Breast cancer screening: What to expect

*When we invite women to breast screening, the principle is to screen many healthy women to find breast cancer among a few in order to avoid breast cancer death among some of these women.*

However, we know that breast screening carries some risks, such as the risk of overdiagnosis*.

Points to consider

The most important benefit of mammographic screening is that it results in **fewer deaths from breast cancer** among invited women.

The detection of small breast cancers that have not spread increases the chances for **breast conserving surgery**.

It can be difficult to tell the difference between cancerous and non-cancerous changes on a mammogram. In these cases, a call-back for further assessment is needed. Most changes turn out to be harmless – this is called a **false-positive screening result**.

Breast screening carries a risk of **overdiagnosis***. It is not currently possible to determine which breast cancers are overdiagnosed and all women with breast cancer are offered treatment as a result.

Mammography uses **x-rays**, which in theory is a risk factor for breast cancer. **This risk is extremely low**, even with regular participation in BreastScreen Norway.

Some experience **worry and anxiety** in connection with a mammogram, for example while waiting for results or if called back for additional testing.

Mammography cannot detect all breast cancers. Breast cancer can also be found between two mammograms. **Always check with your doctor if you notice a new lump or other changes in your breast**, even if you just had a mammogram.

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*Overdiagnosis* Breast screening can detect slow growing breast cancer tumours that would never cause symptoms or threaten your life or health. The detection of these cancers is called overdiagnosis.

Overdiagnosed breast cancer would never be detected without screening. For individuals, this means they can be diagnosed with a real case of breast cancer and get treatment without actually needing it. This is different from misdiagnosis.

We do not know who is overdiagnosed because there is no method to tell which cancers need treatment and which are so-called “nice” cancers that may not need treatment.
Why have you been invited to BreastScreen Norway?

Breast cancer is the most common type of cancer among women in Norway.

One in nine women will be diagnosed with breast cancer or a precancerous breast tumor in their lifetime.

A mammogram is an X-ray picture of the breasts that can show breast cancer before it causes symptoms, such as a lump you can feel.

All 50 to 69 year old women in Norway are invited to have a screening mammogram every other year. The evidence to support screening is strongest for this age group.

The goal of screening is to prevent deaths caused by breast cancer.

What happens during your appointment?

The entire appointment takes 10-20 minutes.

A radiographer (radiation technologist) will ask you a few questions and look for any changes on your breasts before your mammogram. Doctors (radiologists) use this information when reading your images.

Your breasts will be compressed for a few seconds while the images are taken. Some women find this uncomfortable, but this is done to obtain high quality images.

What happens after your appointment?

Two doctors (radiologists) independently check your images for any abnormalities.

You will receive a written response, regardless of the result. This typically takes 2-4 weeks.

You may need additional follow-up

Some women are called back for additional assessment (tests). This is more common for women having their first mammogram and those with breast implants.

Additional tests usually involve a new mammogram and/or ultrasound. In some cases, it is necessary to take a sample from the breast (biopsy).

Being recalled for further assessment does not necessarily mean you have breast cancer.

Have you had surgery for breast cancer?

If you are attending regular check-ups, you should continue attending those appointments as planned. Some of your check-ups can take place through BreastScreen Norway if this has been arranged with your doctor (in Norwegian: fastlege).

When your control period is over (up to ten years), you may attend regular screening through BreastScreen Norway. Please give us a call and let us know!

Are you worried about hereditary breast cancer in your family?

Consult your doctor (in Norwegian: fastlege) about counselling from the department of medical genetics (in Norwegian: Avdeling for medisinsk genetikk) in your health region.

To learn more about BreastScreen Norway, breast cancer, risk factors, and how the disease progresses, visit our website www.kreftregisteret.no/mammografi

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