

No. 515/2020

27 October 2020

Our Ref: P4/20

To: All Branches

Dear Colleagues,

Breast Cancer Awareness Month 2020:

Introduction:

'Breast Cancer Now' is a charity in the United Kingdom which was formed in 2015 by the merger of two charities, 'Breast Cancer Campaign' and 'Breakthrough Breast Cancer'. In 2019 the two biggest breast cancer charities, 'Breast Cancer Care' and 'Breast Cancer Now' merged and the organisation is now the United Kingdom's largest breast cancer charity. By merging, the two organisations aim to create one 'comprehensive support offer' for people affected by the disease and also increase their campaigning voice with a united 'Action Plan' so that by 2050, everyone who develops breast cancer will live. The CWU Health, Safety & Environment Department is working with the charity again to support this year's Breast Cancer Awareness Campaign and circulating information that can be reproduced and circulated or bulk ordered from the charity, the contact details for which are set out below.

Facts and statistics 2020

- Breast cancer is the most common cancer in women the UK with **one woman diagnosed every 10 minutes**.
- Around **55,000 women** and **370 men** are diagnosed with breast cancer every year in the UK.
- In England, every year around 46,000 people are diagnosed with breast cancer.
- In Scotland, every year around 4,700 people are diagnosed with breast cancer.
- In Wales, every year around 2,800 people are diagnosed with breast cancer.
- In Northern Ireland, every year around 1,500 people are diagnosed with breast cancer.
- A further 7,000 people are diagnosed with DCIS (ductal carcinoma in situ), an early form of breast cancer, in the UK every year.
- **One in seven** women in the UK will develop breast cancer in their lifetime.
- This month nearly **5,000 people** will be diagnosed with breast cancer.
- **Eight out of 10** cases of breast cancer are diagnosed in women aged **50 and over**.
- **One-quarter** of cases are diagnosed in women aged 75 and over. Just over **10,000 women** are diagnosed with breast cancer under the age of 50 every year in the UK. Of these, around 7,600 women will be in their 40s.
- Around **2,300** women in the UK are diagnosed aged 39 or under, or just 4% of all cases. Breast cancer in men is rare with just **370 new cases** in the UK each year, compared to around 55,000 new cases in women.
- Almost **nine in ten** (85%) of women survive breast cancer for five years or more.

- Breast cancer survival is improving and has **doubled in the past 40 years** in the UK due to a combination of improvements in treatment and care, earlier detection through screening and a focus on targets, including faster diagnosis.
- An estimated **600,000 people** are alive in the UK after a diagnosis of breast cancer. This is predicted to rise to **1.2 million in 2030**. For many the overwhelming [emotional and physical effects](#) of the disease can be long-lasting.
- Every year around **11,500 women** and **85 men** die from breast cancer in the UK – that's nearly 1,000 deaths each month, 31 each day or **one every 45 minutes**.
- Breast cancer is the fourth most common cause of cancer death in the UK.
- Breast cancer is a leading cause of death in women under 50 in the UK.

What is breast cancer?

Breast cancer is cancer that starts in the breast tissue. One in seven women in the UK will develop breast cancer in their lifetime. Breast cancer can cause symptoms such as a lump, but a lump is not the only [symptom of breast cancer](#).

How does breast cancer start?

Breast cancer starts when cells in the breast begin to divide and grow in an unusual and uncontrolled way.

Where does breast cancer start?

Breast cancer can start in different parts of the breast. The most common type of breast cancer starts in the ducts. The ducts are tubes in the breast that carry breast milk to the nipple. Sometimes cancer can start in the lobules. The lobules are glands that produce milk for breastfeeding.

Who does breast cancer affect?

Breast cancer mainly affects older women. Most breast cancers (80%) occur in women over the age of 50. And the older you are, the higher your risk. Men can also get breast cancer, but this is rare. Most men who get breast cancer are over 60. Breast cancer is caused by a combination of our genes, environment and lifestyles.

Being breast aware

The earlier breast cancer is diagnosed, the better the chance of successful treatment. So it's important to check your breasts regularly and see your GP if you notice a change. Find out more about [checking your breasts and the changes to be aware of](#).

What is secondary (or metastatic) breast cancer?

[Secondary \(or metastatic\)](#) breast cancer is when breast cancer spreads from the breast to other parts of the body, becoming incurable. Breast cancer most commonly spreads to the bones, brain, lungs or liver. While it cannot be cured, there are treatments that can help control certain forms of the disease for some time and relieve symptoms to help people live well for as long as possible. There are an estimated **35,000** people living with secondary breast cancer in the UK. In around **5%** of women, breast cancer has already spread by the time it is diagnosed.

Breast cancer symptoms and signs

The earlier breast cancer is diagnosed, the better the chance of successful treatment. So it's important to check the breasts regularly and see a GP if changes are noticed. Common breast cancer signs and symptoms include:

- a lump or swelling in the breast, upper chest or armpit – a lump might be felt but it can't be seen.
- a change to the skin, such as puckering or dimpling
- a change in the colour of the breast – the breast may look red or inflamed
- a change to the nipple, for example it has become pulled in (inverted)

- rash or crusting around the nipple
- any unusual liquid (discharge) from either nipple
- changes in size or shape of the breast

On its own, [pain in the breasts](#) is not usually a sign of breast cancer. But those suffering pain need to look out for pain that's there all or most of the time. Noticing an unusual change doesn't necessarily mean it's breast cancer, and most breast changes are not because of cancer. But it's important to get checked by a GP. Men can also develop breast cancer but it is very rare.

How to check the breasts

Checking the breasts only takes a few minutes. There's no special technique and it doesn't need training to check the breasts. Check the whole breast area, including the upper chest and armpits. Do this regularly to check for changes.

Remember as TLC: Touch - Look – Check

- **Touch** your breasts: can you feel anything unusual?
- **Look** for changes: does anything look different?
- **Check** any changes with your GP

If anything unusual is felt or seen - make sure it's checked out by a doctor as soon as possible. If the doctor thinks further testing is required, they will refer the individual to a breast clinic to see a specialist.

***SEE ATTACHED factsheet, leaflets and booklets**

What will happen when seeing the GP?

if any unusual changes in the breast are noticed, see a GP as soon as possible. The GP will examine the breasts. After examining the breasts, the GP may:

- feel that there's no need for further investigation
- ask to see the patient again after a short time
- refer the patient to a [breast clinic](#)

Being referred to a breast clinic doesn't necessarily mean that the patient has breast cancer. It just means that more tests are needed to find out what's going on. If the GP is male and the patient is a woman and doesn't feel comfortable going to see him, the patient can ask if there's a female doctor available or request a female nurse or member of staff to be present during the examination, or take a friend or relative to the appointment.

Breast screening

What is breast screening?

Breast screening uses a breast x-ray, called a [mammogram](#), to look for breast cancers that may be too small to see or feel. Breast cancer is the most common cancer in women in the UK. The sooner it's diagnosed, the more effective treatment is likely to be. Screening can pick up cancers earlier, before there are any [signs or symptoms](#).

When are Women invited for screening?

The UK breast screening age

As people get older, the risk of breast cancer increases. Women aged 50 to their 71st birthday are invited for a mammogram every three years as part of a national breast screening programme. People have to be registered with a GP to be automatically invited for screening.

Women over 71

Women who are 71 or over will not automatically be sent an invitation for screening. Ordinarily, women who are 71 and over can continue to have breast screening every three years if they ask for it. However, at the current time the self-referral system has been paused. This is to allow screening services to catch up after delays to screening caused by the COVID-19 pandemic.

Age extension trial

In England, some breast screening clinics were taking part in a trial where some women under 50 and over 70 were invited for screening. This was to see if it would be beneficial to extend the age range for all women in the future. As part of the age extension trial, some women aged 47 to 49 and 71 to 73 were invited for a mammogram. This trial has now stopped.

What happens during breast screening?

The appointment will be at a breast screening unit. This might be a breast screening clinic or in some areas a mobile screening unit. First, the patient will be asked to complete a questionnaire. It will ask about any ongoing medical conditions, of if the patient is having hormone replacement therapy (HRT), and if the patient has had any breast problems.

The mammogram will be carried out by a woman

A female mammography practitioner (an expert in taking breast x-rays) will explain what will happen and answer any questions. She will ask if the patient is pregnant or thinks they may be pregnant.

The patient will be asked to remove clothing from the waist up

The patient will stand in front of the mammogram machine and the breasts will be placed one at a time on the x-ray machine. The breast will be pressed down firmly on the surface by a clear plate. At least two pictures of each breast will be taken, one from top to bottom and then a second from side to side to include the part of the breast that extends into the armpit.

Getting your results

The results of the screening mammogram are sent by post to you and the patient's GP. Most women will receive a letter telling them that their mammogram showed no signs of cancer. They'll be invited for screening again in three years. Some women will get a letter asking them to come back for further assessment. This is because more tests are needed to assess a change seen on the mammogram. [Being recalled](#) doesn't necessarily mean that the person concerned has breast cancer, just that more tests are needed to find out what it is. Occasionally some women receive a letter asking them to go back for another mammogram because a technical issue meant the image was unclear.

Benefits and risks of breast screening

There are advantages and disadvantages of breast screening.

Benefits of screening

It can find breast cancer early. Screening can find a breast cancer early, before it can be seen or felt. The earlier breast cancer is found, the more likely it is to respond well to treatment, and the less likely individuals are to need a mastectomy (removal of the breast). It prevents deaths. Screening prevents an estimated 1,300 deaths from breast cancer each year in the UK. Another way of saying this is that for every 200 women screened, one life is saved.

Risks of screening

Discomfort. Some women find [having a mammogram](#) uncomfortable. However, this isn't always the case and a mammogram only takes a few seconds.

Overtreatment

Some cancers found through breast screening will not develop any further or will grow so slowly that they will never cause any harm during a woman's life. At the moment, doctors

cannot tell which cancers can be left alone, so all cancers are treated. This means some women will have treatment that may be unnecessary (known as overtreatment).

Missed diagnosis

Mammograms are the most reliable way of detecting breast cancer sooner. However, they're not 100% reliable and a small number of breast cancers are missed. Around four out of every 100 women screened are [recalled for further assessment](#). This is usually because an area has shown up on the mammogram and more information is needed before a result can be given. The majority of women recalled do not have breast cancer. However, being recalled or having more tests can cause a lot of worry and distress.

Radiation

Having a mammogram every three years for 20 years means being exposed to a small amount of radiation. This can very slightly increase the risk of developing breast cancer in the future. The amount of radiation patients are exposed to during a mammogram is very low, and an individual would receive a similar amount from flying between London and Australia and back.

Who can help make the choice?

Whether or not individuals go for screening is their choice. It's important women have the information needed to make a decision. Anyone who wishes to discuss breast screening can call the 'Brest Cancer Now' charity's free Helpline on 0808 800 6000. Even if an individual doesn't go to a screening appointment, they'll continue to be automatically invited for screening for as long as they are eligible. People deciding not to go for a screening appointment should tell the screening service so they can offer the appointment to someone else.

Staying breast aware between mammograms

Having mammograms cannot prevent breast cancer, and it's possible for breast cancer to develop in the three years between each mammogram. It's important to continue to be breast aware and report any [changes](#) to the GP even if the person has had a mammogram recently. Anyone who would like to discuss breast screening can call the 'Brest Cancer Now' charity's free Helpline on 0808 800 6000.

What to expect at a breast clinic appointment

If a person has been referred to a breast clinic by their GP or if they've been recalled following routine breast screening, it's natural to feel anxious or worried. The vast majority of people who are seen at a breast clinic will not have breast cancer. However, it's still important to attend breast clinic appointments so the person concerned can be fully assessed.

The breast clinic appointment may take several hours so that all the necessary tests can be carried out. Patients will usually have a breast examination, followed by one or more of the following tests:

- [mammogram](#)
- [ultrasound scan](#)
- [core biopsy](#)
- [fine needle aspiration \(FNA\)](#)

The order in which the tests are done will vary between clinics. Patients can take a partner, friend or relative with them for company and support. Some people prefer to go on their own. Patients may be asked to fill in a short questionnaire before they are seen by a doctor or specialist nurse. This includes questions about: any family history of breast problems, any medicines being taken, including hormone replacement therapy (HRT) or the contraceptive pill, any previous breast surgery, including breast implants. During a breast examination, the doctor or nurse may want to check both breasts when sitting, and again when lying down. As

part of the examination, it's normal to examine the lymph nodes (also called glands) under the arms (axilla) and around the neck. If the referral is from a breast screening clinic, the patient may not have a breast examination on some occasions. Having a breast examination, breast imaging (for example, a mammogram or an ultrasound scan) and tissue removal (for example, a core biopsy or FNA) is known as a triple assessment. This may be necessary to make a definite diagnosis.

When will patients get their results?

The assessment may be done in a one-stop clinic. This is where all tests are carried out during the visit to the clinic. Some test results may be available later that day, but if a core biopsy is carried out, this will take longer. In some areas, patients may be asked to make another appointment to finish the tests or to get the results. If this happens, the patient may have to wait about a week for the test results.

Being recalled to the breast clinic following a routine screening mammogram

About four women in a hundred are called back to a breast clinic following [routine screening](#) because they need more tests. This happens more often after a woman's first mammogram, usually because there are no other mammograms to compare with. Something that may look unusual on a mammogram may be entirely normal, and most women who are recalled for assessment will not have breast cancer. Sometimes women may be recalled because the image taken isn't clear and needs to be repeated. This is called a 'technical recall' and should be made clear in your letter. If a woman is recalled to a breast clinic after a routine mammogram as part of a national breast screening programme, they should receive a letter within two weeks of the mammogram explaining when (and where) the breast clinic appointment will be.

Being referred to a breast clinic by the GP

GPs follow guidance when deciding whether or not to refer patients to a breast clinic. The guidance outlines how quickly a person should be seen depending on their symptoms. Any queries about the waiting time for an appointment can be discussed with the GP.

Breast lumps, pain and benign breast conditions

Benign (not cancer) breast conditions are very common. Most breast changes, such as breast lumps or breast pain, are not signs of breast cancer. However, if a lump or any other change is noticed that's new – the individual should see their GP as soon as possible.

Breast lumps

Breast lumps can have a number of different causes. It's important to get any breast lumps checked by the doctor as a lump can be a [sign of cancer](#). Common causes of breast lumps include:

- [Breast cyst](#) – a fluid-filled sac that can develop as the breasts change with age
- [Fibroadenoma](#) – a lump that often develops during puberty, but which can occur at any age

Less common causes of breast lumps include:

- [Intraductal papilloma](#) – a wart-like lump that develops in one or more of the milk ducts in the breast
- [Fat necrosis](#) – a lump that forms when an area of fatty breast tissue is damaged
- [Benign phyllodes tumour](#) – a rare cause of breast lumps

Breast pain

Breast pain is very common in women of all ages. Cyclic breast pain appears to have a strong link to hormones and the menstrual cycle. Cyclic breast pain often decreases or disappears

with pregnancy or menopause. Noncyclic breast pain often results from changes that occur in the milk ducts or milk glands. Individuals should see their GP/doctor if the pain doesn't improve or they notice swelling, a lump, redness and warmth, which could indicate an infection. More often, women have breast pain or discomfort related to their menstrual cycle. Also, some non-cancer breast conditions, such as mastitis, may cause a more sudden pain.

Rash under the breast

A rash under the breast or breasts, between the folds of skin, is usually caused by a skin condition called [Intertrigo](#). It's a very common condition that can occur throughout life.

Other common benign breast conditions include

- [Breast calcifications](#) – these don't cause any noticeable symptoms and are usually found during breast screening or an investigation for another breast problem.
- [Periductal mastitis](#) – occurs when the ducts (tubes) under the nipple become inflamed and infected, causing a tender, hot or reddened breast.
- [Gynaecomastia](#) – an enlargement of breast tissue in men, usually affecting teenage boys and older men.

Less common conditions benign breast conditions include

- Hyperplasia and atypical hyperplasia – more common in women over 35, these conditions don't usually cause any symptoms.
- [Mondor's disease](#) – caused by inflammation of a vein just under the skin of the breast or chest wall.
- [Sclerosing lesions of the breast](#) – an area of hardened breast tissue, more common in women in their 30s and 40s.
- [Duct ectasia](#) – a result of normal breast changes that happen with age, which doesn't usually cause any symptoms.
- [Lobular neoplasia](#) – usually found during a biopsy or test being done for another breast symptom or change, often in women aged 40 to 50.
- [Pseudoangiomatous Stromal Hyperplasia \(PASH\)](#) – usually felt as a painless lump in the breast.

Seeing a GP

Even though most breast changes will not be cancer, it's still important to find out what is causing a change. The GP will examine the breasts. They may decide there's no need for further investigation, or they may [refer an individual to a breast clinic](#) for further tests.

Breast cancer causes

Many different things can affect the chances of getting breast cancer. There's no single cause. It results from a combination of the way people live their lives, people's genes and the environment. No one can predict who will get breast cancer and it's not possible to confidently say what might have caused someone's breast cancer. There are, however, some [things people can do](#) to lower their chances of getting it.

Age and breast cancer risk

Getting older is the most significant risk for developing breast cancer. Most breast cancers (80%) occur in women over the age of 50. And the older a person is, the higher the risk. Most [men](#) who get breast cancer are over 60.

Risks people cannot control

As well as getting older, some other things that people cannot do anything about can affect a person's risk of breast cancer, such as when a woman starts having periods. Women who started their periods at an early age (before 12) have a slightly increased risk of breast cancer. The earlier women began their periods, the higher the risk. However, this increase in risk is

small. Also if a woman goes through a later menopause (the average age is 52), the chance of getting breast cancer is slightly increased. Breast density is the amount of breast tissue compared to fat tissue in the breasts and those who have a high amount of breast tissue compared to fat, have a 'high breast density' and this increases the risk of breast cancer. The denser the breast, the greater the risk. Breast density varies naturally between women and can only be measured on a [mammogram](#). Most benign breast conditions do not increase the risk of breast cancer however. People who have [atypical hyperplasia](#) or [lobular neoplasia](#) have a slightly increased risk of breast cancer.

Lifestyle and breast cancer risk

By making small changes and living well now, people can lower their chances of getting breast cancer. It doesn't guarantee that a person won't develop breast cancer, but leading a healthy lifestyle does give people a better chance.

Alcohol

Regularly drinking alcohol is associated with a higher risk of developing breast cancer. Limiting the amount of alcohol consumed can reduce the risk of breast cancer.

Being overweight or obese

The risk of developing breast cancer increases in people who are overweight or obese after the menopause. Maintaining a healthy weight reduces the risk.

Keeping active

Being physically active for around 20 minutes a day can reduce the risk of breast cancer.

Smoking

There's growing evidence that smoking increases the risk of breast cancer. The risk is higher in women with a significant family history of breast cancer. The younger a woman is when she begins smoking, the higher her risk. The increased risk remains for at least 20 years after stopping smoking.

Pregnancy and breastfeeding

Having children has a complex effect on breast cancer risk. Overall, in the long term, pregnancy reduces the risk of breast cancer. Breastfeeding children slightly reduces the risk of breast cancer.

The pill and HRT

Taking the combined [contraceptive pill slightly increases the risk](#) of breast cancer. Within a few years of stopping, however, this risk disappears. Hormone replacement therapy (HRT) increases the risk of breast cancer while taking it and for a few years after stopping.

A family history of breast cancer

Having someone in the family with breast cancer doesn't automatically mean a person's own risk is increased. For most people, having a relative with breast cancer does not increase their risk. However, a small number of women and men have an increased risk of developing breast cancer because they have a significant family history.

Myths

There are many myths about the causes of breast cancer. For example, some people worry about using deodorants or wearing an underwire bra, but these things do not increase the risk of breast cancer.

Breast cancer in men

Many people don't know that men can get breast cancer because they don't think of men as having breasts. But men do have a small amount of breast tissue. Breast cancer in men is

cancer that starts in this small amount of breast tissue. Breast cancer in men is very rare. Around 370 men are diagnosed each year in the UK. Most men who get breast cancer are over 60, although younger men can be affected.

Signs and symptoms of male breast cancer

The most common symptom is a lump in the chest area which is often painless.

Other symptoms of male breast cancer may include:

- Liquid, sometimes called discharge, that comes from the nipple without squeezing and which may be blood-stained
- A tender or inverted (pulled in) nipple
- Ulcers (sores) on the chest or nipple area
- Swelling of the chest area and occasionally the lymph nodes under the arm

What to do if a symptom is noticed?

If a change to the breast tissue or nipple is noticed, the man should see their GP as soon as possible. They should also report any changes up to the collarbone or in the armpit. Men's breast tissue can also become enlarged because of a benign (not cancer) condition called [gynaecomastia](#).

Causes of breast cancer in men

The exact causes of breast cancer in men are not fully understood, but certain things increase the risk. Male breast cancer studies are looking at what might cause breast cancer in men.

Age

Most men who get breast cancer are over 60, although younger men can be affected.

High oestrogen levels

There's some evidence that men are at greater risk if they have higher than normal levels of the hormone oestrogen. All men have a small amount of oestrogen. High oestrogen levels can occur in men because of:

- Long-term liver damage, particularly cirrhosis
- Obesity (being very overweight)
- Some genetic conditions, such as [Klinefelter's syndrome](#)

Radiation

Men who have had previous radiotherapy to the chest, for example to treat Hodgkin Lymphoma, may have a slightly increased risk of developing breast cancer.

Family history

A small number of men have a significant family history of breast cancer. This may be because they inherited an altered gene that increases the risk of breast cancer. The most common altered genes are called BRCA1 and BRCA2. BRCA2 is more commonly associated with breast cancer in men. Those with an altered gene, have a higher risk of breast cancer and possibly other cancers. However, the increased risk of breast cancer is still low and less than women in the general population. Children will have a 50% chance of inheriting the altered gene. Anyone concerned about their family history should, as a first step to talk to their GP.

Diagnosis

Anyone with any symptoms of breast cancer should in the first instance go to see their GP. The GP will carry out an examination. They'll then follow a set of guidelines to decide whether to refer an individual to a breast clinic, and how urgently that person should be seen.

What to expect at the breast clinic

The breast clinic appointment may take several hours so that all the necessary tests can be carried out. Patients will usually have a breast examination, Individuals can take a partner, close friend or relative with them for company or support. Some people prefer to go on their own. A doctor or specialist nurse will ask about symptoms and patients may be asked to fill in a short questionnaire including questions about any family history of breast problems and any medication being taking. Patients will have an examination and may undergo some tests. Further tests may be needed such as:

- A mammogram (x-ray of the breast tissue).
- An ultrasound scan (using sound waves to produce an image).
- A core biopsy of the breast tissue and sometimes lymph nodes (using a hollow needle to take a sample of tissue to be looked at under a microscope – several tissue samples may be taken at the same time).
- A fine needle aspiration (FNA) of the breast tissue and sometimes lymph nodes (using a fine needle and syringe to take a sample of cells to be looked at under a microscope).

Getting the results

The breast clinic staff will inform patients how and when they'll get their results. If all your tests are done in a one-stop clinic, some of the results may be available later that day, but if a core biopsy is undertaken, this will take longer. Or patients may be given further appointments to complete all the tests and get the results. The results will also be sent to the person's GP, and patients can ask for a copy of the letter. If the patient is diagnosed with breast cancer the person will be told if it is early breast cancer, also known as primary breast cancer, or if breast cancer cells have spread to other parts of the body, known as secondary or metastatic breast cancer. The patient will also be given more detailed information about treatment. A breast care nurse will normally talk the patient through the diagnosis and treatment. They will also offer support and information and can be a point of contact throughout the treatment and afterwards.

Coping with breast cancer

If results show a male patient that they have breast cancer, it can be stressful and cause anxiety, shock, fear, disbelief and sadness. Family and Friends can be a good source of support and it's good to talk. Male patients can talk to the breast care nurse, the treatment team or their GP about any concerns they have.

The 'Walk The Walk' breast cancer charity has a monthly virtual meet-up (VMU) for men diagnosed with breast cancer. All men with a history of a breast cancer diagnosis are welcome. To join the conversation or for more information, contact Doug Harper by emailing doug@ancan.org. For more information and to find out what support is available, you can also call the 'Breast Cancer Now' free Helpline on 0808 800 6000.

Further support - Helpline

Further support and information is available from 'Breast Cancer Now' who are happy to field enquiries. For people referred to a breast clinic who feel worried or frightened that they have breast cancer, there's an opportunity to talk things through or have questions about breast health or breast cancer answered by an expert, calls can be made to the charity's [free Helpline](#) or people can email their [expert nurses](#).

Contact Details:-

Breast Cancer Now
Fifth Floor
Ibex House
42-47 Minories
London
EC3N 1DY

Telephone: 0345 092 0800

Email: info@breastcancernow.org

Helpline/Information Line - [Talk to the "Breast Cancer Now" Breast Care Nurses: 0808 800 6000](tel:08088006000)

FOOTNOTE:

Due to the coronavirus (COVID-19) outbreak most national screening services were temporarily suspended March–July 2020 but screening has now restarted. Due to a backlog it could take some time for services to be fully restored. Nearly one million women in the UK have missed potentially lifesaving NHS breast screening due to COVID-19, 'Breast Cancer Now' the leading UK breast cancer charity has warned. See attached Press Release from the 'Breast Cancer Now' charity.

Attachments:

- How To Check Your Breasts Factsheet
- Breast Cancer and You Diagnosis and Treatment BCC Booklet
- Breast Cancer Screening NHS and Cancer Research Pamphlet
- Breast Cancer Your Breasts Your Health BCC Poster
- Breast Cancer Your Breasts Your Health BCC Booklet
- Breast Cancer Touch Look Check BCN Mini Pocket Guide
- Breast Cancer Touch Look Check BCN Leaflet
- Breast Cancer Key Facts BCN Leaflet
- BCN Press Release - 1 Million Women Miss Breast Screening due to Covid-19 Pandemic

Yours sincerely



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