



**COBALT**  
APPEAL FUND

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**CANCER  
PREVENTION  
SERVICES**

## Breast cancer

# Factsheet

Breast cancer is the most common cancer affecting women in the UK – there were 45,500 new cases in 2005. Women have a 1 in 9 lifetime risk of getting the disease which causes 1 in 3 of all female cancer cases. In 2005 breast cancer claimed the lives of 12,300 women and 70 men in the UK.

### Can I do anything to prevent breast cancer?

There are some known risk factors that you may be able to avoid and others which aren't so easily dealt with. Risk factors don't cause breast cancer, but they may influence the development of the disease. Women in an 'at risk' group may not get breast cancer while women with no obvious risk factors may get it. The biggest risk factor is increased age - the older a woman gets the greater her risk of getting breast cancer.

The known risk factors include:

- ⚡ Being over 40
- ⚡ Having a cancer in the other breast
- ⚡ Family history of the disease – eg if you have a mother, sister or aunt who has had breast cancer especially if they were first diagnosed with the disease before they were 50. Most women with one or two affected relatives will never develop the disease
- ⚡ Starting periods early
- ⚡ Stopping periods late
- ⚡ Not having children, or delaying them until your thirties or forties

Limit your alcohol intake – alcohol is a risk factor and you should avoid drinking on a regular basis.

Taking hormone replacement therapy can increase your risk and the latest guidelines recommend that women should not take HRT for more than 5 years. The contraceptive pill causes a small increase in risk - but after you stop taking them the risk gradually returns to normal.

Other factors which may play a part include diet and being overweight.

You can help yourself by:

- ⚡ Cutting back on fats – particularly saturated fats
- ⚡ Eating more fibre, including fresh fruit and vegetables
- ⚡ Cutting back on sugar
- ⚡ Keeping physically active

There are two basic types of breast checks: Those you do yourself (breast awareness) and those done by a radiographer (mammography.) You might be examined by a doctor or nurse, but they would use the same approach as you would.

### **What's the point of checking my breasts and becoming breast aware?**

It isn't only about cancer: there are many different types of breast disease and if you check your breasts regularly then you have a good chance of picking up the early warning signs. Most breast changes are not cancerous but simple cysts or benign lumps. The only way to be certain is to see your doctor promptly. Remember the earlier breast cancer is diagnosed the better the outcome. Early detection can mean simpler, more successful treatment.

### **Changes to look and feel for?**

*What am I looking for?*

Anything that is new for you:

- ✚ Puckering or dimpling on the breast or nipple
- ✚ Change in the size of either breast (but remember they don't look identical to start with)
- ✚ Changes in either nipple
- ✚ Bleeding or discharge from nipples
- ✚ Rashes on or around nipple
- ✚ During adolescence, pregnancy and breast feeding you will notice lots of quite natural and normal changes to your breasts.

*What am I feeling for?*

Anything that is new for you:

- ✚ Any lump or thickening in the breast or armpit
- ✚ Enlarged glands in the armpit
- ✚ Swelling in the upper arms
- ✚ Change in sensation, pain or discomfort that is persistent and different to premenstrual tenderness.

### **How do I check my breasts and become breast aware?**

1. Timing –  
get to know how your breasts look and feel at different times of the month when you are applying body lotion, showering or bathing
2. Looking –
  - a. look at your breasts in a mirror with arms by your side and raised behind the head
  - b. look at your breasts while placing hands on hips and pressing inwards until chest muscles tighten
  - c. look from every angle
3. Feeling –
  - a. feel your breasts at a convenient time, eg in the shower or bath with soapy hands, or when dressing or lying on the bed (whatever is most comfortable for you)
  - b. feel all parts of the breast with the flat of your fingers gently but firmly, not squeezing or prodding
  - c. feel behind the nipple and then up into the armpit, paying particular attention to the upper outer quarter of the breast

You are looking for a change, something new that was not there the last time you checked. If you think you have found a change check the other breast to make sure there is a difference.

### **What does it mean if I find a lump or anything else unusual?**

Most lumps (approximately 9/10) are not cancerous, and many breast diseases share some of the same symptoms. A lot of the symptoms will be a result of very minor problems. A change in your breast (a lump, nipple discharge, dimpling skin etc) is simply an indication that something is happening to the tissue inside your breast.

### **What should I do if I think I have found something?**

First check the same place on your other breast: if both feel the same it's probably the way your breasts are. If the other breast does feel different (eg there's a lump in your left breast but not in your right) make an appointment to see your GP in the next few days. If you have any doubts at all, set your mind at rest by seeing a doctor promptly. Most breast changes are not cancerous, however, the only way to be certain is to see your doctor promptly.

## **Remember the earlier breast cancer is diagnosed the better the outcome.**

The Chief Medical Officer's official line is that women should have a continual awareness of their breasts. That's very sensible advice; only if you know what is usual for you will you be able to pick up what is unusual. But this doesn't mean you shouldn't check your breasts as described on page 3. Some women simply feel too anxious about examining their breasts – either they are worried about what they may find, or they aren't confident they know what they are doing and would feel silly reporting to a doctor every lump and bump they thought they'd found.

If you feel like that, there are two things you can do:

**1/** Make an appointment at one of our breast awareness clinics where a female doctor will do a clinical examination of your breasts and then show you how to check your breasts yourself. The doctor will describe exactly what it is you are looking and feeling for and watch you to ensure you are confident checking yourself. The appointment is for a full fifteen minutes so you have plenty of time to discuss any concerns you may have.

This service is free and based at Linton House, Thirlestaine Road in Cheltenham. For more details and/or to book an appointment telephone 01242 535900.

**2/** Alternatively, ask your GP or practice nurse to check your breasts if you are not sure how to check or are not sure what lumps and bumps are normal for you. You may well find that you feel confident to continue checking yourself from then on.

## **What is a mammogram?**

This is an X-ray of the breast. The machine used can pick up very small abnormalities which you or your doctor wouldn't be able to feel. You stand in front of the machine and each breast in turn is sandwiched between two X-rays. Most women don't find mammography painful, although some say it is uncomfortable. The test is very simple and quick – in fact your whole appointment should take less than 20 minutes from the time you arrive to the time you leave.

## **Who should go for a mammogram?**

Women of any age who have found a lump which a doctor thinks needs investigating and women aged 50-70. Women in the 50-70 age group are invited to have mammography as part of a national screening programme which is free and confidential. Make sure you are registered with a GP and that he/she has your current address. Breast cancer is much more common in older women and because breast tissue is denser in younger women it's difficult to tell which is a normal area of thickening and which is an abnormal area.

## **How do I go about getting a mammogram?**

If you are aged 50 - 70, and you are registered with a GP, you should receive an invitation for a mammogram every 3 years. If you haven't had an invite it may just mean that screening hasn't reached your area in the three year cycle – but if you are concerned then phone the Gloucestershire Breast Screening Service on 01242 251081. After you've had your first routine scan, you'll be invited back for a repeat every three years. Both you and your doctor will be notified of the result of your mammogram within two weeks – although there could be a slightly longer wait around Christmas and Easter. If you're over 70 you are still entitled to a free mammogram. Telephone the Breast Screening Service for further details.

If you are under 50 you'll only be able to get a mammogram if you're referred by your GP, or by paying for it and going privately (the age at which private screening units will offer mammograms varies.)

### **What if the result shows that something is wrong?**

If the mammogram shows that your breast tissue needs further investigation then you will be called back to the Screening Centre for further assessment. This usually means another mammogram and an examination by a specialist doctor. Most women who are recalled are found to have benign (non cancerous) lumps such as cysts (fluid filled lumps.) However if the problem is found to be cancer then further investigations and treatment can be carried out as soon as possible.

### **What is the treatment for a lump?**

If a doctor thinks there may be a problem he or she will refer you for hospital tests. Only a small percentage of women referred to hospital with a breast problem turn out to have cancer. At the outpatient department of the hospital you'll probably be examined by a consultant and then sent for a breast X-ray (mammogram) if you haven't already had one (see above) to confirm the presence of a lump and to get a clear idea of its shape and size.

An ultrasound scan of the breast may also be carried out as part of the assessment process. A biopsy or aspiration is another test which may be done: a fine needle is used to remove a small sample of breast tissue or cells which are then studied under a microscope. This can be done very quickly as an outpatient under local anaesthetic. In some instances you may be asked to go back to hospital for a short operation to remove the whole lump under anaesthetic. Make sure the doctor explains to you the various options and why he or she is recommending a particular type of biopsy.

If the biopsy shows you do have a cancer your doctor should discuss with you the options for treatment – usually some form of surgery followed by radiotherapy and/or drug treatment (chemotherapy.)

Survival for women with breast cancer has improved significantly. In the 1970s around 5 out of 10 breast cancer patients survived beyond five years. Now it's 8 out of 10.

For more information:

**Cancer Research UK** PO Box 123 London WC2A 3PX 020 7242 0200

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

**Breast Cancer Care** Kiln House 210 New Kings Road London SW6 4NZ 0808 800

6000 [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

**CancerBACUP** ( for information and support about all aspects of cancer) 3 Bath

Place Rivington Street London EC2A 3JR 0808 800 1234 [www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

Further reading:

Contact Cancer Prevention Office of the Cobalt Appeal Fund on 01242 535900 to obtain your free copy of a small pictorial leaflet with instructions showing how to look and how to feel your breasts called 'Breast Awareness'.

Breast Cancer The Facts by Michael Baum (Oxford University Press)

The Breast Cancer Book, by Val Sampson and Debbie Fenlon (Vermilion)

UK The best treatment guidelines for women with breast cancer UK Breast Cancer Coalition, 2002 (020 8543 4455)

The Women's Cancer Book, by Carolyn Faulder (Virago)

Disorderly Breasts by Sarah Boston and Jill Louw (Camden Press)

#### **References**

Cancer Research Campaign - Breast cancer key facts 2008

Cancer Research Campaign Cancer Statistics 2006

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Cancer Prevention & Screening Services

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