

Breast screening for women with a family history of breast cancer

Due to your family history of breast cancer you are being invited to attend for regular mammograms at either Conquest Hospital or Eastbourne DGH. Before you decide to take up this invitation it is important for you to understand the pros and cons of breast screening in women with a family history and of the evidence as to whether it is effective

What is the purpose of screening?

The purpose of screening is to detect breast cancer as early as possible by picking up changes to the breast that often cannot be seen or felt. In the UK, around one in every eight women will develop breast cancer at some point in their life-time. Women with a family history of the disease have a higher risk. Early diagnosis of breast cancer offers the best chance of a successful recovery; however it is not known whether or not breast screening is effective in women under 50 with a family history of breast cancer.

How does screening work?

X-ray pictures called mammograms are taken of the breasts. Two views of each breast are taken at every screening appointment. Women having a mammogram are asked to undress to the waist, so wearing a separate top rather than a dress may be preferable. The actual X-ray only takes a few minutes and the level of radiation is very low.

Who can have screening?

In the UK, all women aged 50 to 70 are automatically invited for screening every three years by the NHS Breast Screening Programme. Continued three yearly screening from the age of 70 is available to those who want it.

Why does screening not start until the age of 50?

Research studies have shown that screening significantly reduces deaths from breast cancer in women aged 50 to 70 years who attend for screening. For women under the age of 50 the effectiveness of screening is controversial. Experts in the UK currently believe the disadvantages of screening outweigh the advantages for women in the general population under 50, hence it is not routinely offered.

Why am I being offered screening before I am 50?

For younger women who have an increased risk of developing breast cancer, on account of their family history, the collective view of experts in the UK is currently that the benefits of screening are likely to outweigh the harms. However, it is important to realise that, as yet, there is no strong evidence to prove whether or not breast screening in younger women with a family history is effective and will reduce deaths from breast cancer.

How reliable is breast screening?

Mammography is currently the best way of detecting breast cancer early. However, like other screening tests it is not perfect:

- Some cancers are very difficult to see on the X-ray.
- Some cancers, even though they are there, cannot be seen on the X-ray at all.

- The person reading the X-ray may miss the cancer (this will happen occasionally, no matter how experienced the reader is).

Does screening hurt?

Each breast needs to be firmly held in position and compressed as the X-ray is taken, in order to obtain a clear picture. Some women describe a mammogram as uncomfortable, while others describe it as painful. Any discomfort only lasts for a brief period of time.

At what age does screening start for women with a family history?

In women with a family history screening usually starts at age 40, although in some women who are known to carry one of the faulty breast cancer genes, regular mammography will be offered from a younger age.

How often would I have a mammogram?

For women with a family history, screening is currently recommended every year from age 40 to 49, if assessed to be at a moderately increased risk, and 40-59 if you are assessed to be at a high risk. You should then attend the three yearly NHS Breast Screening Programme mammograms when invited. This is because breast cancer in younger women may appear more quickly than in older women.

How would I get the results?

You will be sent a letter with the results which usually takes two to three weeks. If you have not received the results by then, please ring Family History clinic on 0300 131 5387

What does it mean if I am called back for more tests?

Some women (about 1 in every 20 who go for screening) are asked to come back for a further appointment because the appearance of the X-ray is not completely normal. It may be necessary to perform further mammographic views or other investigations such as an ultrasound or a biopsy. In the majority of cases, these further tests will show there is nothing to worry about.

What should I do if I notice any breast symptoms?

As breast cancer can occur between screens it is important that you see your GP immediately if you notice any unusual changes in your breasts, even if you have just had a normal screen or are due for a screen in a month or so.

The pros and cons of breast screening

To help you decide whether or not you want to attend for breast screening, the main advantages and disadvantages of regular mammography in women under 50 with a family history of breast cancer are outlined below:

- Screening is currently believed to provide the best chance of detecting cancers at an early stage when treatment can offer the best chance of a successful recovery. However there is no good evidence that this is the case. (There is a trial investigating the effectiveness of screening in younger women with a family history of breast cancer but the results are not yet available).
- Around 70% of the cancers found at screening are still small enough to be removed from the breast. This means that the whole breast does not have to be removed.

- Screening will not detect all breast cancers, so some cancers will be missed at screening and some women may be falsely reassured.
- Screening will not prevent breast cancer from developing.
- Approximately 1 in every 20 women who go for screening will be called back for further investigations. Most of the women who have further tests will turn out not to have cancer. Women who are called back however often find this is a very anxious time.
- Each mammogram gives a small dose of radiation. The expert view is that the dose is so small it is unlikely to cause any harm. It is theoretically possible though that regular mammography in younger women could actually promote the development of a breast cancer.
- Many women find mammography uncomfortable or painful.

What are the risks if I might be/am pregnant?

Although the radiation dose to the abdomen during mammography is extremely low, we would not normally offer a mammogram if there is a suspicion of pregnancy. Therefore for screening purposes, it is preferable to wait until you know you are **not** pregnant.

What do I do now?

You will have been seen in the Family History Risk Assessment Clinic where your risk was assessed and explained. We aim to do the mammogram on the same day for you but this may not always be possible. If we cannot do it on the same day an appointment will be sent to you.

You will then automatically be called for annual mammograms up to the age of 49 or 59. If you do not receive the appointment, please ring Family History clinic on 0300 131 5387

If you have any questions about this information please do not hesitate to ask.

What if I do not wish to have regular mammography?

You do not have to choose screening now. The NHS Breast Screening Programme will invite you automatically for screening after the age of 50. If you change your mind before then and decide that you *do* wish to have screening, please contact Family History clinic on 0300 131 5387

Sources of information

Lis Grimsey
Macmillan Consultant Nurse
Tel: 0300 131 5387

CG41 Familial Breast Cancer – understanding NICE guidance - available from:
www.nice.org.uk/guidance - type the words 'familial breast cancer' into the search box
The Best Treatment – your guide for people with a family history of breast cancer - available from:
www.breakthrough.org.uk - information line: 08080 100200 or **info@breakthrough.org.uk**

Breast Cancer in families - available from: **www.breastcancer.org.uk** or freephone 0808 8006000.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand Hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other Formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

Written by: Lis Grimsey, Macmillan Consultant Nurse

Next review by: January 2025

Responsible clinician/author: Lis Grimsey

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk