

Breast care and self-examination

This factsheet is designed to help you recognise changes in your breasts, identify if you need to seek advice from your GP and provide some basic information about the NHS Breast Screening Programme.

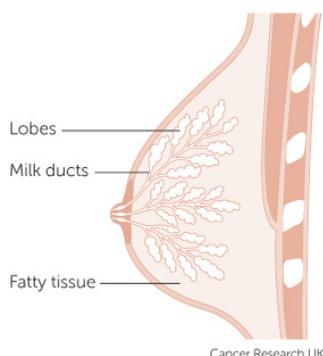
Breast Cancer Diagnosis

The earlier breast cancer is found and treated, the greater the survival. Breast cancers are usually diagnosed as a result of:

1. Breast awareness
2. Participation in the NHS Breast Screening Programme (NHSBSP).

Breast awareness

Women present to their GP with breast symptoms or changes, with subsequent referral to their local breast unit for assessment and diagnosis. This involves women being 'breast aware' and knowing how their breasts normally look and feel, including different times of the month in those still having menstrual periods. Although many breast symptoms and changes are not due to cancer but benign conditions instead, it is important to get these checked out so don't delay seeing a GP. Being breast aware and performing breast self-examination does not reduce the risk of dying from cancer but it increases the chance of earlier diagnosis and treatment if symptoms and breast changes are due to an underlying cancer.



A network of ducts spreads from the lobes towards the nipple. The breasts are made up of fat, connective tissue and gland tissue divided into lobes.

Breast self-examination

The best way to perform breast self-examination is in the shower or bath as it is easier to notice changes if a wet / soapy hand is run over each breast and up into the armpit. If a change that is different from normal is noticed, this should be discussed with a GP or practice nurse. Very few women have completely symmetrical breasts and it is common for one breast to be slightly larger than the other.

Symptoms and changes (signs) in the breast to be aware of include:

- A change in size or shape
- A lump or area that feels thicker than the rest of the breast
- A change in skin texture such as puckering or dimpling (like the skin of an orange)
- Redness or rash on the skin and/or around the nipple
- The nipple has become pulled in or looks different, for example changed its position or shape
- Discharge (liquid) that comes from the nipple without squeezing
- Pain in your breast or your armpit that's there all or almost all of the time
- A swelling in your armpit or around your collarbone.

Breast changes during and after pregnancy

Common breast changes include:

- Tingling and soreness of the breasts, especially affecting the nipples.
- Enlargement of the breasts and areola (the darker skin around the nipple)
- Darkening of the skin of the nipple and areolar
- Expression of milk from the nipple is common in pregnancy and can persist after breast-feeding has stopped.

Breast pain

Breast pain is a very common symptom, it can affect one or both breasts and it is unusual for it to be a sign of breast cancer.

- Breast pain in women who are still menstruating arises due to the effect of normal sex hormone changes on breast cells. This type of breast pain is often (but not always) cyclical, that is it becomes more noticeable in the week or two preceding the onset of the menstrual period and improves afterwards. It can vary in nature, sensations of heaviness, tenderness, burning, prickling and stabbing have all been described and usually it improves over time. Over the counter pain killers and topical anti-inflammatories may help as can wearing a support bra at night as well during the day. Evidence dietary changes or use of evening primrose oil have any benefit is lacking. This type of breast pain can be temporary side effect in the first few weeks after starting hormonal contraception or hormone replacement therapy.
- Breast pain unrelated to menstrual periods usually arises from the chest wall (i.e. musculoskeletal) and can also be relieved using over the counter pain killers, topical anti-inflammatories and wearing a support bra at night as well as during the day.
- Breast size and shape varies naturally throughout a woman's lifetime, so it is worth being measured for a bra at regular intervals. Wearing an incorrectly-fitting bra can be a cause of breast pain in itself. Breast cancer care provide a comprehensive guide to a well-fitting bra.

If pain symptoms persist despite taking measures to help or it is severe enough to interfere with day to day activities, GP review is advised.

Participation in the NHS Breast Screening Programme (NHSBSP)

The aim of the NHSBSP is to increase breast cancer survival by diagnosing and treating the condition earlier.

- All women aged between 50 and 70 and registered with a GP are invited for screening by a mammogram, every 3 years.
- Currently there is a trial taking place in some regions of England to see if inviting women from 47 to 73 years for screening is beneficial in reducing breast cancer deaths.
- Women older than 70 can still have screening mammograms every three years but need to contact their local breast screening unit to arrange this.
- In women younger than 50, as the risk of breast cancer is lower and mammograms are more difficult to interpret accurately, they are not routinely invited for screening as part of the NHSBSP. The only exception in younger women applies to the small group with a moderate or strong increased personal risk of breast cancer due to a family history, who are usually recommended annual screening mammograms between the ages of 40 to 50 but only after family history review.
- As cancers can develop between screening mammograms or be missed by a screening mammogram, it is still important to be breast aware and report any new breast symptoms or signs to your GP. Do not wait until the next scheduled mammogram to check these out.

In 2012, an independent UK review of evidence about screening concluded overall, the benefit from participation in the NHSBSP (i.e. reduction in deaths from breast cancer) outweighs the risks (e.g. over-diagnosis and treatment of cancers that would never have caused harm, radiation exposure). This is summarised in the NHSBSP information leaflet, which is sent with the screening invitation letter to eligible women. If you are eligible for have any out-standing questions you should discuss these with your GP.

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This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel. It is for your information and advice and should be used in consultation with your own medical practitioner.

Reviewed: December 2017
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Useful contacts

Cancer Research UK

Website: <http://www.cancerresearchuk.org>

Breast Cancer Now

Weston House, 3rd Floor, 246 High Holborn, London WC1V 7EX

Tel: 020 7025 2400 Fax: 020 7025 2401

Website: www.breastcancer.org

Breast Cancer Care

Tel: 020 7384 2984

Helpline: 0808 800 6000

Mon-Fri 9am-5pm, or 9am-2pm on Sat

Website: www.breastcancercare.org.uk

NHS Cancer Screening Programmes

Website: <http://www.cancerscreening.nhs.uk>

