

Breast Cancer Awareness: Five Minutes That Could Save Your Life

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October is Breast Cancer Awareness Month—a useful moment to pause, check in with yourself and make sure you know where to turn if something changes. This is not about living in fear. It is about feeling informed and supported.

Breast cancer can affect anyone, although it is much more common in women. As a GP, I want to make breast awareness practical, calm and easy to act on: understand what is normal for you, know how screening works, and seek advice when a change does not feel right.

In this article, I will guide you through five simple points, from symptoms and NHS screening to family history, inherited gene variants and everyday habits that support your longer-term health.

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1. How to check your breasts

You do not need any special training or a complicated routine. Take a few minutes, perhaps once a month, while showering or getting dressed.

A simple breast-awareness check

1. LOOK

In a mirror, notice any change in size, shape, skin or nipples.

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2. FEEL

Use the flat parts of your fingers to feel each breast and towards your armpits.

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3. CHECK

Get to know what is normal for you and contact your GP about a new or persistent change.

Look: Stand in front of a mirror. Have your breasts changed in size or shape? Does the skin or either nipple look different?

Feel: Use the flat parts of your fingers to feel around each breast, including towards your armpits.

Check regularly: Get to know what feels normal for you. If you have periods, checking the week after your period may be more comfortable.

Please contact your GP if you notice:

- A new lump or swelling in the breast, chest or armpit.
- Skin changes such as dimpling, thickening, redness or a change in colour.
- A change in breast size or shape that is not normal for you.
- A nipple change including new inversion, a rash or unexplained discharge, especially if it is bloodstained.
- Persistent breast or armpit pain when it occurs alongside another change.

Most breast changes are not cancer, but they should be assessed. Breast pain on its own is not usually a symptom of breast cancer.

If you notice a new lump or any change that is not normal for you, please contact your GP promptly—regardless of your age or when you last attended breast screening.

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2. When should you have a mammogram?

A mammogram is a low-dose X-ray of the breasts. It can detect some breast cancers early, often before a change can be felt. Screening is valuable, but it does not detect every breast cancer and it is not a substitute for seeking medical advice about a new or unusual change.

In England, NHS breast screening is routinely offered to people registered with a GP as female. The first invitation usually arrives between ages 50 and 53, followed by screening every three years up to the 71st birthday.

Question	Current guidance in England
Who is routinely invited?	People registered with a GP as female.
When?	From age 50 up to the 71st birthday. The first invitation usually arrives between ages 50 and 53.
How often?	Usually every three years.
After age 71?	Automatic invitations stop, but you can self-refer every three years through your local NHS breast screening service.

Some people consider private screening or starting mammography earlier. This is an individual decision based on personal and family risk, rather than a universal recommendation. Earlier mammography can lead to false-positive results, further imaging and biopsies, so it is sensible to discuss the potential benefits and limitations with a qualified clinician.

Screening and assessment can take place at any age when symptoms are present. Please do not use your age, or a recent normal mammogram, as a reason to delay seeking help.

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3. Does breast cancer in your family mean you are at higher risk?

Not necessarily. A family history can increase your risk, but it does not mean breast cancer is inevitable. It is especially useful to discuss your history if a close relative developed breast cancer at a younger age, several relatives have had breast cancer, there is a history of ovarian cancer or male breast cancer, or there are several related cancers in your family.

Remember that your father's side of the family is just as important as your mother's. If your history suggests an increased risk, we can arrange a more detailed assessment and, where appropriate, referral to a specialist family-history or genetics service.

4. What about inherited breast cancer genes?

You may have heard of the BRCA1 and BRCA2 genes. Everyone has these genes, but some people inherit a change in one of them that significantly increases their risk of breast and certain other cancers. Other genes, including PALB2 and TP53, can also affect breast cancer risk.

There is no single screening schedule for everyone with one of these gene variants. Specialist surveillance is tailored to the gene variant, your age, personal and family history, genetic-test

results and assessed level of risk. MRI screening and mammography may be used in different combinations and at different ages within specialist pathways. For example, annual MRI surveillance is recommended for certain people aged 30–49 with known BRCA1 or BRCA2 variants, while TP53-related pathways are different.

For PALB2, the appropriate plan should be agreed through a specialist genetics or breast-risk service rather than assumed from a general schedule. If there is a strong history of cancer in your family, speak with your GP about whether genetic counselling or testing may be helpful.

> A family history is a reason to ask questions, not a reason to assume the worst. Specialist advice can help put your individual level of risk into context.

5. What else can you do to reduce your risk?

We cannot prevent every breast cancer, but a few healthy habits can support your longer-term health:

- [ ] Keep moving with activities such as walking, swimming, cycling or strength training.
- [ ] Cut back on alcohol because even relatively small amounts can increase breast cancer risk.
- [ ] Maintain a healthy weight, particularly after menopause.
- [ ] Attend screening appointments when you are invited.
- [ ] Never ignore a new symptom, even if your last mammogram was normal.

My October challenge to you

This month, I would like you to do just three things:

- [ ] Spend five minutes checking your breasts and put a monthly reminder in your phone.
- [ ] Find out when your next mammogram is due, or whether you would benefit from discussing screening earlier.
- [ ] Ask about your family history, including relatives on your father’s side.

A final word

Breast awareness should not be frightening or complicated. It is about knowing your body and feeling confident enough to ask for help when something changes. I would always rather see someone about a lump or symptom that turns out to be completely harmless than have them delay getting checked.

This article is health information, not a substitute for personal medical advice. Please check current NHS guidance and speak with your GP or a qualified specialist, because recommendations can change.

Further reading

- NHS breast screening: who breast screening is for
- NICE familial breast cancer guidance

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