



3 Steps

to Early Detection

With special early detection tips for
breast cancer survivors

Introduction



Early detection is key. When breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 99%.^[1]

Early detection means finding cancer before it spreads. Breast cancer cannot usually be prevented, but early detection provides the greatest possibility of successful treatment. Early detection includes doing monthly breast self-exams and scheduling regular clinical exams and mammograms.

By following the three steps outlined in this guide, you can help increase your chance of detecting breast cancer early.

For breast cancer survivors:

Throughout this guide, you will find sections addressing breast cancer survivors. This is because it is important for breast cancer survivors to continue to practice early detection methods, even after breast surgery and other treatments. After a lumpectomy, there is still a lot of breast tissue left that should be checked regularly. Even with a mastectomy, it is impossible to remove every breast tissue cell, with usually 2% of breast tissue left behind after surgery.

Therefore, breast cancer survivors will also find the three steps included in this guide helpful as they continue to monitor for signs and symptoms of breast cancer recurrence.

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1. Breast Self-Awareness

The first step in practicing early detection is developing breast self-awareness. Knowing how your breasts normally look and feel, also called breast self-awareness, will help you identify any changes or abnormalities in your breasts that should be reported to your doctor promptly. You should know the geography of your breasts better than anyone.

Breast lump

One of the most commonly reported breast changes is a lump. A [breast lump](#) is a mass, growth, or swelling within the breast tissue.

A breast lump often feels like a solid or thick spot in or around the breast tissue, or in the underarm area. A breast lump will be noticeably more solid than the surrounding breast tissue.

Breast lumps can vary in size, shape, and feel. Some may be the size of a pea, while others may be larger than a golf ball. Breast lumps may feel round, smooth, and moveable, or may be hard, jagged, and stationary. Breast lumps may be present in one or both breasts.

Some breast lumps may cause pain or discomfort, but many do not. A painful breast lump is not necessarily a sign of breast cancer, but should be looked at by a doctor.

If you find a breast lump, schedule an appointment with your doctor, but don't panic – most lumps are not cancer. In fact, 60-80% of breast lumps are non-cancerous.^[2] However, it is important to note that the absence of a noticeable breast lump does not mean breast cancer cannot or has not developed.

Male breast lump

Although breast cancer primarily affects women, men also have breast tissue that can develop breast cancer. [Male breast cancer](#) is rare and makes up less than 1% of all breast cancer diagnoses. ^[3]

While rare, men carry a higher breast cancer mortality rate than women due to delayed diagnosis and treatment.

Male breast cancer is usually self-detected as a hard lump underneath the nipple and areola. As in women, the lump may or may not be painful. Men should see a doctor immediately if they notice a lump anywhere within the breast tissue of either breast or underarm area.

Breast self-exam

Every woman will have a unique “normal” feel to their breasts. Some women’s breasts may be more textured, or [dense](#), than others. The feel of your breasts may also change based on your monthly menstrual cycle.

It is important for all women to be breast self-aware and know what normal feels like for them. This will help you easily and quickly identify any breast changes. The best way to become familiar with your normal breast feel is to perform a monthly [breast self-exam](#). Additionally, if you have had breast surgery, either for breast cancer or other reason, you will need to re-learn the “normal” look and feel of your breasts as surgery may change what was once normal for you.

Adult women of all ages are encouraged to perform a monthly breast self-exam to look for any changes in the breast tissue, including a lump or other abnormalities, such as changes in the breast skin.

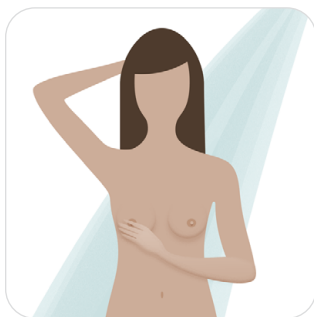
While a breast self-exam is a useful tool for the early detection of breast cancer, it should not take the place of regular mammograms and clinical exams.

How to perform a breast self-exam

You should perform a breast self-exam 7-10 days after your menstrual period starts which is when your breasts are the least tender and lumpy. If you are no longer menstruating, then you should select the same day of the month (first of the month, for example) and mark it on the calendar to remind yourself when to perform this self-exam. You should look for any changes from your previous month's exam to this month's exam.

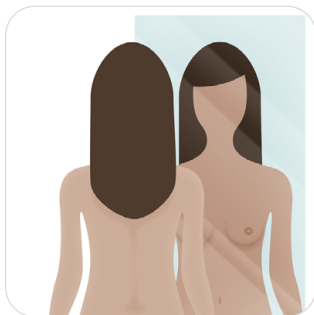
There are 3 steps to follow to perform a thorough breast self-exam:

1. In the Shower



With the pads/flats of your 3 middle fingers, check the entire breast and armpit area, pressing down with light, medium, and firm pressure. Check both breasts each month, feeling for any new lumps, thickenings, hardened knots, or any other breast changes.

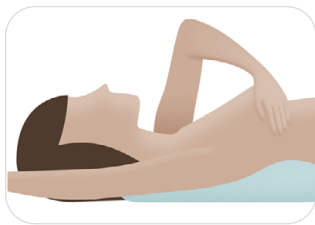
2. In Front of a Mirror



With your arms at your sides, visually inspect your breasts, looking for any changes in the contour or shape of the breasts, any dimpling, swelling, or other skin irregularities on or around the breasts, or any changes in the nipples.

Next, rest your palms on your hips and press firmly to flex your chest muscles. Look for any dimpling, puckering, or other changes, particularly on one side. Note that the left and right breasts will not exactly match—few women's breasts are perfectly symmetrical.

3. Lying Down



When lying down, the breast tissue spreads out evenly along the chest wall. Place a pillow under your right shoulder and put your right arm behind your head. Using your left hand,

move the pads of your 3 middle fingers around your right breast, covering the entire breast area and armpit.

Use light, medium, and firm pressure to feel for any new lumps, thickenings, hardened knots, or any other breast changes. Also squeeze the nipple to check for discharge. Repeat these steps for your left breast.

For breast cancer survivors:

If you have had breast surgery, including a lumpectomy or mastectomy—with or without implants or reconstruction—it is still important that you perform regular breast self-exams.

A small percentage of breast tissue will remain after mastectomy, meaning that the risk of breast cancer recurring or developing in another place in the breast tissue is never 0%. It is important to remember that breast tissue extends throughout the chest and underarm area, and up to the collarbone, so these areas should also be examined.

Breast Self-Exam after Breast Surgery

- Women with implants should feel around their breasts to identify the edges of the implant. Press firmly inwards around the edges to check for lumps or abnormalities under and around the implant.
- For women who may have scars from prior surgeries, it is important to feel around the scar to see if any new lumps develop. Most of the time, these lumps will be scar tissue. However, it is important that any new lumps or changes be evaluated by a healthcare professional.

Signs & symptoms

Every person should know the [signs and symptoms](#) of breast cancer. Many early-stage breast cancers do not produce any noticeable signs or symptoms, but sometimes symptoms may be present. Most people who have breast cancer symptoms will initially notice only one or two, and the presence of these symptoms does not automatically mean that you have breast cancer. If you notice symptoms or anything unusual, talk to your doctor promptly.

Changes to look for include:

- A new lump or thickening in or near the breast or in the underarm area
- Any unexplained change in the size or shape of the breast, including swelling or shrinkage (especially if on one side only)
- Dimpling anywhere on the breast
- Puckering in the skin of the breast
- A nipple turned inward (inverted) into the breast
- Discharge (fluid) from the nipple (particularly clear or bloody discharge)
- A change in the skin texture, discoloration, swelling, or an enlargement of pores in the skin of the breast (some describe this as similar to an orange peel's texture)
- Scaly, red, or swollen skin on the breast, nipple, or areola
- Recent asymmetry (unequal or lack of sameness) of the breasts

You should see your doctor about any of these symptoms.

For breast cancer survivors:

It is important for those who have previously had breast cancer to be aware of additional signs and symptoms that may indicate a breast cancer recurrence. Remember, the presence of any of these symptoms does not mean breast cancer has recurred. However, it is advised that you report any signs and symptoms to your doctor for further evaluation.

Signs and symptoms of breast cancer recurrence may include:

- Unusual or persistent back or neck pain (that is not explained by an injury or exercise)
- Pain in the bones
- Unexplained shortness of breath
- Profound fatigue or malaise (feeling generally unwell)
- Headache
- Seizures
- Mood changes
- Difficulty with speech
- Vision changes

To learn more about breast cancer recurrence, download [What You Need to Know About Breast Cancer Recurrence](#).

2. Well-Woman Exam

It is recommended that women visit their family physician and/or gynecologist each year for a well-woman exam. In addition to a routine pelvic exam and pap smear, the doctor may perform a brief breast exam to check for abnormalities. This breast exam is commonly called a [clinical breast exam](#).

The well-woman exam is a great opportunity for you to discuss with your doctor any questions or concerns you have regarding your breast health. For example, your doctor may help you determine the most appropriate personalized frequency for your early detection steps, such as how often and when you should receive a mammogram and/or other types of breast imaging studies, such as an ultrasound or breast MRI.

What to expect during a clinical breast exam

During a clinical breast exam, your doctor will visually check the skin and tissue, as well as physically check for unusual texture or lumps.

Visual check

For the visual check during your clinical breast exam, your doctor will check your breasts' appearance. You may be asked to raise your arms over your head, let them hang by your sides, or press your hands against your hips. These postures allow your doctor to look for differences in size or shape between your breasts. The skin covering your breasts will be checked for any rash, dimpling, or other abnormal signs. Your nipples may be checked to see if fluid is expressed when lightly squeezed.

Physical check

For the physical check, your doctor will use the pads of their fingers to check your entire breast, underarm, and collarbone area for any lumps or abnormalities.

If a lump is discovered, your doctor will note its size, shape, and texture. He or she will also check to see if the lump moves easily. Benign (non-cancerous) lumps often feel different from cancerous ones, but any lump found will likely need to be examined with further diagnostic measures such as a mammogram, ultrasound, or biopsy.

For breast cancer survivors:

Survivors still need to have regular well-woman exams with their physician and/or gynecologist. However, as a survivor, your exam schedule may vary depending on your original diagnosis, treatments received, and your age. Check with your doctor or OBGYN to determine the exam schedule that is right for you.

3. Mammogram

A [mammogram](#) is an x-ray of the breast. It is a safe way to detect cancerous tumors and other abnormal breast conditions, oftentimes before any symptoms appear.

Mammograms can detect cancer or other problems before a lump becomes large enough to be detected by touch. They provide an effective way to find breast cancer in its early stages when treatment is usually the most successful. Mammograms are considered safe, quick, and relatively painless. Women who have screening mammograms have a lower chance of dying from breast cancer than women who do not have screening mammograms.

Know the Difference

Screening mammograms are routinely performed to detect breast cancer in women who have no apparent symptoms. These are commonly referred to as annual mammograms.

Diagnostic mammograms are more in-depth and used if suspicious results are found on a screening mammogram or if some abnormal signs are found by you or your doctor.

It is recommended that women ages 40 and older get a mammogram every year. However, if you have a first-degree relative who has breast cancer, you may need to begin receiving mammograms earlier than 40. Typically, you take the age of your relative's diagnosis and subtract 10 years, giving you the approximate age you should begin screening. For example, if a first-degree relative was diagnosed with breast cancer at age 45, you should discuss beginning mammogram screenings at age 35 with your doctor.

Mammogram technology has evolved over the years. Today, it is more common to receive a 3D mammogram, or breast tomosynthesis. This type of mammogram may detect breast cancer more accurately than a standard 2D mammogram, and is particularly helpful in detecting breast cancer in women with dense breast tissue.

If possible, request that your mammogram be read, or interpreted, by a breast imaging radiologist rather than a general radiologist. A breast imaging radiologist will likely have more experience interpreting breast imaging results than a general radiologist. It is especially helpful to get your mammogram around the same time of your clinical breast exam, performed by your healthcare provider.

Read [How to Prepare for a Mammogram](#) for tips on how to prepare before and on the day of your mammogram appointment.

For breast cancer survivors:

If you still have breast tissue after successful treatment for breast cancer, it is important that you continue to receive an annual screening mammogram. Talk with your care team about the best mammogram schedule and process for your situation.

Screening age recommendations

Every woman—even those who have no symptoms and no known risk factors for breast cancer—should practice early detection and screening to help detect potential breast cancer at the earliest possible time.

The chart below shows the suggested age each early detection method should begin:

Exam	Age	Frequency
Breast Self-Exam	18+	Regularly/Monthly
Well-Woman Exam	18+	Yearly
Mammogram	40+*	Yearly

*Women who are younger than 40 and have [risk factors](#) for breast cancer should ask their doctor about when they should begin having regular mammograms. It may be before the age of 40, depending on the risk factors.

Scheduling & follow-up

Many women encounter barriers when trying to schedule a mammogram. Often, things like concerns with cost, not knowing who to call, or knowing what to say can be discouraging when setting up an appointment. Read [How to Schedule a Mammogram](#) to learn the essential information you need so that you don't miss out on this important exam.

If you need help finding a free or low-cost mammogram, search for NBCF [National Mammography Program](#) facilities in your area.

Follow-up

You will likely not receive immediate results after your mammogram appointment. It may take up to 10 business days to hear from your doctor or screening facility. Some facilities may call with your results while others may send them through the mail or upload them to an online portal. If you have not heard from your healthcare provider after 10 business days, contact their office to ask for your results. You can also ask a [patient navigator](#) for help, if necessary.

Normal mammogram results

If your mammogram results are normal, ask your healthcare provider when you should receive your next mammogram. This date may vary based on your age, family history, or other factors. Schedule this appointment as soon as you are able so that you don't forget.

Abnormal mammogram results

If your mammogram results come back as abnormal, follow up with your healthcare team immediately. You may need to schedule additional testing, such as a [diagnostic mammogram](#), [ultrasound](#), [breast MRI](#), or [biopsy](#), to learn more.

If you receive abnormal results, we encourage you to read [Abnormal Mammograms & What to do Next](#), which will equip you with the information you need to understand your next steps.

Dense breasts

Dense breast tissue simply means there is more fibroglandular tissue, which appears white on a mammogram. Nearly half of all women aged 40 and older undergoing mammograms have dense breasts to some degree.^[4] When a patient has dense breasts, a mammogram will show that a greater amount of the breast is filled with dense breast tissue than fatty tissue.

Having a mammogram is the best way to find out if you have dense breast tissue. A radiologist (a doctor who views mammograms) will analyze the ratio of fatty tissue to dense tissue and determine the level of your breast density. Beginning in September 2024, all mammogram reports sent to patients are required to include breast density.

Breast density is an independent risk factor for breast cancer. This means women with dense breasts have a higher risk of developing breast cancer than women without dense breasts, and the risk increases with increasing breast density.

Women who have dense breasts may need additional, supplemental screenings beyond a mammogram. Supplemental imaging such as tomosynthesis (or 3D mammograms), ultrasounds, and MRIs can assist with cancer detection in dense breast tissue. If you have dense breasts, you should review your breast cancer risk factors with your doctor and consider options for supplemental screenings.

To learn more about dense breasts, download the free [Dense Breasts Q&A Guide](#).

Sources:

- [1] [American Cancer Society](#)
- [2] [National Library of Medicine](#)
- [3] [National Library of Medicine](#)
- [4] [National Cancer Institute](#)