

WHY SO MANY TESTS?

- You may have **one or more** tests to screen for breast cancer.
- Each test gives **different information** so you and your doctor can make the **best decisions about your breast health**.



WHAT IF I NEED A BIOPSY?

- If any worrying lumps are found inside your breasts your doctor may need to remove a small sample. This is called **a biopsy**.
- The doctor will look at the sample under a microscope and decide what it is.
- Needing **a biopsy does NOT mean that you have cancer**.
- Most lumps are **not cancer (benign)**.



1 in 3 women may need further investigation after their first breast cancer screening.

WHAT HAPPENS AFTER MY SCREENING?

- **Everyone who has screening will have an appointment** to discuss the results.
- Having an appointment **does NOT mean that you have cancer**.
- Your doctor will let you know when you should come back for your next screening or if further tests are needed.
- If you notice **any changes** in your breasts before your next screening, **speak to your GP or doctor**.



WHO CAN I TALK TO?

- Some people will feel safe knowing they are having breast screening. Others might worry about the results.
- If you have **any concerns or questions** speak to:
 - The doctor who arranged your breast screening
 - A genetic counsellor
 - Your GP
 - A psychologist
 - Children's Tumour Foundation (CTF): **(02) 9713 6111, support@ctf.org.au**

WHERE CAN I FIND MORE INFORMATION?

NSLHD: NF1 web page and video
www.nslhd.health.nsw.gov.au/genetics

CTF: www.ctf.org.au

Cancer Council: **13 11 20**
www.cancercouncil.com.au



BREAST CANCER SCREENING

**FOR WOMEN WITH
NEUROFIBROMATOSIS 1 (NF1)**



DEPARTMENT OF CLINICAL GENETICS
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WHY SHOULD I HAVE BREAST CANCER SCREENING?

- Having NF1 puts you at a **moderately increased** risk of breast cancer.
- Most women with NF1 **will not develop breast cancer**.
- If you have NF1, breast screening is recommended every year from **age 30**.
- Screening **helps find cancer early**, if it is present.
- This will give doctors the best chance of treating it.
- Some women with NF1 have **harmless lumps** on their breasts called neurofibromas.
- Neurofibromas can make it harder to feel for and screen for any lumps inside the breast.



HOW IS BREAST CANCER SCREENING DONE?

- Screening might include:
 - **Clinical breast exam**
 - **Mammogram**
 - Magnetic Resonance Imaging (**MRI**)
 - **Ultrasound**
- Depending on your screening results, you may also have **a biopsy**.
- Your specialist doctor and team will let you know what to expect.

WHAT IS A CLINICAL BREAST EXAM?

- A clinical breast exam is carried out by a doctor.
- Your doctor will examine your breasts **to look for and feel for any worrying lumps**.
- This may be done **before or after** your other breast screening tests.



WHAT IS A MAMMOGRAM?

- A mammogram takes an X-ray of the inside of your breasts.
- Each breast is pressed between two X-ray plates, which spread the breast so **clear pictures** can be taken.
- This can **be uncomfortable** but only takes **a short time**.
- Both breasts will be checked during a mammogram.



For more information and a video, go to
www.nslhd.health.nsw.gov.au/genetics

WHAT IS A BREAST MRI?

- An MRI is helpful because doctors cannot always tell the **difference between skin neurofibromas and other lumps** when looking at mammograms.
- An MRI uses a magnet and radiowaves to take pictures of the inside of your breasts.
- You will be given a dye through a drip to help show if there are any lumps in your breasts.
- The MRI machine **can be noisy**.
- An MRI is a **detailed way of looking at your breasts**.



WHAT IS AN ULTRASOUND?

- An ultrasound uses a handheld scanner placed on your breast.
- An ultrasound uses soundwaves to take pictures of the inside of your breasts.
- The clinic staff put a gel on your skin before using the scanner.
- The gel might feel **cold**, but it is **painless**.

