Know what is normal for you

The signs of breast cancer are not the same for all women. It’s important to know how your breasts normally look and feel.

Breast tissue often has bumpy texture. Lumps that feel harder or different than the rest of the breast tissue (or the tissue of the other breast) or that feel like a change should be checked. If you feel or see any change in your breasts or underarm, see a doctor.

Don’t ignore the warning signs

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of the nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

American Cancer Society
800-227-2345
www.cancer.org

National Cancer Institute’s Cancer Information Service
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

Related Educational Resources:

- Benign Breast Conditions
- Breast Density
- When You Discover a Lump or Change
Breast cancer screening tests
Screening tests are used to find a disease (such as breast cancer) in a person without signs or symptoms.

Regular screening tests (along with follow-up tests and treatment, if diagnosed) reduce your chance of dying from breast cancer.

**Mammography** uses X-rays to create an image of the breast. These images are called mammograms. Mammography can find breast cancers early when they are small, before they can be felt. Overall, it’s the best screening test used today to find breast cancer for most women.

A **clinical breast exam** (CBE) is done by a doctor or nurse who checks your breast and underarm areas for any lumps or changes. It’s often part of your regular medical check-up.

A **breast MRI** uses magnetic fields to create an image of the breast. Breast MRI is part of screening for some women at higher than average risk (such as those with a *BRCA1/2* gene mutation). It’s not recommended for screening women at average risk.

Other tools are under study, but more research is needed to know whether they may play a role in breast cancer screening for all women or certain groups of women at higher risk.

Talk with your doctor about your risk of breast cancer and your screening options.

Follow-up tests
Follow-up tests may be needed if a screening test finds something abnormal.

A **diagnostic mammogram** is like a screening mammogram, but more images are taken. Although it’s called a “diagnostic” mammogram, it doesn’t diagnose breast cancer. A biopsy is needed to diagnose breast cancer.

A **breast ultrasound** uses sound waves to make images of the breast. It can show the difference between a liquid-filled cyst and a solid mass (which may or may not be cancer).

A **breast MRI** can give a detailed image of the abnormal finding.

If a follow-up test suggests breast cancer, a biopsy is done. A biopsy removes cells or tissue to check for cancer.

Questions to ask your doctor
1. What are the risks and benefits of screening?
2. Am I at higher risk of breast cancer?
3. What screening test do you recommend for me and why?
4. When do you suggest I start getting screened?
5. How often do you suggest I get screened?
6. Where can I get a mammogram?
7. What if I cannot afford a mammogram?

If you are asked to come back for a follow-up test:
1. Why do I need this test?
2. How accurate is the test?
3. When and how will I get the results?
4. If a problem is found, what are the next steps?