

What every woman needs to know about breast cancer

45,000 of us develop it every year, but there is hope. We asked a leading expert about the latest treatments, plus the steps you can take to prevent it

Fiona MacNeill is Consultant Breast Surgeon at the Royal Marsden Hospital, and is renowned for her training and educational achievements in breast cancer.

You must look out for more than just lumps

Being breast aware isn't just about looking for lumps – that's a common misconception. They are certainly important, but breasts are naturally bumpy and a lot of women torture themselves if they find something noticeable. Instead, you need to recognise how yours feel at different times of your monthly cycle, and get to know what's normal for you. Pain is very rarely a symptom: it's more about the texture and the appearance, so if there's any change in these – puckering, for example – you should report it to your GP.

The outlook's good

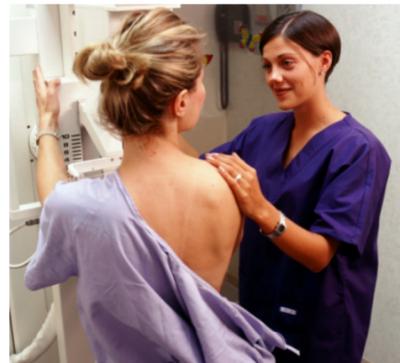
One of the most positive aspects is that the overall outlook for women with early breast cancer is now very good. If a woman is diagnosed and treated quickly, she has as much chance of being alive in 10 years' time as someone free of the disease, which is tremendous.

New treatments are on the way

The vast majority of cases are dealt with by surgery, and the biggest development in this field has been the revolutionary oncoplastic surgery. The main focus with this is not only to offer the best medical procedures, but also the best cosmetic outcome – either through reconstruction or other techniques to maintain the breast's shape. This field has been growing in the UK over the past 10 years, and more surgeons are now trained in it.

Then there are the advances in drug options, such as endocrine therapy and aromatase inhibitors, which lower oestrogen levels and slow the growth of cancers. Targeted biological therapies, such as Herceptin, are highly focused – we can now analyse a patient's cancer to find out whether it will work for her. When Herceptin first came out, there was a presumption it was effective for everyone, but that's not true: only about one in five sufferers are suitable – the other four women's cancer won't respond to the drug.

“The screening age will be lowered in three years”



We will soon be screened younger

The current NHS screening age in England is between 50 and 70. The reason younger women aren't routinely screened is because, before this age, our breasts are very dense and glandular. This means they're not sensitive to mammography, so we're less likely to be able to pick up cancer. Plus, premenopausal women's breasts naturally change anyway.

For the majority of us, breast cancer is a disease of age, and the number of younger women who get it is very small: less than 20% of those diagnosed each year are under 50, while 80% are in their 60s or 70s. Having said that, the Government's Cancer Reform Strategy, which was published in 2007, did actually recommend that we extend the screening age from 47 to 73, and that's going to be rolled out by 2012.

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You need to fight

Positive thinking is key, as it allows you to feel more in control of your treatment. It's important to participate in any decision making with your doctor: it's vital patients still view themselves as a whole person, not just someone with cancer. At the Royal Marsden, our ethos is all about wanting our patients to fight the disease with us.

Genetic profiling is offering hope

There's rarely a huge breakthrough treatment, but there is exciting research going on now that should yield results in about five to 10 years. It involves genetic profiling, and it will help us identify which women will respond to which treatments, so they can be more targeted. But cancer cells are very complex, so a conclusive cure is, sadly, a long way off.

“8 out of 10 women with breast cancer can now be cured”

We know more about the triggers

The exact causes of breast cancer are still largely unknown, but lifestyle factors do play a role. We know it's important to eat a balanced diet and maintain a healthy weight, as there's clear evidence that being overweight increases your risk, particularly after the menopause. This might be because breast cancer's development is linked to the body's levels of oestrogen and testosterone, and fatty tissue produces an enzyme called aromatase, which affects the balance of these hormones.

There is also a recognised correlation between smoking and the disease, so it's important you give up, and do keep your alcohol levels to recommended guidelines. Your family history can play a role, too – although we don't quite understand how, genetic abnormality probably accounts for about 10% of the cases seen.

“A woman diagnosed early has the same chance of being alive in 10 years as someone free of the disease”

There is good news...

There are now more women surviving than dying: 8 out of 10 women who get the disease can now be cured, and over the last 15 years in the UK, we've seen a 15-20% improvement in long-term survival rates. The focus now, then, is on surviving and how women can manage the disease themselves, rather than being dependent on their doctors and hospitals. As I've explained, there are lots of exciting new drugs being developed, and so many treatment options available. A diagnosis of breast cancer is no longer a death sentence, and women can now have their treatment with less mutilating surgery and less invasive procedures. In short, they can look to the future.'

● *Fiona MacNeill supports the 'Science: So What? So Everything' campaign, which champions the significance of science, including its role in helping fight cancer. Visit <http://sciencesowhat.direct.gov.uk>. For more information on cancer, log onto www.cancerhelp.org.uk or call freephone 0808 800 4040.*

Top Santé Talkback

Have you been affected by breast cancer? We'd love to hear your views and stories, so email us at: talkback@topsante.co.uk