



What to expect from your GP

Whilst breast cancer in young people is thankfully rare, your GP is trained to know the signs and symptoms of what is – and what isn't – breast cancer.

Did you know, there are many other reasons why your breasts might be painful, lumpy or have changed? Your GPs job is to rule out these possibilities first before suspecting cancer.

However, if they are unsure, or do suspect breast cancer, you will be given an 'urgent referral' and can expect to be seen by a specialist within 2 weeks. More on this later.

If you are worried about your boobs, you are likely to feel really anxious about going to your GP. What if they suspect it's breast cancer? How will you cope? What will you do? All these questions are important ones but they can get in the way of you thinking clearly during your consultation and you might walk away asking yourself "What did they say?"

Top tip: Take a notebook with you and write stuff down.

Here is your step-by-step guide on how to get the best out of your consultation with your GP

Call the receptionist to make an appointment to see your GP

It's important to realise that for any examination involving your boobs [or 'down there'], your GP may need to invite a chaperone [another GP, nurse or receptionist] into the consultation room*. As part of the NHS rules, chaperones are needed by the GP during intimate examinations to provide reassurance to the patient.

GP surgeries are usually very busy and finding a suitable chaperone is likely to cause a delay, in which case your GP may ask you to book an appointment for another time. SO, either tell the receptionist when you book your appointment that you are coming for a breast exam so they can make sure someone is available OR take a friend/relative with you to act as your chaperone.

*Female GPs don't usually bother with a chaperone, but you can still ask for one if it makes you feel more comfortable.

Go to your appointment (obvs!) taking your chaperone with you, if needed

Tell your GP what's going on

Your GP will ask you what symptoms you have noticed. Tell him or her about anything unusual – like changes in skin texture or a discharge from your nipple etc.

The examination

He or she will then ask you to remove your clothes so they can have a look at your boobs. They won't always need to do a hands-on exam, but most GPs will.

What happens next?

Amazingly, GPs tell us that they see lots of young women who are worried about their boobs. Fortunately, none of the young women these GPs saw had ever turned out to have breast cancer. BUT lots and lots of them said they had referred a young woman to a specialist when they had even the tiniest of doubts about the cause of their symptoms.

What happens if I am referred?

If your GP wants to refer you, for whatever reason, you will be under the care of a specialist (called an oncologist) who will keep your GP informed on your progress. In most circumstances, women are given the 'all clear' and told to be breast aware and keep an eye out for any further unusual breast changes in the future. And of course, if you notice anything unusual at all, go straight back to your GP!

It's definitely NOT breast cancer

There are some breast changes that can be easily linked to things other than breast cancer and your GP [especially the female ones] will have seen a lot of examples of this:

- Hormonal changes caused by taking the pill or that appear during certain times of the time of the month
- Cysts that are harmless

If your GP is sure that your symptoms are not due to breast cancer, he or she will give you some advice, and, in certain circumstances, recommend treatment where appropriate [some types of cysts need to be removed, for example].

You can read more about breast lumps here:

<http://www.nhs.uk/conditions/Breast-lump/Pages/Introduction.aspx>

What to do next

Whilst it will be a huge relief to know it's not breast cancer that doesn't mean it might never be. So your GP should always encourage you to come straight back and see them if:

- Your symptoms get worse
- You develop any new symptoms

If your GP is sure that your symptoms are not due to breast cancer, he or she will give you some advice, and, in certain circumstances, recommend treatment where appropriate [some types of cysts need to be removed, for example].

It MIGHT BE breast cancer [or it might be something else]

It might not be obvious straight away what is causing your symptoms, so don't panic if your GP chooses to refer you, they're just being cautious.

GPs follow strict guidelines about what to do in these situations. The rules are that any woman under the age of 30 with suspicious symptoms that COULD BE related to breast cancer should be given an URGENT REFERRAL. 'Urgent referral' means you will see a specialist within 2 weeks.

More information about urgent referrals:

Your GP is obliged to explain to you that you are being given an urgent referral. If your GP has told you that they are uncertain about the cause of your symptoms, they are most likely referring you to rule out the possibility of breast cancer – rather than to confirm their suspicions.

Your GP will either send your details straight to the relevant department at your local hospital and they will then contact you to arrange an appointment, or your GP may arrange an appointment for you directly at your local hospital. Try to stick to your allocated appointment or speak to the hospital if you can't come to the ones they offer you. If you have not had an appointment 2 weeks after your GP referral, contact your referral hospital and they will help you find an appointment.

You can read more about urgent referrals here:

<http://www.uclh.nhs.uk/OurServices/ServiceA-Z/Cancer/CUR/Documents/2%20week%20referral%20patient%20leaflet.pdf>

Top tip: Make sure you are clear about why you have been given an urgent referral. If you are not clear, ask your GP "Am I being referred to rule out breast cancer or to confirm your suspicions?"

My mother/sister/grandmother/aunt has had breast cancer

Many of us have female relatives who have had breast cancer. Whilst a family history of breast cancer is certainly proven to increase the risk, the circumstances in which this is true are very specific. Which is why, if you are concerned about your family history of breast cancer, your GP will use a specific questionnaire to assess your risk. If the score suggests you are at risk, you may be referred to a specialist service for genetic testing, offered counselling and regular breast screening checks.

What if I have a faulty gene?

So far, faults in genes called BRCA1, BRCA2 and TP53 have been associated with hereditary breast cancer, and around 1 in 20 women may carry one of these faulty genes. However, if you are found to carry one of these genes it doesn't mean that you will get breast cancer, only that your risk is slightly more increased than normal.

Whilst it's important to consider family history and genetic risk, research shows that the majority of breast cancer cases simply occur by chance.

Remember, if you find anything abnormal, go straight to your GP right away.