Your breasts, your health throughout your life

personal experience professional support
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Introduction

This booklet will help you to understand a bit more about your breasts, how they develop and age, and the normal changes to the breasts that can occur at various stages throughout your life. Information about the NHS Breast Screening Programme is also included in this booklet.

We hope it will help you to be breast aware, so that you can feel more confident about noticing any breast changes that are unusual for you. Most changes won’t turn out to be breast cancer, but if they are breast cancer, the sooner this is diagnosed the more effective treatment may be.

Although this booklet is for women, men also need to be aware of any changes in their breast tissue, as around 300 men in the UK get breast cancer each year.
About your breasts

Breasts are mainly made up of glandular, fibrous and fatty tissue. They sit on the front of the chest and extend up into the armpit. Breast tissue is supported by ligaments (which attach deeper layers of tissue to the skin) and the large chest muscle that extends over most of the ribs.

The glandular tissue contains lobes, with many smaller lobules inside each one. The lobules are the milk-producing glands. During lactation breast milk is carried through tubes called ducts to the nipple ready for breastfeeding.

The darker area of skin around the nipple is called the areola. On the areola there are some little raised bumps. These are quite normal and are called Montgomery glands. They produce fluid to moisturise the nipple.
Normal breast changes

Your breasts change constantly throughout your life from puberty, through adolescence, the childbearing years, and then the menopause (change of life). This is because of the varying levels of the female hormones oestrogen and progesterone in your body.

During the menstrual cycle

From puberty onwards oestrogen and progesterone play a vital part in regulating a woman’s menstrual cycle, which results in having periods. It is these hormones that are responsible for the changes you may notice in your breasts just before your period.

Your breasts may feel heavier and fuller. They may also be tender or lumpy. After a period this lumpiness becomes less obvious or may disappear altogether, although some women have tender, lumpy breasts all the time.

Many women also have breast pain linked to their menstrual cycle (cyclical breast pain), which is normal. For more information see our Breast pain booklet.
Normal breast changes

**During pregnancy**

Breast changes can be an early sign of being pregnant. Many women feel a change in sensation in their breasts such as tingling and soreness (particularly of the nipples). This is due to increased levels of the hormone progesterone and the growth of the milk ducts. The breast and the areola begin to get bigger. The nipple and areola become darker and remain that way during pregnancy.

**When breastfeeding**

Large amounts of milk are produced to breastfeed a newborn baby, and the breasts can change size many times a day according to the baby’s feeding pattern. Nipples can sometimes become sore and cracked, but this generally gets better over time. When breastfeeding stops, the breasts gradually go back to how they were before pregnancy although they may be a different size and less firm than before.

For more information see our [Breast changes during and after pregnancy](#) booklet.

**Before, during and after the menopause**

From around the mid-30s onwards the breasts begin to age and the glandular and fibrous tissue is gradually replaced by fat. As oestrogen levels fall during and after the menopause, the breasts may change size, lose their firmness, feel softer and may droop. Changes such as a lump or tenderness are also common at this time. Lumps often turn out to be breast cysts (fluid-filled sacs). For more information see our [Breast cysts](#) leaflet. Tenderness may be non-cyclical breast pain, which may need to be treated with pain relief. For more information, see our [Breast pain](#) booklet.

It’s still important to see your GP (local doctor) about any changes that are new for you, even though most of these will be benign (not cancer).

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)
Breast problems

Sometimes breast changes can indicate a benign breast condition that may need treatment.

For example, breast pain linked to your periods is common and usually regarded as normal. However, talk to your GP if it’s severe and long lasting as it may need to be treated.

For more information see our benign breast conditions leaflets about the different kinds of benign breast problems. These are listed on our website and in our publications catalogue.
Being breast aware is an important part of caring for your body. It means getting to know how your breasts look and feel, so you know what is normal for you.
Being breast aware

Whatever your age, size or shape it’s important to take care of your breasts. Breast cancer is the most common cancer in the UK, so it’s important to look after your breasts by being breast aware.

Being breast aware is an important part of caring for your body. It means getting to know how your breasts look and feel, so you know what is normal for you. You can then feel more confident about noticing any unusual changes.

Breast changes are not usually accompanied by other symptoms, such as feeling tired or having less energy. However, even if you feel well it is still important to visit your GP.
How do I check my breasts?

There’s no right or wrong way to check your breasts. Try to get used to looking at and feeling your breasts regularly. You can do this in the bath or shower, when you use body lotion, or when you get dressed. There’s really no need to change your everyday routine. Just decide what you are comfortable with and what suits you best.

Remember to check all parts of your breast, your armpits and up to your collarbone.

Areas to check

The breast awareness 5-point code

1. You should know what is normal for you
2. Know what changes to look for
3. Look and feel
4. Tell your GP about any changes straightaway
5. Go for breast screening when invited

Department of Health, 2009

Visit www.breastcancercare.org.uk
What changes should I look and feel for?

Everyone’s breasts look and feel different. Some people have lumpy breasts, or one breast larger than the other, or breasts that are different shapes. Some have one or both nipples pulled in (inverted), which can be there from birth or happen when the breasts are developing.

When you check your breasts, try to be aware of any changes that are different for you. The next pages show what these could be.

A change in size or shape

Redness or a rash on the skin and/or around the nipple

A lump or thickening that feels different from the rest of the breast tissue

A change in skin texture such as puckering or dimpling (like orange skin)

Call our Helpline on 0808 800 6000
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- Discharge (liquid) from one or both of your nipples
- A swelling in your armpit or around your collarbone
- If your nipple becomes inverted (pulled in) or changes its position or shape
- Constant pain in your breast or your armpit

Visit www.breastcancercare.org.uk
What should I do if I find a change?

You know better than anyone how your breasts look and feel normally, so if you notice a change, go and see your GP as soon as you can.

Most breast changes are likely to be normal or due to a benign breast condition rather than being a sign of breast cancer. If your GP is male and you don’t feel comfortable going to see him, you can ask if there is a female doctor available. But you do need to find out what is causing the change. You can ask for a female nurse to be present at your appointment. You can also take a friend or relative with you.

When your GP examines your breasts they may be able to reassure you that there is nothing to worry about, or they may refer you to a breast clinic for a more detailed examination and assessment.

For more information about what happens at a breast clinic and the tests you may have, see our Referral to a breast clinic booklet.
To be invited for screening you have to be registered with a GP. Your name will be taken from your GP’s list and you’ll be sent an appointment from the screening service to come for a mammogram.
Breast screening

Breast screening (mammography) is an x-ray examination of the breasts. It may help to detect breast cancer before there are any signs or symptoms. The sooner breast cancer is diagnosed the more effective treatment may be.

Going for screening

In the UK, women between 50 and 70 are invited for breast screening every three years as part of the National Health Service Breast Screening Programme (NHSBSP). (In England this age range is being extended to 47–73 by the end of 2016.)

Women under 50 are not invited for routine breast screening. This is mainly because the number of women who get breast cancer is much lower in this age group – 81% of breast cancers occur in women over the age of 50 and the risk continues to increase with age. Also, younger women’s breast tissue can be dense which can make the x-ray image less clear so normal changes or benign breast conditions can be harder to identify.

To be invited for screening you have to be registered with a GP. The screening service will take your name from your GP’s list and you’ll be sent an appointment to come for a mammogram. This may not happen the year you turn 50 but it will happen by the time you are 53.

If you’re over 70 you won’t be sent an invitation for screening. However, you’re still entitled to breast screening every three years if you ask for it. You can contact your local breast screening unit by calling NHS Direct on 0845 4647 (or NHS 24 on 08454 242 424 in Scotland), or visit the NHS Breast Screening Programme website for contact details of your local screening unit. See the back of this booklet for more information. Or ask your GP or practice nurse to arrange an appointment for you.
The results of your screening mammogram are sent by post to you and your GP. Some women will be sent a recall letter asking them to come back. It will explain if another mammogram is needed because of technical reasons (if the image is unclear) or if further tests are needed to assess a problem seen on the mammogram. This doesn’t necessarily mean that it will be breast cancer, but further tests are needed to find out what it is.

**Why you are being invited for screening**

Over the years the number of people diagnosed with breast cancer each year has increased. Now breast cancer is the most common cancer in the UK and unfortunately the rise in numbers is continuing. However, death (mortality) from breast cancer is falling. This is due to a number of factors such as earlier diagnosis, improved and newer treatment options and patients participating in clinical trials. Evidence suggests that breast screening has contributed to this reduction in mortality.

Breast cancer can develop in between the three yearly screening mammograms, so it’s important to continue to be breast aware and report any changes to your GP even if you’ve had a mammogram recently.

**Potential benefits of routine screening**

Going for breast screening will not prevent breast cancer from developing, but it can find a breast cancer sooner – before it can be felt. Invasive breast cancers (that have the potential to spread to other parts of the body) found through screening are more likely to be small and have a better outlook. They are less likely to require a mastectomy (removal of all the breast tissue including the nipple area).
Potential limitations of routine screening

Mammograms are the most reliable way of detecting breast cancer sooner, but like other screening tests it is not 100% reliable. For example, not all breast cancers can be seen on a mammogram, some breast cancers are very difficult to see, or very occasionally the doctors reading the mammogram may miss the cancer, no matter how experienced they are.

Other issues about screening

Some benign conditions diagnosed through screening cannot be confirmed by the mammogram alone. Further investigations and sometimes an operation may be needed to confirm the diagnosis, which can cause a period of anxiety and some physical discomfort. For more information about benign conditions, see our benign breast conditions leaflets.

Other conditions called DCIS (ductal carcinoma in situ) and pleomorphic LCIS (lobular carcinoma in situ) are more commonly diagnosed following screening but may never develop further. Even if DCIS does develop further, it may grow so slowly that it would never cause harm during a woman’s life. However in some cases, these conditions can develop into an invasive breast cancer (cancer that has the potential to spread to other parts of the body). Our factsheets Ductal carcinoma in situ (DCIS) and Lobular neoplasia have more information about both of these conditions.
Does breast cancer run in families?

Breast cancer is a common disease, with one in eight women in the UK developing it during their lifetime.

It is therefore not unusual to have one or two people in an extended family who have had breast cancer. However, in a small number of families breast cancer may be caused by an inherited faulty gene (fewer than 10% of all cases).

For more information see our Breast cancer in families booklet.
Can I reduce my risk of breast cancer?

We don’t know exactly what causes breast cancer, but we do know that being female and getting older are the main risk factors.

You may help to reduce your risk – and look after your general health by:

• eating a well-balanced diet with plenty of fruit and vegetables
• maintaining a healthy weight
• doing some regular exercise
• not drinking too much alcohol.

For more information about risk in general see our Breast cancer risk: what it means to you booklet or visit our website www.breastcancercare.org.uk
This booklet can be downloaded from our website, www.breastcancercare.org.uk. It is also available in large print, Braille or on audio CD on request by phoning 0845 092 0808.

This booklet has been produced by Breast Cancer Care’s clinical specialists and reviewed by healthcare professionals and people affected by breast cancer.

If you would like a list of the sources we used to research this publication, email publications@breastcancercare.org.uk or call 0845 092 0808.

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Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people’s experience of breast cancer and our clinical expertise in everything we do.

We promote the importance of early detection of breast cancer and provide accurate answers to questions about breast health. We believe that up-to-date information, based on clinical evidence, builds confidence and helps people take control of their health. Our training, workshops and resources explain how to be breast aware and what changes to look and feel for.

Visit www.breastcancercare.org.uk or call our free Helpline on 0808 800 6000 (Text Relay 18001). Interpreters are available in any language.

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