



Breast | changes



Endorsed by The Royal Australian College of General Practitioners

Introduction

In Australia, about 350,000 women visit their doctor every year with a breast change. In more than 95% of cases, this will not be breast cancer. However, all experts agree that women should have any changes in their breasts checked as soon as possible by a doctor.

It is not always easy for a doctor to decide which changes might be breast cancer, so the iSource National Breast Cancer Centre and the Royal Australian College of General Practitioners have developed specific recommendations to help general practitioners find the causes of these changes. They are based on the most authoritative, up to date research and have been agreed by the major cancer and medical organisations.

Breast changes is a consumer version of these general practice guidelines. It provides up to date information to help women better understand what breast changes are, how the doctor may investigate breast changes, and how to make sure they are receiving the best health care available.

The first section of this booklet gives some background about breast changes. The second section describes the causes of breast symptoms and the tests that are used to investigate them. It also explains which tests are recommended and why these will be different for different women. The last section is a personal record to help keep track of any test results.

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About breast changes

What are breast changes?

From time to time, a woman or her doctor may find breast changes, such as:

- a lump or lumpiness
- any change in the shape or appearance of the breast such as dimpling or redness
- an area that feels different to the rest
- a discharge from the nipple
- any change in the shape or appearance of the nipple such as pulling in or scaliness (nipple inversion or retraction)
- pain

For the purposes of this booklet, the term 'breast changes' refers to any one of the conditions listed above.

Many women are concerned that a breast change might be breast cancer. Even though this will not be true in most cases, it is very important that all breast changes are carefully investigated. If it is cancer, finding it early will mean a much better chance of effective treatment.

Breast dimpling



Breast shape change



What causes breast changes?

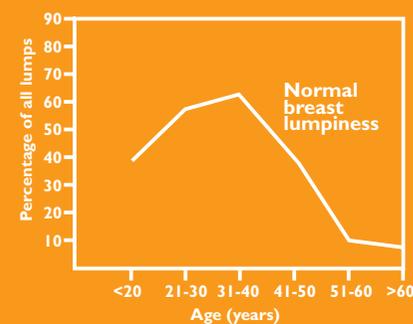
The vast majority of breast changes are not breast cancer. If a woman finds a lump or other change in her breast or nipple it might be caused by the following:

Hormonal changes

Hormones produced by glands in the body make a woman's breast feel different at various times during her menstrual cycle. Women who have been through menopause and are not taking hormone replacement therapy, or who have had their ovaries removed, no longer have breast changes due to hormonal activity.

Hormonal changes may cause women to have swollen, painful or tender breasts at different times in their cycle; these are not a sign of breast cancer and usually do not require treatment. However, treatments are available for hormonal breast pain from the doctor, if needed.

It may be useful to keep a record of breast changes prior to menstruating over a couple of months to see whether there is any pattern to the changes.



Percentage of breast lumps due to normal breast lumpiness in women of various ages.

Breast pain is a relatively common breast change and is most often linked to hormonal change. It is seldom an indication of breast cancer, and can be treated in most women. If a woman is concerned about persistent breast pain she should consult her doctor.

Fibroadenomas

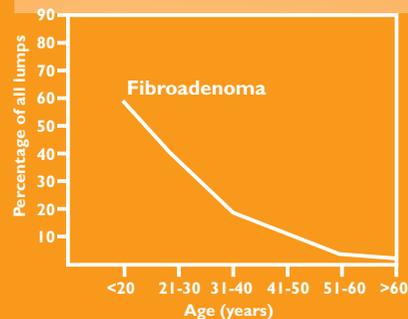
A fibroadenoma is a smooth, firm breast lump made up of fibrous and glandular tissue. The term “breast mouse” is also used to refer to a fibroadenoma.

We do not know the cause of fibroadenomas; however, they are not cancer and rarely change into breast cancer. As the diagram shows, fibroadenomas are more common in younger women and may become tender in the days before a period or grow bigger during pregnancy.

Women have a choice about whether to have their fibroadenoma removed, but if it is monitored and continues to enlarge, it should be removed. Most often, younger women or those with smaller fibroadenomas will not have them taken out. The operation to remove a fibroadenoma is relatively simple. A general anaesthetic is usually required.

“Every month, around the time of my periods, I noticed a very sore patch on my breasts. After a few months of this, I asked my GP for a breast check, which appeared to be normal. My GP explained the changes in feeling and size that monthly hormonal changes can have on breasts and agreed to help me keep a check on the sore patch. Three months later, the soreness had gone. It was caused by hormones that are part of the normal pattern of life.”

– Sandra, 35



Percentage of breast lumps diagnosed as fibroadenomas in women of various ages.

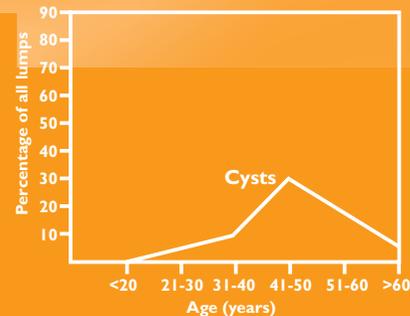
Graphs from: ABC of Breast Diseases Ed. JM Dixon, BMJ Publishing Group, 1995.

Cysts

A cyst is a fluid-filled sac. Fluid is produced and absorbed by the breast as part of the usual cycle of hormonal breast changes. Although we don't know why some women are more susceptible to breast cysts than others, we do know they are common in women aged 35-50 and in women who are taking hormone replacement therapy.

Simple cysts are not cancer and do not change into cancer. However, in rare cases, cysts may have a cancer growing within them or close to them. These changes can be seen on an ultrasound, or found after a cyst is aspirated or drained.

Many women have a cyst or a number of cysts without knowing it, and they do not usually require treatment. Some women first detect their cyst as a painful lump and they may decide to have it drained if it is painful or troublesome. This is done by inserting a fine needle into the cyst to draw out the fluid, and is usually a simple and fairly painless procedure.



Percentage of breast lumps diagnosed as cysts in women of various ages.

Graph from: ABC of Breast Diseases Ed. JM Dixon, BMJ Publishing Group, 1995.

Fibrocystic disease

The term ‘fibrocystic disease’ has been used to describe lumpy, tender breasts. This term is no longer used as it is now known that lumpy breasts are usual for some women. The lumpiness is normal breast tissue containing tiny cysts which usually do not need treatment.

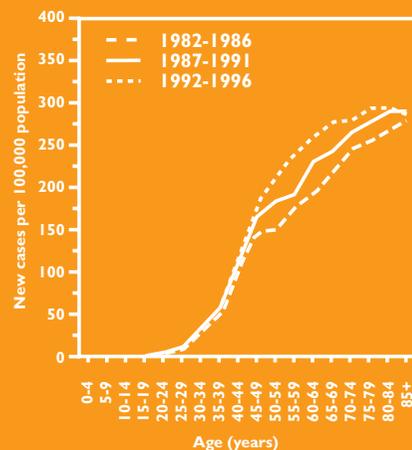
Breast cancer

About one in 12 Australian women will develop breast cancer before the age of 75 years. It is most often a disease of ageing – more than 74% of cases occur in women 50 years and older – and is rare in women under 35. The diagram (below) shows how breast cancer rates increase with age.

Breast cancer occurs when abnormal cells in the breast tissue grow out of control. If untreated, cancer cells in the breast tissue can break away and enter the bloodstream or lymph system to grow in other parts of the body, such as the bones, lungs, liver or brain.

Age-specific incidence rates of breast cancer in women in Australia in 1982-1986, 1987-1991 and 1992-1996.

Graph from: Australian Institute of Health and Welfare (AIHW), Australasian Association of Cancer Registries & iSource National Breast Cancer Centre 1999. *Breast Cancer in Australian Women 1982-1996*. Canberra: AIHW (Cancer Series).



How likely is it that this breast change is cancer?

Although it is quite common for women to experience breast changes, it is important to remember that in more than 95% of cases, they will not be breast cancer.

Some women are at higher risk of developing breast cancer and this may affect the way a breast change is investigated.

A woman is at higher risk of developing breast cancer:

- **as she gets older.** Over 70% of cases occur in women over the age of 50.
- **if she has a strong family history of breast cancer.** Because breast cancer is such a common disease, many women may have it in their family, but this will not necessarily mean they are at increased risk. Women may be at higher risk if breast cancer has occurred in a first or second degree relative before the age of 50 and/or more than one relative on the same side of the family has been affected. This should be discussed with a doctor in the first instance, and a small number of cases may require a referral to a familial cancer clinic.
- **if she has had breast cancer before,** either in the breast where the change has been found or in the other breast.
- **if she has one of several other conditions of the breast,** such as atypical hyperplasia, lobular carcinoma in situ or ductal carcinoma in situ. These conditions usually cannot be felt and are often first found on a mammogram or a pathology test. They mean that the woman has changes in her breast which are not invasive cancer, but may increase her risk of developing breast cancer later on. If a woman is at higher risk and finds a breast change, more tests may be ordered, or she may be referred to a surgeon before any tests are done.

Investigating breast changes

What investigations will the doctor suggest?

It is recommended that the doctor uses an approach known as the triple test to find the cause of a breast change. **However, it should be noted that many women with breast changes will not need all of these tests.**

The triple test includes:

- **clinical breast examination and taking a personal history** (see page 15)
- imaging tests; i.e. **mammography** and **ultrasound** (see page 20)
- non-surgical biopsy; i.e. a **fine needle aspiration** and **core biopsy**. This is when a sample of cells or tissue is extracted from the lump (see pages 26-27)

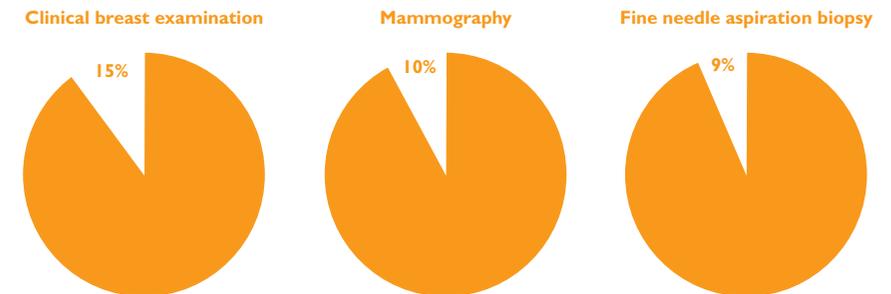
Most women show no signs of cancer on any of the tests. The small number who do show possible signs of cancer on one or more of the tests may be advised to see a surgeon and may have an open surgical biopsy (see page 29).



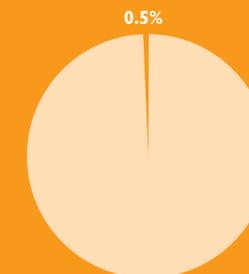
How accurate is the triple test?

If used on their own, none of the tests will be able to find all cancers. However, if all tests are done and none show signs of cancer, it is very unlikely that it will be present. If all three tests are performed, more than 99.5% of cancers will be found by one or more of the tests.

Frequency of cancers missed by each test



Frequency of cancers missed in women when all three tests have been performed



An open surgical biopsy (see page 29) is the most accurate test to find out whether cancer is present or not. However, this surgical procedure may have some downsides for women, including:

- bruising, which may last for several weeks
- some degree of scarring
- pain from the wound which may continue for some time
- possible complications such as wound infection
- increased difficulty in finding any cancers that occur after the biopsy

In looking for the causes of breast changes, women and their doctors have to find a balance between finding any cancers as early as possible and minimising unnecessary tests and surgery.

If a woman is not at high risk and none of the triple tests suggest cancer, it is very unlikely that her breast change is due to cancer. She will therefore usually not be referred for an open surgical biopsy.

How confident can women feel about the investigation of breast changes?

It is important that women feel confident about the steps being taken to investigate their breast change.

The recommendations developed by Australian experts and based on the best available research are included on pages 16-17 of this booklet. Women may wish to compare their care with these recommendations, but should bear in mind that some women will need a different approach. This should be discussed with their doctor.

If a woman remains worried about the change in her breast, she should return to her doctor to discuss any concerns. If she is not happy with the steps taken to investigate her breast change at any stage, she should seek a second opinion or ask for referral to a diagnostic breast clinic or surgeon.

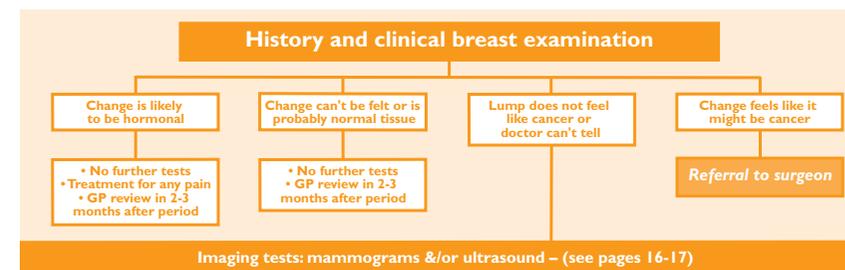
What are the steps for investigating lumps and lumpiness?

The steps to investigate a lump, lumpiness or other breast changes are different to those used for nipple changes. The steps for investigating nipple changes are described on page 30.

The flow chart on pages 16-17 shows the recommended investigation steps for women with lumps, lumpiness or an area that doesn't feel normal. The doctor will use the triple test to explore these changes and if necessary, organise a referral to a surgeon.

As can be seen on the flow chart, the first step for a woman with a lump, lumpiness or other breast change is to visit her doctor for assessment, which includes asking relevant questions and performing a clinical breast examination.

Clinical breast examination and history



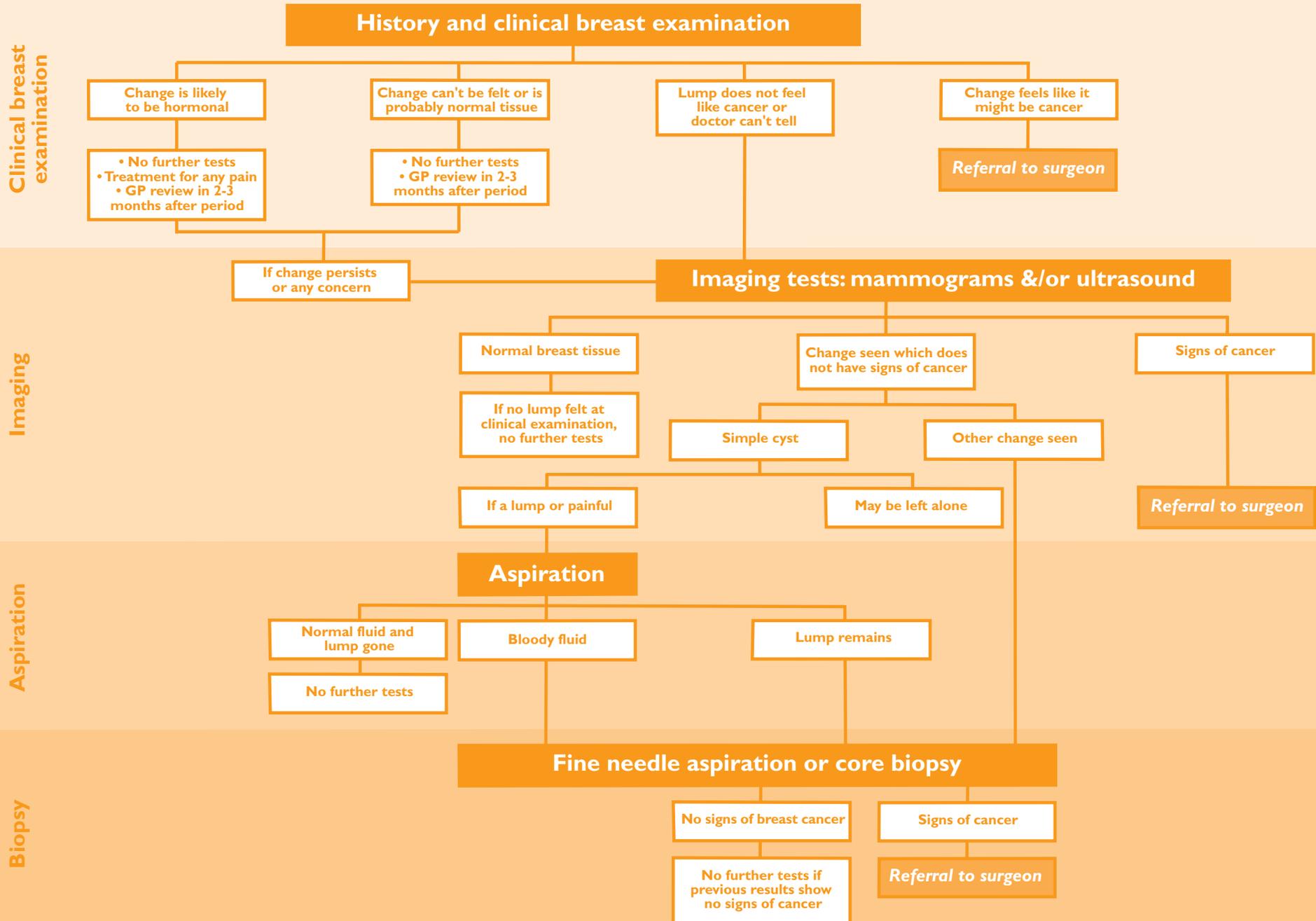
What is a clinical breast examination?

The doctor can tell much about the likely causes of a breast change from this test, which provides a thorough examination of the whole breast area, including the armpits and up to the collarbone.

After the woman has removed all clothing from the upper half of her body, the doctor may look at her breasts while she is seated or standing to see whether any changes are visible. Following this, she may be asked to lie down, so the doctor can examine both breasts and nipples as well as the armpits.



Steps taken to examine breast changes



What information will this test provide?

The doctor will be able to make some decisions about whether the breast change is likely to be breast cancer from the breast examination and by asking some questions to establish if there are any risk factors.

These include the following:

Is the change likely to be hormonal?

The doctor will want to establish whether hormonal changes are a likely cause of a woman's change, and will want to know:

- when, during her menstrual cycle, did she find the breast change?
- have her periods been regular over recent months?
- has she started, changed or stopped hormone replacement therapy or the oral contraceptive pill? These drugs alter hormone levels and can therefore be the cause of breast changes.

If the doctor thinks that hormonal factors may be causing the breast change and the breast examination also suggests that there may be a hormonal cause, no other tests are necessary at this time.

If the hormonal breast changes are painful, then the doctor can prescribe some treatments. In any case, it is a good idea to have the changes checked again in two to three months' time.

Is the change likely to be part of the normal breast structure?

Breasts change with age and will feel different at different times.

Sometimes, the doctor will be able to tell that the change is likely to be normal tissue; for example, it may be part of the normal breast tissue which just feels a little different to the rest of the breast, or it may be outside of the breast itself, such as a rib.

If the doctor believes that the woman is feeling a normal part of her breast or body, then further investigations are not recommended at this stage. However, if she can still feel the lump 2 or 3 months later, she should see her doctor again.

Is there a change which does not feel like cancer?

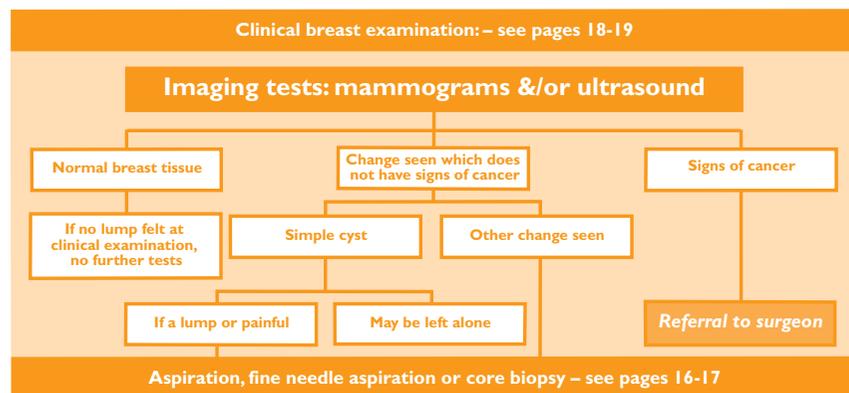
The doctor may be able to find a lump in the breast which does not feel like cancer, or an area of tissue that feels different but is not a lump. Sometimes he or she will not be sure whether there is a change. In all of these circumstances, further tests will be recommended.

Is the change likely to be cancer?

A lump which is breast cancer often feels different from a lump which is caused by a cyst or fibroadenoma. If the lump feels hard, has an irregular shape, or is attached to other parts of the breast, skin or muscle, then it is more likely that it is breast cancer. In this case, the doctor will probably order further tests. The woman will then be referred to a surgeon, who will review the test results.

Imaging Tests

As shown in the flowchart (pages 16-17) the next step is to have an imaging test, which is mammography or ultrasound. For some women, both tests may be needed to gain enough information about the breast change.



What is a mammogram?

A mammogram is a low dose X-ray of the breast, which can pick up very small breast cancers, sometimes the size of a grain of rice.

When the mammogram is taken, the woman's breast will be flattened between the two plates of the X-ray machine for a few seconds. Some women may find this uncomfortable or painful.

A radiographer takes the X-rays and a radiologist examines them. The radiologist will provide the woman with her X-rays and a report about the findings to take back to her doctor.

Some women may have already had a *screening mammogram* as part of BreastScreen, the free national mammographic screening program, which targets women aged 50-69 (see page 39 for further information).

Although it is the same test, a screening mammogram is performed differently from a *diagnostic mammogram*, where a woman has presented with a change in her breast. In diagnostic mammography, the radiologist may take additional views with other lenses, and in different positions, to focus on the area where a change has been felt.

What does a mammogram show?

The X-ray can provide some information about whether the breast change is likely to be cancer. For example, if it shows a regular, round shape it is less likely to be cancer; if it shows a star shape or branches into the breast tissue it may be more likely to be cancer.

The doctor might also see microcalcifications; this means that there are tiny specks of calcium in the breast. These may be a sign of early breast cancer, and need to be looked at carefully by the radiologist to determine if cancer is likely.

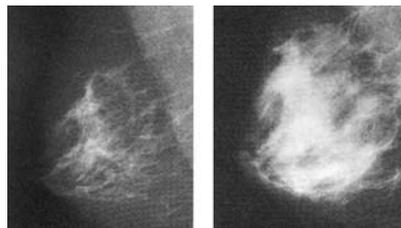
Mammograms will miss about 10% of breast cancers. This means that if a woman has a breast lump that is not due to hormonal changes, her doctor cannot rule out cancer based on a mammogram alone.

Having a mammogram



Mammograms become more accurate as a woman ages, as her breasts become less dense; this is illustrated in the image on the left which shows a mammogram from an older woman. Because her breasts are less dense, the X-ray is mostly dark and any change that might be breast cancer is more readily seen (as a white area).

The image on the right is from a younger woman. Her breasts are still very dense and this is why the X-ray is mostly white. Any change will therefore be more difficult to see on a mammogram.



What is an ultrasound test?

Ultrasound uses high frequency sound waves to find any changes in the breast. By looking at the way the sound waves bounce back from the breast or pass through it, the doctor can get some information about changes in the breast.

When a woman has an ultrasound, a gel will be put on her breast to make it slippery and a small transducer, or microphone, will be moved along the skin. Many women will remember having an ultrasound during pregnancy. The radiologist will provide the woman with a report on the breast ultrasound to take back to her doctor.

What does an ultrasound show?

Ultrasound is more accurate than mammography to evaluate breast lumps in younger women and is therefore recommended as the first imaging test for women under the age of 35 years.

It is particularly helpful in giving information about whether a lump is a fluid-filled cyst or is made up of solid tissue, like a cancer or fibroadenoma.



What do the imaging test results mean?

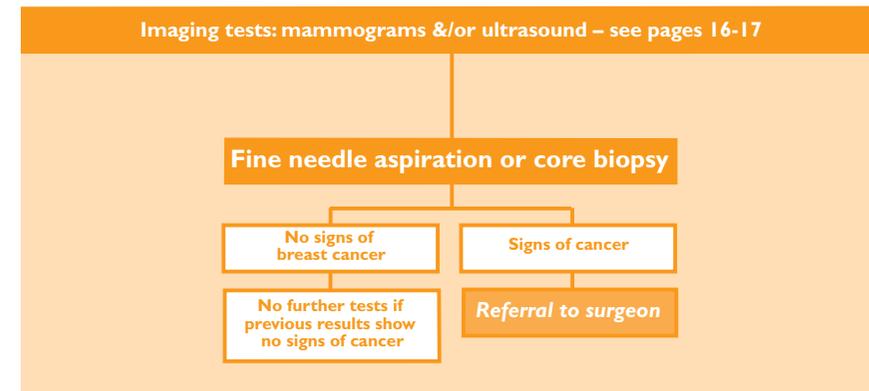
The imaging test results will help the doctor to decide whether further investigation is needed.

The results might show that a breast change:

- **is a cyst.** If the cyst is felt as a lump, or is painful, the fluid from the cyst may be drawn off and, if there is blood present, other tests may be needed. Other tests will also be needed if the cyst fluid is found to contain blood, or if there is still a lump in the breast after the cyst has been drained. Otherwise, no further treatment will be required.
- **shows no sign of breast cancer.** If the doctor found a lump or a definite area of change when examining the breast, then a fine needle aspiration biopsy or core biopsy will be recommended, even if the imaging tests are normal. If, on the other hand, no specific lump or area of change can be found, the core or fine needle aspiration biopsy cannot be accurately directed. This means the biopsy could be inaccurate, as only normal tissue may be sampled.

- **is likely to be breast cancer.** As described earlier, the radiologist can often tell if cancer is likely by the types of change that are seen on the imaging tests. In this case, the woman will need a fine needle aspiration or core biopsy and referral to a surgeon will be recommended.

Fine needle aspiration or core biopsy



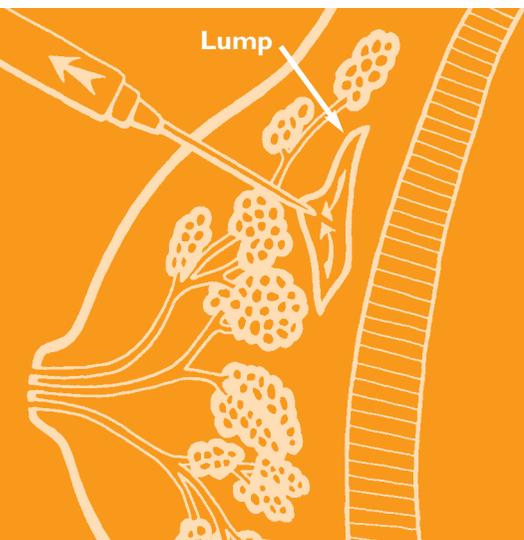
If a woman has a lump or lumpiness which is not caused by hormonal changes or a cyst, she may have a fine needle aspiration biopsy or a core biopsy. This is the third part of the triple test as shown in the flowchart (see pages 16-17).

In these tests, a small sample of the cells from the lump or area of breast change are examined to determine the types of cells that are present.

“I found a lump in my left breast. I hadn’t had any problems with my breasts before, not even when breast feeding my three children. Nevertheless, I made an appointment to see my GP that week. My GP examined my breasts and armpits. The lump felt smooth and round to the GP, who recommended an ultrasound test. The test showed a simple cyst. I asked my GP to remove the fluid from the cyst and the lump disappeared!”

– Gillian, 40

Fine needle aspiration biopsy



What is a fine needle aspiration biopsy test?

In a fine needle aspiration biopsy, a small sample of cells is drawn by a thin needle from the lump or area of breast change. If the lump cannot be easily felt, ultrasound or mammography will be used to help the doctor guide the needle into the right area of the breast.

A radiologist, breast physician, surgeon or pathologist usually takes the cell sample. A fine needle aspiration biopsy may be uncomfortable or even painful for up to a couple of minutes, and will often cause slight bruising. The sample is sent to a pathologist who will study the cells under a microscope and provide a detailed report on the type of cells that are present.

Only a small sample of cells will be taken by the needle, meaning it is possible that cancer cells which are present in the lump might not be taken in the sample.

If used alone, fine needle aspiration biopsy will miss about 10% of breast cancers.

What is a core biopsy test?

A core biopsy is very similar to a fine needle aspiration biopsy, except that a larger needle is used. Under a local anaesthetic, a very small cut is made in the woman's skin and several narrow sections of tissue are removed from the lump through the same cut. It can be uncomfortable; women usually have local anaesthetic so that there is no pain.

Core biopsy provides a piece of breast tissue rather than just individual cells. This makes it easier for the pathologist to identify any changes.

Some lumps are more suitable for core biopsy than fine needle aspiration biopsy because of the way they have formed.

The doctor will want to be sure that the sample of tissue comes from the lump and not from the normal areas of the breast. For this reason, ultrasound or mammography might be used as a guide.

If the change can be best seen on a mammogram, a stereotactic biopsy computer will be used to place the needle accurately.

Having a stereotactic biopsy



Photo courtesy of Fischer Imaging

What do the results mean?

The results of the fine needle aspiration or core biopsy will be:

- **shows no sign of breast cancer.** If all parts of the triple test show no signs of cancer, the woman can be confident that it is very unlikely that a cancer is present. For most women, no further tests will be required. However, in some cases, the surgeon may suggest removal of the lump or review at a later stage.
- **shows possible signs of cancer.** There are some unusual cells present but it is not possible to make a diagnosis. In this case, the woman will have her results from all tests reviewed by a surgeon and will have an open biopsy to provide a final diagnosis.
- **shows cancer cells present.** In this case, the woman will have an open biopsy which will be done by a surgeon.

In some cases, the biopsy will not add any other information about the likely causes of the breast change. Sometimes, the doctor will suggest that the fine needle aspiration or core biopsy should be repeated.

Open surgical biopsy

If any of the tests show signs of cancer, the woman will be referred to a surgeon and she may have a surgical biopsy. This test is used to provide the most accurate information about whether a cancer is present or not.

An open biopsy is usually performed at a hospital or a day surgery clinic, in most cases under a general anaesthetic. The surgeon will mark the areas on the breast and then operate to remove the lump.

If the lump is small, the surgeon may remove it entirely. If it is larger, the surgeon may only take out a piece to be examined. By looking at a large specimen, the pathologist can be more certain about whether cancer is present or not.

The wound will be stitched and there will be some discomfort and a scar. The results of the biopsy are usually not known for at least two days after the operation.

“I noticed that part of my breast felt harder and firmer than the rest, but it didn’t feel like a round lump. After talking to my daughter about it, I agreed to see my doctor. After an examination, my doctor suggested that I have a mammogram. This showed nothing unusual and neither did an ultrasound. Then a fine needle biopsy was done, which showed some abnormal cells, so I was referred to a surgeon who recommended and performed an open biopsy. This showed that the lump was cancer.”

– Rose, 63

What are the steps for investigating nipple changes?

The steps in investigating nipple changes are different to those for a lump.

Nipple discharge

Most nipple discharges are not cancer. However, a cancer may be present if the nipple discharge:

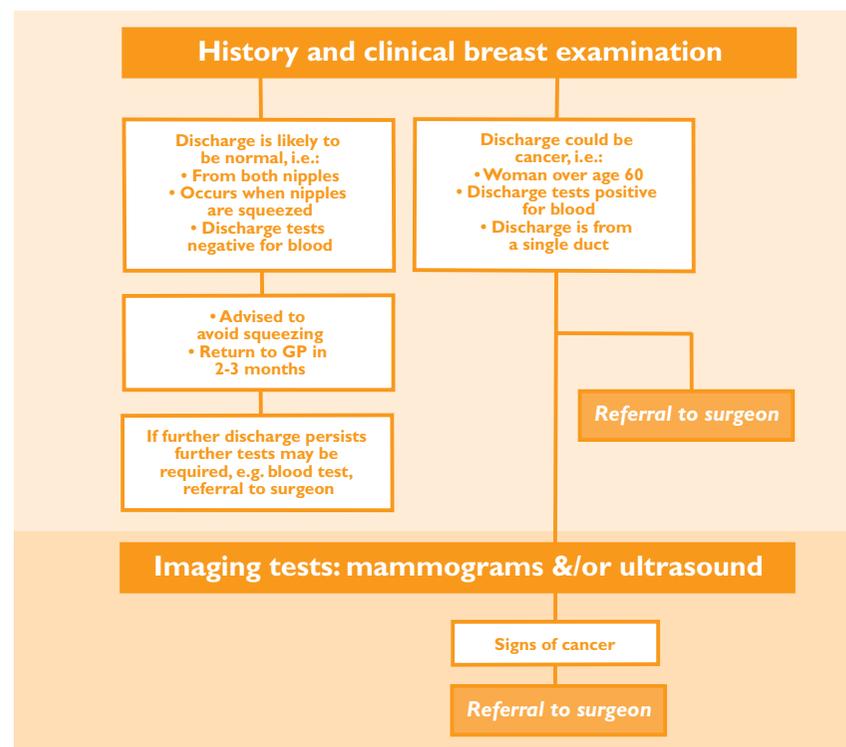
- comes out without squeezing the nipple or expressing the discharge
- comes from a single duct in one nipple
- tests positive for blood
- is in a woman who is over 60 and is a new discharge

If any of these signs are present, the doctor will recommend imaging tests and refer the woman to a surgeon, usually with her test results.

If the discharge does not have any of these characteristics, no further tests are necessary. However, the woman should return to her doctor in two to three months if the discharge continues as further tests may be required (see the flow chart opposite).

The doctor will also examine the woman's breast. If a lump or lumpiness is found, the steps shown in the flowchart on pages 16-17 will be followed for further investigation.

Investigation of new nipple discharge



Note: If a lump is found on clinical examination, this needs to be investigated as described on pages 16-17.

Nipple inversion

Nipple inversion is when the nipple grows inwards instead of out. If the nipple inversion is a **new change**, the doctor will examine the woman's breasts to determine whether she requires more tests.

A cancer may be present if the nipple inversion:

- looks like it is all pulled in together, rather than forming a slit shape
- cannot be pulled out to a normal shape
- has any scaliness, change in colour or ulcers, or
- if a lump can be felt behind the nipple

Slit-shaped nipple inversion

Inverted nipple all pulled in together

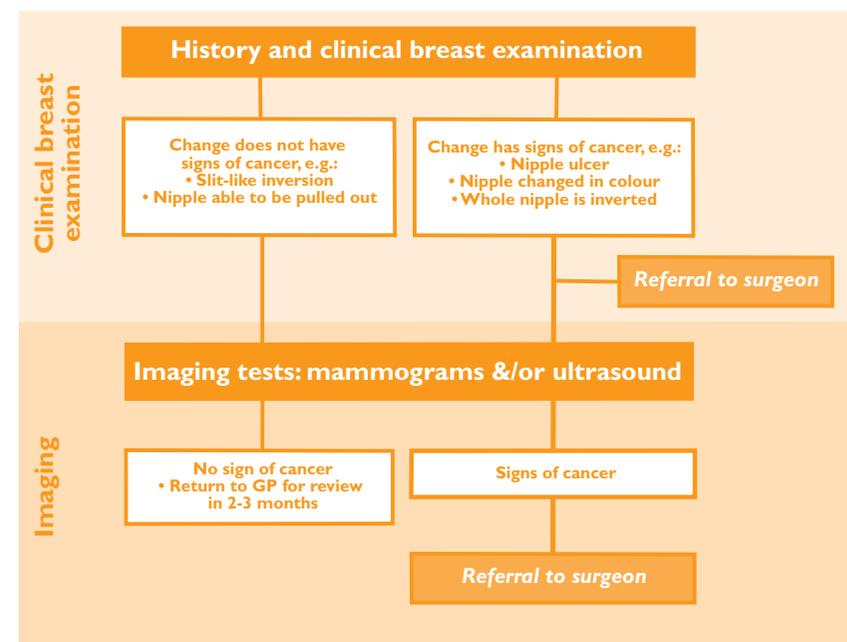


If any of these signs are present, the doctor will order imaging tests, and may refer the woman to a surgeon either before or after these tests.

If this is a new change, imaging tests will still be done, even if there are no signs of cancer.

If the mammography or ultrasound suggest that there may be cancer present, the woman will be referred to a surgeon. Even if no signs of breast cancer are found from the imaging tests, she should see her doctor again in two to three months for a breast examination.

Investigation of new nipple change



Your personal record,
resources and contacts

Keeping a record of your breast changes

You may like to keep a record of your different tests and results to investigate your breast changes.

Triple test

Clinical Breast Examination

Date: _____

Results: _____

- Hormonal change
- Part of normal tissue
- Requires further investigation

Further tests/referral:

- Ultrasound/mammography
- Fine needle aspiration/core biopsy
- Referral to surgeon/diagnostic clinic
- Review by doctor in ___ weeks
- None

Comment: _____

Imaging tests

Mammography
performed

Date: _____

Results: _____

- Possible cyst
- Possible fibroadenoma
- Other
- Possible signs of cancer
- No sign of cancer
- Can't tell

Further tests/referral:

- None
- Referral to surgeon/diagnostic clinic
- Fine needle/core biopsy
- Cyst aspiration
- Review by doctor in ___ weeks

Comment: _____

Ultrasound
performed

Date: _____

Results: _____

- Possible cyst
- Possible fibroadenoma
- Other
- Possible signs of cancer
- No sign of cancer
- Can't tell

Fine Needle Aspiration/core biopsy

Date: _____

Results: _____

- No sign of cancer
 Possible signs of cancer
 Can't tell

Further tests/referrals:

- Referral to surgeon
 Review by doctor in ___ weeks
 None

Comment: _____

Other tests

Not all women will have all parts of the triple test. Other tests may be necessary.

Test: _____

Date: _____

Results: _____

Comment: _____

Breast health and breast care

Even if you don't have a breast change, it is a good idea to follow these steps:

- If you notice a change in your breast/s, consult your doctor as soon as possible.
- If you are over 40, you are eligible to attend for mammographic screening two-yearly through BreastScreen Australia. This is especially recommended for women 50-69.

This free national program is funded by the state and federal governments and bookings at your local screening unit can be made by calling 13 20 50 (for the cost of a local call).

- If you have an increased risk of developing breast cancer (see page 7), ask your doctor about what is recommended for you.

BreastScreen Australia produces excellent information about breast health and breast cancer, as do the state and territory cancer organisations, which can be contacted as listed on page 42. These organisations also provide cancer information services; see page 41.

Resources and contacts

Publications

Your state/territory cancer organisation has booklets available free of charge on understanding breast cancer.

These include:

- *All about early breast cancer*, Woolloomooloo, NSW: National Breast Cancer Centre, 1996 (under revision – available 2002)
- *Breast cancer and family history: What you need to know*. Woolloomooloo, NSW: National Breast Cancer Centre, 1997

The following books may be available in your local bookshop or library:

- Love, S and Lindsey, K, *Dr Susan Love's Breast Book* 2nd edition. Reading, MA: Addison-Wesley, 1995
- Stoppard, M, *The Breast Book*, Ringwood, VIC: Viking, 1996

A complete list of Australian resources about breast cancer can be found in the *Catalogue of Resources on Breast Health and Breast Cancer. Part 1: Australian Resources*. Woolloomooloo, NSW: National Breast Cancer Centre, 1996. This catalogue can be found in your local public library.

The internet also has a lot of information about breast cancer.

A good place to start searching the internet is through the iSource National Breast Cancer Centre web site. Through the Centre's web site you can access information from around Australia and all over the world.

The address is: www.nbcc.org.au

Contacts

To learn more about breast cancer and the services and support available to you and your family, you may find the following contacts helpful:

Cancer Information Service (National)

The Cancer Information Service offers telephone information and counselling related to all aspects of cancer. It is available across Australia, and is operated by the state and territory cancer organisations.

The service is staffed by people who have been specially trained to answer questions about cancer, provide you with accurate written information and put you in touch with local community services and support groups.

To speak to an information officer at your cancer organisation, **call 13 11 20 (1 300 361 366 in Queensland)** for the cost of a local call.

Breast Cancer Support Service (BCSS)

The Cancer Information Service can also link you to the BCSS.

The BCSS provides specially trained volunteers who provide emotional support for women diagnosed with breast cancer.

These volunteers have all had breast cancer, but will have completed treatment at least two years previously.

State and Territory cancer organisations

ACT Cancer Society

159 Maribyrnong Avenue
Kaleen ACT 2617
ph (02) 6262 2222
fax (02) 6262 2223
www.cancer.org.au/act/

Anti-Cancer Council of Victoria

1 Rathdowne Street
Carlton South VIC 3053
ph (03) 9635 5000
fax (03) 9635 5270
www.accv.org.au

Anti-Cancer Foundation of South Australia

202 Greenhill Road
Eastwood SA 5063
ph (08) 8291 4111
fax (08) 8291 4122
www.cancersa.org.au

The Cancer Council Tasmania

140 Bathurst Street
Hobart TAS 7000
ph (03) 6233 2030
fax (03) 6233 2123
www.cancer.org.au/tas/

Cancer Foundation of Western Australia

46 Ventnor Avenue
West Perth WA 6005
ph (08) 9212 4333
fax (08) 9212 4334
www.cancerwa.asn.au/

The Cancer Council of the Northern Territory

3/23 Vanderlin Drive
Casuarina NT 0810
ph (08) 8927 4888
fax (08) 8927 4990

The New South Wales Cancer Council

153 Dowling Street
Woolloomooloo NSW 2011
ph (02) 9334 1900
fax (02) 9357 2076
www.cancercouncil.com.au

Queensland Cancer Fund

553 Gregory Terrace
Fortitude Valley QLD 4006
ph (07) 3258 2200
fax (07) 3257 1306
www.qldcancer.com.au

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Locked Bag 16, Camperdown, NSW, 1450

Telephone: (02) 9036 3030, Fax: (02) 9036 3077, Website: www.nbcc.org.au

For further information on breast cancer you can call the Cancer Information
Service (national) from anywhere in Australia for the cost of a local call,
on 13 11 20. ©iSource National Breast Cancer Centre, 2000



Take action for life

