

The frequently asked questions are divided into six sections:

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- Section 2 - Who gets invited
- Section 3 - Benefits and harms of breast screening
- Section 4 - I have been called back for assessment
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## **Section 1 - I have been invited for screening**

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### **Why have I been invited for screening?**

In Northern Ireland eligible women aged 50 - 70 are invited, by GP practice, for breast screening every 3 years. Women who have had a bilateral mastectomy (the surgical removal of both breasts) are not eligible and therefore will not be invited, as long as the breast screening centre has been informed that they have had a bilateral mastectomy.

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### **Is it possible to have a translator present when I attend for screening?**

Yes, if you require a translator please contact the unit on the number given in your appointment letter.

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## **English is not my first language, are translations of the breast screening leaflets available?**

Yes. Translations of the '[Breast Screening: Helping you decide](#)' and 'Breast Awareness: Looking Out for Changes' leaflets are available on the Public Health Agency website. Please click on whichever title you require :

["Breast Screening: Helping you decide"](#)

["Breast Awareness: Looking Out for Changes"](#)

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## **I am 49, why have I been invited for screening?**

The programme invites women by GP practice on a 3 yearly basis. If a woman turns 50 in the year that her GP practice is called for screening then she will receive an invitation even if she hasn't quite reached 50 when screening of her GP practice begins. All eligible women should be invited for the first time before their 53rd birthday.

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## **I have no concerns about my breasts, or no signs/symptoms - do I need to attend for screening**

The breast screening programme is for women who have no signs or symptoms of breast disease. Its aim is to detect breast cancer at an early stage when treatment can be most effective. Around half of the cancers detected are so small they could not be felt (even by an experienced doctor) examining the breast.

If you do have concerns about your breasts, or have signs or symptoms of breast disease, you should see your GP without delay. Do not wait until you are called for breast screening. Breast screening is for women without signs or symptoms of breast disease. Our leaflet '[Breast Awareness: Looking Out for Changes](#)' shows the signs of symptoms of breast disease.

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## **My appointment does not suit - can I change my appointment?**

Yes, simply contact your screening office at the contact details on your appointment letter and they will make every effort to change your appointment to a more suitable day or time.

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## **Can I be screened at a different location?**

Yes, simply contact your screening office at the contact details on your appointment letter and they will arrange for you to be screened at a more convenient location e.g. one that is closer to your work. The various locations where you can be screened are shown [here](#).

Yes, it is useful to contact your screening centre with this information so that suitable arrangements can be made. Guide dogs are welcome, but the static unit may provide more suitable access than a mobile unit.

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## **What happens if I miss my screening appointment?**

Every woman who fails to attend her first offered appointment will be notified by follow up letter. If the woman wishes to make a further appointment she must contact the appropriate unit and will be offered the next available appointment. If the woman does not contact her local unit she will be routinely invited in 3 years' time.

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## **Will the screening staff all be women?**

At the initial screening appointment, yes. However, if you are asked to come back for additional tests the radiologist may be male.

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## **Where do I go?**

Depending on the GP you are registered with, you will be invited to attend either your local screening centre (see [Location of Units](#)) or a mobile unit. Both perform the same function but the mobile units have restricted access, so if you have limited mobility you may find it easier to

attend the screening centre. Please contact the screening centre if you have limited mobility.

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## **What happens when I attend?**

For your mammogram you will -need to undress the top part of your body including your bra. The mammographer will position you so that each breast is placed in turn on the x-ray machine and gently but firmly compressed with a flat, clear plate.

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## **How long will the screening appointment last?**

The mammogram will actually only take a few minutes and the whole screening appointment should be over within 30 minutes.

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## **Is breast screening painful?**

Don't worry. The mammography practitioners will do their best to minimise any discomfort. During the mammogram each breast is placed in turn on the x-ray machine and gently but firmly compressed with a clear plate. The compression only lasts a few seconds and doesn't cause any harm. It's needed to keep the breast still and to get the clearest picture with the lowest amount of radiation possible.

Some women do find compression uncomfortable and some feel short-lived pain. Normally 2 mammograms of each breast are taken. For women with very large breasts, additional pictures are sometimes required to ensure that all the breast tissue is included. .

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## **When do I get my results?**

Your results will normally be sent to you, and your GP, within 3 weeks.

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## **What if I have breast Implants?**

A standard mammogram may be less effective if you have a breast implant. This is because implants can hide part of the breast tissue, as well as change the breast structure. Women with breast implants should contact their local unit on the number given in the appointment letter so extra time can be given for their mammograms. A specific technique (the Eklund technique) is

used to maximise the amount of breast tissue that can be seen.

For more information see [here](#).

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## **If I have breast implants, what happens when I attend?**

It is important to tell the radiographer if you have an implant, and the type of implants used, before you are screened. This is because the screening technique can be adapted to show the greatest amount of breast tissue possible. The screening procedure involves moderate pressure on the breast; however, it is very unlikely to harm your implants

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## **I'm worried about my implants, what should I do?**

Screening for cancer is not a check on your implants. If you have any fears about the state of your implants, you should tell the radiographer. If you have any other questions about your implants, please contact your GP.

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## **I have a physical disability - can I be screened?**

Yes, but it is advisable that you contact the screening unit when you receive your invitation, to make them aware of your requirements and to seek advice.

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## **I have a physical disability - what happens when I attend for screening?**

Mammography is a procedure which requires a high degree of cooperation between the mammographer and the woman. When you attend for screening you will have to be carefully positioned on the x-ray machine, and you must be able to hold the position for several seconds. This may not be possible if you have limited mobility in your upper body or are unable to support your upper body unaided. The mammographer will advise you at the time of screening.

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## **I have physical disability - what happens if screening is not possible?**

If a mammogram is not technically possible, you will remain in the programme and be invited again in 3 years' time, as any increased mobility at a future date may make screening easier. If your mobility does improve before you are invited again you can call your local screening centre (see [Location of Units](#)) at any time to arrange an appointment – you do not need to wait until you are invited. There is no alternative to screening by mammography.

If you cannot be screened it is important that you continue to be breast aware "[Breast Awareness: Looking Out for Changes](#)"

For more information see '[Breast Screening:an easy guide about health test for women aged 50 and over](#)'.

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## **I am a carer, looking after someone who lacks the mental capacity to make their own decisions about screening. They have been invited for screening. How should I deal with the invitation?**

If the person you care for is unable to make their own decisions about screening, then you, as their carer, should make what is called a 'best interests' decision on their behalf, in the same way as you may be making other decisions about their care and treatment. You will need to weigh up the [benefits of screening and the possible harms](#). Whether you are a paid carer, or an unpaid carer, family member or close friend, the process is the same.

Some people may have fluctuating mental capacity, in which case, the decision about screening should be delayed until the individual is able to decide for themselves. If you do need to make a decision on someone else's behalf, you will need to consider what is involved in the screening process (including any further diagnostic tests that may be needed if the person receives an abnormal screening result). You may find it helpful to speak to their GP.

You must also consider what you think the person themselves would want. For example, did they used to go to screening, or express an opinion about it? Did they express more general views about their health and whether they would want to know if they had a disease or condition? Or did they refuse screening in the past? Paid carers in particular should get advice from the woman's family or friends about what she would want. If, after all this, you consider that screening is in the best interests of the person you care for, then you are within your rights to help that person to be screened. You should feel confident that if someone asks you, you will be able to explain the reasons for the best interests decision that you have made - either for, or against, screening. To find out about breast screening, please read our leaflet '[Breast Screening: Helping you decide](#)'.



To help someone with limited capacity understand breast screening, you may find the picture leaflet [An easy guide to breast screening](#) helpful. To find out more on making a best interests decision, the following publications are available from the Office of the Public Guardian; [Making decisions: A guide for family, friends and other unpaid carers](#) (PDF 390Kb). [Making decisions: A guide for people who work in health and social care](#) (PDF 320Kb).

To find out more about consent to screening, please read our [Consent to cancer screening guidance](#).

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## **Section 2 - Who Gets Invited**

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### **I haven't been called for breast screening even though I'm over 50 - do I need to contact anyone?**

The Breast Screening Programme is a rolling one which calls women from doctors' practices in turn. This means not every woman receives her invitation as soon as she is 50. It will be sometime [between the ages of 50 and 53](#). You may be called in the year you turn 50. If you are registered with a GP and the practice has your correct details, then you will automatically receive an invitation. You don't need to contact anyone but you might like to ask your surgery when the women on their list are next due for screening.

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### **My sister has already had her invitation for breast screening even though she is younger than I am. Have I been forgotten?**

It's probably the case that your sister is registered with a different GP and the women on her GP's list have been called before those registered with your GP. Check with your surgery that they have your correct contact details and ask them when the women on their list are next due for screening.

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### **What if I am under 50 years of age?**

[Breast screening is not offered to women under 50 \(although you may be invited in the year you turn 50\) because below this age:](#)

- the risk of breast cancer is lower;
- younger women generally have denser breast tissue, which makes their mammograms more difficult to read.

As women go past the menopause, the glandular tissue in their breast changes to fatty tissue. This is clearer on the mammogram and makes interpretation more reliable. However, if you are worried about a breast problem or have a family history of breast cancer, you should contact your GP.

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## **What if I have had breast cancer already?**

If you have been treated for breast cancer you will often have annual mammograms for 5 years as part of your follow up care. These mammograms are not part of the screening programme. If you get an invitation to attend for breast screening while you are still attending for annual, follow up mammography you should contact the screening unit to let them know; as you do not need to attend for breast screening as well.

However, once you have finished attending for annual follow up mammography it is important that you come for your 3-yearly screening when invited – as long as this screening appointment is more than 6 months after your last annual, follow up mammogram. If it is within 6 months please contact your screening unit. If you have any questions please contact your GP or local screening unit.

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## **My sister lives abroad and she gets more frequent breast screening. Why doesn't this happen in the UK?**

A large research trial in 2002 concluded that the NHS Breast Screening Programme has got the interval between screening and invitations about right at three years, compared with more frequent screening. The trial was organised through the United Kingdom Coordinating Committee on Cancer Research (UKCCCR) and was supported by the Medical Research Council, Cancer Research UK and the Department of Health. Here are the results from the [UKCCCR Randomised Trial](#) (PDF-186Kb) from the European Journal of Cancer, 2002

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## **Can I walk into the mobile breast screening unit and request a mammogram?**

Sorry, the Northern Ireland Breast Screening Programme doesn't operate on a walk-in basis. It invites women in the target age group (50 to 70) for routine breast screening every three years. If you have found something that worries you or are concerned about your breast health, don't wait for your routine screening appointment. You should contact your GP in the usual way.

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## **What happens when I reach the age of 70, will I still receive invitations for screening?**

Although women over 70 are not routinely invited for breast screening, you are encouraged to call the local unit to request breast screening every three years. We produce cards to help women over 70 remember to do this. These are handed out at their last routine breast screening appointment. Please see [Over 70? What now](#) for further information.

Individuals who are undergoing male to female gender reassignment may be screened as a self-referral at the request of their GP. If you have a symptom, you should see your GP in the usual way.

If you are undergoing female to male gender reassignment you will continue to be invited for breast screening as long as you are registered as a female, unless you ask to be ceased from the programme or have informed your local breast screening centre that you have had a bilateral mastectomy.

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## **I have just moved into the area and don't want to miss screening what should I do?**

Regular failsafe batches are run to identify women who have moved into the area or who are overdue for screening. These women are then offered an appointment to attend for screening. Women are always welcome to contact their local screening centre if they think that they are due for a mammogram.

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## **Section 3 - I would like to know the benefits and harms of breast screening.**

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## Benefits of breast screening

*Reduction in breast cancer deaths* — The main benefit of the breast screening programme is the reduction in mortality from breast cancer. Screening saves about 1 life from breast cancer for every 200 women who are screened. This adds up to about 1,300 lives saved from breast cancer each year in the UK.

*More conservative treatment* — the cancers detected in screened women are smaller and are less likely to be treated by mastectomy, or to require chemotherapy.

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## Harmful effects

*Overdiagnosis and overtreatment* – About 3 in every 200 women screened every 3 years from the age of 50 to 70 are diagnosed with a cancer that would never have been found without screening and would never have become life-threatening. This adds up to about 4,000 women each year in the UK who are offered treatment they did not need. **Overall for every 1 woman who has her life saved from breast cancer, about 3 women are diagnosed with a cancer that would never have become life-threatening.**

*Distress and anxiety*— most women who receive an abnormal screening result are found not to have breast cancer after further tests. These women experience unnecessary worry and some feel distress, which affects their ability to do their normal day-to-day activities at the time. When the mammogram is abnormal and the woman doesn't have breast cancer; this is known as a false positive result.

*Exposure to radiation* – mammography uses very low dose X-rays and the breasts are exposed to a small amount of radiation. The radiation exposure involved is about the same as the background radiation exposure during a flight to Australia and back.

For more information on the benefits and harms of Breast Screening, click [here](#).

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## Does breast screening prevent breast cancer?

No. Breast screening helps to detect breast cancer at an early stage when treatment may be more successful. However, it can only help to find breast cancer if it is already there. Breast cancer can develop at any time and some women can develop it between screening visits. You should check your breasts regularly for any changes (see the leaflet [Breast awareness: looking out for changes](#)). If you have any worries contact your GP, even if you have had a recent mammogram.

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## What are the limitations of breast screening?

Screening mammography is not a diagnostic test and further diagnostic testing is required to establish the diagnosis. Screening tests sort a population of people into two groups – those who might have the disease being looked for and those who probably don't. As with other screening programmes, in breast screening there are false negative, as well as false positive screening test results. The sensitivity of the programme is estimated to be around 85%. This is the proportion of the screened population that has the disease and tests positive. The specificity is between 82% and 97%. This is the proportion of the screened population which does not have the disease and tests negative.

**False negative test result** – some cancers don't show up on mammography and some cancers are not identified on screening; even by expert film readers. This can cause false reassurance. Women are advised to be breast aware, as breast cancer can develop at any time. This includes the time in between breast screening appointments. If a woman is worried about a breast problem, or has a family history of breast cancer, she should contact her GP.

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## Section 4 - I have been called back for an assessment.

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### Why have I been called back?

You have been called back because something was noticed on your mammogram (breast x-ray) which requires further investigation, either for technical reasons (if the picture was not clear enough) or because a potential abnormality was detected. This does not necessarily mean there is something wrong. About 4 women in every 100 screened are asked to attend the breast assessment clinic for additional tests. Of these 4 women, 1 will be found to have cancer. The rest will not have cancer and will go back to having screening invitations every 3 years.

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### What happens at a breast assessment clinic?

The reason you were invited to attend will be explained to you when you come to the clinic. You will also be asked about any breast problems and given a chance to ask questions. A number of tests may be carried out but you may not need all of them. The tests include: • an examination of your breasts by a doctor; • more mammograms (breast x-rays) showing different views of your

breast; • ultrasound – a painless scan which shows a picture of the tissues within the breast; • a biopsy – a small sample of breast tissue may be taken with a needle to be checked under a microscope. This is carried out under local anaesthetic which numbs the area; • fine needle test – a few cells may be removed from your breast with a very fine needle and examined under a microscope. This test is similar to having blood taken.

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## How long will the visit take?

Please be prepared to spend at least 2 hours at the clinic, although this is not always necessary.

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## Can I bring someone with me?

**Please note that, under current COVID restrictions, unfortunately it may not always be possible to allow someone else to accompany you at this appointment for the entire duration of it.** Clients are asked to attend appointments on their own where possible. If someone is attending with you as support, they are encouraged to remain in their vehicle or in the vicinity, and they can be called into the building for you if needed. In exceptional circumstances it may be possible to have a carer or family member present, but please contact your screening unit before your appointment to discuss this (contact details are on page 5 of the [leaflet](#)).

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## When do I get my results?

Whilst we endeavour to provide the test results to you within a week, occasionally fine needle test/biopsy results may take up to two weeks to come back. You will be contacted when the results are ready to arrange an appointment to attend your local hospital. Please note this telephone call may come from a withheld number. If you have any queries or concerns please contact the Breast Care Nurses on the number provided to you at the assessment clinic and we will return your call.

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## What might the results show?

You will be given your results by a doctor.

[Benign Result](#)

Most women will be given a benign result which means that you don't have breast cancer. You will be called for a routine mammogram in 3 years' time.

### No Problem Seen

The tests that you have done may find that there is no problem with your breast tissue. This means that your first mammogram showed evidence of a potential abnormal area in your breast, but further tests didn't find a problem. When this happens, the first mammogram is said to have had a false-positive result. You will not require any further tests or treatment and will simply be called for a routine mammogram in three years' time.

Many false positive results are due to tiny deposits of calcium in the milk ducts, known as microcalcifications. This occurs in many women over the age of 50. It may occur when cancer is present but in most women it happens without there being a breast cancer or any other breast problem.

### Uncertain Diagnosis

This means that no definite diagnosis can be made after your assessment. In this case, a biopsy may be recommended or you may be invited for an early recall, which means that you will be invited for another mammogram in 9-12 months' time.

### Malignant Result

This means that the further tests confirm that you have breast cancer. About 4 in every 100 women who attend for breast screening will be diagnosed with breast cancer. If you are told that you have breast cancer, you will be referred to a consultant breast surgeon. You may feel a range of emotions including shock, anxiety and fear. You will be able to talk to a breast care nurse specialist who can offer support and information to you and your family.

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## **Who can I talk to if I have any further questions?**

Your local breast care nurse. Details can also be found on page five of [the leaflet](#).

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## **How do you deal with benign breast disease?**

The Breast Screening Programme aims to detect breast cancers as early as possible. The Advisory Committee on Breast Cancer Screening has discussed the issue of benign disease in depth, and has concluded that there is no benefit in investigating clearly benign lesions. The disadvantage far outweighs any benefit to the woman that the investigation may give since most benign lesions seen at screening never present clinically. If a woman is concerned about any breast symptoms, she should report them to her GP.

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## **What is DCIS (Ductal Carcinoma in Situ)?**

This is when breast cancer cells are completely contained within the breast ducts and have not spread into the surrounding breast tissue. DCIS may also be referred to as non-invasive or intraductal cancer. Most women with DCIS have no signs or symptoms, so it is mostly found through breast screening. The DCIS usually shows up on a mammogram as an area in which calcium has been deposited in the milk ducts (known as microcalcification). A small number of women with DCIS may have symptoms such as a breast lump or discharge from the nipple. It is important to remember that DCIS is not harmful at this stage, but if it is left untreated it may, over a period of years, begin to spread into (invade) the breast tissue surrounding the milk ducts. It is then known as invasive breast cancer. Some DCIS will never develop into invasive breast cancer even with no treatment. However, treatment is usually given because it is not currently possible to tell which cases of DCIS will develop into an invasive cancer and which won't.

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## **How is DCIS treated?**

The treatment almost always cures DCIS. If you have DCIS you will be referred to a breast surgeon or cancer specialist (oncologist). It is important to discuss with them the benefits and possible side effects of any treatment in your particular case. The treatments offered for DCIS are removal: usually as a lumpectomy (removal of the area of DCIS and some surrounding healthy tissue), but sometimes by mastectomy (removal of the whole breast) if several areas are affected or if the area is large and high-grade. The surgery may be followed by radiotherapy or hormonal therapy.

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## **How is Invasive Lobular Carcinoma (ILC) detected?**

Invasive Lobular Carcinoma (ILC) can be difficult to detect by mammography. ILC cancer cells grow more diffusely in the breast and often do not cause the changes seen with other types of breast cancer, such as a mass (lump), distortion or calcifications, which are used to detect cancer on mammograms. This means that invasive lobular cancer is more likely to be larger when detected and more likely to present with symptoms after an apparently normal screening mammogram. To reduce the risk of missing the subtle early changes of breast cancer, every mammogram is double read by experts and any woman whose mammograms are not normal or clearly benign is called back for further assessment. At the assessment clinic, she will have more tests. These may include a clinical examination, more mammograms at different angles or with magnification, or examination using ultrasound. A needle test (core biopsy) to sample the breast tissue may be carried out if these further tests confirm an abnormality. Core biopsy is done with a local anaesthetic. All core samples are analysed by the breast pathology team to find the cause of the abnormality. If the biopsy shows invasive lobular cancer the breast team may



suggest a breast MRI scan to more accurately assess the size of the cancer.

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## **Section 5 - How can I be "Breast Aware"?**

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### **What is "Breast Awareness"?**

Breast awareness means knowing your own breasts and being aware of what changes are normal for you.

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### **How can I be "Breast Aware"?**

You can become familiar with your breasts by looking at, and feeling, them in any way that is best for you, e.g. in the bath, shower, or when dressing. Do this regularly, e.g. monthly. Medical professionals no longer recommend a set way to check your breasts. It is important to feel all parts of your breasts including your nipples and in and around your armpits. Breast awareness 5-point code 1. Know what is normal for you 2. Know what changes to look and feel for 3. Look and feel 4. Report any changes to your GP immediately 5. Attend for breast screening from the age of 50

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### **What changes are normal?**

Until you reach the menopause, your breasts may feel different in the days before a period when the milk-producing tissue becomes active. At this time, some women's breasts may become larger or feel lumpy and tender, especially near their armpits. • After a hysterectomy, breasts usually show the same monthly differences until the time when periods would have stopped. • Hormone replacement therapy (HRT) may make breasts feel firmer and quite tender. • After the menopause, activity in the milk-producing tissue stops. Breasts may change size, feel softer, less firm and not so lumpy.

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### **What changes should I be looking out for?**

*Appearance*

A change in size or outline of either breast, especially those caused by arm movement; any puckering, dimpling or redness of the skin; or veins that stand out more than usual.

### *Lumps*

Any lumps or thickening in either breast that feels different from the other breast; any swelling or lumps under your armpit or around your collarbone.

### *Nipple change*

A nipple that has become pulled in, changed shape or shows signs of any discharge, bleeding, rash or crusted, flaky skin.

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## **What should I do if I find a change in my breast?**

Most changes are harmless but all should be checked by your GP. If the change is due to cancer, earlier detection may mean simpler and more successful treatment. If you are aware of any change, see your GP without delay. He or she may refer you to a symptomatic breast clinic for a more detailed examination. Seeking an earlier breast screening appointment is not the best thing to do. Screening mammograms are not diagnostic. They just identify women who are more likely to have breast cancer at the time of the screening mammogram from those less likely to.

The Northern Ireland Breast Screening Programme is a population screening programme which invites all women aged 50 to 70 as a matter of routine. It is not aimed at women who already have breast symptoms. If you have found something that worries you or are concerned about your breast health, do not wait for your next routine screening appointment. Instead, you should consult your GP immediately. He or she will decide whether or not you need to be referred for further investigations or treatment to a symptomatic breast clinic. Having a breast screening mammogram is not the same as having a clinical examination and a diagnostic mammogram at symptomatic breast clinic.

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## **Why have I received an appointment before my next three yearly appointment is due?**

In Northern Ireland, eligible women aged 50-70 are invited by GP practice for breast screening every three years. One of the reasons you may be called before your next breast screening due date, might be because you have moved or changed GP practice. Please contact the unit that sent you the invitation for more information.

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## **Section 6 - Data Protection**

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### **Where did you obtain my contact details?**

Your details were obtained from your GP's list, so it is important that he or she has your correct name, address and date of birth. GP practices are contacted, in turn, every 3 years so you will not necessarily get your invitation in the year that you turn 50. As long as you are registered with your GP, you will be invited for breast screening by your 53rd birthday

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### **How is my screening information used?**

Screening records are regularly reviewed in order to monitor and improve the quality of the programme and to increase the expertise of specialist staff. This is an important part of any screening programme. Staff working for the Northern Ireland breast screening programme may see and review your records. If you need any further information on how your records are kept and shared, you can contact the Public Health Agency, Young Person and Adult Screening Team on

0300 555 0114

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