

If you would like us to produce information in a different format for you, email us at [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk) or call us on **0808 808 00 00**.

# Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

## Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

### Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, [macmillan.org.uk/talktous](http://macmillan.org.uk/talktous)

## Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us on **0808 808 00 00**.

## Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

## Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand.

Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/  
selfhelpandsupport](http://macmillan.org.uk/selfhelpandsupport)

## Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things.

You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/  
community](http://macmillan.org.uk/community)

## The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

## Book reviews

Our volunteers review many books about cancer. These include people's stories of living with cancer, and books for children. Visit [publications](#). [macmillan.org.uk](http://macmillan.org.uk) and search 'book reviews'.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

## Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

### Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

### Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

### Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out

more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit [macmillan.org.uk/financialsupport](http://macmillan.org.uk/financialsupport) to find out more about how we can help you with your finances.

## Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit [macmillan.org.uk/work](http://macmillan.org.uk/work)

### Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser (Monday to Friday, 8am to 6pm).

### Macmillan Organiser

This includes a records book to write down information such as appointments, medications and contact details. You can also download the app on IOS or Android.

# Other useful organisations

There are lots of other organisations that can give you information or support.

## Breast cancer and breast screening organisations

### Breast Cancer Care

**Helpline** 0808 800 6000

#### Email

[info@breastcancercare.org.uk](mailto:info@breastcancercare.org.uk)

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

#### uk

Provides information, practical assistance and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline.

### Breast Cancer Haven

**Email** [info@thehaven.org.uk](mailto:info@thehaven.org.uk)

[www.breastcancerhaven.org.uk](http://www.breastcancerhaven.org.uk)

Havens are day centres providing support, information and complementary therapies before, during and after breast cancer treatment. Has a network of havens around the UK. Details of them all are on the website.

## Breast Cancer Now

**Tel** 0333 207 0300

(Mon to Thu, 9am to 5pm, Fri, 9am to 4pm)

**Email** [supporterengagement@breastcancernow.org](mailto:supporterengagement@breastcancernow.org)

[www.breastcancernow.org](http://www.breastcancernow.org)

Committed to fighting breast cancer through research and awareness.

## Breast Cancer Now – Scotland

**Tel** 0131 226 0763

#### Email

[scotland@breastcancernow.org](mailto:scotland@breastcancernow.org)

## Breast Test Wales

[www.breasttestwales.wales.nhs.uk](http://www.breasttestwales.wales.nhs.uk)

Provides information in English and Welsh about breast screening in Wales.

## NHS Breast Cancer Screening

[www.nhs.uk/conditions/breast-cancer-screening](http://www.nhs.uk/conditions/breast-cancer-screening)

Gives an overview of breast cancer screening.

## NI Cancer Screening

[www.cancerscreening.hscni.net](http://www.cancerscreening.hscni.net)

Information about breast screening in Northern Ireland.

## Scottish Breast Screening

Tel 0800 22 44 88

[www.nhsinform.scot/healthy-living/screening/breast/breast-screening](http://www.nhsinform.scot/healthy-living/screening/breast/breast-screening)

Information about breast screening in Scotland.

## General cancer support organisations

### Cancer Black Care

Tel 0208 961 4151

[www.cancerblackcare.org.uk](http://www.cancerblackcare.org.uk)

Offers UK-wide information and support for people with cancer, as well as their carers, families and friends, with a focus on those from BME communities.

## Cancer Focus Northern Ireland

Helpline 0800 783 3339

(Mon to Fri, 9am to 1pm)

Email

[nurseline@cancerfocusni.org](mailto:nurseline@cancerfocusni.org)

[www.cancerfocusni.org](http://www.cancerfocusni.org)

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

## Cancer Research UK

Helpline 0808 800 4040

(Mon to Fri, 9am to 5pm)

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

## Cancer Support Scotland

Tel 0800 652 4531

(Mon to Fri, 9am to 5pm)

Email [info@cancersupportscotland.org](mailto:info@cancersupportscotland.org)

[www.cancersupportscotland.org](http://www.cancersupportscotland.org)

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

## General health information

### Health and Social Care in Northern Ireland

**www.hscni.net**

Provides information about health and social care services in Northern Ireland.

### NHS.UK

**www.nhs.uk**

The UK's biggest health information website.

Has service information for England.

### NHS Direct Wales

**www.nhsdirect.wales.nhs.uk**

NHS health information site for Wales.

### NHS Inform

**Helpline 0800 22 44 88**

(Mon to Fri, 8am to 10pm, Sat to Sun, 9am to 5pm)

**www.nhsinform.scot**

NHS health information site for Scotland.

## Patient UK

**www.patient.info**

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

## LGBT-specific support

### LGBT Foundation

**Tel 0345 330 3030**

(Mon to Fri, 10am to 10pm, Sat, 10am to 6pm)

**Email helpline@lgbt.foundation**

**www.lgbt.foundation**

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

## Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

## Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Professor Mike Dixon, Professor of Surgery & Consultant Surgeon.

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We welcome feedback on our information. If you have any, please contact  
[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)

## Sources

We have listed a sample of the sources used in the booklet below. If you would like more information about the sources we use, please contact us at [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)

Independent UK Panel on Breast Cancer Screening. The benefits and harms of breast cancer screening: an independent review. *The Lancet*. 2012. Volume 380 (9855), 1778–1786.

National Health Service: Breast Screening Programme England. National statistics for 2016 to 2017. Health and Social Care Information Centre. 2018.

National Institute for Health and Care Excellence. Clinical knowledge summaries. Breast screening. 2017. <https://cks.nice.org.uk/breast-screening>. Accessed February 2019.

# Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



## **Share your cancer experience**

Support people living with cancer by telling your story, online, in the media or face to face.

## **Campaign for change**

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

## **Help someone in your community**

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

## **Raise money**

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

## **Give money**

Big or small, every penny helps. To make a one-off donation see over.

## **Call us to find out more**

# **0300 1000 200**

[macmillan.org.uk/getinvolved](http://macmillan.org.uk/getinvolved)



**This booklet is about breast screening. Breast screening can help find breast cancer at a very early stage, so that women have the best chance of being cured.**

**The booklet explains why the NHS offers breast screening and what happens during the appointment. It also tells you what happens if you have an abnormal screening result.**

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

**MACMILLAN  
CANCER SUPPORT  
RIGHT THERE WITH YOU**

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