ARE YOU WORRIED ABOUT BREAST CANCER?
About this leaflet

Some people worry about getting breast cancer, sometimes because a relative has had it.

This leaflet explains:
• that it is not common for cancer to run in families
• what we know about the main causes of breast cancer
• what you can do to reduce your risk of cancer.

We have included quotes from people who have been worried about breast cancer, which you might find helpful. Some are from the website healthtalk.org Others are from our online community (macmillan.org.uk/community) and people who have chosen to share their stories with us. Some names have been changed.

We’ve also listed some other useful organisations at the end of this leaflet (see page 25).

We have information for men who are worried about breast cancer in our booklet Understanding breast cancer in men.
General cancer risk

More than 1 in 3 people in the UK will get cancer during their lives. Everyone has a certain risk of developing cancer. A combination of genes, lifestyle and environment can affect this risk.

Most of the time we don’t know exactly what causes a particular cancer. But we do know some of the risk factors for that cancer. Risk factors are things that can make you more likely to develop cancer. They include being older, smoking and being overweight.

Having a particular risk factor doesn’t mean you will definitely get cancer. Some risk factors only slightly increase the risk of developing cancer.

Usually, cancer is due to a combination of several risk factors. But some risk factors are more likely to cause cancer than others. Smoking is a good example of this (see page 18). Smoking will greatly increase your risk of getting lung cancer. About 9 out of 10 people who develop lung cancer are smokers. But not everyone who smokes will develop lung cancer.

For most people, increasing age is the biggest risk factor for developing cancer (see page 11). In general, people over 65 are more likely to develop cancer than younger people (those under 50).

Cancer is very common and most of us have relatives who have had cancer. People often worry that a history of cancer in their family greatly increases their risk of developing it. But fewer than 1 in 10 cancers are associated with a strong family history of cancer.
Are you worried about breast cancer?

Family history and breast cancer risk

Most breast cancers are not caused by inherited cancer genes, and most people who develop breast cancer don’t have a strong family history of it.

But sometimes breast cancer can run in families. In general, the chance of there being a family link is greater when:

• a number of family members have been diagnosed with breast cancer or related cancers, such as ovarian cancer
• the family members are closely related
• the family members were diagnosed at a younger age.

Inherited genes and breast cancer

Less than 1 in 10 breast cancers are thought to be caused by a change (alteration) in a gene running in the family.

The two genes most often found to be altered in hereditary breast cancer are called BRCA1 and BRCA2.

If a family has an altered BRCA1 or BRCA2 gene, usually several relatives on the same side of the family may be diagnosed with breast cancer or related cancers. People in the family may also be diagnosed with cancers at a particularly young age.
BRCA gene alterations are more common in certain populations. If you have Ashkenazi Jewish ancestry and have relatives who’ve been diagnosed with ovarian or breast cancer, you may want to discuss your risk with your GP.

If you are concerned about your risk of breast cancer, talk to your GP. They can talk to you about your family history and your risk.
Assessing family history

A family history of cancer is usually based on your close relatives, including first-degree relatives.

**First-degree relatives** are your parents, brothers, sisters and children.

**Close relatives** are your first-degree relatives and second-degree relatives (grandparents, grandchildren, aunts, uncles, nieces and nephews).

You may have an increased risk of developing breast cancer if your family history includes:

- one first-degree relative who developed breast cancer under the age of 40
- one first-degree male relative (father, brother or son) who developed breast cancer at any age
- one first-degree relative with cancer in both breasts when the first cancer was diagnosed under the age of 50
- two first-degree relatives who developed breast cancer at any age
- a first-degree relative and another close relative on the same side of your family who developed breast cancer at any age
- three close relatives on the same side of your family who developed breast cancer at any age
- close relatives with breast and ovarian cancer on the same side of the family.
If any of these apply to your family, or you are worried about your risk, talk to your GP. They may be able to reassure you, or refer you to a clinical genetics service or family cancer clinic.

We have more information in our booklet *Cancer genetics – how cancer sometimes runs in families.*

‘I was concerned that I had inherited a gene that was running through my family.’

Wendy
‘I went to see a genetic counsellor. The risks of breast and ovarian cancer were explained to me, as well as my options if I chose to have a blood test.’

Aneece
Risk of breast cancer

A risk of breast cancer based on family history may be estimated as average, moderate or high.

If you have an increased risk of developing breast cancer because of your family history, you may be offered breast screening. This is separate from the national breast screening programme which is explained on page 22. Your specialist will also talk to you about being breast aware (see pages 20–21).

Average risk (near population risk)
This is also sometimes called population risk. It means your risk is the same or very similar to the risk of people who don’t have a family history of breast cancer. You are more likely not to get breast cancer than to get it.

Moderate risk
This means your risk is higher than average but it’s unlikely there is a breast cancer gene in the family. You are still more likely not to get breast cancer than to get it.

Women with a moderate risk may be offered yearly mammograms (breast x-rays) between the ages of 40 and 49. Between the ages of 50 and 59, women either continue with yearly mammograms or have a mammogram every three years as part of the general national breast screening programmes. Your specialist will talk to you about this.

From age 60 onwards, you will then join the national breast screening programmes and have a mammogram every three years.
High risk
This means you have a high risk of developing breast cancer in your lifetime. However, it doesn’t mean that you will definitely get breast cancer. There may be a hereditary breast cancer gene in your family.

Most women at high risk are offered mammograms every 12 to 18 months. A smaller number will also have yearly MRI scans. The age that women may be first offered these scans depends on their estimated risk. Women who have an altered BRCA gene are offered MRI scans from the age of 30.

‘I felt relieved there was a way I could find out about my own cancer risk. I went to my GP, who passed on my details to a genetic specialist.’

Aneece
Women at increased risk of breast cancer may choose to have treatments using surgery or drugs, to help reduce the risk.

Risk-reducing surgery involves an operation to remove the ovaries or the breasts. This is a big step to take and is only suitable for a small number of women with a very high risk of breast cancer.

Having risk-reducing drug treatment involves taking a tablet (tamoxifen or raloxifene) every day for five years. It’s estimated that this reduces breast cancer risk by between 30% and 40%. However, these drugs can cause side effects similar to the menopause, such as hot flushes, vaginal discharge, urinary problems and weight gain. They also increase the risk of blood clots and womb cancer. The drugs are not suitable for women who are planning to get pregnant.

For most women with a high risk, the benefits of these drugs probably outweigh the risks. But women at moderate risk (see page 8) may have to think more carefully if they are offered this treatment.

Before deciding whether to have any risk-reducing treatment, you should have time to talk through all the possible benefits and disadvantages with a genetics or breast cancer specialist.

Our booklet Understanding risk-reducing breast surgery has more information.
Other risk factors

Most women who develop breast cancer don’t have a strong family history of it. Other factors can increase the risk of developing breast cancer.

Age

The strongest risk factor for breast cancer is increasing age. About 8 out of 10 women diagnosed with breast cancer are over the age of 50. Around 1 in 4 breast cancers are diagnosed in women aged 75 or over.

Hormonal factors

The female hormones oestrogen and progesterone can affect your breast cancer risk. Various things affect your exposure to these hormones and your breast cancer risk.

Your periods and menopause

Starting periods at an early age (under the age of 12) and having a late menopause (after the age of 50) may increase breast cancer risk.

Pregnancy

The younger you are when you start having children and the more children you have, the more your risk is reduced.

Breastfeeding

Breastfeeding reduces breast cancer risk. The longer you breastfeed for, the more your risk is reduced.
Hormonal contraception
Using hormonal contraception, such as the contraceptive pill, injections or implants, may slightly increase the risk of breast cancer. If you stop using them, your risk will gradually reduce.

Hormone replacement therapy (HRT)
Using HRT increases the risk of breast cancer. Both types of HRT (oestrogen-only and combined oestrogen and progesterone) can increase the risk. Once you stop taking HRT, your risk reduces again.

If you are unsure about using hormonal contraception or HRT, you should talk to your GP. They will be able to give you information and advice about whether it is suitable for you.

Medical conditions

Other breast conditions
Non-cancerous breast conditions are common and most don’t increase your risk of breast cancer, but a few can. They include:

• Ductal carcinoma in situ (DCIS) – there are abnormal cells in the milk ducts of the breast.

• Lobular carcinoma in situ (LCIS) – there are abnormal cells in the milk glands (lobes) of the breast.

• Atypical ductal hyperplasia – there are slightly abnormal cells in the milk ducts in a small area of the breast.
These conditions may be discovered during tests to investigate a breast lump or during routine breast screening. If you have a breast condition that may increase your risk, your doctor can tell you whether you need treatment or more frequent breast screening.

There’s more information about DCIS in our booklet *Understanding ductal carcinoma in situ (DCIS)*.

**Dense breast tissue**
Breasts are made of fatty, connective and glandular tissue. Some women have more glandular and connective tissue, and less fatty tissue in their breasts. This is known as dense breast tissue and can increase the risk of developing breast cancer. If you have dense breast tissue, this will show up on a mammogram (breast x-ray).

**Radiation**
Women who have had radiotherapy to their chest at an early age (for example, for Hodgkin lymphoma) have an increased risk of breast cancer. These women may be offered additional breast screening between the ages of 25 and 50.
Lifestyle factors

Being overweight
It’s estimated that more than 8% of breast cancers in women in the UK are linked to being overweight. The risk of breast cancer is higher in women who are overweight after the menopause.

Alcohol
Drinking alcohol increases your risk of developing breast cancer. The risk is small for women who drink within the recommended limits (see page 17), but it increases steadily the more alcohol you drink. It’s thought that about 6% of breast cancers in the UK are linked to alcohol.

Shift work
Women who work night shifts may have a slightly increased risk of breast cancer.

Lack of physical activity
There is evidence that being less active increases the risk of breast cancer.

Smoking
Smoking may cause a small increase in breast cancer risk. The younger you are when you start smoking and the longer you smoke for, the greater the risk. See page 18 for information about giving up smoking.
Reduce your cancer risk

Around 4 in 10 cancers in the UK could be prevented by lifestyle changes.

Over the next few pages, we explain some of the things you can do. Making these changes doesn’t mean that you definitely won’t get cancer. But they make it less likely and will improve your general health.

Keep to a healthy weight

More than half of adults in the UK (61%) are overweight.

Being overweight increases the risk of several cancers, including cancers of the pancreas, bowel, womb and kidney. It can also increase the risk of breast cancer after the menopause.

Being overweight can also lead to other health problems, such as heart disease, high blood pressure or diabetes.

If you are overweight, getting to a healthy weight is one of the best ways to reduce your risk of cancer. Your GP or practice nurse can talk to you about the ideal weight for your height.

The best way to lose weight is by eating a healthy diet and being more active.
Eat a healthy diet

A healthy diet can reduce your risk of cancer, particularly bowel cancer. It can also lower your risk of other health problems, such as heart disease and diabetes.

You should eat foods that are high in fibre, such as wholegrain bread and pasta, beans and oatmeal. Try to eat five portions of fruit and vegetables a day.

Limiting how much salt, red meat and processed meat you eat is also important. Processed meats are meats that have had preservatives added to them, or have been preserved by salting, curing or smoking. They include sausages, ham and burgers.
Limit how much alcohol you drink

Drinking alcohol, especially more than the recommended limits, can increase cancer risk. About 4 in 100 cancers in the UK are linked to alcohol.

Alcohol increases the risk of cancers of the mouth and throat. It is also linked to cancers of the bowel, liver and breast. In general, the more you drink, the higher your risk.

NHS guidelines suggest that both men and women should:

• not regularly drink more than 14 units of alcohol in a week
• spread the alcohol units they drink in a week over three or more days
• try to have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary strength beer, lager or cider, one small glass (125ml) of wine, or a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at drinkaware.co.uk
Give up smoking

If you smoke, giving up is the single most important thing you can do for your health.

In the UK, about 1 in 5 cancers and more than 1 in 4 cancer deaths are caused by smoking. It increases the risk of many cancers, including cancers of the mouth, throat, lung, bladder, kidney, pancreas, bowel, stomach and cervix.

Breathing in other people’s smoke (passive smoking) also increases your risk of developing cancer. If you are worried about passive smoking, talk to your doctor or practice nurse.

Help is available if you want to give up smoking. Ask your GP for advice, or contact your national stop smoking service below:

Smokefree (England)
Tel 0300 123 1044 (Mon–Fri, 9am–8pm, Sat–Sun, 11am–4pm)
[link to smokefree website]

Smokeline (Scotland)
Tel 0800 84 84 84 (Mon–Sun, 8am–10pm)
[link to canstopsmoking website]

Stop Smoking Wales
Tel 0800 085 2219 (Mon–Fri, 9am–5pm)
[link to stopsmokingwales website]

Want2stop (Northern Ireland)
[link to want2stop website]
Keep physically active

Many studies have found that regular physical activity can reduce the risk of cancer. You should try to do at least two and a half hours of activity each week. This can be split into 10 to 30 minute sessions throughout the week. You can increase these times as you get used to exercising.

You don’t have to go to the gym to be active. Regular walking, cycling or swimming can be enough. During any activity, you should feel you are breathing quicker but still able to talk. Your pulse should be slightly faster than normal.

If you’re not used to doing exercise, your GP can advise you on getting started.
Be breast aware

It’s important to be aware of how your breasts normally look and feel, so you can recognise any changes. You can do this by looking at and feeling your breasts, for example in the bath or shower with a soapy hand, or when you’re getting dressed.

If you aren’t sure about what you should do, ask your practice nurse or GP for advice.

Your breasts will change as you get older and at different stages of your life. Before the menopause, a woman’s breasts feel different at different times of the month. Before a period starts, your breasts may feel tender and lumpy, especially near the armpits. After the menopause, breasts normally feel soft, less firm and not lumpy.

Get to know the normal look and feel of your breasts and visit your GP if you notice any change.

When it’s found early, breast cancer can often be treated successfully.
In most cases, changes to your breasts don’t mean you have cancer. You should see your GP if you notice a change in your breasts that isn’t normal for you, such as:

- a lump or thickening in your breast or armpit
- a change in the size or shape of your breast
- a change to your nipple, such as a rash, discharge or the nipple turning in.
- a change to the skin on your breast, such as puckering or dimpling
- discomfort or pain in your breast.

‘I noticed that I had a lump in my breast. But I’d always had very lumpy breasts at my period times and I just ignored it. Then one morning I was in the shower and I noticed that my nipple had inverted quite a bit.’

Jodie
Screening for breast cancer

In the UK, women aged between 50 and 70 who are registered with a GP are invited to have breast screening every three years. This aims to find breast cancer early when it’s easier to treat.

Screening involves having a mammogram (breast x-ray) every three years until you reach the age of 70. Each country in the UK has its own screening programme (see page 25).

Women over 70 can continue to have regular mammograms by contacting their GP or their breast screening clinic to arrange an appointment.

There is currently no national breast screening programme for men. This is because an increased risk for men is still less than the average or population risk for women.

There is more information about breast screening in our booklet Understanding breast screening.
If you are still worried

When someone close to you has a serious illness, you may start to worry about your own health. If it’s a family member, you may worry about having the same condition. You might find it helpful to talk to someone about your concerns.

If you are still worried, you can ask your GP for details of a local counselling service, or call our cancer support specialists on 0808 808 00 00.
Further information and support

Order our information

We have a wide range of cancer information available to order for free at be.macmillan.org.uk or call us on 0808 808 00 00.

Our information is also available online at macmillan.org.uk/information-and-support

Talk to us

You can call the Macmillan Support Line on 0808 808 00 00. Our cancer support specialists can help with medical questions, money worries or just be there to listen if you need someone to talk to. Our free, confidential phone line is open Monday–Friday, 9am–8pm.

Related resources

We have more information about breast cancer and cancer genetics in the following resources:

- Cancer genetics – how cancer sometimes runs in families
- Understanding breast cancer in men
- Understanding breast cancer in women
- Understanding ductal carcinoma in situ (DCIS)
- Understanding risk-reducing breast surgery
Other useful organisations

Breast cancer support organisations

**Breast Cancer Care**  
Tel 0808 800 6000  
[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)  
Provides information and practical and emotional support to people affected by breast cancer.

**Breast Cancer Now**  
[www.breastcancernow.org](http://www.breastcancernow.org)  
Funds research into breast cancer and provides patient information.

**Breast Cancer UK**  
Tel 0845 680 1322  
[www.breastcanceruk.org.uk](http://www.breastcanceruk.org.uk)  
Campaigns for a more preventative approach to breast cancer. Also supports research into the causes of breast cancers.

UK breast screening programmes

The following websites have information about the Breast Screening Programme for women in each country:

**England**  
[www.cancerscreening.nhs.uk/breastscreen](http://www.cancerscreening.nhs.uk/breastscreen)

**Scotland**  
[www.nhsinform.co.uk/screening/breast](http://www.nhsinform.co.uk/screening/breast)

**Wales**  
[www.screeningservices.org.uk/btw](http://www.screeningservices.org.uk/btw)

**Northern Ireland**  
[www.cancerscreening.hscni.net/1826](http://www.cancerscreening.hscni.net/1826)
Disclaimer

We make every effort to ensure that the information we provide is accurate and up-to-date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

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Sources

If you’d like further information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available. Braille and large print versions on request.