

Common breast problems



**Common breast
problems and
how to look out
for early signs
of breast cancer**

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Common breast problems

This booklet has been written to help women understand more about common breast problems. It also provides information about how to manage and treat some of these problems and about identifying early signs of breast cancer.

Most changes in the breast are not due to breast cancer. In fact, nine out of 10 breast changes are not breast cancer. However, if you do notice a change, it is important for you to get it checked by a doctor. Early detection of breast cancer means treatment has a much better chance of success.



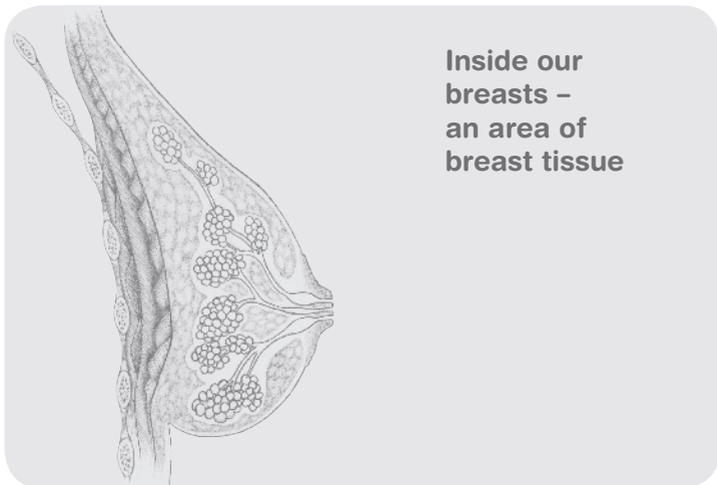
About our breasts

Women's breasts are designed to produce milk after pregnancy.

Breast tissue is made up of milk glands, supportive fibrous tissue, fatty tissue, arteries, veins, lymph vessels and nerves. The milk glands consist of lobules, where milk is made, and ducts, which take the milk to the nipple.

The breast tissue extends from the collarbone down to the bottom of the bra line, and from the middle of the chest to the middle of the armpit.

There is no such thing as a 'perfect' or 'normal' breast shape or size. Women's breasts and nipples come in all shapes and sizes. It is common for one breast to be slightly bigger than the other and normal for the texture of our breasts to change as we get older.



Inside our breasts – an area of breast tissue



Breast changes

Our breasts change throughout our lifetime. Many changes are caused by our reproductive hormone levels. Hormone levels change during menstruation, pregnancy, menopause, and as we age.

In young women breasts are dense, glandular structures designed for producing milk. As we age the breast tissue gradually becomes less glandular and more fatty. By the time menstruation stops and we pass menopause, our milk glands have usually been almost completely replaced by fat. Thus, as we get older, our breasts become softer and less lumpy.

Monthly periods also cause our breasts to change. They may feel swollen, tender or lumpy just before a period begins. This is normal and due to changes in hormone levels. Breast tissue commonly grows and fills with fluid before having a period. This swelling goes down when the level of hormones falls as our period begins. These normal changes occur every month until we reach menopause. After menopause begins, if you choose to use hormone replacement therapy, you may also experience changes in your breasts.

During pregnancy our breasts also change. Breasts grow on average two cup sizes during pregnancy and tenderness is common in the early stages. Breastfeeding can also cause conditions such as mastitis (a painful breast infection), breast pain and cracked nipples.

Although most breast changes or problems are benign (not cancerous), many women worry that they might be a sign of breast cancer. It is important that a doctor checks all unusual breast changes, just to be sure.



Common breast problems

Breast pain

Breast pain is common and usually caused by hormonal changes during the menstrual cycle. Taking the contraceptive pill or hormone replacement therapy can also cause breast pain.

Some women experience breast pain every day, not just during the menstrual cycle. This pain is commonly associated with shoulder, neck and armpit pain and may be worse at the end of the day or after exercise.

For some women, breast pain may be severe enough to need some form of treatment.

Tips that may help relieve breast pain

- Some women find wearing a supportive, professionally fitted bra, even in bed helps. Others prefer a loose-fitting bra or no bra.
- Cut down on coffee, tea, chocolate and cola drinks to reduce caffeine.
- Cut down on foods high in salt and fat.
- Vitamins B6 and B1 can be helpful; check with your doctor or pharmacist for the dose needed.
- Evening primrose oil may help, but do not take it if you have epilepsy.
- Try holding a hot water bottle to your breasts or having a hot bath or shower.
- A cold shower or icepack may be more helpful for some women.
- Try relaxation techniques or gentle massage.
- Talk to your doctor about trying anti-inflammatory medication.
- If you are taking hormone replacement therapy or the contraceptive pill, talk to your doctor about reducing your dosage, going off it for a while or changing your prescription to see if that helps.

If none of these help, you may need to see a doctor who will refer you to a breast specialist. Contact the Cancer Council Helpline on 13 11 20 for more information.

If you develop breast pain and it is not a usual part of your monthly cycle, have it checked by your doctor. While there is usually another explanation, unusual breast pain can sometimes be a sign of breast cancer.

Hormonal changes

Hormonal changes can cause swelling, lumpiness or tenderness of the breast. Many women experience such changes as hormone levels affect their breast tissue during their menstrual cycle. They usually happen during or just before a period, but can also occur around the time of ovulation. Women taking hormonal treatments for contraception (such as the 'pill') or hormone replacement therapy may also experience these changes.

Cysts

Cysts occur when fluid becomes trapped in the breast tissue. They are most common in women between the ages of 35 and 50. Cysts usually disappear with menopause, but are common in women taking hormone replacement therapy. Cysts may feel soft or firm and may sometimes be painful to touch. More than one cyst may grow at the same time. The fluid in cysts can be drained using a fine needle. Cysts sometimes return after they have been drained. They are harmless, but to make absolutely sure that it is not cancer, your doctor should check any lump that can be felt.

Fibroadenomas

Fibroadenomas are harmless lumps of glandular and fibrous tissue. They usually feel firm and rubbery and have a smooth texture. This condition is sometimes referred to as 'breast mouse' because the lumps can move around when pressed. Fibroadenomas are common in women aged 20 to 40. We do not know their cause. They can be painless or become tender before periods. Some grow during pregnancy. As with all lumps, you should have them checked by your doctor.

Some other common lumps

Hardened scar tissue from an injury or previous breast surgery, such as a biopsy, can cause lumps or lumpiness. Silicone injected into the breasts for cosmetic reasons can sometimes harden and create lumps. Some women can feel their ribs through their breast tissue.

When a lump is being checked it is important to make your doctor aware of your full breast history, including any family history of breast cancer.

Nipple discharge

Discharge from the nipple is quite common and is usually not a problem. Very rarely, nipple discharge may be due to cancer or other diseases. See your doctor if you develop nipple discharge. Further tests may be needed, particularly if you have bloodstained or watery discharge, or if the discharge comes from only one breast.

If you are breastfeeding, it is quite normal for milk to leak from your nipples in between feeds. After you have stopped breastfeeding your baby ('weaned'), you may still have a milky discharge. This is normal. Usually the discharge will gradually stop. If it doesn't, or if the colour or thickness of the discharge changes, see your doctor.

Inverted nipples

Some women are born with a nipple or nipples that are turned in or inverted. This is normal for them. An inverted nipple can also develop after you have stopped breastfeeding or while you are pregnant.

If your nipple turns in and it hasn't in the past, it should be checked by your doctor. Occasionally it is a sign of a breast cancer under the nipple.

Sore, cracked and itchy nipples

Breastfeeding can cause sore, cracked or itchy nipples. The skin around the nipple can split and become painful. Your doctor can recommend treatments that might help. If these changes develop when you are not breastfeeding or pregnant, see your doctor.

For more information on breastfeeding and related problems, contact your local community health service or maternal and child health nurse.

Extra nipples

Some people are born with extra nipples. This does not mean their risk of breast cancer is increased. Extra nipples are usually only removed by a doctor if the person is not happy with the way they look. They can develop the same problems as normal nipples.

Breast and nipple infections

Infections in the breast do not cause breast cancer but should be treated promptly.

If you develop any inflammation or infection in your nipples, see your doctor. It could be a sign of eczema (a common skin problem) or a condition such as duct ectasia. Duct ectasia occurs when a duct fills with waste matter from cells. There may be a sticky yellow-green to brown discharge. If the discharge becomes a problem, treatment may be needed.

Mastitis is a painful inflammation of the breast due to bacterial infection. It is a problem often associated with breastfeeding and usually develops two to six weeks after giving birth. The breast becomes red, hot, swollen and painful. Flu-like symptoms can also develop. Mastitis can be treated with hot or cold packs. Treatment may also include antibiotics.

Symptoms of mastitis can sometimes be found in women who are not breastfeeding, for example, in women with diabetes, or in women with poor immune systems. Recurrent mastitis is often associated with smoking.



Investigating breast changes

If you or your doctor notice an unusual change in your breast there are three types of tests commonly used to help find the cause of the change.

This is known as the 'triple' test and involves:

- 1 clinical breast examination and taking a personal history
- 2 imaging tests (such as mammogram and ultrasound)
- 3 non-surgical biopsies (such as fine-needle aspiration and core biopsy).

An additional test, surgical biopsy, may also be required for some patients.

Clinical breast examination

Your doctor will examine your breasts by feeling and looking at them. If you have noticed a specific change such as a lump, try to clearly explain its location. This will help your doctor with the examination. You should also tell them if there is a history of breast cancer in your family.

Your doctor may then advise you to have some tests so that a definite diagnosis can be made and to make sure your problem is not cancer. These tests may include one or more of the following.

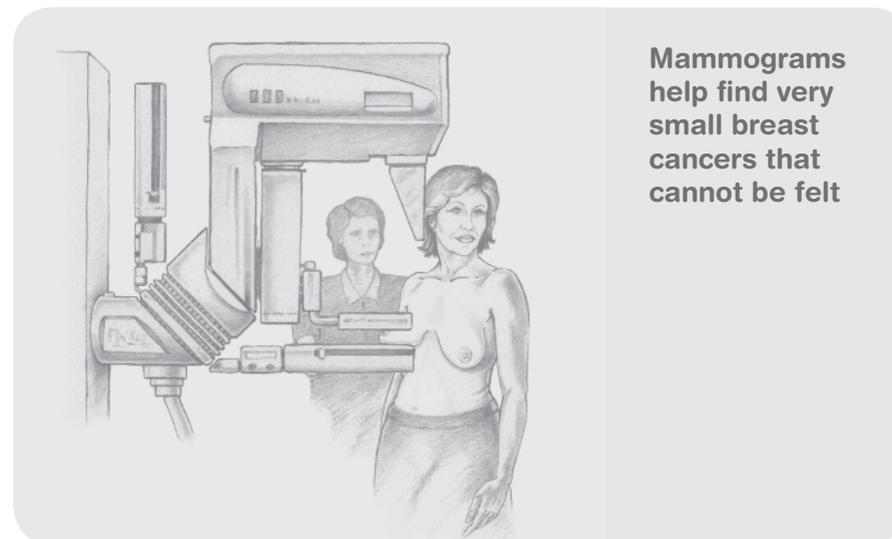
Imaging tests

Mammogram

If you have a breast change such as a lump, a mammogram is often used to work out the cause of the breast change. A mammogram is a low-dose x-ray of the breast tissue and only takes a few minutes. To investigate a breast change, x-rays may need to be taken from several different angles. When a breast x-ray (mammogram) is taken, the breast is flattened between two plates of the x-ray machine for a few seconds. Women may feel some discomfort during a mammogram, particularly if taken around the time of their period.

Mammograms can help find very small breast cancers that cannot be felt.

If a change or a lump is picked up by a mammogram further tests will be needed to work out whether it is breast cancer or a benign (not cancerous) breast condition.



Mammograms help find very small breast cancers that cannot be felt

Ultrasound

An ultrasound test uses high-frequency soundwaves to scan your breasts. It is similar to the ultrasound used for women who are pregnant. Ultrasound does not use radiation.

A radiographer moves a probe (which looks similar to a microphone) across your breast for this test. An image shows up on a screen (like a television screen). A solid lump will look solid on the screen, while a fluid-filled cyst will look hollow.

Ultrasound is often used to help investigate breast changes in younger women because their breasts are denser and may be difficult to read on a mammogram.

Non-surgical biopsy

Fine-needle aspiration

Your doctor will use a syringe with a very fine needle to take fluid or cells from the area in your breast that is being investigated. This can be uncomfortable but is not usually painful. If a lump is a cyst, taking fluid in this way will usually make the cyst disappear. However, if a lump is solid, your doctor may use this test to take some cells from it. The cells will then be sent to a laboratory for further tests.

Core biopsy

This is a way of taking a tiny piece of breast tissue using a wider needle. It is used when fine-needle aspiration hasn't provided enough information.

Local anaesthetic is used to numb the breast area before the tissue is taken, however, there can be some discomfort and bruising after the procedure. The tissue is then sent to the laboratory for testing.

A mammogram or ultrasound may be used during a core biopsy to show the doctor the exact location of the abnormal breast tissue from which the biopsy is to be taken.

Surgical (open) biopsy

If the area of the breast that needs investigation is deep within the breast or difficult to reach with a needle, a surgical biopsy may be needed. Surgical biopsies are normally done in hospital under general anaesthetic (which means you will be unconscious). The lump or sample of tissue is removed so it can be tested in a laboratory. You will need to stay in hospital for a day, but normally not overnight. The amount of tissue taken depends on where the lump is and how big it is. If the abnormal area can't be felt easily, a small wire may be inserted into the breast, under local anaesthetic, before the surgical biopsy to show the surgeon the location of the abnormal area.

If you are unsure about how the biopsy will be done, ask the surgeon to tell you exactly what is involved. You may want to ask about the position and size of the scar, whether you will feel any pain or discomfort, how long you will need to recover and when you will get the results.

Further information

Having a breast problem can be very stressful, particularly if you need lots of tests. Some women who receive the all-clear with their results may find it takes time to stop worrying. If this is the case, speak to your doctor about further check-ups. Talking with your partner, family or friends can be helpful, or you can call the Cancer Council Helpline on 13 11 20.



Being breast aware

There are three steps to being breast aware:

- 1 Become familiar with the normal look and feel of your breasts.
- 2 See a doctor if you notice any unusual breast changes.
- 3 If you are aged 50 to 69, have a mammogram at BreastScreen every two years.

Become familiar with your breasts

Women of all ages are encouraged to become familiar with the normal look and feel of their breasts at different times of the month. Looking in the mirror regularly is a good way to learn the normal shape of your breasts. There is no right or wrong way to feel your breasts; some women might find it easier in the shower/bath, laying in bed or while they are getting dressed. Remember to check all of the breast tissue and to feel both near the surface and deeper into the breast.

Breast changes to look out for include:

- a **new lump** or **lumpiness**, especially if it's only in **one breast**
- a **change** in the **size** or **shape** of your breast
- a **change** to the nipple, such as **crusting**, **ulceration**, **redness** or **recent inversion**
- a **nipple discharge** that occurs without squeezing
- a **change** in the **skin** of your breast such as **redness** or **dimpling**
- an **unusual pain** that doesn't go away.

See a doctor

Nine out of 10 breast changes aren't due to cancer, but it's important to see a doctor to be sure. If you find a breast change that is unusual for you, see your doctor without delay.

Screen for breast cancer: BreastScreen

Mammographic screening is the best method for detecting breast cancer early, before it can be felt or noticed.

Women aged 50 to 69 without current breast problems and who have not had breast cancer are invited to free breast x-ray screening every two years at BreastScreen. A doctor's referral is not needed. Your results will be sent to you within four to six weeks.

Women aged 40 to 49 are welcome to attend BreastScreen, however, because of their breast density, breast x-ray screening is less effective.

Women over the age of 70 are also welcome to attend BreastScreen.

You can make an appointment by calling 13 20 50.

Benefits of screening

- Regular breast cancer screening for women aged between 50 and 69 reduces the number of women who die from breast cancer.
- Having regular screening mammograms is the best way to find breast cancer early before it can be felt or noticed.
- Finding breast cancer early often means that the breast cancer:
 - is small
 - is less likely to have spread to other parts of the body
 - can be more effectively treated.

Further information

It is important to remember that any screening program has limitations. Screening for breast cancer is not always 100% accurate. For a small number of women, the screening mammogram might not find a breast cancer that is present. Some breast cancers can also develop between mammograms, which is why being breast aware is so important.

Screening mammograms can also pick up breast cancer that may not develop into a life threatening cancer. Unfortunately, it is not possible to differentiate between a breast cancer that may become life threatening and one that will not. This means that to reduce the risk of developing a life threatening cancer in the future, some women receive treatment that may not have been necessary.

Based on the best available evidence, it is recommended that women aged between 50 and 69 participate in the BreastScreen Australia program, however, women should make an informed, personal choice about participating in screening.

To arrange a free appointment at BreastScreen, phone 13 20 50 (for the cost of a local call). Go to www.breastscreen.org.au for more information.

Special note: If you have a specific breast problem such as a breast lump, the BreastScreen program is not suitable for you. It is recommended that you see your doctor, who will organise any tests needed to diagnose your problem.

Questions about your breasts

Answers to common questions

Are most breast changes due to cancer?

No. Only one out of every 10 breast changes will be due to cancer. This means that nine out of every 10 breast changes are not cancer. However, the chance of a breast change being cancerous increases as you get older.

Can a benign lump turn into cancer?

No. A benign lump is biologically different from a cancer and cannot turn into cancer. However, it is very important for you to make sure that the lump is benign in the first place. Visit your doctor if you notice any unusual change.

Can breast problems recur?

Yes. A small number of women will develop new benign lumps in the future. Cysts, for example, may refill with fluid.

Will I be able to breastfeed after a biopsy?

Yes. A biopsy should not affect your ability to breastfeed in the future. Usually, only a very small area of breast tissue is removed. Even if you need a biopsy while you are breastfeeding, you will probably not need to stop. Talk any questions through with your doctor, a breast care nurse or a breastfeeding consultant.

Will a biopsy scar be noticeable?

A biopsy scar is usually small and will fade over time. If you need a biopsy, check with your surgeon beforehand about the likely size and position of the scar. Sometimes rubbing vitamin E cream into the scar afterwards helps.

What if there is breast cancer in my family?

Women who have a strong family history, such as two or more first-degree relatives (mother, sister or daughter), who developed breast cancer before the age of 50 may be at a higher risk of breast cancer. If you are concerned about a family history of breast cancer, talk to your doctor. They may refer you to a Family Cancer Centre for advice. Doctors may advise women with a strong family history of breast cancer to have regular mammograms (perhaps annually) as part of a surveillance program.

What should I do if my doctor says my breast problem is nothing to worry about, but I still feel concerned?

If your doctor has suggested your problem is hormonal, you may wish to wait until after your next period to see if the problem is still there. If it is, or you are still concerned, you may wish to go back to your doctor and request some further tests or visit another doctor for a second opinion.

What if I have breast cancer?

Many people diagnosed with breast cancer are successfully treated. Finding breast cancer early offers the best chance of successful treatment and recovery. For more information on the diagnosis and treatment of breast cancer contact your doctor or the Cancer Council Helpline on 13 11 20.

Questions for the doctor

If you are visiting your doctor about a breast problem, try to be specific about your concern. For example, state which part of the breast is affected, how long you have had the problem and if it is there all the time. The following questions may help you talk with your doctor:

- What do you think is causing my breast pain?
- How can I take care of my breast pain?
- What can you feel in my breasts?
- Which tests do I need to check a lump?
- Do I need to see a breast specialist?
- What were the results of my tests?
- Am I at a higher than average risk of breast cancer?
- What can I do to lower my risk of breast cancer?
- Do I need more regular checks?

Glossary: what does that word mean?

Most of the words listed here are used in this booklet, others are words you may hear used by doctors and other health professionals.

benign Not cancerous.

biopsy (open biopsy/surgical biopsy/core biopsy) The removal of a small area of tissue from the breast for examination under a microscope to help with diagnosis.

cyst A fluid-filled sac in the breast. Cysts are not cancer.

eczema A common skin condition where the skin becomes dry, cracked and itchy, and may weep.

fibroadenoma A solid, benign breast lump made up of fibrous and glandular breast tissue. They are not cancerous but may need to be removed if they increase in size.

fine-needle aspiration Drainage (or 'aspiration') of fluid or cells from a cyst using a very fine needle. The fluid can then be sent for examination under a microscope.

hormones Chemicals produced by special body cells. Hormones help to regulate and coordinate various body functions including growth, metabolism and reproduction (for example, the hormone oestrogen, which is made by the ovaries).

malignant Cancerous. Malignant cells can spread (metastasis) and can eventually cause death if they are not treated.

mammogram An x-ray of the breast which uses low doses of radiation. It can be used to find a cancer in the breast before it can actually be felt (a screening mammogram), or to help to diagnose a breast problem (diagnostic mammogram).

menopause When a woman's ovulation and periods stop and her ability to have children naturally ends.

menstrual cycle The time from the beginning of one period to the next. Approximately once every month, the brain sends a message via the hormones telling one ovary to release an egg. While the egg is getting ready to be released, the lining of the uterus (the womb) begins to thicken. If the egg is not fertilised, this thickened lining is not needed and it leaves the body via the vagina. This is known as menstruation, or having a period.

tissue A collection of similar cells.

ultrasound Use of high-frequency soundwaves that are reflected by different structures in the body to make images on a screen. Ultrasounds are used for diagnostic purposes and are not usually painful. If you have been pregnant you may have had an ultrasound.

Further information and resources

Cancer Council Victoria

www.cancervic.org.au

Cancer Council Helpline 13 11 20

National Breast and Ovarian Cancer Centre

www.nbocc.org.au

(02) 9357 9400

Breast cancer risk calculator

www.nbocc.org.au/risk/

BreastScreen Victoria

www.breastscreen.org.au

13 20 50

Cancer Council Helpline 13 11 20
www.cancervic.org.au