

POSITION STATEMENT

EARLY DETECTION OF BREAST CANCER

Introduction

Breast cancer is the most common cancer diagnosed in women in Australia and the most common cause of cancer death in Australian women.¹ Most of the established risk factors for breast cancer (including ageing, a previous cancer diagnosis, reproductive history and a genetic predisposition) cannot be modified so the potential for prevention is limited, though exercise and avoidance of obesity are probably valuable. At this stage, early detection remains the major strategy for reducing death and illness from the disease.

If breast cancer can be detected early, subsequent treatment will generally result in better health outcomes.² Benefits of early detection may include increased survival and/or improved quality of life due to less invasive treatment.

It is important that advice about the methods of early detection of breast cancer is based on strong evidence of their effectiveness. The results of recent research into the effectiveness of breast self-examination (BSE) and clinical breast examination (CBE) as screening tools for the early detection of breast cancer has led to the need to clarify The Cancer Council Australia's messages.

The following recommendations are for the majority of women in the population who do not have breast symptoms and are at average risk of breast cancer. Recommendations for women who are at high risk of breast cancer are discussed later in the document. Although it is very rare, men can develop breast cancer. Any man who notices an unusual breast change should see his doctor.

Recommendations:

The Cancer Council Australia has three recommendations for women for the early detection of breast cancer:

1. If you are aged 50–69, have a mammogram every two years through BreastScreen Australia.
(If you are aged over 40 you may choose to attend BreastScreen. If you are aged over 70 you should discuss the role of continuing mammography with your doctor. Mammography is not recommended for women aged less than 40.)
2. Be 'Breast Aware' by familiarising yourself with the normal look and feel of your breasts.
3. See a doctor immediately if you notice any unusual breast changes.

Screening mammography

Screening mammography, especially for women aged 50–69 years, is currently the best method available for detecting breast cancer early.³ It is the only method for early detection that has been shown in clinical trials to reduce deaths from breast cancer across the population.

Screening mammography attempts to find breast cancers in women without symptoms. It is different to diagnostic mammography, which is used to investigate identified breast symptoms, although the same machine is used.

- All women aged 50 – 69 years are encouraged to have a free mammogram every two years through BreastScreen Australia.
- All women aged 40 and over have free access to the BreastScreen Australia program should they choose to have mammographic screening.
- A mammogram is not a reliable screening test for women aged under 40. The density of breast tissue in such women often makes it difficult to detect cancers on mammograms.
- Women aged over 70 years should discuss the role of mammographic screening with their doctors. They may choose to continue having free mammographic screening through BreastScreen Australia.

Breast self-examination

Research has not shown routine, systematic breast self-examination to be effective in reducing deaths from breast cancer.

Breast self-examination (BSE) has been promoted to women since the 1950s as a monthly self-examination of the breasts that follows a set routine. As a method of early detection, BSE has come under much scrutiny. The World Health Organization, through its International Agency for Research on Cancer, found that there was inadequate evidence that breast self-examination can reduce deaths from breast cancer.³ A 10-year randomised trial conducted in China showed no significant survival gains from the practice of BSE.⁴ Preliminary results from a large randomised trial being conducted in Russia also failed to show a difference in the overall number of deaths or the disease stage at diagnosis from the practice of BSE.^{5,6} Findings from a UK study that enrolled a group of women comparable to the Australian population demonstrated no apparent impact of BSE on deaths after 16 years of follow-up.⁷

Such results have been reviewed in recent summaries which show that BSE has not been shown to result in a reduction in the size or stage of tumours at diagnosis or decrease the overall number of deaths from breast cancer.^{8,9,10}

Breast Awareness

Women are encouraged to be familiar with the normal look and feel of their breasts. They should see a doctor if they notice any unusual breast changes.

In Australia, even with a fully established mammographic screening program, more than half of all breast cancers are found by a woman or her doctor after noticing a change in the breast.¹¹ Although screen-detected breast cancers are typically smaller, the majority of non-screen detected breast cancers are found at an early stage and treated conservatively (ie: with surgery that removes as little of the breast as possible).¹² This supports efforts to promote early detection beyond the mammographic screening program.

In the absence of proof that routine, systematic BSE reduces deaths from breast cancer across the population, The Cancer Council Australia has adopted the less formal 'Breast Awareness' approach to encourage women to report unusual breast changes. This involves women being familiar with the normal look and feel of their breasts, so they may be better able to recognise an unusual change.

Breast Awareness is considered to be a wellness approach to breast health and is in line with recommendations made by the National Breast Cancer Centre (NBCC).¹³ Breast Awareness encourages familiarity as part of general body awareness and health care. No specific technique or regularity is promoted, as there is no evidence of the effectiveness of this approach.

Because many breast cancers cannot be felt, the Breast Awareness approach should be seen as a supplement to – not a substitute for – regular mammograms.

Women have asked The Cancer Council for guidance about how to be Breast Aware. The following practical suggestions may help. It is important to note that these suggestions are not based on evidence that they will reduce breast cancer risk or mortality.

- View your breasts in the mirror and feel them from time to time. It should only take a few minutes and could be done while in the shower or bath, while dressing, or while lying down.
- Remember to feel all the breast tissue, from the collarbone to below the bra-line, and under the armpit
- Use the flat of your fingers and the finger pads to feel near the surface and deeper in the breast

Breast changes women should look out for include:

- A lump, lumpiness or thickening, particularly if in only one breast and apparently unrelated to hormonal influences (such as monthly periods or pregnancy).
- A change to the nipple – this might include a change in shape, crusting, ulceration, redness or inversion.
- A discharge from nipple – particularly if it is only from one nipple, from a single duct, spontaneous, bloodstained.
- Any changes in the skin – including any puckering or dimpling of the skin, unusual redness or other colour change.

- Persistent pain – this may be particularly important if it occurs in only one breast, does not improve after the menstrual period or is not related to taking hormones.
- A noticeable change in the shape or size of one breast – this may be either an increase or a decrease in size.

Women should visit a doctor without delay if they notice any unusual breast changes.

Women should be aware that different tests might be needed to find out what has caused a breast change. Information on investigating breast changes is available from the National Breast Cancer Centre: www.breasthealth.com.au

Clinical breast examination (CBE)

Clinical breast examination is not recommended as a screening method for the early detection of breast cancer.

Clinical breast examination (CBE) as a screening method refers to breast examination by a health professional looking for breast cancer in women without symptoms. It differs from physical examinations used by health professionals to investigate identified breast symptoms.

Systematic reviews have found no direct evidence of the effectiveness of population-based screening with CBE in reducing deaths from breast cancer.^{8,10,14} No randomised controlled trials have compared CBE to no CBE, although one is underway.¹⁵

The World Health Organization, through its International Agency for Research on Cancer, concluded that “there is inadequate evidence that screening with clinical breast examination, whether alone or in addition to screening mammography, can reduce mortality from breast cancer”.³ The Royal Australian College of General Practitioners does not recommend CBE as a routine screening test.¹⁶ However, as there is no evidence to discourage the practice of CBE, individual women may wish to discuss their specific needs with their doctors.

Women at high risk

Some women are at high risk of breast cancer for reasons including a previous breast cancer diagnosis or a strong family history of the disease. High-risk women can discuss relevant screening options with their doctor. These may include:

- Annual mammograms
- Breast ultrasound
- Regular clinical breast examinations by a doctor

It is important to note that most women with a strong family history of breast cancer never develop the disease.¹⁷

For further information

- The Cancer Council Australia – www.cancer.org.au
- The Cancer Council's Cancer Helpline – 13 11 20 (cost of a local call)
- BreastScreen Australia - www.breastscreen.info.au Telephone- 13 20 50
- National Breast Cancer Centre – www.nbcc.org.au
- National Breast Cancer Centre consumer website – www.breasthealth.com.au

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