

London Breast Screening Programme

Frequently Asked Questions:

1. Who is eligible for Breast Screening?

All women aged 50 up to their 71st birthday registered with a GP within our screening area are invited for breast screening every 3 years. We send women their first invitation for screening sometime between their 50th and 53rd birthdays.

Women aged 71 or over are still at risk of breast cancer but will no longer receive automatic screening invitations after their 71st birthday. However, they can still have breast screening every 3 years if they request an appointment from their local breast screening unit.

2. How are patients invited to Breast Screening?

Women in England are called and recalled for screening using Breast Screening Select (BSS), a browser-based application which uses data from GP lists to identify eligible women.

3. What are the benefits of breast screening and why is it important?

Lives are saved because cancers are diagnosed and treated earlier than they would have been without screening. Screening saves about 1 life from breast cancer for every 200 women who are screened. This adds up to about 1,300 lives saved from breast cancer each year in the UK.

4. What are the risks and limitations of breast screening?

Some women will be diagnosed and treated for breast cancer that would never otherwise have been found and would not have become life-threatening. This is the main risk of screening. Doctors cannot always tell whether a breast cancer that is diagnosed will go on to be life threatening or not, so they offer treatment to all women with breast cancer. This means that some women will be offered treatment that they do not need.

About 3 in every 200 women screened every 3 years from the age of 50 up to their 71st birthday is diagnosed with a cancer that would never have been found without screening and would never have become life-threatening. This adds up to about 4,000 women each year in the UK who are offered treatment they did not need. Overall, for every 1 woman who has her life saved from breast cancer, about 3 women are diagnosed with a cancer that would never have become life threatening

Most women who need further tests after breast screening are found not to have breast cancer. These women experience unnecessary worry and some feel distress which affects their ability to do their normal day-to-day activities at the time.

X-rays can very rarely cause cancer. Having mammograms every 3 years for 20 years very slightly increases the chance of getting cancer over a woman's lifetime.

Mammograms do not find all cancers. Sometimes they cannot be seen on the mammogram, and very occasionally mammogram readers will miss a cancer on the Xray.

5. What happens if a patient does not attend their appointment?

If a patient does not attend their breast screening appointment, the screening program will send them a reminder to encourage them to rebook. If the patient still does not attend their appointment, they will be invited again for screening in the next round of invitations in three years. It's important to attend breast screening appointments as early detection can lead to better outcomes and potentially life-saving treatment.

6. What should a patient expect when they attend their breast screening appointment?

Breast screening uses an X-ray test called a mammogram to check the breast for signs of cancer. It can spot cancers that are too small to see or feel.

When the patient arrives at the breast screening unit, the staff will check their details and ask them about any breast problems they have had. The patient will be asked to undress to the waist. It may be easier to wear a skirt or trousers instead of a dress.

Mammograms are carried out by women called mammographers. The mammographer will first explain what will happen. She will then place the breast onto the mammogram machine and lower a plastic plate onto it to flatten it. This helps to keep the breast still and get clear X-rays. The mammographer will usually take 2 X-rays of each breast - one from above and one from the side. She will go behind a screen while the X-rays are taken. The patient will be asked to keep still for several seconds each time. Having a mammogram can be uncomfortable, and some women find it painful. Usually, any pain passes quickly. The whole appointment takes less than 30 minutes, and the mammogram only takes a few minutes.

7. How are results reported (GP and Patient) – what do they look like?

The patient will receive a letter with their breast screening results within 2 or 3 weeks of their appointment. The results will also be sent to the GP.

Occasionally, women will need another mammogram before they get their result. Sometimes technical problems mean that the mammogram is not clear enough to read. If this happens, they will be asked to have another mammogram to get a clearer picture of their breast.

In about 96 out of every 100 women screened, the mammogram will show no sign of cancer, and no further tests are needed.

However, the results letter may say more tests are needed because the mammogram looks abnormal.

We send each GP a report for every eligible woman registered with them, regardless of whether the women attended for screening or not (DNA). We send a GPP summary report to the practice 6 months after completing screening for the whole eligible screening population for that practice.

8. What are the next steps for patients in terms of post screening assessment?

About 4 in every 100 women are asked to come back for more tests after screening. Out of these 4 women, 1 will be found to have cancer. The rest will not have cancer and will go back to having screening invitations every 3 years.

If a patient is called back for more tests, they may have a breast examination, more mammograms and ultrasound scans. They may also have a biopsy and will usually get their results within a week.

About 1 in 5 women diagnosed with breast cancer through screening will have non-invasive cancer and about 4 in 5 women diagnosed with breast cancer through screening will have invasive cancer.

Whether the cancer is invasive or non-invasive, the patient will be offered treatment and care from a team of breast cancer specialists. The treatment is likely to include surgery (which may mean a mastectomy), radiotherapy, hormone therapy and possibly chemotherapy. These treatments can cause long-term side effects

9. What can GPs do to support Breast Screening Services to increase uptake?

GPs can identify and educate their patients who are eligible for breast screening and encourage them to attend screening. They can provide information about the importance of breast screening, its potential benefits, and risks, and address any concerns or questions their patients may have.

GPs can send reminders to their patients who are due for breast screening, particularly those who have not attended screening before, and follow up with them after the screening to ensure they have received the results and any necessary follow-up care. Contact could be a simple text message to all women in the eligible age range. Research shows that women receiving a message that their GP supports breast screening are more likely to attend.

GPs can help to address the barriers to screening, such as anxiety or fear of pain during the procedure, by providing reassurance and explaining the screening process in detail.

GPs can also help to promote breast screening in the community by disseminating information through newsletters, social media, or public talks.

10. Are GPs able to book a screen on behalf of a patient / refer them for a screen

In general, General Practitioners (GPs) do not directly book breast screening appointments on behalf of their patients as they will be invited directly by the NHS Breast Screening Programme. However, GPs can provide information about the breast screening program, help patients understand the screening process, and advise them on how to book their appointment.

Patients can also self-refer or book their appointment online or by phone. If a patient needs assistance with booking their appointment, the GP or their practice staff may be able to provide guidance and support.

It is important to note that breast screening is not recommended for women who are experiencing symptoms, such as a lump, pain, or discharge from the nipple. In these cases, they should be referred to a symptomatic breast clinic for further evaluation and testing.

11. What happens if a patient has moved area and was previously invited by another screening centre?

If a patient has moved to a new area and was previously screened by another breast screening service, the new screening service will usually try to obtain the patient's previous screening records from their previous service. This is done to ensure that the patient's screening history is complete and accurate, which can help to identify any changes in breast tissue over time.

Once the new screening service receives the patient's records, they will review them and determine if the patient is due for their next screening appointment. If the patient is due for screening, the new screening service will send them an invitation to attend a screening appointment in their new area. The appointment may be at a different location or time than what the patient is used to, but the screening process will be the same.

12. What happens if a patient wishes to be seen in a screening centre close to where they work (which comes under a different provider)?

The inviting screening service can arrange for the patient to be screened by another provider closer to where they work at the patient's request. This is to ensure that women are able to access breast screening services at a location that is most convenient for them, especially if they are unable to attend a screening appointment in their home area. This can help to improve the uptake of breast screening and increase the chances of detecting breast cancer at an early stage.

If women screened at an alternative (requested) service need further tests or investigations, the same service will carry these out. Women will not be able to return to their original (inviting) breast screening service for such additional tests.

It is not possible to permanently transfer to an alternative breast screening service unless the woman moves address and registers with a GP within the receiving service's catchment area. The programme will continue to invite women to breast screening from 50 up to their 71st birthday at their original (inviting) screening unit. Women should be informed that this is the procedure if they want to be screened elsewhere.

13. What reasonable adjustments are made to ensure a patient's needs are accounted for?

The National Health Service (NHS) Breast Screening Programme aims to ensure that all patients are able to access breast screening in a way that is comfortable and appropriate for them. This includes making reasonable adjustments to accommodate patients with additional needs, such as those with disabilities, language barriers, or cultural differences.

Examples of reasonable adjustments that may be made during breast screening appointments include providing information in alternative formats (such as Braille or audio), offering translation services, adjusting screening equipment to accommodate physical disabilities, offering a longer appointment time to make sure the mammographers have enough time to adjust their technique as required and complete the imaging, and providing support from a specialist nurse or healthcare assistant.

Patients are encouraged to inform the screening program or their healthcare provider of any additional needs or preferences they may have when booking their screening appointment. This can help to ensure that appropriate adjustments are made to accommodate the patient's needs and improve their screening experience.

14. Who can GPs contact if they have queries in regard to patient's screening / results

GPs can contact the responsible screening service (please refer to the Breast Screening Service Contact Details sheet) or the London Breast Screening Programme Administration Hub on Telephone 020 3758 2024 Monday to Friday 8am to 7pm and Saturday 8am to 4pm and Sundays 8am-4pm (Excluding Bank Holidays)

15. What is very high-risk breast screening, and how is it different from regular breast screening?

Some women may have a higher chance of getting breast cancer if they have:

- Several close relatives who have had breast or ovarian cancer or both.
- A change in a gene (mutation) that makes them more likely to get breast cancer – these include BRCA1, BRCA2 or TP53

The GP can refer the woman to a genetic specialist for assessment. If the woman has a higher risk of breast cancer, they will be referred to the screening service who will offer very high risk breast screening at an earlier age than women from the general population. These women will be offered screening using MRI or mammography, or possibly both, more often than 'routine' screening, at least up until the age of 50. This will depend on the patient's age, and the reason for their high risk of breast cancer.

16. Can women who live part time in the UK access breast screening?

Anyone registered with a GP as female will be invited for NHS breast screening every 3 years between the ages of 50 and 71.

If a patient was invited for breast screening but missed or did not book an appointment, they should contact the London Breast Screening Programme Administration Hub on Telephone 020 3758 2024. They can still book an appointment even if they were invited weeks or months ago.

17. How can transgender and non-binary people access breast screening?

A patient can have screening if they:

- Were assigned female at birth and has not had top surgery (surgery to remove the breasts and had male chest reconstruction)
- Were assigned male at birth and has been taking feminising hormones for longer than 2 years

If the patient has not had chest reconstruction (top surgery) and is aged 50 or over, the GP can arrange for them to have mammograms at a local hospital.

If the patient has had chest reconstruction (top surgery), they should talk with their surgeon about the amount of breast tissue remaining. If their surgeon confirms they still have breast tissue, they can ask their GP to refer them for mammograms at a local hospital.

A patient registered as male with a GP is not routinely invited for breast screening, nor can their GP arrange a breast screening appointment on their behalf.

References:

1. NHS Website:
<https://www.nhs.uk/>
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3. Breast Screening: GP Pre-Screening Pack
<https://www.gov.uk/government/publications/breast-screening-gp-pre-screening-pack>
4. Breast Screening: An Easy Guide Leaflet
<https://www.gov.uk/government/publications/breast-screening-gp-pre-screening-pack>
5. Breast screening: Guidance for Providers on 'Out-of-Area Screening'
<https://www.gov.uk/government/publications/breast-screening-women-wanting-to-attend-service-out-of-area/breast-screening-guidance-for-providers-on-out-of-area-screening>
6. Breast Screening for Women with a High Risk of Breast Cancer
<https://www.gov.uk/government/publications/nhs-breast-screening-high-risk-women/breast-screening-for-women-with-a-higher-risk-of-breast-cancer>
7. Protocols for the Surveillance of Women at Higher Risk of Developing Breast Cancer
<https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols/protocols-for-surveillance-of-women-at-higher-risk-of-developing-breast-cancer>
8. Breast Screening: Professional Guidance
<https://www.gov.uk/government/collections/breast-screening-professional-guidance>
9. Information for Trans People Leaflet
https://www.london-breastscreening.org.uk/files/Transgender_cross_programme_screening_leaflet.pdf