What does ‘higher risk’ mean?
You have been assessed by a specialist in genetics or oncology as being at more risk of developing breast cancer than women in the general population. Women at higher risk of breast cancer are offered breast screening at an earlier age than women from the general population. We call this ‘surveillance screening’.

How often will I be offered surveillance breast screening?
You will be offered screening more often than ‘routine’ screening, at least up until the age of 50. For some women, more frequent screening will continue. For others, they will then have routine breast screening, which is every 3 years.

You may be offered mammography (breast x-rays), MRI (magnetic resonance imaging), or possibly both. It will depend on your age, and the reason for your higher risk of breast cancer. The genetics or oncology specialist will already have let you know what type of screening you can expect to have.
For the general population, women get their first routine screening invitation between their 50th and 53rd birthdays.

How will my screening be done?
There are 2 types of screening technology used for women at higher risk:

**Mammography – x-rays of the breasts**
You can find out more about mammography in the information booklet that comes with your screening invitation. This booklet is sent to all women invited to NHS breast screening, and includes information about the benefits and disadvantages of screening. You can find the booklet on our website at:

**MRI – magnetic resonance imaging**
The MRI scanner is a large tube surrounded by a strong magnetic field, with a platform bed that slides into it. For breast screening, you will be asked to lie face down on the bed. There are cushioned holes for your breasts, and a special rest for your head. MRI involves taking many different images of the breast, which may take a while. The whole imaging session usually lasts between 30 minutes and an hour.

During the process, you will be given a small injection in your arm. This contains a liquid (called a ‘contrast agent’) which helps different areas of breast tissue to show up on the scans. The liquid used with your MRI contains gadolinium. We know that small amounts of gadolinium may remain in the brain after a scan using a contrast agent. However there is currently no evidence
that these small amounts cause any harm. Gadolinium is essential for diagnosing a wide range of life-threatening diseases including breast cancer. If you need a scan using gadolinium, the doctor will use the lowest dose required for a clear image. If you have any questions about your scan you can speak to the doctor.

Before MRI is carried out, you will be asked some standard questions to ensure your safety. MRI is not suitable for everyone. The questions you are asked will allow screening staff to decide if it is right for you. MRI for breast screening is carried out at specialist centres, as both the equipment and screening staff must meet special specific screening standards.

Is screening suitable for everyone?
There may be certain circumstances that mean screening cannot be carried out. If you have any concerns about whether you can be screened, please contact your local breast screening unit. You can find their details at: www.nhs.uk/breastscreening

What happens when I reach the standard screening age?
Most women will change to being screened every 3 years. Breast cancers are generally easier to spot in women aged 50 onwards, and they also tend to grow more slowly. This means that you do not need to be screened so often. However, some women will continue to have screening more often than every 3 years.

If you were previously screened using MRI, you may change to being screened using mammography. This is because mammography is better at detecting breast cancers in older breast tissue. Some women will have MRI as well as mammography. This will be decided by the clinician.
What happens when routine breast screening invitations stop?
Currently, women receive routine screening invitations from 50 up to their 71st birthday. Once you no longer receive invitations, you can still be screened every 3 years by booking your own appointments. Simply contact your local screening unit. You can find their details at: www.nhs.uk/breastscreening

What if I notice any changes in my breasts?
No screening method can detect every cancer; and cancer can develop in between screening appointments. If you notice any unusual changes in your breasts, please speak to your doctor as soon as possible. Do not wait for your next screening appointment.

Being breast aware
All women should be breast aware. This means knowing how your breasts normally look and feel, and reporting any unusual changes to your doctor as soon as possible. We advise following the ‘touch look check’ (TLC) 3 simple steps:

  TOUCH your breasts. Can you feel anything unusual?
  LOOK for changes. Is there any change in shape or texture?
  CHECK anything unusual with your doctor.

(TLC information reproduced by permission of Breast Cancer Now.)
More information
For more information about NHS breast screening visit: www/nhs.uk/breast

You can find out more about breast cancer risks, including family history and genetic risk, on the Cancer Research UK website at: www.cancerhelp.org.uk/type/breast-cancer/about/risks/definite-breast-cancer-risks

Find out how Public Health England and the NHS use and protect your screening information at: www.gov.uk/phe/screening-data

To opt out of screening, see: www.gov.uk/phe/screening-opt-out

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