



NHS breast screening

Helping you decide



www.phw.nhs.wales/breast-screening



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For us to contact you as part of this programme, we will need to handle some of your personal information.

If you need more information about this, you can:

- visit the website publichealthwales.org/privacy;
- email PHW.InformationGovernance@wales.nhs.uk;

or

- phone 02920 104307

It is your choice whether to have breast screening or not. This leaflet aims to help you decide.

Why the NHS offers breast screening?

The NHS offers screening to save lives from breast cancer. Screening does this by finding breast cancers at an early stage when they are too small to see or feel. Screening does not prevent you from getting breast cancer.

Breast screening does have some risks. Some women who have screening will be diagnosed and treated for breast cancer that would never otherwise have been found, or caused them harm.

Why you have been invited for breast screening?

All women aged 50 up to their 70th birthday are invited for breast screening every 3 years. We send out first invitations to screening some time between your 50th and 53rd birthdays.

If you are aged 70 or over, you are still at risk of breast cancer. Although you will no longer automatically get screening invitations after your 70th birthday, it is important that you remain breast aware. If you notice any changes that are unusual for you, please speak to your GP as soon as possible

What is breast cancer?

Breast cancer starts when cells in the breast begin to grow in an uncontrolled way and build up to form a lump (also known as a tumour). As the cancer grows, cells can spread to other parts of the body and this can be life-threatening.

Breast cancer is the most common type of cancer in the UK. About 12,000 women in the UK die of breast cancer every year. Survival from the disease has been improving over time, and now about 3 out of 4 women diagnosed with breast cancer are alive 10 years later.

Your risk of getting breast cancer goes up as you get older. About 4 out of 5 breast cancers are found in women over 50 years old. Most women with breast cancer **do not** have a family history of the disease.

What is breast screening?

Breast screening uses an X-ray test called a mammogram to check the breast for signs of cancer. It can spot cancers that are too small to see or feel.

Choosing to have breast screening

When you arrive at the breast screening unit, the staff will check your details and ask you about any breast problems you have had. If you have any questions, please ask.

Mammograms are carried out by women called mammographers. The mammographer will first explain what will happen. She will then place your breast onto the mammogram machine and lower a plastic plate onto it to flatten it. This helps to keep your breast still and get clear X-rays.

The mammographer will usually take two X-rays of each breast - one from above and one from the side. She will go behind a screen while the X-rays are taken. You have to keep still for several seconds each time.

The whole appointment takes less than 30 minutes and the mammogram only takes a few minutes.

You may be asked if you want to take part in a clinical trial

These are medical research studies. Any trial you are offered will gather information about the best types of breast cancer tests or treatments so we can help women more effectively in the future. You can choose whether to take part or not.

Preparing for your mammogram

Breast screening: having a mammogram

To have a mammogram, you need to undress to the waist. So it may be easier to wear a skirt or trousers instead of a dress.

Please do not use a spray deodorant or talcum powder as this may show up on your mammogram. You can use roll-on deodorant.

What having a mammogram feels like

Having a mammogram can be uncomfortable, and some women find it painful. Usually, any pain passes quickly.

Please phone your breast screening unit before coming for your appointment if you:

- have a physical disability or find climbing steps difficult, so that your screening unit can make any necessary arrangements for you
- have had a mammogram within the last 6 months, or are pregnant or breastfeeding, as you may be advised to delay breast screening
- have recently been diagnosed with, or are having treatment for, breast cancer
- may not be able to consent to breast screening
- have a carer with lasting power of attorney for your health and welfare
- have specific communication or translation needs, or
- are transgender, and would like to discuss your appointment

Breast screening results

You will receive a letter with your breast screening results within 3 weeks of your appointment. The results will also be sent to your GP.

Occasionally women will need another mammogram before they get their result. Sometimes technical problems mean that the mammogram is not clear enough to read. If this happens, you will be asked to have another mammogram to get a clearer picture of your breast.

Most women will have no sign of cancer

In about 96 out of every 100 women screened the mammogram will show no sign of cancer, and no further tests are needed.

Cancer can still develop between mammograms. Remember to check your breasts and tell your GP straight away if you notice any unusual changes.

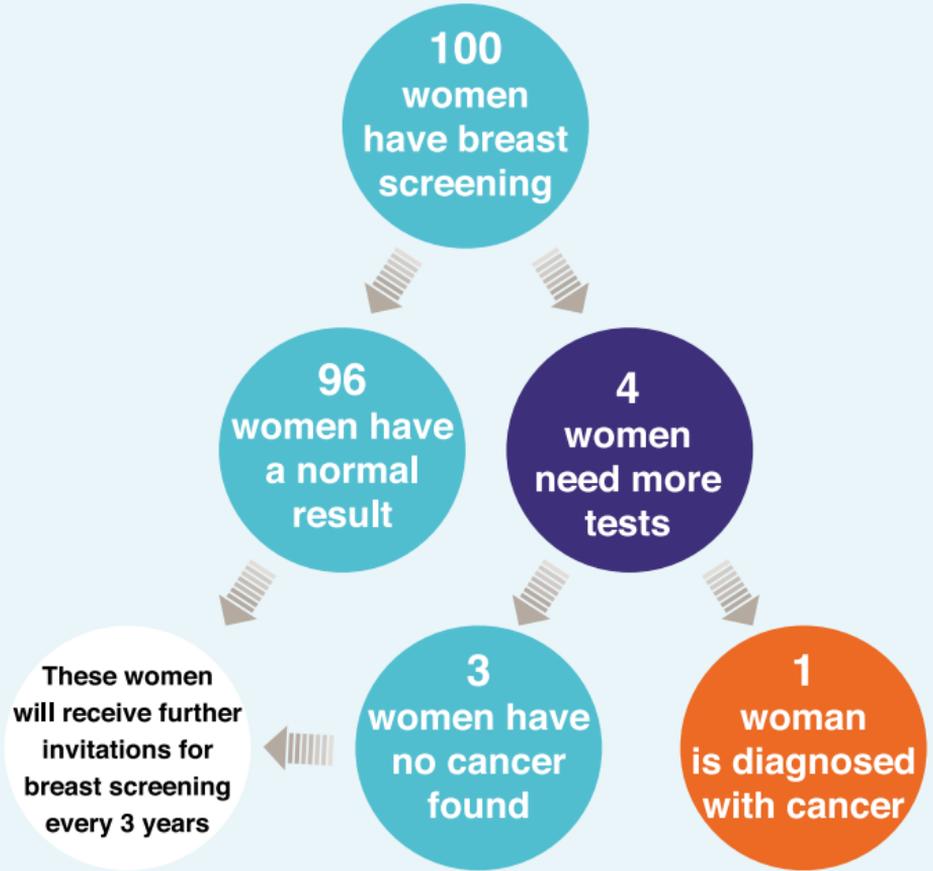
Some women will need more tests

The results letter may say you need more tests because the mammogram looks abnormal. About 4 in every 100 women are asked to come back for more tests after screening.

Out 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.

If you are called back for more tests, you may have a breast examination, more mammograms and ultrasound scans. You may also have a biopsy, which is when a small sample is taken from your breast with a needle to be checked under a microscope. You will usually get your results within a week.

Diagram showing what happens to 100 women each time they have breast screening



If you are found to have breast cancer, it could be either non-invasive or invasive

Non-invasive breast cancer

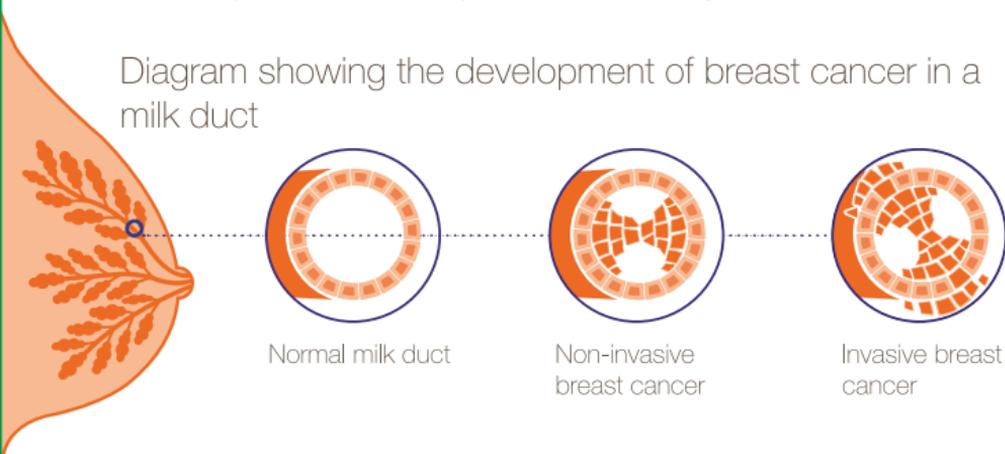
About 1 in 5 women diagnosed with breast cancer through screening will have non-invasive cancer. This means there are cancer cells in the breast, but they are only found inside the milk ducts (tubes) and have not spread any further. This is also called ductal carcinoma in situ (DCIS). In some women, the cancer cells stay inside the ducts. But in others they will grow into (invade) the surrounding breast in the future.

Doctors can't tell whether non-invasive breast cancers will grow into the surrounding breast or not.

Invasive breast cancer

About 4 in 5 women diagnosed with breast cancer through screening will have invasive cancer. This is cancer that has grown out of the milk ducts and into the surrounding breast. Most invasive breast cancers will spread to other parts of the body if left untreated.

Diagram showing the development of breast cancer in a milk duct



Breast cancer treatment

Whether the cancer is invasive or non-invasive, you will be offered treatment and care from a team of breast cancer specialists. The treatment is likely to include surgery (which may mean a mastectomy), radiotherapy, hormone therapy and possibly chemotherapy. These treatments can cause long-term side effects.

Making a choice – the possible benefits and risks of breast screening

It is your choice whether or not you have breast screening. There are many different reasons why women decide whether or not to have screening. To help you decide, we've included information on the possible benefits and risks.

Screening saves lives from breast cancer

Lives are saved because cancers are diagnosed and treated earlier than they would have been without screening.

Screening finds breast cancers that would never have caused a woman harm

Some women will be diagnosed and treated for breast cancer that would never otherwise have been found and would not have become life-threatening. This is the main risk of screening.

Doctors cannot always tell whether a breast cancer that is diagnosed will go on to be life-threatening or not, so they offer treatment to all women with breast cancer. This means that some women will be offered treatment that they do not need.

Weighing up the possible benefits and risks of breast screening

Breast screening could save my life from breast cancer

Breast screening could mean that I am diagnosed and treated for a cancer that would never have become life-threatening



Breast screening: weighing up the possible benefits and risks

There is debate about how many lives are saved by breast screening and how many women are diagnosed with cancers that would never have become life-threatening. The numbers below are the best estimates from a group of experts who have reviewed the evidence.

Saving lives 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.

Finding cancers that would never have caused a woman harm

About 3 in every 200 women screened every 3 years from the age of 50 up to their 70th birthday 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.

Researchers are trying to find better ways to tell which women have breast cancers that will be life-threatening and which women have cancers that will not.

Other risks of breast screening

- Most women who receive an abnormal screening result are found not to have breast cancer. These women experience unnecessary worry and some feel distress which affects their ability to do their normal day-to-day activities at the time.
- X-rays can very rarely cause cancer. Having mammograms every 3 years for 20 years very slightly increases the chance of getting cancer over a woman's lifetime.
- Mammograms do not find all cancers. Sometimes they cannot be seen on the mammogram, and very occasionally mammogram readers will miss a cancer on the x-ray. Your breasts may change between screening appointments so it is important to check your breasts regularly to know what is normal for you. Please talk to your GP if you have any concerns.

Symptoms of breast cancer

If you get to know how your breasts normally look and feel, you will be more likely to spot any changes that could be signs of breast cancer. This is important even if you have been for breast screening. Look out for:

- a lump or thickening in the breast
- a change in the nipple. The nipple might be pulled back into the breast, or change shape. You might have a rash that makes the nipple look red and scaly, or have blood or another fluid coming from the nipple
- a change in how the breast feels or looks. It may feel heavy, warm or uneven, or the skin may look dimpled. The size and shape of the breast may change
- Pain or discomfort in the breast or armpit
- A swelling or lump in the armpit

If you have any change to your breast, you should make an appointment to see your GP straight away. You may not have cancer. But if you do, being diagnosed and treated at an early stage may mean you are more likely to survive breast cancer.

What happens to your mammograms after screening

The NHS Breast Screening Programme will keep your mammograms for at least 8 years. These are saved securely. The programme regularly checks records to make sure the service is as good as possible. Staff in other parts of the health service may need to see your records for this, but your records will only be shared with people who need to see them.

We will review your previous screening results if you are diagnosed with breast cancer between screening appointments. You can see the results of this review if you wish.

Who can I contact if I have a question?

If you have questions about screening, please contact your local breast screening unit.

South East Wales

Breast Test Wales, 18 Cathedral Road,
Cardiff, CF11 9LJ

Phone: 029 2039 7222

Minicom: 029 2078 7907

West Wales

Breast Test Wales, 24 Alexandra Road,
Swansea, SA1 5DY

Phone: 01792 459988

Minicom: 01792 453110

North Wales

Breast Test Wales, Maes Du Road,
Llandudno, LL30 1QY

Phone: 01492 860888

Minicom: 01492 863503

We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.



Who can I contact if I have a question?

If you would like to talk to someone about whether to have breast screening, your GP can help. Together, you can weigh up the possible benefits and risks, to help you decide.

For more information about breast screening visit **www.phw.nhs.wales/breast-screening**

It's your choice whether to have screening or not. If you decide you don't want any more invitations, you can opt out. Please call your nearest Breast Screening Centre to find out how.

The NHS Screening Programmes use personally identifiable information about you to ensure you are invited for screening at the right time. Breast Test Wales also uses your information to ensure you receive high quality care. If you need more information about this, you can:

- Visit the website www.phw.nhs.wales/use-of-site/privacy-notice;
- email PHW.InformationGovernance@wales.nhs.uk; or
- phone 02920 104307



This leaflet was developed by an independent team of information experts at King's Health Partners, with advice and writing support from Cancer Research UK.

Through a public consultation, over 1000 members of the public contributed to developing the approach to information about the NHS cancer screening programmes.

The following organisations supported the consultation: Beating Bowel Cancer, BME Cancer Communities, Bowel Cancer UK, Breakthrough Breast Cancer, Breast Cancer Campaign, Breast Cancer Care, Cancer Research UK, Independent Cancer Patients' Voice, Jo's Cervical Cancer Trust and the Patient Information Forum.

The information in this leaflet used recommendations from a citizens' jury of 25 women about how to present the possible benefits and risks of breast screening.

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