

A practical guide to tests
and treatments

UNDERSTANDING BREAST SCREENING

**WE ARE
MACMILLAN.
CANCER SUPPORT**

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About this booklet

This booklet is about breast screening. Breast screening is a way of finding breast cancer at a very early stage so that women have the best chance of being cured.

In the UK, women aged 50–70 who are registered with a GP (family doctor) are invited to have breast screening every three years. Each country in the UK has its own screening programme. In England, the age range is gradually being extended to include women aged 47–73 by 2016. Scotland, Wales and Northern Ireland will continue to screen women aged 50–70.

If you are 70 or over (or eventually 73 in England), you can still choose to have regular screening. You won't receive an invitation letter but you can contact your local screening clinic to arrange it.

We hope this booklet helps you understand why breast screening is offered and how it is done. It also explains what happens if you have an abnormal screening result. There's information about further tests and possible treatments too.

Your GP can refer you to a breast clinic for assessment at any time, even if you are already having screening. Always see your GP if you notice any changes in your breasts or under your arms (see pages 32–33). This advice is the same for men. Breast cancer in men is rare so they don't have routine breast screening.

We've included quotes from people who have chosen to share their story with us. Some names have been changed. If you would like to share your story, visit [macmillan.org.uk/cancervoices](https://www.macmillan.org.uk/cancervoices)

Turn to pages 43–48 for some useful addresses and websites, and page 49 to write down any notes or questions you have.

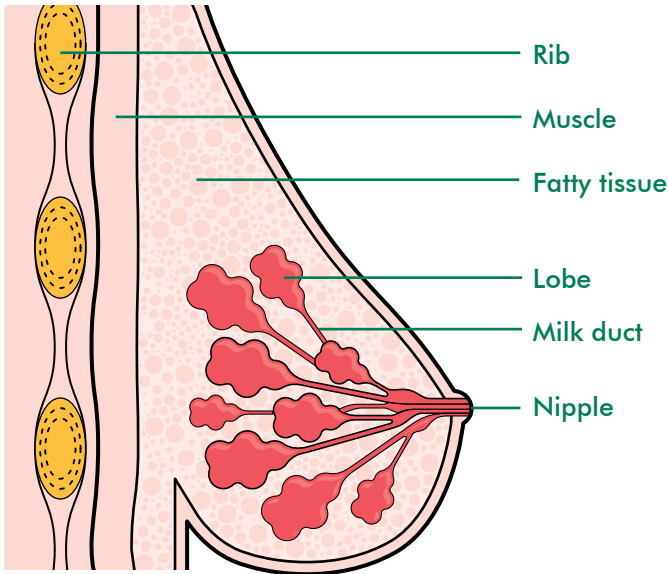
If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing, you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit [macmillan.org.uk](https://www.macmillan.org.uk)



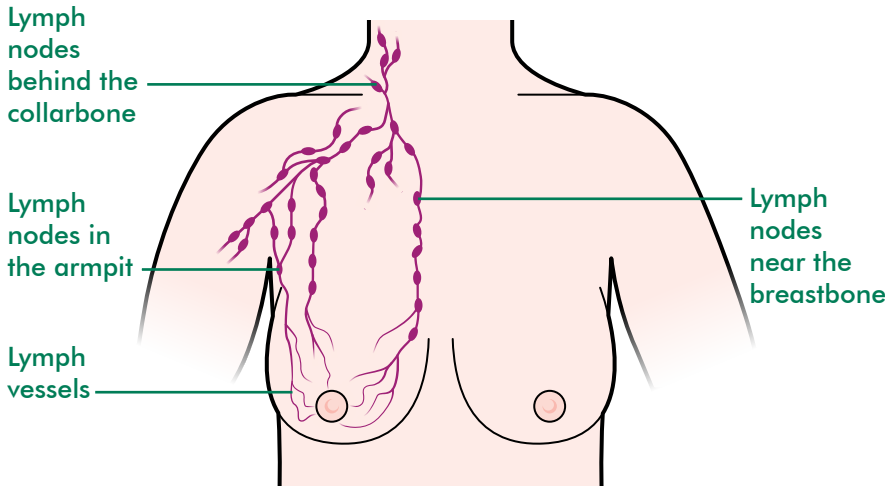
The breasts

Breasts are made of fat, supportive (connective) tissue and glandular tissue containing lobes. The lobes (milk glands) are where breast milk is made. They connect to the nipple by a network of fine tubes called ducts.

It's common for a woman's breasts to be a different size or shape from each other. Learning how your breasts look and feel at different times helps you know what's normal for you. Pages 32–33 have more information about the kinds of changes to look out for.



Side view of the breast



The lymph nodes near the breast

The breast tissue extends into the lower armpit (axilla). The armpits contain a collection of lymph nodes (sometimes called glands), which are part of the lymphatic system. The lymphatic system protects you from infection and disease. It is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Breast cancer

Breast cancer is the most common cancer in women. About 50,000 women in the UK are diagnosed with it each year. As women get older, their risk of developing breast cancer increases. 80% of breast cancers (8 out of 10) develop in women aged 50 or over. It's rare in women under 35.

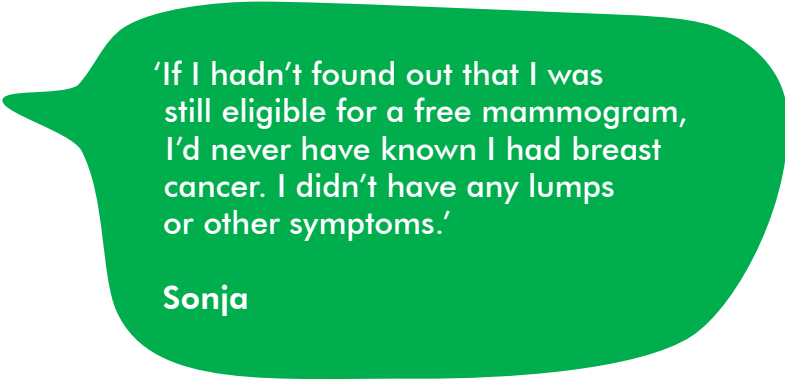


Our booklet *Understanding breast cancer* has more information. Visit be.macmillan.org.uk to order it for free or call our support line on 0808 808 00 00.

Breast screening

Breast screening is a way of finding breast cancers early, when they are small. When breast cancer is diagnosed early, less treatment is needed and is more likely to be effective. The first stage of breast screening is a **mammogram**, which is an x-ray of each breast (see pages 17–18).

Every year, more than two million women have screening with the NHS breast screening programmes in the UK. All women registered with a GP and aged between 50–70 are invited for a mammogram every three years. This is changing in England to include women aged 47–73.



'If I hadn't found out that I was still eligible for a free mammogram, I'd never have known I had breast cancer. I didn't have any lumps or other symptoms.'

Sonja

If you're under 50

Women younger than the screening age aren't routinely offered breast screening. This is because breast cancer is uncommon in women under 50 and mammograms are less effective before menopause, which happens around the age of 50. After the menopause, a woman's breast tissue is less dense. This means there is less glandular and connective tissue, and more fatty tissue. This makes mammograms easier to read and the results more reliable.

Women under 50 who have an increased risk of breast cancer because of family history (see page 36–37) may be offered regular screening. Mammograms that use digital images (see page 18) can be used. These are better at finding breast cancers in younger women.



We can send you more information about breast screening in women under 50 who have a family history of breast cancer.

If you're over 70

If you're over 70, you can still have screening because you are still at risk of breast cancer. You won't receive an invitation letter but you can contact your local screening clinic every three years to arrange a mammogram.

Deciding about screening

Regular breast screening using mammography is the best way to find early breast cancers, leading to more successful treatment. Large research trials show that women who have breast screening reduce their risk of dying from breast cancer by up to 20%.

But there are some possible disadvantages to breast screening. We explain the main benefits and disadvantages over the next few pages. This might help you to decide whether to take part in the breast screening programme.

'I went for my mammogram last year, thinking nothing of it except that it was uncomfortable and seemed to be a bit of a nuisance in my busy day. I never thought of what the outcome would be – after all, I examined myself regularly and didn't feel any lumps.'

Nikki

Benefits of screening

Breast screening saves lives

Nearly three million women are invited for breast screening in the UK every year. Almost three quarters of these take part in screening. Out of these women, around 17,000 breast cancers are found. Research shows that screening programmes probably prevent about 1,300 women dying from breast cancer every year.

Breast screening finds cancers early

Most cancers found through breast screening are at an early stage when there's a good chance of treatment being successful. More than half of all breast cancers found through screening are very small and have not spread to the lymph nodes. The lymph nodes in the armpit (see page 5) are one of the first places breast cancer may spread to.

Different treatments are possible

If breast cancer is found early, it is likely to be small. This means that breast conserving treatment may be possible. This is when a surgeon can usually remove the cancer and some surrounding tissue, followed by radiotherapy.

Breast conserving treatment can be done instead of removing the whole breast in a mastectomy. Around 70% of women (7 out of 10) diagnosed through screening have breast conserving treatment. This is compared with 55% of women diagnosed without having screening. There is information about treatment on pages 30–31.

Disadvantages of screening

Breast screening can't prevent cancer

It only helps to find a breast cancer that is already there.

Having a mammogram is uncomfortable

Many women find having a mammogram uncomfortable or even painful, but usually only for a short time. Some women may feel tender in the area for a few days afterwards. Painkillers can help with this.

Having a mammogram involves x-rays

All x-rays, including mammograms, involve a small amount of radiation. The amount given during a screening mammogram is very small and unlikely to cause any harm.

The radiation dose is kept as low as possible while still making sure it gives a good-quality image. X-ray machines are also carefully checked to make sure they don't accidentally expose people to too much radiation.

If you're worried about the risks of radiation, talk to the staff at the screening unit.

Results may cause unnecessary worry

Mammograms can sometimes show an abnormal area in the breast, which further tests show isn't a cancer. This is called a **false-positive result** (see page 27).

About 4% of women (4 in every 100) who have breast screening will have an abnormal result and be asked to go for further tests (see pages 22–25). These tests may include more mammograms, ultrasounds or removing a small piece of breast tissue (biopsy).

75% of the women (3 out of 4) asked back for further tests won't have breast cancer.

Waiting to get the results of these further tests can be very worrying. Some women may still feel anxious even after the doctor or nurse has told them they don't have breast cancer.

Mammograms sometimes need to be repeated

1–2% of mammograms (1–2 in every 100) have to be taken again. This is because:

- the mammogram has missed part of the breast tissue
- the x-ray picture is blurred
- there's a problem with the equipment, but this is rare.

Breast screening occasionally misses a cancer

Mammograms are the best way of finding breast cancer early, but they aren't perfect. A breast cancer may be missed because:

- Some cancers are difficult to see or can't be seen on a mammogram.
- The person reading the mammogram may miss the cancer. To reduce this risk, mammograms are looked at by two specialists.

Breast screening can't pick up every cancer. You should always see your GP if you have any changes in your breasts (see pages 32–33), even if you've recently had a normal mammogram result.

Cancer may develop between screenings

Women having screening can still be diagnosed with breast cancer between their appointments, even if their last mammogram was normal. This is known as an **interval cancer**.

Screening may find a cancer that would never have needed treatment

A mammogram may find a breast cancer that would never have caused a problem during a woman's lifetime. Unfortunately, it isn't possible to tell which cancers will cause problems and which won't.

Research suggests that for every 200 women who have screening, one woman will have unnecessary treatment because the breast cancer would never have caused a problem.



Getting your screening appointment

All women of screening age (see page 2) who are registered with a GP will get a letter inviting them for breast screening.

When you get your invitation, you will be given a date and time to go to a local breast screening unit. There are specialised screening units across the UK. These can be mobile (in a large van), in a hospital or in the community. If the appointment time doesn't suit you, you can phone the breast screening unit to ask for another time. The contact number will be on the letter.

You will get a leaflet with your letter that explains what will happen at your appointment. You can ask for this information to be translated or sent to you in large print, audio or British Sign Language.

You can contact the screening unit if you are finding it difficult to decide whether to have breast screening. Staff at the unit can answer any questions you have, or give you more information to help you decide. You can also talk to your GP or call our support line on **0808 808 00 00**.

If you decide not to go for screening, let the unit know by phone or letter. They can use your appointment time for someone else. If you change your mind later on, you can make a new screening appointment by contacting the unit. Even if you don't go, you will still be invited for screening again in three years.

If you don't want to be invited again, ask the screening centre or your GP to remove your name from the system. You can be added back on if you change your mind.

If you need an interpreter

If you need an interpreter at your appointment, you'll need to ask your screening unit in advance to arrange this. Some units will allow a female family member or friend to translate information for you, but others prefer that you use an interpreter.

If you have breast implants

You will still be invited to screening if you have implants because you still have breast tissue. You should tell your breast screening unit about your implants when you get your invitation. You will need to have your screening at a unit where your mammograms can be looked at immediately. The staff will want to check that the images show as much of your breast tissue as possible.

The pressure applied to your breasts during the screening is unlikely to damage your implants.

Mammograms for breast screening aren't used to check your implants. If you think that there's a problem with them, let your GP know.

If you have been treated for breast cancer

You will still be invited for screening if you have been treated for breast cancer. If you are still having follow-up mammograms at the hospital where you were treated, you do not need to go for screening. Let the screening unit know if you're not going to the appointment.

If you are no longer having regular mammograms at your treating hospital, you should go for screening when invited.

Your screening visit

A screening visit usually takes about 30 minutes. First, you'll meet a receptionist or radiographer who will check your name, age and address. Your breast screening will always be done by female staff.

You will be asked some questions about your general health and whether you've had any breast problems. The radiographer will explain how the mammograms are taken and can answer any questions you might have about breast screening. If you're happy to go ahead, you will then have your mammogram.

The screening unit staff are trained to reassure and support you. You may be able to bring someone with you if you find it helpful. Contact the screening unit before your appointment to arrange this. Men are usually not allowed.

If you have difficulty with travel costs, you may be able to get help. Speak to the breast screening staff about this.

Having a mammogram

You will need to undress down to your waist. The radiographer will then position you so your breast is against the x-ray machine. She will gently but firmly flatten your breast with a clear, plastic plate. Your breast needs to be held this way to keep it still and to get a clear picture. You might find this uncomfortable, but this should only last as long as the mammogram.

You will have two mammograms of each breast taken from different angles. For women with very large breasts, extra images might be needed to make sure that all the breast tissue is included.

You need to stay still for less than a minute while each mammogram is taken. You can say stop at any time if you feel too uncomfortable. Remember, the radiographer carries out many mammograms every day. She is used to screening women of all sizes and will try to make you as comfortable as possible.

When the mammograms have been taken, you can get dressed and leave. Your mammogram images will then be examined by two specially trained radiologists.

Digital mammograms

Many screening units now use digital mammograms to produce better quality pictures. They use a slightly lower x-ray dose and are stored as computer images instead of x-ray films.

Tomosynthesis

Tomosynthesis is the use of a three-dimensional (3D) digital x-ray. This is currently being trialled for breast cancer screening.

Tomosynthesis takes more x-rays of the breast at different angles than a standard mammogram. A computer then uses these x-rays to create a 3D image. This may make abnormal changes easier to see and there may be less false-positive results (see page 27). Tomosynthesis is still part of a trial, so is not widely available.



Getting your screening results

You should get the results in writing about two weeks after your screening appointment. A copy will also go to your GP. If you don't hear anything by this time, you can phone your breast screening unit and ask them to check your results.

Your results letter will tell you one of the following things:

- Your mammogram is normal and you'll be invited again for screening in three years. About 96 out of every 100 women who go for screening will have a normal result.
- You are invited for a repeat mammogram because of technical problems (see page 11).
- You are invited to a breast assessment clinic for further tests (see pages 22–25). This happens in about 4 in 100 women who go for screening.

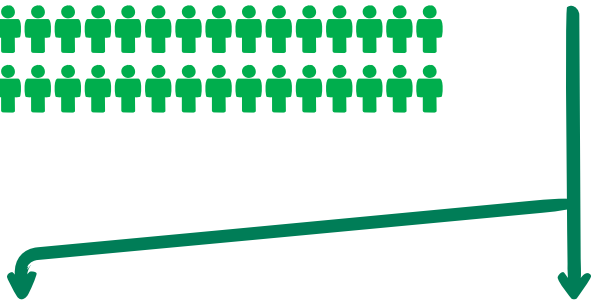
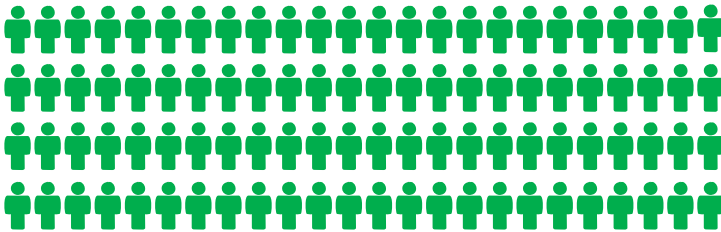
Around 3 out of 4 women who have further tests won't have breast cancer.

For every 100 women who attend breast screening



96 have a normal result

4 need more tests



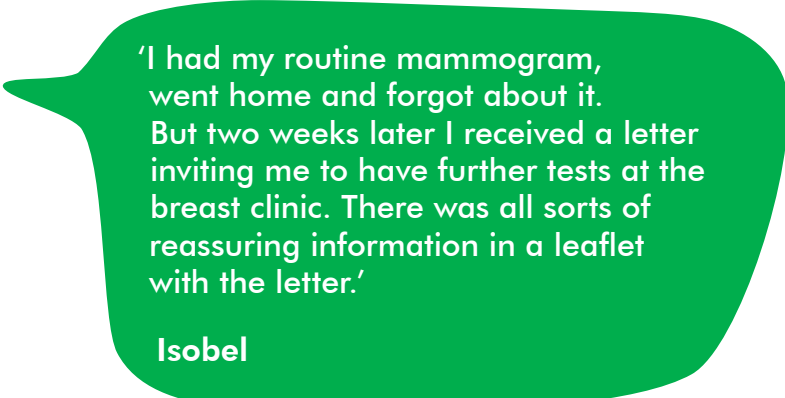
3 have a normal result

1 woman is diagnosed with cancer



Further tests

If you need more tests, you will be invited to a **breast assessment clinic**. The clinic staff will explain why you've been invited back and which tests you need. You might be able to have the tests and results on the same day. But sometimes you have to come back for further tests or for your results.



'I had my routine mammogram, went home and forgot about it. But two weeks later I received a letter inviting me to have further tests at the breast clinic. There was all sorts of reassuring information in a leaflet with the letter.'

Isobel

At the breast assessment clinic

At the clinic, you'll see a specialist doctor or a specialist nurse. They usually ask you if you have had any breast problems or if anyone in your family has had breast cancer. The doctor or nurse will examine your breasts and the lymph nodes under your arm and around your neck. We describe some of the tests you might have over the next few pages.

Mammogram

You may have more mammograms that focus on a particular area of your breast. These can be taken from different angles or by using magnification.

Breast ultrasound

An ultrasound uses sound waves to build up a picture of the breast tissue. It can show if an abnormal area is solid (made of cells) or is a fluid-filled cyst.

You'll be asked to take off your top and bra, and lie down on a couch with your arm above your head. The person doing the scan puts a gel onto your breast and moves a small hand-held device around the area. A picture of the inside of the breast shows up on a screen. They may also do an ultrasound of the lymph nodes in your armpit.

An ultrasound only takes a few minutes and is painless.

Breast biopsy

This is when the doctor takes a small piece of tissue or cells (biopsy) from any abnormal areas. A pathologist will examine the tissue or cells under a microscope to look for cancer cells. A pathologist is a doctor who specialises in analysing cells.

For a few days afterwards, your breast may feel sore and bruised. Taking painkillers will help with this. Any bruising will go away in a couple of weeks.

There are different ways of taking a biopsy. Your doctor or nurse will explain the type of biopsy you will have.

Needle (core) biopsy

This is the most common type of biopsy. Before taking the biopsy, the doctor will inject some local anaesthetic into the area to numb it. They will then use a needle to take a small piece of tissue from the abnormal area. You may feel some pressure for a short time during the biopsy.

Vacuum-assisted biopsy (VAB)

The doctor or radiographer will give you an injection of local anaesthetic into the skin to numb the area. They then make a small cut and insert a needle through it into the breast. A mammogram or ultrasound picture helps them guide the needle to the correct area. The doctor uses a vacuum method to gently withdraw a piece of tissue into a small collecting chamber.

They can take several biopsies without needing to remove the needle and put it in again.

Fine needle aspiration (FNA)

This is a quick, simple test. The doctor or nurse puts a very fine needle into the area and withdraws a sample of cells into a syringe. This test is often used to take a sample of cells from lymph nodes in your armpit.

Other tests

You may have some other tests which will not be done at the assessment clinic. You will be given an appointment to come to the hospital for these.

Excision biopsy

Occasionally, the doctor makes a cut in the skin of the breast and removes the abnormal area. This is done under a general or local anaesthetic. You may need to stay in hospital overnight if you have had a general anaesthetic. Usually, you have stitches that dissolve and don't need to be removed.

Wire localisation

Sometimes, an x-ray or ultrasound is used to guide a fine wire into the breast to mark exactly where the surgeon should take the biopsy. The surgeon removes the wire when the excision biopsy is done.

Waiting for test results

Waiting for test results can be a difficult time. You may find it helpful to talk to your partner, family or a close friend. One of the organisations listed on pages 43–48 can also provide support.



You can also talk things over with one of our cancer support specialists on 0808 808 00 00.



Possible test results

You will be given the results of your tests by a doctor or breast care nurse at the assessment clinic. There are several possible results.

No problem seen

This means the first mammogram showed an abnormal area in the breast, but further tests didn't find a problem. The first mammogram result is called a **false-positive result**. You won't need to have any further tests or treatment. You will be invited back for a routine mammogram in three years (depending on your age).

Many false-positive results are caused by tiny deposits of calcium in the milk ducts. This is known as **microcalcification**. This happens in many women over the age of 50 and is usually harmless.



We have more information about breast calcification, which we can send you.

Benign condition (not cancer)

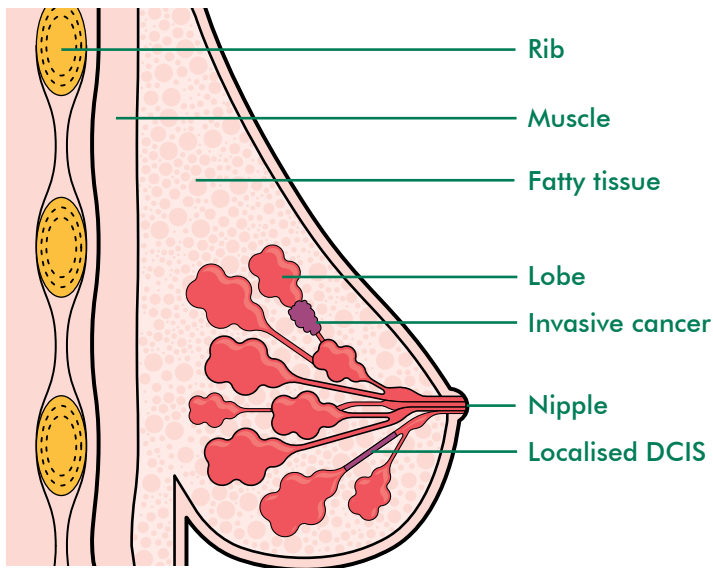
Some women will be told that they don't have cancer but have a benign (non-cancerous) condition. Many benign conditions of the breast can be seen on a mammogram. You may be referred to a breast specialist for advice, monitoring or treatment.

Breast cancer

Only about 1 in every 100 women who have breast screening will be diagnosed with breast cancer. If your tests show that you have cancer, you will be referred to a breast surgeon.

Most breast cancers are **invasive**. This means the cancer cells have spread outside the lining of the ducts or lobes into surrounding breast tissue.

However, 1 out of 5 breast cancers found by screening are **ductal carcinoma in situ (DCIS)**. DCIS is the earliest form of breast cancer. It is sometimes called **non-invasive** or **localised** cancer. This means there are cancer cells in the ducts of the breast but they are contained (in situ) and haven't spread into the breast tissue.



Side view of the breast showing DCIS

Women with DCIS don't usually have any signs or symptoms. It shows up on a mammogram as deposits of calcium in the milk ducts (microcalcification). A biopsy then shows it is DCIS.

You may be feeling shocked, frightened and anxious about what's going to happen after a cancer diagnosis. Feeling like this is natural and you will be able to talk to a breast care nurse who can help to support you.



Our booklet *The emotional effects of cancer* talks about some of the feelings you may have. It gives advice on how to deal with your emotions and how to get support.

Treatment

Your surgeon, cancer specialist doctor or nurse will discuss possible treatments with you. You may be offered a choice of treatments. It's important to look at the benefits and disadvantages of each one before deciding which is best for you.



We have more detailed information on the treatments for breast cancer and DCIS. You can order this from be.macmillan.org.uk or call our support line on 0808 808 00 00.

Invasive breast cancer

Treatment for invasive breast cancer usually involves surgery to remove part or all of the breast. This can involve a:

- **Wide local excision** – Removing the abnormal area and an area (margin) of normal tissue surrounding it. This is then followed by radiotherapy. This procedure is sometimes called **breast conserving treatment**. More than two-thirds of cancers found during screening can be treated in this way.
- **Mastectomy** – Removing the whole breast. Breast reconstruction to make a new breast shape can be done at the same time or later. Some women may need radiotherapy after a mastectomy.

You may also need other treatments such as chemotherapy, hormonal therapy or targeted therapy.

DCIS

Treatment can cure most women with DCIS. The surgeon removes all the DCIS with a wide local excision. Some women then need to have radiotherapy.

The surgeon will usually only advise removing the whole breast if the DCIS is large or affects more than one area of the breast.

If DCIS is left untreated, over time it may spread into (invade) the breast tissue surrounding the milk ducts, becoming an invasive breast cancer. But some areas of DCIS will never develop into invasive breast cancer, even if no treatment is given. Breast specialists advise treating DCIS because it's not currently possible to tell whether it will develop into invasive cancer.

'A routine mammogram resulted in me having further tests. I was immediately diagnosed with a Grade 1 invasive ductal carcinoma and referred to a breast consultant. I had a mastectomy and immediate reconstruction of my left breast. If you saw me naked, you'd never know that I've had breast surgery. My silhouette is completely natural and very feminine.'

Sarah

Breast awareness

All women need to be aware of how their breasts normally look and feel so they can recognise any changes. You could try checking your breasts in the bath or shower using 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.

Changes to look for

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

Knowing what's normal for you will help you notice any changes in your breasts.

Changes to look for are:

- a lump in the breast
- a change in the size or shape of the breast
- dimpling of the skin or thickening in the breast tissue
- a nipple that's turned in (inverted)

- a rash (like eczema) on the nipple or breast
- discharge from the nipple
- swelling or a lump in the armpit or collarbone
- discomfort or pain in one breast.

A lump in the breast is the most common symptom of breast cancer, but most lumps are not cancerous. They are usually fluid-filled lumps (cysts). It could also be a fibroadenoma, which is a lump made up of fibrous and glandular tissue.



It's important to get any of these symptoms checked by your GP straight away.



Risk factors and causes of breast cancer

It's not clear exactly what causes breast cancer but different things can increase a woman's risk of developing it. These include:

- **Increasing age** – nearly half of all breast cancers (45%) develop in women over 65.
- **Previous breast cancer** and some non-cancerous (benign) breast conditions.
- **Dense breast tissue** – when the breasts have more glandular and connective tissue, with very little fatty tissue.
- **Not having children** – women who haven't had children are slightly more likely to develop breast cancer than women who have.
- **Not having breastfed** – women who have never breastfed are slightly more at risk than women who have breastfed for more than a year.
- **Early periods or a late menopause** – women whose periods started before they were 12 or who've had a late menopause (after the age of 50), are at a slightly higher risk.
- **Hormone replacement therapy (HRT)** – this reduces some effects of menopause but can increase your risk of breast cancer. Combined HRT has a higher risk than oestrogen-only HRT. You can talk to your GP about the benefits and possible risks of taking HRT.
- **Lifestyle factors** – being overweight after the menopause and drinking more than two units of alcohol a day over many years. Smoking heavily from a young age can also increase risk.

Family history and risk

Most women diagnosed with breast cancer don't have any family history of it. Only a very small number of women with breast cancer (5–10%) have a gene that greatly increases the risk of breast cancer. The two genes most often found in hereditary breast cancer are called BRCA1 and BRCA2.

Generally, the chance of there being a family history link is greater when:

- a number of family members have been diagnosed with breast cancer or related cancers, such as ovarian cancer
- these family members are closely related to you
- these family members were diagnosed at a young age.

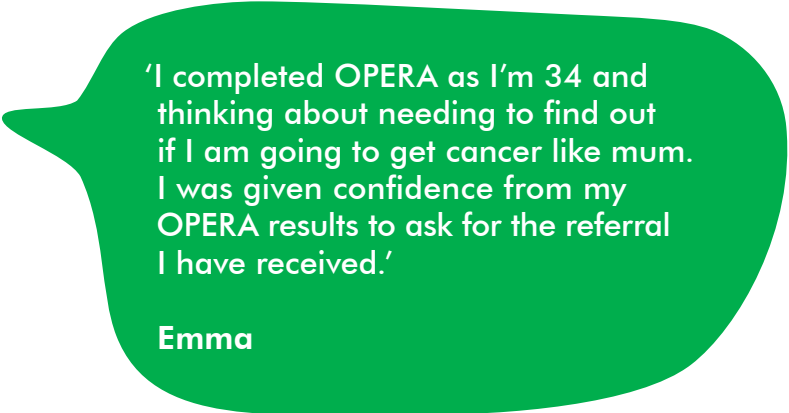


Our leaflet *Are you worried about breast cancer?* explains more about family history and cancer. It also suggests changes you can make to your lifestyle to reduce your risk of breast cancer.

Online risk assessment

Our website has an interactive programme called **OPERA** (Online Personal Education and Risk Assessment) that gives you support and personalised information about inherited breast cancer risk. OPERA isn't supposed to be used instead of professional genetic counselling services. If you're worried about genetic risk, talk to your doctor.

You can find OPERA at [macmillan.org.uk/opera](https://www.macmillan.org.uk/opera)



'I completed OPERA as I'm 34 and thinking about needing to find out if I am going to get cancer like mum. I was given confidence from my OPERA results to ask for the referral I have received.'

Emma

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at **macmillan.org.uk/cancerinformation**

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial advice
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'I think the Macmillan mobile centre is very good because people are sometimes afraid to go to their doctor – they're worried what the outcome could be. The service is very valuable to the community.'

Joan

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial advice

Our financial guidance team can give you advice on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area.

Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work.

Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**

Other useful organisations

There are lots of other organisations that can give you information or support.

Breast cancer and breast screening organisations

Breakthrough Breast Cancer

3rd Floor, Weston House,
246 High Holborn,
London WC1V 7EX

Tel 020 7025 2400

Freephone information line

08080 100 200

www.breakthrough.org.uk

A charity committed to fighting breast cancer through research and awareness.

Breakthrough Breast Cancer (Scotland)

38 Thistle Street,
Edinburgh EH2 1EN

Email scotlandinfo@breakthrough.org.uk

Breast Cancer Care

5–13 Great Suffolk Street,
London SE1 0NS

Freephone helpline

0808 800 6000

Textphone 0808 800 6001

Email info@breastcancercare.org.uk

breastcancercare.org.uk

www.breastcancercare.org.uk

A national organisation giving emotional support and practical advice. Includes details about breast awareness and non-cancerous breast conditions, as well as breast cancer.

Breast Cancer Care (East Midlands and the North)

S1 St James, Vicar Lane,
Sheffield S1 2EX

Tel 0845 077 1893

Email nrc@breastcancercare.org.uk

breastcancercare.org.uk

**Breast Cancer Care
(Scotland and
Northern Ireland)**

169 Elderslie Street,
Glasgow G3 7JR

Tel 0845 077 1892

Email sco@

breastcancercare.org.uk

**Breast Cancer Care
(Wales, South West
and Central)**

1st Floor,
14 Cathedral Road,
Cardiff CF11 9LJ

Tel 0845 077 1894

Email cym@

breastcancercare.org.uk

**Breast Test Wales
www.screeningservices.org.uk/btw**

Provides information in English and Welsh about breast screening in Wales.

**NHS Cancer
Screening Programmes**

Fulwood House,
Old Fulwood Road,
Sheffield S10 3TH

Tel 0114 271 1060

Email info@

cancerscreening.nhs.uk

www.cancerscreening.nhs.uk/breastscreen

Includes information for women and health professionals, including what happens at a breast screening centre. There are also links to web versions of several leaflets.

**NI Cancer
Screening Programmes**

www.cancerscreening.hscni.net

Information about breast screening in Northern Ireland.

**Scottish Breast
Screening Programme**

www.nsd.scot.nhs.uk/services/screening/breastscreening

Information about breast screening across Scotland.

The Haven

Effie Road,
London SW6 1TB

Tel (London)

020 7384 0000

Tel (Hereford)

01432 361 061

Tel (Leeds)

0113 284 7800

www.thehaven.org.uk

Supports patients and their families during the diagnosis and treatment of breast cancer. Staffed by a specialist team, Havens are welcoming day centres providing support, information and complementary therapies before, during or after medical treatment.

General cancer support organisations**Cancer Black Care**

79 Acton Lane,
London NW10 8UT

Tel 020 8961 4151

Email info@cancerblackcare.org.uk

www.cancerblackcare.org.uk

Offers information and support for people with cancer from ethnic communities, their friends, carers and families.

Cancer Focus**Northern Ireland**

40–44 Eglantine Avenue,
Belfast BT9 6DX

Tel 0800 783 3339

(Mon–Fri, 9am–1pm)

Email hello@cancerfocusni.org

www.cancerfocusni.org

Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

Cancer Research UK**www.cancerhelp.org.uk**

Has information on all types of cancer and has a clinical trials database.

Cancer Support Scotland

Calman Cancer Support
Centre, 75 Shelley Road,
Glasgow G12 0ZE

Tel 0800 652 4531

Email info@cancersupportscotland.org

www.cancersupportscotland.org

www.cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Irish Cancer Society

43–45 Northumberland Road,
Dublin 4, Ireland

Tel 1800 200 700

(Mon–Thu, 9am–7pm,
Fri, 9am–5pm)

Email helpline@irishcancer.ie

www.cancer.ie

National cancer charity offering information, support and care to people affected by cancer. Has a helpline staffed by specialist cancer nurses. You can also chat to a nurse online and use the site’s message board.

Macmillan Cancer Voices

**www.macmillan.org.uk/
cancervoices**

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie’s Centres

1st Floor, One Waterloo Street,
Glasgow G2 6AY

Tel 0300 123 1801

Email enquiries@maggiescentres.org

www.maggiescentres.org

Provide information about cancer, benefits advice, and emotional or psychological support.

Penny Brohn Cancer Care

Chapel Pill Lane, Pill,
Bristol BS20 0HH

Tel 0845 123 2310

(Mon–Fri, 9.30am–5pm)

Email

helpline@pennybrohn.org

www.

pennybrohncancercare.org

Offers a combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques.

Riprap

www.riprap.org.uk

Developed especially for teenagers who have a parent with cancer.

Tenovus

Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD

Tel 0808 808 1010

(Mon–Sun, 8am–8pm)

www.tenovus.org.uk

Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an ‘Ask the nurse’ service on the website and benefits advice.

General health information**Health and Social Care in Northern Ireland**

www.hscni.net

Provides information about health and social care services in Northern Ireland.

Healthtalkonline

www.healthtalkonline.org

www.youthhealthtalk.org

(site for young people)

Has information about cancer, and videos and audio clips of people’s experiences.

National Cancer Institute – National Institute of Health – USA

www.cancer.gov

Gives information on cancer and treatments.

NHS Choices

www.nhs.uk

The UK’s biggest health information website.

Also has service information for England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

www.nhsinform.co.uk

NHS health information site for Scotland.

Patient UK

www.patient.co.uk

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

BACP House,
15 St John's Business Park,
Lutterworth LE17 4HB

Tel 01455 883 300

Email bacp@bacp.co.uk

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

UK Council for Psychotherapy (UKCP)

2nd Floor, Edward House,
2 Wakley Street,
London EC1V 7LT

Tel 020 7014 9955

Email info@ukcp.org.uk

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements. Also has advice about disability benefits and carers' benefits.



You can search for more organisations on our website at macmillan.org.uk/organisations, or call us on 0808 808 00 00.

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.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Professor Mike Dixon, Consultant Breast Surgeon; and by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Victoria Cooper, Macmillan Breast Clinical Nurse Specialist; TJ Day, Informed Choice Coordinator, NHS Cancer Screening Programmes; Angela Duckworth, Macmillan Breast Nurse Practitioner; Dr Peter James, Consultant Radiologist; Dr W Russell Pickard, Consultant Radiologist; Nicola Roche, Consultant Breast Surgeon; and the people affected by cancer who reviewed this edition.

Sources

We've listed a sample of the sources used in this booklet. If you'd like more information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk

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Independent UK Panel on Breast Cancer Screening. The benefits and harms of breast cancer screening: an independent review. *The Lancet*. 2012. 380 (9855). 1778–1786.

NHS Breast Cancer Screening Programme. *Tomosynthesis trial*. www.cancerscreening.nhs.uk/breastscreen/research-tomosynthesis.html (accessed February 2014).

NHS Cancer Screening Programmes. *NHS breast screening: Helping you decide*. 2013.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other _____

Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Email _____

Please accept my gift of £ _____

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Security number

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Signature _____

Date / / _____

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

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.

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