



YOUR BREAST CLINIC APPOINTMENT

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ABOUT THIS BOOKLET

If you've been referred to a breast clinic, it's natural to feel worried or scared. You probably have lots of questions about what to expect. You might even find it difficult to think about anything else.

The vast majority of people who are seen at a breast clinic will not have breast cancer. But it's still important to go to your appointment so you can be fully assessed.

In this booklet, you'll find out what will happen at your breast clinic appointment. We'll also tell you how and when you're likely to get your results, and where you can find support if you need it.

WHY HAVE I BEEN REFERRED?

Referred by your GP

GPs follow guidance when deciding whether to refer you to a breast clinic.

This guidance also outlines how quickly you should be seen.

Most people who are referred to a breast clinic do not have cancer. They may have normal breast changes or a benign (not cancer) condition.

However, the sooner breast cancer is diagnosed, the more successful treatment is likely to be. So it's important to go to your appointment so you can be fully assessed.

How quickly you should be seen will depend on your symptoms and your age.

Guidance also differs depending on whether you live in England, Wales, Scotland or Northern Ireland. You can find out more about national guidance on page 18.

Recalled after a screening mammogram

About four women in a hundred are called back to a breast clinic after routine screening because they need more tests.

This is more likely to happen after your first mammogram, usually because there are no previous mammograms to compare it with.

Something that may look unusual on your mammogram may be normal for you once it has been assessed. And most people who are recalled for assessment will not have breast cancer.

You should receive a letter within two weeks of your mammogram explaining when and where your breast clinic appointment will be.

Sometimes you may be recalled because the image taken was not clear and needs to be repeated. This is called a 'technical recall' and should be made clear in your letter.

VISITING THE BREAST CLINIC

Your visit to the breast clinic may take several hours so all the necessary tests can be carried out.

You can usually take a partner, close friend or relative with you for company or support.

Some people prefer to go on their own.

You may want to wear a top that's easy to remove.

Coping with worry

It's natural to feel worried or frightened that you may have breast cancer.

Anxiety can show itself in many ways – for example it may be difficult to concentrate, or your eating or sleeping pattern may be affected.

You'll probably have your own way of managing your anxiety during this time of uncertainty, such as keeping busy or talking to family and friends.

If you would like to talk to someone about any concerns you can call our free Helpline on **0808 800 6000**.

WHAT HAPPENS AT THE BREAST CLINIC

You may be asked to fill in a short questionnaire before you're seen by a doctor or specialist nurse. This includes questions about:

- Family history of breast problems
- Medicines you're taking, including hormone replacement therapy (HRT) or the contraceptive pill
- Previous breast surgery
- Any other existing health problems

This will be followed by a breast examination, and you may have further tests.

What may happen at the breast clinic	What it involves
Breast examination	A doctor or nurse physically checks your breasts
Breast imaging	An x-ray or a scan produces an image of the inside of your breasts
Biopsy	A small amount of breast tissue is removed to be checked under a microscope

Not everyone referred to a breast clinic will have breast imaging or a biopsy.

Having a breast examination, breast imaging and a biopsy is known as a triple assessment. This may be necessary to make a definite diagnosis.

The order in which the tests are done will vary between clinics.

How long will it take?

Your assessment may be done in a one-stop clinic. This is where all tests are carried out during your visit to the clinic.

Some test results may be available later that day, but if you have a core biopsy (see page 11) this will take longer.

In some cases, you may be asked to make another appointment to finish your tests or to get your results. If this happens, you may have to wait about a week, or possibly longer, for your test results.

BREAST EXAMINATION

The doctor or nurse may want to check both your breasts when you are sitting, and again when you are lying down.

As part of the examination, it's normal to examine the lymph nodes (also called glands) under your arm and around your neck.

If you have been referred from a breast screening clinic, you may not have a breast examination.

BREAST IMAGING

Mammogram

A mammogram is a breast x-ray.

A mammographer (an expert in taking breast x-rays) will ask you to undress from the waist up and stand in front of the mammogram machine.

If you're pregnant or think you may be pregnant, let the mammographer know.

Your breasts will be placed one at a time on the x-ray machine. The breast will be pressed down firmly on the surface by a clear plate.

At least two pictures of each breast will be taken, one from top to bottom and then a second from side to side to include the part of your breast that extends into your armpit.

You'll need to stay in this position while the x-ray is taken. You may find it uncomfortable, but it only takes a few seconds and the compression does not harm the breasts.

Some people worry about the amount of radiation used in mammograms. However, they deliver a very low dose of radiation. You'd receive a similar amount flying from London to Australia and back.

Younger women and mammograms

Mammograms are not often used in women under 40. Younger women's breast tissue can be dense, which can make the x-ray image less clear and any changes harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

Tomosynthesis

Digital breast tomosynthesis (DBT) is another, more detailed type of mammogram used in some hospitals.

DBT makes 3D images using lower dose x-rays.

The breast is positioned the same way as when having a mammogram. The x-ray arm rotates and curves around the breast, taking multiple x-ray pictures at different angles.

The information is then sent to a computer where it makes the pictures into 3D images. This can make it easier to see any overlapping breast tissue more clearly.

Ultrasound scan

An ultrasound scan uses sound waves to produce an image of the breast tissue.

An ultrasound scan is painless. It's generally done in a few minutes but can take longer.

You'll be asked to undress from the waist up and lie on a couch with your arm above your head.

To help get a clear image of the breast, some gel will be spread over the area of the breast first.

The person doing the scan will move a handheld scanning probe over the breast to look at the underlying tissue. The area under your arm may also be scanned.

How imaging results are described

You may hear your results described as a letter and a number. 'M' stands for mammogram. 'U' stands for ultrasound.

Mammogram		Ultrasound	
M1	Normal breast tissue	U1	Normal breast tissue
M2	Benign (not cancer)	U2	Benign (not cancer)
M3	Uncertain but probably benign	U3	Uncertain but probably benign
M4	Suspicious and possibly cancer	U4	Suspicious and possibly cancer
M5	Cancer	U5	Cancer

Other types of breast imaging

Although mammograms are usually the best way of detecting any early changes within the breast, sometimes other imaging techniques are used as well.

- MRI (magnetic resonance imaging) scan: uses magnetism and radio waves to produce a series of images of the inside of the breast. An MRI does not expose the body to x-ray radiation
- Contrast enhanced spectral mammography (CESM): uses a special dye to ‘highlight’ areas within the breast in more detail than a standard mammogram

You may hear about different techniques used to take pictures of the breasts such as thermal imaging and radio waves. These are not routinely used as they are not more reliable than mammograms.

Depending on your test results and symptoms, other types of scans may be recommended.

BIOPSY

A biopsy involves removing a small sample of breast cells or breast tissue. You may have a biopsy to help make a diagnosis.

This will usually be done using a core biopsy, but sometimes a fine needle aspiration (FNA) or another procedure may be used.

The sample is sent to the laboratory where it's looked at under a microscope.

An ultrasound or mammogram may be used as a guide to pinpoint the area of breast tissue before the sample is taken, particularly when it's very small or cannot be felt.

If you're taking aspirin or blood-thinning tablets (anticoagulants), let the doctor know before having a core biopsy or an FNA.

Having a core biopsy or an FNA does not necessarily mean you have breast cancer.

Core biopsy

A core biopsy (also called core needle biopsy) uses a hollow needle to get a sample of breast tissue.

Because tissue is taken rather than cells, it gives more detailed information. Several tissue samples may be taken at the same time.

After local anaesthetic is given to numb the area, a small cut is made in the skin. Samples of tissue are then taken with the biopsy needle.

Sometimes you'll be asked to lie on your front while this is done.

Stereotactic core biopsy

If the area of concern can only be seen on a mammogram, you may have a stereotactic core biopsy.

A sample of tissue is taken using a needle biopsy device connected to a mammogram machine and linked to a computer. This helps locate the exact position of the area to be biopsied.

Images of the breast are taken from two different angles to help guide the needle to the precise location.

You'll be given a local anaesthetic and will be in a sitting position or lying down on a specially designed examination couch.

It may feel a little uncomfortable as the mammogram plates are pressed onto the breast throughout.

After your core biopsy

A small dressing or plaster will usually be applied. You'll be asked to keep this on for a day or so afterwards.

Sometimes very thin strips of adhesive tape are used to help the edges of the wound to close.

Once the local anaesthetic wears off, your breast may ache and may be bruised for the next few days or weeks.

You can take pain relief if the area is tender or painful. You'll be given more information about this before you leave the clinic.

Fine needle aspiration (FNA)

FNA uses a fine needle and syringe to take a sample of cells.

Occasionally, local anaesthetic is used first to numb the area.

You may be asked to wear a plaster for a few hours over the site where the needle has been inserted.

Punch biopsy

A punch biopsy may be done when there's a change to the skin of the breast or nipple.

It involves taking a very small cylindrical piece of tissue from the changed area.

You'll be given a local anaesthetic before a tiny cutting device is used to take the sample. You'll usually be asked to wear a small dressing or plaster afterwards.

Vacuum assisted biopsy

If a previous biopsy has not given a definite result and more breast tissue is needed to make a diagnosis, or if the area of concern is difficult to target, you may be offered a vacuum assisted biopsy.

This procedure takes a little longer than a core biopsy.

After an injection of local anaesthetic, a small cut is made in the skin. A special needle connected to a vacuum device is placed through this.

Using a mammogram or ultrasound as a guide, breast tissue is sucked through the needle by the vacuum into a collecting chamber. This means several samples of tissue can be collected without removing the needle.

Sometimes this procedure is used as an alternative to surgery to remove a whole area of breast tissue. This is called a vacuum assisted excision biopsy.

Inserting a metal marker

Sometimes, if the area of concern is small or difficult to see on a mammogram or ultrasound, a small metal clip (or marker) is placed in the breast where the biopsy has been taken.

This is so the area can be found again if a further biopsy or surgery is necessary. If another procedure is not needed, the clip can be safely left in the breast.

The marker clip is usually made of titanium, the same metal used for joint replacement surgery. It will not set off alarms at airports.

Many clips are now suitable for having an MRI. However, if the marker clip is left in and you need to have an MRI scan in the future, let your doctor or radiographer know.

How core biopsy and FNA results are described

You may hear your results described as a letter and a number. 'B' stands for 'biopsy'. 'C' stands for 'cytology', which means the study of cells.

Core biopsy		FNA	
B1	Normal breast tissue	C1	Inadequate sample (not enough cells for diagnosis)
B2	Benign (not cancer)	C2	Benign (not cancer)
B3	Abnormal or uncertain but probably benign	C3	Unusual, abnormal or uncertain but probably benign
B4	Suspicious and possibly cancer	C4	Suspicious and possibly cancer
B5	Cancer	C5	Cancer

Your specialist team will use the result to help them decide if you need more tests or treatments. They are usually needed for a result showing B3/B4/B5 or C3/C4/C5, or where the findings of all the tests do not agree.

GETTING YOUR RESULTS

Having investigations for a breast problem can be a worrying and stressful time.

The staff in the breast clinic will know you want results as soon as possible and your specialist may be able to tell you what they think the outcome might be. However, the results of all the investigations you've had are usually needed before you can be given more detailed information.

If you're anxious about your results or would like to talk to someone about any concerns you can call our free Helpline on **0808 800 6000**.

The breast clinic will let you know how and when you'll get your results. You may be given an appointment to return for your results, or you may get your results over the phone or by letter.

However you get your results, you should be sent a letter that explains in simple language your results and any treatment you may need. Your GP will be sent a copy of this letter too.

It may be a good idea to have someone with you when you go to your appointment to get your results. That way you can be sure there's someone there for support, should you need it. They may also think of questions that hadn't occurred to you and remember things you may forget.

It can be useful to take a notepad and pen to write down any information you want to remember later.

Normal breast changes and benign breast conditions

For most people, a breast assessment will show normal breast changes or a benign (not cancer) breast condition.

In this case the specialist will explain what it is and whether any treatment or follow-up is needed.

Benign breast conditions are common and there are many different types.

We have leaflets about individual benign breast conditions which you may be given at the clinic. You can also find online information about these conditions on our website **breastcancer.org**

Even if you're found to have normal breast changes or a benign breast condition, it's still important to be breast aware (see page 17). Go back to your GP if you notice any other changes in your breasts, regardless of how soon these occur after you get your results.

If you are given a breast cancer diagnosis

If your results show you have breast cancer, a specialist will discuss your diagnosis with you and you'll be introduced to a breast care nurse. They will give you support and written information and can be a point of contact for you.

You may also want to read our booklets **Diagnosed with breast cancer: what now?** and **Treating primary breast cancer**. Men who have breast cancer can find information about breast cancer in men on our website.

You or your family and friends can also call the free Breast Cancer Now Helpline on **0808 800 6000** or visit our website **breastcancer.org**

We also have a number of free support services that might help.

BEING BREAST AWARE AND BREAST SCREENING

Whatever happens at the breast clinic, it's important to be breast aware.

Breast awareness means getting to know how your breasts look and feel so you know what's normal for you.

If you notice any changes that are unusual for you, see your GP as soon as you can.

In the UK, women aged 50 up to their 71st birthday are invited for mammograms every three years as part of a national breast screening programme. Breast screening can pick up cancer before there are any symptoms.

It's important to continue to be breast aware between your screening mammograms. If you're worried about any breast symptoms, do not wait for your next screening mammogram – see your GP.

For more information, see our booklet **Know your breasts: a guide to breast awareness and screening**.

FURTHER INFORMATION

National referral guidelines for suspected breast cancer

Scotland

Scottish Referral Guidelines for Suspected Cancer

cancerreferral.scot.nhs.uk

England and Wales

National Institute for Health and Care Excellence (NICE)

nice.org.uk/guidance/ng12

Northern Ireland

Northern Ireland Guidance for Suspected Cancer – Red Flag Criteria

nican.hscni.net (search for ‘red flag criteria’)

HELP US TO HELP OTHERS

Breast Cancer Now is a charity that relies on voluntary donations and gifts in wills. If you have found this information helpful, please visit breastcancernow.org/give to support our vital care and research work.

ABOUT THIS BOOKLET

Your breast clinic appointment was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
Email health-info@breastcancer.org



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BREAST CANCER NOW

The research &
support charity

At Breast Cancer Now we're powered by our life-changing care. Our breast care nurses, expertly trained staff and volunteers, and award-winning information make sure anyone diagnosed with breast cancer can get the support they need to help them to live well with the physical and emotional impact of the disease.

We're here for anyone affected by breast cancer. And we always will be.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

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Patient Information Forum

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