

Good to know about **BREAST CANCER SCREENING**

Screening helps to detect breast cancer at an early stage, before there are any symptoms. The aim of screening is to reduce deaths caused by breast cancer.



Breast cancer is the most common cancer among women. In Finland, about 5,000 women are diagnosed with breast cancer each year.

BREAST CANCER

About one out of eight women comes down with breast cancer at some stage of her life. The prognosis of breast cancer when detected early is very good: over 90% of cases can be cured.

Not all reasons causing predisposition to breast cancer are known, but factors affecting hormonal activity in particular increase the likelihood of being diagnosed with the disease. These include a young age at the start and a late age at the end of menstruation, a late age at the first

childbirth and a small number of childbirths. In addition, menopausal hormone therapy, obesity, lack of physical exercise and heavy use of alcohol increase the risk of developing breast cancer. Only about five per cent of breast cancers involve genetic predisposition.

Healthy lifestyles, such as a diet rich in vegetables and exercise, are beneficial for preventing breast cancer as well as other diseases.

SCREENING PROGRAMME

All women between 50 and 69 years of age are invited for breast cancer screening every two years. More than half of all breast cancers are found in this age group, and about two thirds of them are detected in screening.

In Finland, municipalities have the statutory obligation to provide screening for their residents. The screening is implemented by the organizer of screening selected by the municipality. The organizer sends women of screening age a personal, written invitation to the procedure. The invitation includes instructions

on how to reserve or change the time for the appointment, if needed. The invitations to the screening are sent on the basis of population register data. This means that all women in the age group get the invitation, irrespective of factors such as health history.

Everyone decides for themselves whether to participate in breast cancer screening or not. Participation or absence doesn't affect future invitations to screening: everyone receives a new invitation in two years.

**DID YOU
KNOW?**

Approximately 83% of those invited go for screening. There may be justified grounds both for attending and for declining the screening.



MAMMOGRAPHY

The most common symptom of breast cancer is a lump in the breast. It can be detected by mammography, i.e. breast X-ray, long before a doctor or the woman herself feels it by palpation.

However, there is no need to X-ray symptomless breasts more often than once every two years.

In the screening, each bare breast in turn is compressed against the imaging plate, which may feel unpleasant or painful. The imaging takes a few minutes.

DID YOU KNOW?

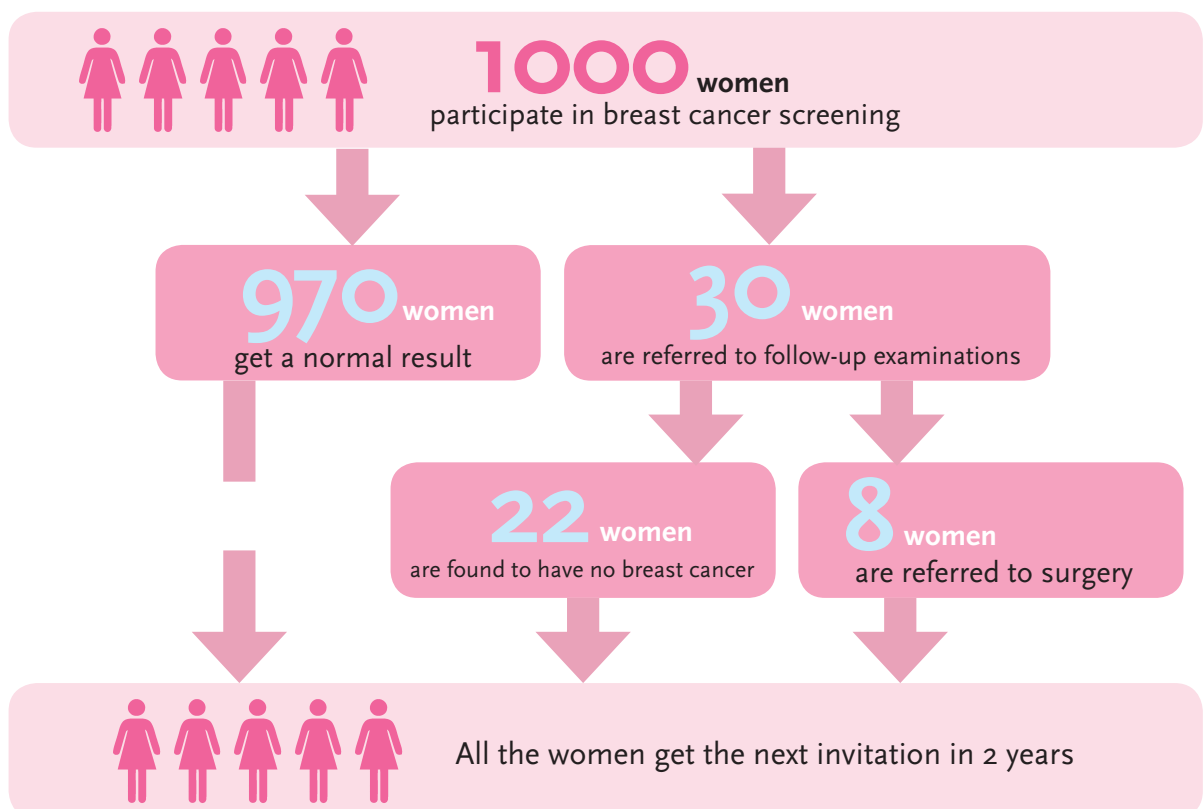
During the appointment, the nurse fills in the health history form involving questions about breast symptoms, breast surgeries, earlier mammograms and the use of menopausal hormones.

SCREENING RESULT AND FOLLOW-UP EXAMINATIONS

Two radiologists interpret the mammographic images independently. Thereafter, they do a joint reading if at least one of them notices something abnormal.

The result of the screening is sent to the participant within about a month of the imaging. In the majority of cases, the screening doesn't reveal any indication of breast cancer. An abnormal finding is discovered in about three out of

a hundred participants. They are invited, either by letter or phone, to follow-up examinations, which are carried out in the screening unit or in hospital. The most common follow-up examinations are additional mammograms, ultrasound imaging and needle samples. Most follow-up examinations only reveal benign changes; that is, not breast cancer. About one out of five participants in follow-up examinations is referred to surgery.



Breast cancer screening has both pros and cons. It is good to weigh these when deciding on whether to participate in screening.

Screening prevents breast cancer deaths

Breast cancer mortality among women who have participated in screening is about one-third less than it would be in a situation where screening were not organized.

In international studies, screening has been shown to reduce breast cancer mortality even at the age of 70–74 years.

In contrast, screening for people under the age of 50 years has not been found to be effective because of the density of the breast tissue. Nor does an annual mammography increase the effectiveness of screening among women of screening age, either.

DID YOU KNOW?

Effectiveness means achieving the goal of screening, in this case a reduction of breast cancer mortality.

Screening generally reveals breast cancer at an early stage

When breast cancer is discovered early, there are more possibilities for breast-sparing surgery and lighter treatments.

Screening doesn't detect all cancers

Despite a normal screening result, a woman may develop breast cancer before the next screening session. The risk is greater for women with dense breast tissue and women who receive hormone therapy. Even if the screening result is normal, it is good to follow the breasts for possible symptoms. Always contact your doctor if you notice anything abnormal in the breast area.

About a quarter of the breast cancers among women who have been screened are detected between screening sessions. Breast cancer may progress so rapidly that it could not be detected in the screening yet, or the detection failed. Breast cancers are also detected between screening sessions because even asymptomatic women go for mammography examinations outside the screening programme.

DID YOU KNOW?

Screening finds cancers that would never have been a problem for the woman

A small percentage of the tumours found by screening would never develop into cancers requiring treatment. They would not be discovered without screening, and they would not cause any problems during the woman's lifetime. However, all cancers found during screening are treated, since it is not known in advance which of them would progress later. According to studies, such cases account for no more than one-tenth of the breast cancers among women who participated in screening.

Screening finds changes that follow-up examinations reveal to be benign

One out of six women taking part in screenings regularly is unnecessarily referred to a follow-up examination at least once. Waiting for follow-up examinations and their results can be burdensome.



RECOGNISE THE SYMPTOMS

Every woman should pay attention to her breasts and the changes that appear in them. Palpation of the breasts for changes may help in detecting breast cancer.

If you yourself detect, or someone else notices, any of the following changes, you should consult a doctor. Always contact a doctor when you notice a symptom, even if you had recently been screened or were about to go for screening.

- A new lump in the breast or under the arm
- A new pit or retraction of skin on the breast or nipple
- Prolonged or recurrent pain, swelling or tingling in the breast that has not been felt before
- Incurable rash or ulcer in the nipple or on the areola
- Clear or bloody discharge from the nipple

However, it is good to remember that only a fraction of the lumps discovered are breast cancer.

ADDITIONAL INFORMATION

www.breastscreening.fi
www.allaboutcancer.fi

