

# YOUR BREAST CLINIC APPOINTMENT

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## About this booklet

It's normal to feel worried if you've been referred to a breast clinic.

Most people seen at a breast clinic do not have breast cancer. But it's still important to go to your appointment so you can be fully assessed.

This booklet explains what will happen at your breast clinic appointment. It also covers how and when you're likely to get your results, and where you can find support.

## Why have I been referred?

### Referred by your GP

Your GP may refer you to a breast clinic if you have a symptom or breast change that needs investigating.

A referral to a breast clinic does not mean you have cancer. You could have normal breast changes or a benign (not cancer) condition, which are both much more common than breast cancer.

However, the sooner breast cancer is diagnosed, the more successful treatment is likely to be. So it's important to go to your appointment so you can be fully assessed.

GPs follow guidance when deciding whether to refer you to a breast clinic. This guidance also outlines how quickly you should be seen, depending on your symptoms and age.

Guidance differs depending on whether you live in England, Wales, Scotland or Northern Ireland. You can find out more about national guidance on page 14.

### Recalled after a screening mammogram

About 4 in 100 women are called back to a breast clinic after routine screening because they need more tests.

This is more likely to happen after your first mammogram (breast x-ray), usually because there are no previous mammograms to compare it with. Something that looks unusual on your mammogram may be normal for you once it's been assessed. Most people recalled for assessment do not have breast cancer.

You should receive a letter within 2 weeks of your mammogram explaining when and where your breast clinic appointment will be.

Sometimes you may be recalled because the image taken was not clear and needs to be retaken. This is called a “technical recall” and should be made clear in your letter.

## Visiting the breast clinic

You can usually take a partner, close friend or relative with you for company or support. Some people prefer to go on their own.

You may want to wear a top that's easy to remove.

### Coping with worry

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

Anxiety can show itself in many ways. You may find it difficult to concentrate, or your eating or sleeping patterns might change.

Everyone has their own ways of managing anxiety. You might find it helps to keep yourself busy or talk through your worries with family and friends.

You can also speak to our specialist nurses through our free helpline **0808 800 6000** and our website **[breastcancernow.org](https://breastcancernow.org)**

# What happens at the breast clinic?

You may need to fill in a short questionnaire before you're seen by a doctor or specialist nurse. This includes questions about:

- Family history of breast problems
- Medicines you're taking, including hormone replacement therapy (HRT) or the contraceptive pill
- Previous breast surgery
- Any other existing health problems

You will then have a breast examination. You may also have further tests.

| What may happen at the breast clinic | What it involves  |
|--------------------------------------|---|
| Breast examination                   | A doctor or nurse physically checks your breasts                            |
| Breast imaging                       | An x-ray or a scan produces an image of the inside of your breasts          |
| Biopsy                               | A small amount of breast tissue is removed to be checked under a microscope |

The order in which you have the tests will vary between clinics.

Having a breast examination, breast imaging and a biopsy is known as a triple assessment. This may be necessary to make a diagnosis. However, you may not need to have breast imaging or a biopsy.

## How long will it take?

You may be at the breast clinic for several hours so you can have all the necessary tests.

Your assessment may be done in a one-stop clinic. This is where you have all the tests you need during your visit to the breast clinic.

In some cases, you may be asked to make another appointment to finish your tests.

## Breast examination

The doctor or nurse may want to check both your breasts when you are sitting, and again when you are lying down.

They'll also examine the lymph nodes (glands) under your arm and around your neck.

You may not have a breast examination if you were referred from a breast screening clinic.

## Breast imaging

### Mammogram

A mammogram is a breast x-ray.

A female mammographer (an expert in taking breast x-rays) will explain what will happen and answer any questions you have.

Let them know if you're pregnant or think you might be pregnant.

You'll be asked to remove your clothing from the waist up and stand in front of the mammography machine.

Your breasts will be placed one at a time on the x-ray machine. Your breast will be pressed down firmly on the surface by a clear plate. At least 2 pictures (x-rays) of each breast will be taken, one from top to bottom and then a second from side to side. This helps to include the breast tissue that extends into your armpit.

You'll need to stay in this position while the x-ray is taken. You may find it uncomfortable, but it only takes a few seconds. The compression does not harm the breasts.

Mammograms deliver a very low dose of radiation. You'd receive a similar amount flying from London to Australia and back.

### **Younger women and mammograms**

If you're under 40, you're more likely to have an ultrasound (see below) than a mammogram.

This is because younger women's breast tissue can be dense, which can make any changes harder to identify.

However, your treatment team may still recommend you have a mammogram to complete your assessment.

### **3D mammograms (tomosynthesis)**

Digital breast tomosynthesis (DBT) is a more detailed type of mammogram used in some hospitals.

DBT makes 3D images using lower dose x-rays.

The breast is positioned the same way as when having a mammogram. 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 that makes the pictures into 3D images. This can make it easier to see any overlapping breast tissue.

### **Ultrasound scan**

An ultrasound scan uses sound waves to produce an image of the breast tissue.

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

You'll be asked to undress from the waist up and lie on a couch with your arm above your head.

The person doing the scan will spread some gel over the area of your breast.

They'll move a handheld scanning probe over your breast to look at the underlying tissue. The area under your arm may also be scanned.

## How imaging results are described

You may hear your results described as a letter and a number. "M" stands for mammogram. "U" stands for ultrasound.

| Mammogram |                                | Ultrasound |                                |
|-----------|--------------------------------|------------|--------------------------------|
| M1        | Normal breast tissue           | U1         | Normal breast tissue           |
| M2        | Benign (not cancer)            | U2         | Benign (not cancer)            |
| M3        | Uncertain but probably benign  | U3         | Uncertain but probably benign  |
| M4        | Suspicious and possibly cancer | U4         | Suspicious and possibly cancer |
| M5        | Cancer                         | U5         | Cancer                         |

## Other types of breast imaging

Sometimes other imaging techniques are used, such as:

- MRI (magnetic resonance imaging) scan - uses magnetism and radio waves to produce a series of images of the inside of the breast. An MRI does not expose the body to x-ray radiation
- Contrast enhanced spectral mammography (CESM) - uses a special dye to "highlight" areas within the breast in more detail than a standard mammogram

MRI and CESM are not routinely performed and are only used in certain circumstances.

You may hear about different techniques used to take pictures of the breasts, such as thermal imaging and radio waves. These are not routinely used as they aren't any more reliable than mammograms.

Your specialist may recommend other types of scans depending on your test results and symptoms.

## Biopsy

You may have a biopsy to help make a diagnosis.

A breast biopsy involves removing a small sample of breast cells or breast tissue.

The sample is sent to the laboratory where it's looked at under a microscope.

There are different types of biopsy. You will usually have a core biopsy, but sometimes you may have a fine needle aspiration (FNA) (see page 9) or another procedure. Having a biopsy does not mean you have breast cancer.

The doctor or nurse may use an ultrasound or mammogram as a guide to help them pinpoint the area of breast tissue before the sample is taken, particularly if it's very small or cannot be felt.

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

## Core biopsy

A core biopsy (also called a core needle biopsy) uses a hollow needle to take samples of breast tissue. Tissue can give more detailed information than cells.

You'll have a local anaesthetic to numb the area. A small cut is then made in the skin and samples of tissue are taken with the biopsy needle.

## Stereotactic core biopsy

You may have a stereotactic core biopsy if the area of concern can only be seen on a mammogram.

A sample of tissue is taken using a needle biopsy device connected to a mammogram machine and linked to a computer. Images of the breast are taken from 2 different angles. This helps find the exact position of the area to biopsy.



You'll have a local anaesthetic and will be sitting or lying down on a specially designed examination couch.

It may feel a little uncomfortable as the mammogram plates are pressed onto the breast throughout.

### **After your core biopsy**

A small dressing or plaster is usually applied. 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 close.

Once the local anaesthetic wears off, your breast may ache. It may be bruised for the next few days or weeks.

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.

### **Fine needle aspiration (FNA)**

FNA uses a fine needle and syringe to take a sample of cells.

You may have a local anaesthetic first to numb the area.

After the FNA, you may need to wear a plaster for a few hours over the site where the needle was inserted.

### **Punch biopsy**

You may have a punch biopsy if you have changes to the skin of your breast or nipple.

This involves taking a very small circle of tissue from the area.

You'll be given a local anaesthetic before a tiny cutting device is used to take the sample. You'll usually be asked to wear a small dressing or plaster afterwards.

## Vacuum assisted biopsy

You may be offered a vacuum assisted biopsy if:

- A biopsy has not given a definite result and more breast tissue is needed to make a diagnosis
- The area of concern is difficult to target

This procedure takes a little longer than a core biopsy.

After an injection of local anaesthetic, a small cut is made in the skin. A special needle connected to a vacuum device is placed through this.

Using a mammogram or ultrasound as a guide, breast tissue is sucked through the needle by the vacuum into a collecting chamber. This means several samples of breast tissue can be collected without removing the needle.

Sometimes this procedure is used as an alternative to surgery to remove a whole area of breast tissue. This is 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 marker (or clip) is placed in the breast where the biopsy was taken.

This helps your doctor find the area again if you need another biopsy or surgery. The marker can be safely left in the breast and does not need to be removed, even if you don't need any more procedures.

The marker is usually made of titanium, the same metal used for joint replacement surgery. It will not set off alarms at airports.

Many markers are now suitable for having an MRI. However, if the marker is left in and you need to have an MRI scan in the future, let your doctor or radiographer know.

## How core biopsy and FNA 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.

Your specialist team will use the result to help them decide if you need more tests. More tests 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.

| Core biopsy |                                | FNA |  |
|-------------|--------------------------------|-----|--|
| B1          | Normal breast tissue           | C1  | Inadequate sample (not enough cells for diagnosis) |
| B2          | Benign (not cancer)            | C2  | Benign (not cancer)                                |
| B3          | Uncertain but probably benign  | C3  | Unusual, abnormal or uncertain but probably benign |
| B4          | Suspicious and possibly cancer | C4  | Suspicious and possibly cancer                     |
| B5          | Cancer                         | C5  | Cancer   |

## Getting your results

The breast clinic will let you know how and when you'll get your results. They may ask you to come back for your results, or they may give them to you over the phone or by letter.

If you go back to the breast clinic to get your results, it may be a good idea to have someone with you to offer you support if you need it. They may also think of questions that hadn't occurred to you and help you remember what the specialist says. It can also be useful to take a notepad and pen to write down any information you want to remember later.

However you get your results, you should be sent a letter explaining your results in simple language. It will also explain any treatment you may need. Your GP will be sent a copy of this letter too.

If you're anxious about your results or would like to talk through any concerns, you can call our free helpline on **0808 800 6000** or visit our website **[breastcancer.org](https://breastcancer.org)**

## Normal breast changes and benign breast conditions

For most people, a breast assessment will show normal breast changes or a benign (not cancer) breast condition.

In this case, the specialist will explain what it is and whether you need any treatment or follow-up.

Benign breast conditions are common and there are many different types.

You may be given our leaflets about individual benign breast conditions at the clinic. You can also find information about these conditions on our website **[breastcancer.org](https://breastcancer.org)**

Even if your results show you have normal breast changes or a benign breast condition, it's still important to be breast aware (see page 13). Go back to your GP if you notice any changes in your breasts, no matter how soon after you get your results.

## If you are given a breast cancer diagnosis

If your results show you have breast cancer, a specialist will discuss your diagnosis with you and introduce you to a breast care nurse. They can provide support and written information. They will also be a point of contact for you.

You may also want to read our booklets **Diagnosed with breast cancer: what now?** and **Treating primary breast cancer**. If you're a man, you may like to read our booklet **Breast cancer in men**.

If you'd like more support or want someone to talk to, you can also call our free helpline on **0808 800 6000** or visit our website **[breastcancernow.org](https://breastcancernow.org)**

You can also find a range of free support services on our website at **[breastcancernow.org/support-for-you](https://breastcancernow.org/support-for-you)**

## 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 aged 50 up to their 71st birthday are invited for mammograms every 3 years as part of a national breast screening programme. Breast screening can detect cancer before you have any symptoms.

It's important to continue to be breast aware between your screening mammograms. If you're worried about any breast symptoms, do not wait for your next screening mammogram – 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**

#### **England and Wales**

National Institute for Health and Care Excellence (NICE)

[nice.org.uk/guidance/ng12](https://nice.org.uk/guidance/ng12)

#### **Northern Ireland**

Northern Ireland Guidance for Suspected Cancer – Red Flag Criteria

[nican.hscni.net](https://nican.hscni.net) (search for “red flag criteria”)

#### **Scotland**

Scottish Referral Guidelines for Suspected Cancer

[cancerreferral.scot.nhs.uk](https://cancerreferral.scot.nhs.uk)

## NOTES

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We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

## **Life-changing support**

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

## **World-class research**

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

## **Change-making campaigns**

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

### **Could you help?**

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to [\*\*breastcancernow.org/give\*\*](https://breastcancernow.org/give)

# ABOUT THIS BOOKLET

Your breast clinic appointment was written by Breast Cancer Now'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:  
Email [health-info@breastcancernow.org](mailto:health-info@breastcancernow.org)



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## Medical disclaimer

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## We're here

### Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **[breastcancernow.org](https://breastcancernow.org)** for reliable breast cancer information.

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Patient Information Forum

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