

Your breast clinic appointment



This booklet explains what to expect if you've been asked to attend a breast clinic and the different tests you may have.



This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer and concerned about breast health.

We offer reliable information and personal support, over the phone and online, from nurses and people who've been there.

We highlight the importance of early detection and we're here to answer your questions about breast health and breast cancer.

For care, support and information, call us free on **0808 800 6000** or visit **breastcancercare.org.uk**



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Introduction

This booklet is for anyone who has been referred to a breast clinic by their GP (local doctor) or has been asked to attend a breast assessment clinic following routine breast screening.

Although we refer to 'women' throughout the booklet, much of the information will also be relevant to men who have been referred to a breast clinic by their GP.

The vast majority of people who are seen at a breast clinic will not have breast cancer. However, it is still important to attend your appointment so you can be fully assessed.

If you've been asked to attend a breast clinic, it is natural to feel worried or frightened that you have breast cancer. Anxiety can show itself in many ways, for example your daily routine or your eating/sleeping pattern may be affected. You'll probably have your own way of managing your anxiety during this uncertain time, such as keeping busy or talking to family and friends. However, if you would like to talk to someone about any concerns you can call our Helpline on **0808 800 6000**.

Being asked to attend a breast clinic appointment

Referred by your GP

GPs follow guidance when deciding whether or not to refer you to a breast clinic. The guidance outlines how quickly a person should be seen depending on their symptoms.

In England and Wales, GPs follow the guidance from the National Institute for Health and Care Excellence (NICE). Anyone suspected of having breast cancer should be seen within two weeks of being referred (or within 10 working days if you live in Wales).

NICE guidance

NICE recommends that GPs refer anyone with a breast problem for an urgent breast clinic appointment (to be seen within two weeks) if they are:

- aged 30 and over and have an unexplained breast lump with or without pain
- aged 50 and over with any of the following symptoms in one nipple only:
 - discharge (liquid)
 - retraction (the nipple becoming pulled in)
 - other changes of concern.

They should also consider an urgent appointment for people:

- with skin changes that suggest breast cancer
- aged 30 and over with an unexplained lump under the arm (axilla).

GPs should also consider making a non-urgent referral for people aged under 30 with an unexplained breast lump with or without pain. However, any referral decisions must be made on a case by case basis.

All other non-urgent referrals will be seen as soon as possible, on a case by case basis. In England this could still be within two weeks.

In Northern Ireland, anyone suspected of having breast cancer should ideally be seen within two weeks. All other non-urgent referrals will be seen as soon as possible, on a case by case basis. You can find out more about the Northern Ireland referral guidance in our 'Further information' section on page 20.

In Scotland, GPs follow the Scottish referral guidance for suspected cancer. Depending on the symptom(s) your referral could be classed as being either:

- urgent
- routine
- for primary care management (to be monitored and managed by your GP).

There is more information about the guidance for each type of referral on the Healthcare Improvement Scotland's website (see 'Further information' on page 20 for details).

If you have any queries about the waiting time for your appointment, talk to your GP.

Recalled following a routine screening mammogram

If you've been recalled to a breast clinic after having a routine mammogram as part of a national breast screening programme, you should receive a letter within two weeks of your mammogram explaining when your breast clinic appointment will be.

About four women in a hundred are called back to a breast clinic following routine screening because they need more tests. This happens more often after a woman's first mammogram, usually because there are no other mammograms to compare with. Something that may look unusual on your mammogram may be entirely normal for you, and most women who are recalled for assessment will not have breast cancer.

What to expect at the breast clinic

Your visit to the breast clinic may take several hours so that all the necessary tests can be carried out. You may wish to take a partner, close friend or relative with you for company or support.

You may be asked to fill in a short questionnaire before you are seen by a doctor or specialist nurse. This includes questions about any family history of breast problems, any medication you're taking (including hormone replacement therapy (HRT) or the contraceptive pill) or any previous breast surgery (including breast implants).

This will be followed by a breast examination, where the doctor or nurse will check both your breasts when you are sitting and when you are lying down. As part of the examination, it's normal to examine the lymph nodes (also called glands) under your arm (axilla) and around your neck. You may then need to have further tests. These will usually include one or more of the following:

- mammogram
- ultrasound scan
- core biopsy
- fine needle aspiration (FNA).

The order in which the tests are done will vary between clinics. See the 'Tests and results' section on page 11 for more information on each of these.

Having a breast examination, breast imaging (for example, a mammogram and/or an ultrasound scan) and tissue sampling (for example, a core biopsy or FNA) is known as a triple assessment. This may be necessary to make a definite diagnosis.

However, not everyone will need to have a triple assessment; it depends on your symptoms, age or the findings from your other assessments. For example, women under 30 with breast pain are unlikely to have any imaging as it isn't helpful in making a diagnosis. A biopsy or FNA may not be needed in women under 25 if the breast examination and imaging appear normal or benign (not cancer).

Your assessment may be done in a one-stop clinic. This is where all of these tests are carried out during your visit to the clinic with the results available later that day. In some areas, 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 for your test results. See 'Getting your results' on page 16 for more information.

Tests and results

Breast imaging

Mammogram

A mammogram is a breast x-ray. A female mammography practitioner (an expert in taking breast x-rays) will ask you to undress to the waist and stand in front of the mammogram machine. If you're pregnant or think you may be pregnant, tell the mammography practitioner.

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 will 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 doesn't harm the breasts.

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 so changes can be harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

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 from flying between London and Australia and back). The dose is monitored and adjusted according to the person's individual situation. This ensures that the dose remains as low as possible while still providing a good-quality image.

Further mammograms

Further mammograms taken at different angles or with magnification are sometimes used to examine particular areas of the breast in greater detail.

Digital breast tomosynthesis (DBT) is another type of mammogram that is being trialled in some hospitals. DBT makes 3D images using x-rays. The breast is positioned the same way as when having a mammogram

but less pressure is applied – just enough to keep the breast in a stable position. 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 (3D mammogram). Each image is a series of pictures of the breast. This makes it easier to see any overlapping breast tissue more clearly.

Ultrasound scan

An ultrasound scan uses high-frequency sound waves to produce an image of the breast tissue. This is the same technique used to scan babies in the mother's womb during pregnancy.

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

You'll be asked to undress to the waist and lie on a couch with your arm above your head. To help gain a clear image of the breast, some gel will be spread over the area of your breast being scanned. The doctor or nurse will use a hand-held scanning probe, which will be moved over the breast to look at the underlying breast tissue. The area under your arm (axilla) may also be scanned.

An ultrasound scan will usually be done in addition to mammograms, regardless of your age. They are often used together because they provide different information.

Tissue sampling

A small sample of breast cells or breast tissue may be taken from the breast to help make a diagnosis. This will most commonly be done using a core biopsy, but sometimes a fine needle aspiration (FNA) or another procedure may be used. The sample is then sent to the laboratory where it is looked at under a microscope.

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

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

Having a core biopsy or an FNA doesn't necessarily mean you have breast cancer.

Core biopsy (also called core needle biopsy)

A core biopsy uses a hollow needle to obtain one or more samples of breast tissue from the area of concern. Because tissue is taken rather than cells, it gives more detailed information.

After local anaesthetic is given to numb the area, a small cut is made in the skin so that samples of tissue can be taken. Sometimes you might be asked to lie on your front while this is done.

If the area of concern can only be seen on a mammogram, you may have a stereotactic core biopsy. This is where 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 will be given a local anaesthetic and will be in a sitting position or lying down on a specialised examination couch. It may feel a little uncomfortable as the mammogram plates are pressed onto the breast throughout.

Whichever way the core biopsy is done, a small dressing or a plaster will usually be applied and 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 also become bruised. 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.

FNA

FNA involves taking one or more samples of breast cells using a fine needle and syringe. This can be uncomfortable but rarely requires local anaesthetic. 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 is 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 will be given a local anaesthetic before a tiny cutter device is used to take the sample. As with a core biopsy, you'll usually be asked to wear a small dressing or plaster afterwards.

Other tests and procedures

Triple assessment is usually all that is needed to make a diagnosis. However, if the previous tests haven't given enough information to make a diagnosis, other tests may be needed. If this is the case you may be called back at a later date for one or more of the following tests.

Other imaging

Although mammograms are usually the best way of detecting any early changes within the breast, sometimes other imaging techniques may be used as well. This could include:

- an MRI (magnetic resonance imaging) scan: uses magnetic fields and radio waves to produce a series of images of the inside of the breast
- a CT (computerised tomography) scan, also known as a CAT scan: a type of scan that uses x-rays to take detailed pictures across the body.

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 and is done using a mammogram or ultrasound for guidance.

After an injection of local anaesthetic, a small cut is made in the skin, through which a hollow probe connected to a vacuum device is placed. Using a mammogram or ultrasound as a guide, breast tissue is sucked through the probe by the vacuum into a collecting chamber. This means that several samples of tissue can be collected without removing the probe.

Sometimes this procedure is used as an alternative to surgery to remove a whole area of breast tissue (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 isn't 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. If the marker clip is left in and you need to have an MRI scan in the future, you will need to let the doctor know.

Wire localisation

Wire localisation may sometimes be used when there is an area of concern that cannot be felt but is visible on a mammogram or ultrasound. After an injection of local anaesthetic, a guide wire is inserted into the breast under mammogram or ultrasound guidance to accurately mark the location. This means a sample of tissue from the precise area can then be removed during an operation under general anaesthetic.

If you'd like more information about any of these tests, you can call Breast Cancer Care's free Helpline on **0808 800 6000**.

Getting your results

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

The staff in the breast clinic will know that 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 are 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'll usually be given an appointment to return for your results, but occasionally your results may be given in a phone call or a letter. A summary of your breast assessment and results will then be sent to your GP, and a copy of this letter will usually be sent to you.

It may be a good idea to have your partner or a close friend or relative with you when you go to your appointment to get your results. That way you can be sure there is 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 may be useful to take a notepad and pen to write down any information you want to remember later.

How 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 malignant (cancer)	C4	Suspicious and possibly malignant (cancer)
B5	Malignant (cancer)	C5	Malignant (cancer)

Your specialist team will use the result to help them decide if further tests or treatments are needed. 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.

Normal breast changes and benign breast conditions

For most women, breast assessment will show normal breast changes or a benign 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, or you can visit our website or call our Helpline on **0808 800 6000** for more information.

Even if you're found to have normal breast changes or a benign breast condition, it's still important to be breast aware (see opposite) and 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 that you have breast cancer you will be introduced to a breast care nurse who will talk to you about your diagnosis and treatment. She will give you support and written information and can be a point of contact for you throughout your treatment and afterwards.

If you have been given a C5 result after an FNA and haven't had a core biopsy, you'll need to have further tissue sampling to find out what type of breast cancer it is.

You may also want to read our booklets **Treating breast cancer** and **Breast cancer and you: coping with diagnosis, treatment and the future**. Men who have breast cancer may find our web information on breast cancer in men useful.

You can also call the Breast Cancer Care Helpline on **0808 800 6000** or visit our website, which includes a discussion Forum for anyone affected by breast cancer.

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 between 50 and 70 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, don't wait for your next screening mammogram but 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

Healthcare Improvement Scotland

healthcareimprovementscotland.org/our_work/cancer_care_improvement/scottish_referral_guidelines.aspx

England and Wales

National Institute for Health and Care Excellence (NICE)

nice.org.uk/guidance/ng12/ifp/chapter/About-this-information

Northern Ireland

Northern Ireland Guidance for Suspected Cancer – Red Flag Criteria

cancerni.net/content/northern-ireland-referral-guidance-suspected-cancer-red-flag-criteria

The Northern Ireland targets for referral waiting times are updated regularly and published on the Northern Ireland cancer network website (cancerni.net).

We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We might occasionally want to send you more information about our services and activities

- Please tick if you're happy to receive email from us
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We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG,
5-13 Great Suffolk Street, London SE1 0NS



About this booklet

Your breast clinic appointment was written by Breast Cancer Care'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:

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

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