

WOMEN'S
HEALTH

By Dr Shilpa McQuillan,
accredited menopause
specialist, GP and
community gynaecologist

Simply the Breast

THIS month includes International Women's Day (March 8), so what better way to celebrate our assets than to feel empowered and take control of our health.

One important aspect that all women need to pay attention to is breast health. Breast cancer is the most diagnosed cancer among women worldwide. It can affect anyone and in the UK, one in seven women will be diagnosed.

Early detection is key as it will mean successful treatment in majority of cases.

It is for this reason that we have a national screening programme and a dedicated month (October) to promote awareness.

This is fantastic but I'm a firm believer that breast health should be a priority all year round. Most breast changes,

including lumps, are not cancer but being vigilant will enable us to seek help early.

Most of us welcome awareness and for those with personal experiences, an opportunity to share advice and stories.

But for some it can trigger fear, especially if there is personal experience of cancer. Some women choose avoidance as the thought of finding something abnormal causes significant anxiety.

Don't let fear stand in the way. Speak with someone you trust and you will not be the first to have worries. Empower yourself!

KNOW YOUR RISK

Anyone can get breast cancer. Age is the most significant risk factor, with majority of cases occurring above the age

of 50. Being female is also a significant risk.

There are many different types of breast cancer and each one has its own risk factors.

Understanding why breast cancer occurs is really complex. Usually there is no one single reason and it is a combination of environment, genes and lifestyle factors.

Having one or several risk factors does not mean you will develop breast cancer but being familiar with your individual risks and those you can control can empower you to make lifestyle decisions that may lower your risk.

Am I at a higher risk?

People who have several close relatives who have had breast and/or ovarian cancer may be at higher risk of getting

'Don't let fear stand in the way. Speak with someone you trust and you will not be the first to have worries. Empower yourself!'



breast cancer. It is possible you carry an inherited gene mutation such as BRCA1 and BRCA2. For those with these familial risks it is possible to get a timely referral to a breast or genetics specialist who can discuss ways to help manage your risk.

Having increased lifetime exposure to sex hormones (such as oestrogen, progesterone and testosterone) has also been linked to increasing risk of certain types of breast cancer.

Some scenarios include starting periods early, having a late menopause, not breast feeding, not having children or having them later in life, and prolonged use of certain contraception and synthetic hormones therapies.

There are also certain lifestyle choices linked to higher risk of breast cancer, including drinking excess alcohol, smoking, being overweight or obese and not being physically active.

SOME COMMON MISCONCEPTIONS

There is a lot of hearsay around causes of breast cancer, much of which are not true. Here are some common myths demystified:

Deodorant will not increase your risk of breast cancer.

Mobile phones — we do not have enough research to definitely say that radio waves from mobile phones are harmful. The little data we have indicates that mobile phones do not cause cancer.

Not wearing a bra — this is a myth and, equally, wearing the wrong type or size of bra will not cause breast cancer either.

Breast implants — these do not increase the risk of cancer but it may be more difficult to feel for any abnormal changes so it's important to keep checking for changes regularly.

ATTEND YOUR SCREENING

In the UK, everyone registered as a woman with their GP is invited to have a scan as part of the national screening programme, from the age of 50 to 71. This includes transwomen (assigned male at birth and transitioned to female) and non-binary who are assigned female sex at birth.

Routine screening occurs every three years. You may be invited for more regular screening if you are at higher risk of cancer, such as those with strong inherited risk.

Who does screening not include?

Most breast cancer cases are over the



age of 50, so screening starts at this age. Mammograms of young women are more difficult to read as their breast tissue is denser, so it is unlikely regular mammograms for women below the screening age would increase breast cancer detection.

Anyone with breast tissue can get breast cancer, including men. However, it is rare for men to have breast cancer, which is why they are not invited to be part of the national screening programme.

If you are transman (assigned female at birth and transitioned to male), you will not be automatically invited to a screening so it is advisable to speak to your GP to be added to the programme if you have not had chest reconstruction and still have breast tissue.

So how does it work?

A machine called a mammogram (a type of X-ray) is used. Your breast will be pressed between plates. The image will be taken at two different angles. Each breast will be X-rayed in the same way.

The aim is to find cancer before it is big enough to feel or see. Finding cancer early can make it more likely that treatment will be successful.

Some women may find the procedure painful or uncomfortable, especially if you already suffer from tender breasts. Please do not be put off by previous painful experiences or second-hand horror stories. If you are concerned, talk to the staff — they are trained to help you feel more comfortable and provide support.

BECOME YOUR OWN EXPERT

Everyone is unique and breasts come in all different shapes, skin tones and sizes. It's important you know what feels and looks normal for you.

Breast changes are common from a young age, so it's important to get to know your breasts, even if you are not yet eligible for screening.

Even once invited for screening, did you know that mammograms do not pick up all breast changes and lumps can even develop in between screening appointments?

Mammograms can also be more difficult to read in those with large or dense breast tissue.

There may be some triggers such as HRT or contraception medications that increase density.

Therefore, even if you always attend your screening appointments, doing regular self-checks between breast screenings can help pick up changes early.

What should you look for?

There are some typical changes I advise women to look out for. These include persistent pain in one breast; skin changes, in particular around the nipple (including itching, discolouration, dimpling and scaling); nipple discharge or new inversion; any lumps or changes to the size or shape of one breast.

Noticing these changes does not mean you have cancer and in fact most women will develop benign breast changes at some point in their life. But if you

Cont'd



notice anything unusual for you then it's important to seek support from your doctor so you can get the right help early.

WHAT TO DO IF YOU FIND ANYTHING UNUSUAL

Book a face-to-face appointment with your doctor who will be able to reassure you if these changes are normal or refer you to the local dedicated breast clinic for further assessment if necessary.

If you are referred to the breast clinic, the breast team will normally physically check your breasts and may organise further tests such as an ultrasound, mammogram, or biopsy if the diagnosis is not clear.

Not everyone who attends a breast clinic will need a scan or biopsy.

Having investigations for a breast problem can be very worrying and stressful. My advice would be to take someone with you for company or support.

HOW TO EXAMINE YOUR OWN BREASTS.

I see many women in my clinic who are not sure how to do a breast examination or what they are looking for. As I tell them, I am here to support you so let's go through it together.

We are all unique and have different body types and here I have collaborated

with Team GB cox and Paralympic champion Erin Kennedy MBE.

Erin is a breast cancer awareness advocate and charity patron, having had breast cancer herself.

Together, we are going to give you our step-by-step guide (see opposite) on how to check your own breasts thoroughly.

Don't put it off any longer — this quick self-examination could potentially save your life.

SOME TIPS

There's no special way to check your breasts and everyone will have their own way. You do not need any training but it's important to cover all areas thoroughly in a systematic way so that you do not miss anything.

Get in the habit of checking regularly so that you know what is normal for you.

It's important to know what breast tissue is as this can help guide what to include in your examination.

The breast refers to tissue on both the left and right side of the body, covering the area from the collarbone down to the underarm, into the armpit and across to the middle of the ribcage, including the nipples. It is possible for changes to occur in any of these regions.

Breast tissue can feel different at different times of the month. The best time to check is around the same time each month, about a week after your

period. This is when your breasts are least likely to be swollen and tender.

If you do not have periods or they are not regular, then check them at any point in the month but be consistent and check regularly around the same date each month.

Feeling your breasts in the shower with soap is a good way for feeling any obvious lumps — you can download this helpful shower sticker as a prompt. (<https://coppafeel.org/breast-cancer-info-and-advice/materials-resources/order-shower-materials/>)

If you or someone you know would like to know more, there is a wealth of information, including these resources:

nhs.uk/conditions/breast-screeningmammogram
breastcancerogenetics.co.uk
coppafeel.org
breastcanceruk.org.uk
breastcancer.org
daisynetwork.org
macmillan.org.uk
breastcancerhaven.org.uk

Dr Shilpa McQuillan leads the Berkshire

Menopause Clinic in Henley and is an accredited menopause specialist, community gynaecologist and women's health GP. For more information, email info@berkshirermenopauseclinic.com or visit www.berkshirermenopauseclinic.com

Step-by-step breast exam guide



1. Stand in front of a mirror, naked from the waist up. Place your hands by your waist side. Look for any skin or nipple changes, discharge, obvious lumps or changes in the breast shape



2. Look for any dimpling ('orange peel' appearance), tethering of the breast skin ('pinched' appearance), or lumps in a localised area



3. Pushing your hands into your hips, again look for dimpling or tethering



4. Now raise the arm on the same side as the breast you are examining above your head. Use the opposite hand to systematically feel either in a circular or up-down motion covering the entire breast



5. Palpate all the way up to the collar bone



6. Palpate deep into the arm pit



7. Now feel the nipple for any lumps or skin changes



8. Next, squeeze the nipple to check for any discharge.

9. Repeat steps 4-8 on the opposite breast

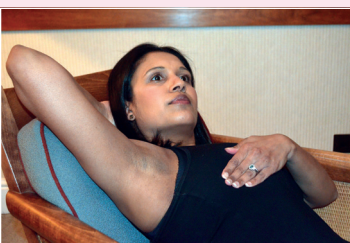


10. Now lie down at a 30 degree angle to allow the breast tissue to spread out. Now raise the arm on the same side as the breast you are examining above your head. Use the opposite hand to systematically palpate the breast in a similar way (up-down or circular motion) you did standing up. Feel across the entire breast, collar bone and arm pit.



11. Now turn your body on its side towards the opposite breast (this is particularly useful if you have large breasts). Palpate again into the armpit and outer breast

12. Repeat steps 10-11 on the opposite breast



Pictures: Alexa Phillips

