

Referral to a breast clinic

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Introduction

This booklet is for anyone who has been referred to see a specialist doctor or nurse at a breast clinic. It aims to give you information about what to expect at the clinic and the different tests you may have. Although we refer to 'women' throughout the booklet, men who have been referred to a breast clinic may also find the information relevant and helpful.

If you have been referred to a breast clinic you may feel worried or frightened that you might have breast cancer. Anxiety is perfectly normal and it can show itself in many ways. For example, your daily routine or your sleep pattern may be affected. This can be particularly distressing while you are waiting for your appointment. You will probably find that you develop your own way of coping during this uncertain time, perhaps by talking to family or friends or keeping yourself busy.

Although these feelings are likely to continue until you get your results, it is important to remember that the vast majority of people referred to a breast clinic do not have cancer.

Your breast clinic appointment

Your GP (local doctor) will follow a set of NHS guidelines when deciding whether or not to refer you to a breast clinic. Usually they will only refer you if you have a new change in your breast such as a definite lump, a new puckering or dimpling of the breast, changes in your nipple, including a rash or discharge, or breast pain that is severe and persistent.

The Department of Health has recently implemented guidance on the referral of patients with breast symptoms. Under this guidance all patients referred to a specialist with breast symptoms, even if cancer is not suspected, should be seen within two weeks of referral by a GP. This differs to what was offered previously, where if your GP felt the referral was urgent, you would be seen within two weeks of them requesting an appointment for you. And if the referral was non-urgent you may have waited longer. It may take some time before this guidance is implemented in all areas. If

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

It is important to remember that if you are referred to a specialist, urgently or otherwise, the problem may still turn out to be benign (non-cancerous).

What to expect at the clinic

A doctor or specialist nurse experienced in diagnosing and treating breast problems will see you first. They will ask you for details of your symptoms. You may be asked to fill in a short questionnaire including questions about any family history of breast problems and any medication you are taking.

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 is usual to examine the lymph glands in your armpits.

You may then need to have further tests. These will usually include one or more of the following:

- a mammogram (breast x-ray)
- an ultrasound scan

- a fine needle aspiration (FNA)
- a core biopsy.

Not everyone will require an FNA or core biopsy. This will depend on your symptoms and the findings of the radiological imaging (mammogram/ultrasound). These tests are described in more detail on the following pages.

A clinical examination, radiological imaging and FNA/core biopsy of the breast is known as a triple assessment. Sometimes all of these tests can be carried out on your first visit with the results being available later that day. This is known as a one-stop clinic. However, in some hospitals this isn't possible and you may have to make another appointment for further tests or to get your results. You may have to wait up to a week for your test results, although this will vary with each breast clinic. Ask your GP for information on what is available at your local hospital.

Mammogram

A mammogram is a breast x-ray. The radiographer (an expert in taking breast x-rays) will ask you to undress to the waist and stand in front of the mammography machine. You will have a mammogram of both breasts. They will place each breast in turn between two x-ray plates so that it is gently but firmly compressed. Two or more images of each breast will be taken so that the breast tissue can be viewed from different angles.

Some women may find this quite uncomfortable or describe it as painful, but it only lasts a few seconds and it does not cause any harm to the breasts. The breast is compressed in order to keep it still and get a clear picture.

The use of digital mammography is becoming more common. This technique is gradually being introduced into more breast units and is expected to replace conventional mammograms in the future (in a conventional mammogram the image is created directly on a film). Instead of film being used, in digital

mammography the image is taken electronically and stored directly on a computer in digital form.

Mammograms are generally only done on women over the age of 35, as younger women's breast tissue is usually more dense. This makes it more difficult to produce a good image and detect any changes in the breast.

Ultrasound scan

An ultrasound scan uses high-frequency sound waves to produce an image of the breast. It is not an x-ray. This is similar to the type of imaging technique used to scan babies in the mother's womb during pregnancy. An ultrasound scan is painless and, while the length of time it will take varies, it can generally be done in a few minutes. You will 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 lubricating gel will be spread over the area of your breast to be imaged and the clinician will use a hand-held scanning probe (called a transducer) which will be moved around the breast. The area under

your arm (axilla) may also be scanned.

This technique is more suitable than mammography for women under the age of 35.

Regardless of age, an ultrasound scan will usually be done in addition to mammograms. An ultrasound scan does not provide the same information as a mammogram image. Both are often used in together as they provide different information.

Fine needle aspiration (FNA) and core biopsy

If a lump or area of concern is found during the breast examination, mammogram or ultrasound scan, a small sample containing breast cells or breast tissue will be taken from the breast. These procedures are called fine needle aspiration (FNA) and core biopsy. Both of these tests may be done with or without ultrasound guidance, which will help pinpoint the area particularly when it is not easy to feel.

FNA

FNA involves taking a sample 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 used. The sample is then sent to the laboratory where it is looked at under a microscope.

Your result may be described to you as one of the following:

- C1 – inadequate sample (not enough cells for diagnosis)
- C2 – benign (non-cancerous)
- C3 – unusual or abnormal or uncertain but probably benign
- C4 – suspicious and possibly malignant (cancer)
- C5 – malignant (cancer).

The specialist will use the result to help them decide if further tests and investigations or treatments are needed. Further tests or treatments are usually needed for a result showing C3, C4 or C5, or where the findings of all the tests do not agree.

Core biopsy (core needle biopsy)

A core biopsy uses a larger needle to obtain a sample of breast tissue from the area of concern. You will be given a local anaesthetic to numb the area before the sample is taken. The specialist may take several samples at the same time. The tissue samples are sent to the laboratory where they are examined under a microscope to establish a diagnosis.

You will usually be asked to wear a small dressing or plaster for a few hours afterwards. Once the local anaesthetic wears off you may find that your breast aches and it may also become bruised. You may need to take pain relief if the area is tender or painful. You will be given more information about this before you leave the hospital.

Your result may be described to you as one of the following:

- B1 – normal breast tissue
- B2 – benign (non-cancerous)
- B3 – uncertain but probably benign
- B4 – suspicious and possibly malignant (cancer)
- B5 – malignant (cancer).

Further tests or treatment are usually needed for a result showing B3, B4, or B5 or where the findings of all the tests do not agree.

Other tests

Triple assessment is usually all that is needed to make a diagnosis. However sometimes you may need other tests.

If a previous biopsy has not given a clear 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 may be referred to as a 'Mammotome' biopsy, which is one of the brand names of the equipment used.

After an injection of local anaesthetic, a small cut is made in the skin. A hollow probe connected to a vacuum device, is placed through this. Using ultrasound or mammography as a guide, breast tissue is sucked through the probe by the vacuum into a collecting chamber. This enables removal of several tissue samples without having to remove the probe. These samples are sent to the laboratory where they are examined under a microscope to establish a diagnosis.

In other cases, a 'wire localisation' is sometimes needed. This is when a guide wire needs to be inserted into the breast under x-ray or ultrasound guidance, after an injection of local anaesthetic. It is used to accurately mark the location of the area of concern that cannot be felt but is visible on mammogram or ultrasound. This ensures greater accuracy in removing a sample of tissue by biopsy, which will then be examined under a microscope.

If you'd like more information about any tests you may be having, please call Breast Cancer Care's free helpline on **0808 800 6000** (Text Relay **18001**).

Getting your results

The hospital will let you know about an appointment to return for your results. It may be a good idea to have your partner or a close friend or relative with you when you get your results. That way you can be sure of support from someone who cares for you, should you need it. They may also think of questions that hadn't occurred to you and remember things you may forget.

For the majority of women triple assessment will show nothing more serious than a specific benign breast condition. In this case the specialist will explain what it is and whether you need any treatment or follow up. Please see our Benign breast conditions leaflets for more information.

If your results show that you have breast cancer you may feel all sorts of emotions such as shock, fear, anger and helplessness, and you may find it hard to take in what you are being told. Having someone with you who can listen

carefully or ask questions can be very helpful. You will also meet, or be put in contact with, a breast care nurse who will talk to you about your diagnosis and treatment. She will provide you with support and written information and can be a point of contact for you throughout your treatment and afterwards.

You may also want to read our booklets **Treating breast cancer** and **Breast cancer and you: diagnosis, treatment and the future**. Men with a diagnosis of breast cancer may find our booklet **Men with breast cancer** useful to read.

Whatever happens at the breast clinic, it is still important to be breast aware. Breast awareness means getting to know how your breasts look and feel, so you know what is normal for you. If you notice any changes that are unusual for you, go and see your GP as soon as you can. You can find out more about being breast aware in our **Your breasts your health: throughout your life** booklet.

Breast screening (mammography) may help to detect breast cancer before there are any signs or symptoms. Women are invited for a mammogram every three years from the age of 50 to 70 (64 in Northern Ireland) as most breast cancers occur after the age of 50. (This age range is to be extended to 47–73 in the future.) You have to be registered with a GP to be sent an appointment.

If you are over 70 (also extending to 73 over the next few years) you will no longer be invited for screening. However, you are still at risk of breast cancer and are entitled to free breast screening every three years on request. All you need to do is contact the breast screening unit, or you can ask your GP or practice nurse to arrange an appointment for you. For more information on breast screening, see our **Your breasts your health: throughout your life** booklet.

For more information see our booklets on:

Treating breast cancer BCC4

Breast cancer and you: diagnosis, treatment and the future BCC44

Men with breast cancer BCC14

Your breasts your health: throughout your life BCC2

To order, or download a copy, please visit www.breastcancercare.org.uk

This factsheet can be downloaded from our website, **www.breastcancercare.org.uk** It is also available in Braille on request by phoning **0845 092 0808**.

This leaflet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and people affected by breast cancer.

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Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Visit www.breastcancercare.org.uk
or call our free helpline on **0808 800 6000**
(Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

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