


# Your breast clinic appointment

breast  
cancer  
care

This booklet explains what to expect if you've been asked to attend a breast clinic.





## This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](https://breastcancercare.org.uk)**



## Introduction

This booklet is for anyone who has been referred to a breast clinic by their GP or has been asked to attend a breast assessment clinic following routine breast screening.

Although we refer to 'women' throughout the booklet, much of the information will also be relevant to men who have been referred to a breast clinic by their GP.

The vast majority of people who are seen at a breast clinic will not have breast cancer. However, it is still important to attend your appointment so you can be fully assessed.

If you've been asked to attend a breast clinic, it's natural to feel worried or frightened that you may have breast cancer. Anxiety can show itself in many ways – for example it may be difficult to concentrate, or your eating or sleeping pattern may be affected.

You'll probably have your own way of managing your anxiety during this time of uncertainty, such as keeping busy or talking to family and friends. If you would like to talk to someone about any concerns you can call our free Helpline on **0808 800 6000**.

# Being asked to attend a breast clinic appointment

## Referred by your GP

GPs follow guidance when deciding whether or not to refer you to a breast clinic. The guidance outlines how quickly a person should be seen depending on their symptoms.

In England and Wales, GPs follow the guidance from NICE (National Institute for Health and Care Excellence), an independent organisation that produces evidence-based guidance on effective ways to prevent, diagnose and treat ill health. Anyone suspected of having breast cancer should be seen within two weeks (14 days) of being referred (or within 10 working days if you live in Wales).

### NICE guidance

NICE recommends that GPs refer anyone with a breast problem for an urgent breast clinic appointment (to be seen within two weeks) if they are:

- aged 30 and over and have an unexplained breast lump with or without pain
- aged 50 and over with any of the following symptoms in one nipple only:
  - discharge (liquid)
  - retraction (the nipple has become pulled in)
  - other changes of concern

They should also consider an urgent appointment for people:

- who have skin changes that suggest breast cancer
- who are aged 30 and over with an unexplained lump under the arm (axilla)

GPs should also consider making a non-urgent referral for people aged under 30 with an unexplained breast lump with or without pain. Any non-urgent referrals will be seen as soon as possible (usually within two weeks in England). However, any referral decisions are made on a case-by-case basis.

In Northern Ireland, anyone suspected of having breast cancer should be seen within two weeks. All other non-urgent referrals will be seen as soon as possible, on a case-by-case basis. You can find out more about the Northern Ireland referral guidance in our 'Further information' section on page 16.

In Scotland, GPs follow the Scottish referral guidance for suspected cancer. Depending on the symptom(s) your referral could be classed as one of the following:

- urgent
- routine
- for primary care management (to be monitored and managed by your GP)

There is more information about the guidance for each type of referral on the Healthcare Improvement Scotland's website (see 'Further information' on page 16 for details).

If you have any queries about the waiting time for your breast clinic appointment, talk to your GP.

## Recalled following a routine screening mammogram

If you've been recalled to a breast clinic after having a routine mammogram (breast x-ray) as part of a national breast screening programme, you should receive a letter within two weeks of your mammogram explaining when (and where) your breast clinic appointment will be.

About four women in a hundred are called back to a breast clinic following routine screening because they need more tests. This happens more often after a woman's first mammogram, usually because there are no other mammograms to compare with. Something that may look unusual on your mammogram may be entirely normal for you, and most women who are recalled for assessment will not have breast cancer.

Sometimes you may be recalled because the image taken isn't clear and needs to be repeated. This is called a 'technical recall' and should be made clear in your letter.

# What to expect at the breast clinic

Your visit to the breast clinic may take several hours so that all the necessary tests can be carried out. You can 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 think about what clothes to wear for your tests – for example a top that's easy to remove.

You may be asked to fill in a short questionnaire before you are seen by a doctor or specialist nurse. This includes questions about:

- any family history of breast problems
- any medicines you're taking, including hormone replacement therapy (HRT) or the contraceptive pill
- any previous breast surgery, including breast implants

This will be followed by a breast examination. The doctor or nurse may want to check both your breasts when you are sitting, and again when you are lying down. As part of the examination, it's normal to examine the lymph nodes (also called glands) under your arm (axilla) and around your neck.

If you have been referred from a breast screening clinic, you may not have a breast examination.

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

- mammogram
- ultrasound scan
- core biopsy
- fine needle aspiration (FNA)

The order in which the tests are done will vary between clinics. See the 'Tests and results' section on page 8 for more information on each of these.

Having a breast examination, breast imaging (for example, a mammogram or an ultrasound scan) and tissue removed (for example, a core biopsy or FNA) is known as a triple assessment. This may be necessary to make a definite diagnosis.

Your assessment may be done in a one-stop clinic. This is where all tests are carried out during your visit to the clinic. Some test results may be available later that day, but if you have a core biopsy this will take longer. In some cases, you may be asked to make another appointment to finish your tests or to get your results. If this happens, you may have to wait about a week for your test results. See 'Getting your results' on page 14 for more information.

## Tests and results

### Breast imaging (taking an image of the breast)

#### Mammogram

A mammogram is a breast x-ray. A mammographer (an expert in taking breast x-rays) will ask you to undress to the waist and stand in front of the mammogram machine. If you're pregnant or think you may be pregnant, tell the mammographer.

Your breasts will be placed one at a time on the x-ray machine. The breast will be pressed down firmly on the surface by a clear plate. At least two pictures of each breast will be taken, one from top to bottom and then a second from side to side to include the part of your breast that extends into your armpit. You will need to stay in this position while the x-ray is taken. You may find it uncomfortable but it only takes a few seconds and the compression doesn't harm the breasts.

Mammograms are not often used in women under 40. Younger women's breast tissue can be dense, which can make the x-ray image less clear and any changes harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

Some people worry about the amount of radiation used in mammograms. However, they deliver a very low dose of radiation (you'd receive a similar amount flying from London to Australia and back).



## Tomosynthesis

Digital breast tomosynthesis (DBT) is another, more detailed type of mammogram used in some hospitals. DBT makes 3D images using 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 where it makes the pictures into 3D images (3D mammogram). This can make it easier to see any overlapping breast tissue more clearly.

## 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 to the waist and lie on a couch with your arm above your head. To help get a clear image of the breast, some gel will be spread over the area of the breast first. The person doing the scan will move a handheld scanning probe over the breast to look at the underlying tissue. The area under your arm (axilla) 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.

Mammography		Ultrasound	
<b>M1</b>	Normal breast tissue	<b>U1</b>	Normal breast tissue
<b>M2</b>	Benign (not cancer)	<b>U2</b>	Benign (not cancer)
<b>M3</b>	Abnormal or uncertain but probably benign	<b>U3</b>	Unusual, abnormal or uncertain but probably benign
<b>M4</b>	Suspicious and possibly cancer	<b>U4</b>	Suspicious and possibly cancer
<b>M5</b>	Cancer	<b>U5</b>	Cancer

## Other types of breast imaging

Although mammograms are usually the best way of detecting any early changes within the breast, sometimes other imaging techniques are used as well. This could include:

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

Depending on your test results and symptoms, other types of scans may be recommended.

## Thermal imaging and radio waves

You may hear about different techniques used to take pictures of the breasts. This might include systems using thermal imaging (thermography) or radio waves. These are not routinely used in breast imaging either through screening or to diagnose breast conditions as neither are more reliable than a mammogram.

## Biopsy (removal of tissue to be looked at under a microscope)

A small sample of breast cells or breast tissue may be taken to help make a diagnosis. This will usually be done using a core biopsy, but sometimes a fine needle aspiration (FNA) or another procedure may be used. The sample is then sent to the laboratory where it's looked at under a microscope.

An ultrasound or mammogram may be used as a guide to pinpoint the area of breast tissue before the sample is taken, particularly when it's very small or cannot be felt.

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

Having a core biopsy or an FNA doesn't necessarily mean you have breast cancer.

## Core biopsy (also called core needle biopsy)

A core biopsy uses a hollow needle to get a sample of breast tissue. Because tissue is taken rather than cells, it gives more detailed information. Several tissue samples may be taken at the same time.

After local anaesthetic is given to numb the area, a small cut is made in the skin so that samples of tissue can be taken with the biopsy needle. Sometimes you'll be asked to lie on your front while this is done.

If the area of concern can only be seen on a mammogram, you may have a stereotactic core biopsy. This is where a sample of tissue is taken using a needle biopsy device connected to a mammogram machine and linked to a computer. This helps locate the exact position of the area to be biopsied. Images of the breast are taken from two different angles to help guide the needle to the precise location.

You'll be given a local anaesthetic and will be in a sitting position 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.

Whichever way the core biopsy is done, a small dressing or plaster will usually be applied and 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 to close.

Once the local anaesthetic wears off, your breast may ache and 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. Occasionally, local anaesthetic is used first to numb the area. You may be asked to wear a plaster for a few hours over the site where the needle has been inserted.

## Punch biopsy

A punch biopsy may be done when there is a change to the skin of the breast or nipple. It involves taking a very small cylindrical piece of tissue from the changed area. You will be given a local anaesthetic before a tiny cutting device is used to take the sample. As with a core biopsy, you'll usually be asked to wear a small dressing or plaster afterwards.

## Vacuum assisted biopsy

If a previous biopsy has not given a definite 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 procedure takes a little longer than a core biopsy and is done using a mammogram or ultrasound for guidance.

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

Sometimes this procedure is used as an alternative to surgery to remove a whole area of breast tissue (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 clip (or marker) is placed in the breast where the biopsy has been taken. This is so the area can be found again if a further biopsy or surgery is necessary. If another procedure isn't needed, the clip can be safely left in the breast.

The marker clip is usually made of titanium (the same metal used for joint replacement surgery). It will not set off alarms at airports. Most clips are now suitable for having an MRI, but if the marker clip 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.

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

Your specialist team will use the result to help them decide if further tests or treatments are needed. They 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.

## Getting your results

Having investigations for a breast problem can be a worrying and stressful time. The staff in the breast clinic will know that you want results as soon as possible and your specialist may be able to tell you what they think the outcome might be. However, the results of all the investigations you've had are usually needed before you can be given more detailed information.

If you are anxious about your results or would like to talk to someone about any concerns you can call our free Helpline on **0808 800 6000**.

The breast clinic will let you know how and when you'll get your results. You'll usually be given an appointment to return for your results, but occasionally they may be given in a phone call or a letter. A summary of your breast assessment and results will also be sent to your GP. You can ask for a copy of the letter to be sent to you.

It may be a good idea to have someone with you when you go to your appointment to get your results. That way you can be sure there is someone there for support, should you need it. They may also think of questions that hadn't occurred to you and remember things you may forget. It can be useful to take a notepad and pen to write down any information you want to remember later.

## Normal breast changes and benign breast conditions

For most women, a breast assessment will show normal breast changes or a benign breast condition. In this case the specialist will explain what it is and whether any treatment or follow-up is needed.

Benign breast conditions are common and there are many different types. We have leaflets about individual benign breast conditions which you may be given at the clinic. You can also download these from our website, or call our free Helpline on **0808 800 6000** to order a copy.

Even if you're found to have normal breast changes or a benign breast condition, it's still important to be breast aware (see page 15) and go back to your GP if you notice any other changes in your breasts, regardless of how soon these occur after you get your results.

## If you are given a breast cancer diagnosis

If your results show that you have breast cancer you will be introduced to a breast care nurse who will talk to you about your diagnosis and treatment. She will give you support and written information and can be a point of contact for you.

You may also want to read our booklets **Treating primary breast cancer** and **Breast cancer and you: coping with diagnosis, treatment and the future**. Men who have breast cancer can find information about breast cancer in men on our website.

You or your family and friends can also call the free Breast Cancer Care Helpline on **0808 800 6000** or visit our website [breastcancercare.org.uk](http://breastcancercare.org.uk). We have a number of free support services that might help – you can find out more about these on page 17.

## 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 between 50 and 70 are invited for mammograms every three years as part of a national breast screening programme. Breast screening can pick up cancer before there are any symptoms.

It's important to continue to be breast aware between your screening mammograms. If you're worried about any breast symptoms, don't 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

#### Scotland

Healthcare Improvement Scotland

[healthcareimprovementscotland.org](http://healthcareimprovementscotland.org) (search for 'Scottish referral guidelines for suspected cancer')

---

#### England and Wales

National Institute for Health and Care Excellence (NICE)

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

---

#### Northern Ireland

Northern Ireland Guidance for Suspected Cancer  
– Red Flag Criteria

[nican.hscni.net](http://nican.hscni.net) (search for 'red flag criteria')

The Northern Ireland targets for referral waiting times are updated regularly and published on the Northern Ireland cancer network website ([cancerni.net](http://cancerni.net)).



## Four ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here's how you can.



Speak to our nurses or trained experts. Call our free Helpline on **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at [forum.breastcancercare.org.uk](https://forum.breastcancercare.org.uk)



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at [breastcancercare.org.uk](https://breastcancercare.org.uk)



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit [breastcancercare.org.uk/in-your-area](https://breastcancercare.org.uk/in-your-area)

# We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

## Donate online

Donate using your debit or credit card [breastcancercare.org.uk/donate](https://breastcancercare.org.uk/donate)

## Donate by post

Please accept my donation of **£10/£20/my own choice of £**

I enclose a cheque/PO/CAF voucher made payable to **Breast Cancer Care**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

In addition, we'd love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

- I'd like to hear from you by email
- I'd like to hear from you by text message or SMS
- Please do not contact me by post
- Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at [breastcancercare.org.uk](https://breastcancercare.org.uk) or contact supporter services on 0345 092 0800.

**Please return this form to Breast Cancer Care, Freepost RRRKZ-ARZY-YCKG,  
Chester House, 1-3 Brixton Road, London SW9 6DE**

Breast Cancer Care is a working name of Breast Cancer Care and Breast Cancer Now, a charity registered in England and Wales (1160558) and Scotland (SC045584).

Code: LP



# About this booklet

**Your breast clinic appointment** was written by Breast Cancer Care'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:

Phone **0345 092 0808**

Email [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



You can order or download more copies from [breastcancercare.org.uk/publications](http://breastcancercare.org.uk/publications)



We welcome your feedback on this publication: [breastcancercare.org.uk/feedback](http://breastcancercare.org.uk/feedback)



For a large print, Braille or audio CD version:

Phone **0345 092 0808**

Email [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



Breast Cancer Care and Breast Cancer Now are uniting to create one charity for everyone affected by breast cancer. Our aim is that by 2050, everyone who develops breast cancer will live and be supported to live well.

From research to care, our new charity will have people affected by breast cancer at its heart – providing support for today and hope for the future. We'll find ways to prevent the disease, improve early diagnosis, develop new treatments, campaign for better care, and support people with the physical and emotional impact of breast cancer.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](https://breastcancercare.org.uk)**

Breast Cancer Care is a working name of Breast Cancer Care and Breast Cancer Now, a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: Fifth Floor, Ibex House, 42–47 Minories, London EC3N 1DY.