

DO YOU HAVE A BREAST CHANGE?

This information sheet is to help you better understand the cause of breast changes and the tests which may be needed to find the cause of your breast change. This information is based on what we know through research.



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 *foundation*

What causes a breast change?

Although it is quite common for women to experience breast changes, the vast majority of these breast changes are not breast cancer.

Changes to the breast may be caused by:

- **Hormonal change** which may cause swollen, tender or lumpy breasts at times during a menstrual cycle, or when taking the hormonal treatments for contraception or hormone replacement therapy (HRT).
- **Fibroadenoma** which is a smooth, firm, mobile lump made up of fibrous and glandular tissue, more commonly found in younger women. They are not cancer and can usually be left alone once the tests show that it is a fibroadenoma. However, removal of the fibroadenoma by a surgeon may be necessary if it continues to enlarge or change shape.
- **Cysts** which are fluid filled sacs found more commonly in women 35-50 years or those taking HRT. Cysts are not cancer and can be usually left alone. If the cyst is painful or is a lump which can be felt, then the fluid in it can be simply drained using a fine needle so that the lump disappears.
- **Breast cancer** which occurs when abnormal cells in the breast grow out of control. It occurs more often in older women, with more than 74% of cases occurring in women 50 years and older. It is important that breast cancer is found and treated early, before cancer cells spread to other parts of the body.

What tests do you need to investigate your breast change?

If you or your doctor have found a change in your breast, there are a number of steps to help find the cause of your breast change called the 'triple test' approach.

The triple test includes:

1. Examination of your breasts and asking some questions about your change and your family history
2. Imaging tests, which are mammography of both breasts and/or ultrasound pictures, particularly of the area of breast change, for review by a radiologist
3. Fine needle aspiration biopsy or core biopsy, to obtain a sample of cells or tissue from the area of change for review under a microscope by a pathologist

As shown in the flow chart, each test is performed in sequence and the results are examined to find the cause of the change. Not all women will require all three tests to find the cause of their breast change. It is important, however, to continue to investigate your breast change until a cause is found and confirmed by the tests.

Most women will show no signs of cancer on any of these tests. If any of the tests do show signs of cancer, then it is important that you are referred to a breast surgeon for further investigation or treatment.

What steps are involved in investigating a breast lump, lumpiness or thickening?

There are a series of tests to investigate a breast lump, lumpiness or an area that does not feel or look normal. The National Breast Cancer Centre has produced guidelines to assist general practitioners in investigating these changes. You can use the flow chart to follow the steps you may go through. If you have any concerns or questions about the investigation of your breast change, it is important that you ask your general practitioner or seek a second opinion.

About the tests

1. Examination of your breasts and taking a history

The first step is to visit your doctor, who will examine your breasts and ask some questions about your breast change and about any relevant medical and family history. This information will help to indicate whether the change is normal or whether further tests are needed to find the cause. Even if the change is normal and no further tests are required, your doctor may recommend that you return in two to three months so that the change can be checked.

2. Taking a picture: Imaging with mammography and/or ultrasound

The second test is imaging, which includes mammography and ultrasound. For some women, both tests may be needed to gain enough information about the breast change.

Mammograms are 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 breast will be flattened between the two plates of the X-ray machine for a few seconds, which some women may find uncomfortable or painful. Special views may need to be taken to get a better picture of the area of change in your breast; this is different to having a screening mammogram. Mammograms are usually the first imaging test recommended for women aged 35 years and older who have a change in their breast.

Ultrasound uses high-frequency sound waves to find changes in the breast. When you have an ultrasound, a gel will be put on your breast to make it slippery and a small transducer, or microphone, will be moved over the skin. Ultrasound is more accurate than mammography in looking at breast changes in younger women whose breasts are very dense. Ultrasound is therefore recommended as the first imaging test for women under the age of 35 years, and for women who are pregnant or lactating as their breasts are also dense on mammography.

3. Taking a sample: Fine needle aspiration biopsy and/or core biopsy

If your lump, lumpiness or area of breast change is not caused by hormonal changes or a cyst, you may have a fine needle aspiration biopsy and/or a core biopsy to find the cause of the change.

Fine needle aspiration biopsy involves a small sample of cells being drawn by a thin needle from the lump or area of breast change.

Core biopsy is very similar to a fine needle aspiration biopsy, except that a larger needle is used under a local anaesthetic.

What steps are involved in investigating a nipple change?

While some of the tests will be the same, the steps for investigating nipple changes may be different from those for a breast lump, lumpiness or an area that does not feel or look normal.

Nipple discharge

Examination of your breasts and asking some questions is the first step in finding out the cause of your discharge. Most nipple discharges are not cancer.

A cancer may be present if the nipple discharge:

- comes out without the nipple or breast being squeezed
- comes from a single duct in one nipple
- is blood-stained or tests positive for blood
- is new and in a woman who is 60 years or older

If any of these signs are present, mammography and/or ultrasound may help to add more information about the cause of the discharge and referral to a surgeon is required to

investigate the cause. If the nipple discharge does not have any of these signs, no further tests are likely to be necessary. However, your doctor may recommend that you return in two to three months for review. If the discharge continues it is important that further tests are carried out to find the cause.

Nipple change

If there is a new change in the shape or look of your nipple, the doctor will ask you some questions and examine your breasts as the first step in finding the cause of this change. Imaging tests using mammography and/or ultrasound may help to add more information about the cause of the nipple change.

A cancer may be present if:

- there is a nipple inversion - that is, the nipple is pulled in and cannot be pulled out to a normal shape, and rather than forming a slit shape the nipple is all pulled in together
- the nipple has any scaliness or crusting; an ulcer or sore; or unusual redness
- a lump can be felt behind the nipple

If any of these signs are present, referral to a surgeon is also required to investigate the cause. If the nipple change does not have any of these signs, no further tests are likely to be necessary. However, your doctor may recommend that you return in two to three months for review. If any further changes are noticed, it is important that more tests are carried out to find the cause.

Steps taken to examine breast changes

