SCREENING GUIDE

Breast cancer screening

A plain-language guide for anyone invited to screening, thinking about it, or helping someone else decide.

Screening is for people who feel well. If you notice a change in your breast or armpit, don't wait for a screening invitation, and don't rely on a recent normal result. Book an appointment about the change itself.

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What breast screening is

Breast screening looks for breast cancer in people who have no symptoms. The most common test is a **mammogram**: a low-dose X-ray of the breast. Some programmes also use a clinical breast examination by a trained health worker.

Screening can find some cancers when they are too small to see or feel. Finding cancer earlier often means simpler treatment and a better chance of successful treatment.

Screening
For people who feel well. Offered at set ages and intervals by a programme.

Checking a symptom
For anyone who notices a change, at any age. Arranged by a doctor or health worker, not by waiting for an invitation.

What happens at a mammogram

1. **Arrive and change.** You undress to the waist, so a two-piece outfit is easiest. Avoid deodorant or talc on the day if you can, as they can show on the images.
2. **Talk to the radiographer.** They will ask about symptoms, implants or previous surgery. Tell them if you are anxious or have pain or a disability; they can adjust things.
3. **The images.** Each breast is placed on a plate and gently pressed by a second plate for a few seconds while an image is taken. Usually two images per breast.
4. **Afterwards.** You can go back to normal activities straight away. The appointment usually takes about 15 to 30 minutes.
5. **Results.** Results are usually sent within a couple of weeks. Ask how and when you will hear.

What it feels like

The pressing is uncomfortable for many people, and painful for some, but it lasts only a few seconds for each image. It helps to book when your breasts are less tender, for example not in the week before a period.

You're in control. You can ask the radiographer to pause or stop at any time. You can ask for a female radiographer, a chaperone, or adjustments for disability.

Benefits and limitations

Possible benefits

- Finds some cancers early, before they can be felt
- Earlier treatment is often simpler
- Regular screening lowers the chance of dying from breast cancer in the age groups studied

Limitations

- Some cancers are missed, especially in dense breast tissue
- Some cancers develop between screens
- Being called back for more tests is common and can be worrying
- Some cancers found would never have caused harm (overdiagnosis)

What a recall means

A recall letter asks you to come back for more tests because the images need a closer look. **Most people who are recalled do not have cancer.** Next steps can include more mammogram views, an ultrasound, or a small biopsy.

Illustration only: of every 20 people recalled, a small number are found to have cancer (filled) and most are not (outlined). Real numbers vary by programme and age.

Overdiagnosis, explained gently

Some breast cancers, and some early changes called DCIS, grow so slowly that they might never have caused harm. Screening finds some of these, and because doctors can't yet tell which ones would stay harmless, they are usually treated. This is one of the trade-offs of screening. It is not a reason to fear it, but it is worth knowing.

Dense breasts

Breasts with more glandular tissue look denser on a mammogram, which can hide some cancers and slightly raises risk. Some programmes tell people if their breasts are dense. Ask what it means for you, and whether any extra test is recommended where you live.

Changes to report, at any age

Men can get breast cancer too. See a doctor or health worker if you notice:

- A new lump or thickening in the breast or armpit
- A change in size or shape
- Skin dimpling, puckering or redness
- A nipple turning inwards, a rash on the nipple, or discharge
- Pain in one area that does not go away
- Swelling in the armpit or around the collarbone

Most breast changes are not cancer: cysts, hormonal changes and infections are common. Checking is how you find out.

How programmes differ

Where	Example (as of September 2026)
United States	USPSTF (2024): a mammogram every two years from 40 to 74 for women at average risk.
England	NHS: invitations every three years from age 50 to 71.
India	The national NCD programme includes clinical breast examination for women aged 30 and over; availability varies by state.

Examples only, not advice. Programmes change: check your local service. Sources: uspreventiveservicestaskforce.org; nhs.uk/conditions/breast-screening-mammogram; national programme documents.

Questions to ask

- Which screening is offered for someone like me where I live, and from what age?
- Does my family history change when I should start or how often?
- Do I have dense breasts, and what does that mean for me?
- How and when will I get my result? What happens if I'm recalled?

Seek emergency care for severe or rapidly worsening symptoms such as difficulty breathing, chest pain, heavy bleeding, confusion, fainting, sudden weakness or severe pain.

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