

PASSPORT



to
Breast Health

乳房保健指南

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本港乳癌知多少？

- 乳癌是威脅本港女性的頭號癌症，病發率和增長速度高踞女性癌症的首位
- 每年的新病例由1993年的 1,152 宗倍增至2010年的 3,014宗
- 每19名女性當中，有一人一生中有機會罹患乳癌
- 每天香港平均有8人確診患上乳癌，最少1人死於乳癌

- 本港乳癌患者的發病年齡中位數是48.8歲，比美國(61)、澳洲(62)和新加坡(50)的年輕
- 乳癌患者共通的主要高危因素是缺乏運動(每周不足3小時)；沒有餵哺母乳和處於高度精神壓力
- 近九成的乳癌個案都是由病人自己意外發現的，最常見的徵兆是發現乳房有無痛硬塊
- 透過乳癌普查發現的腫瘤平均直徑為 1.9厘米，比自己意外發現的腫瘤 2.3厘米小近20%

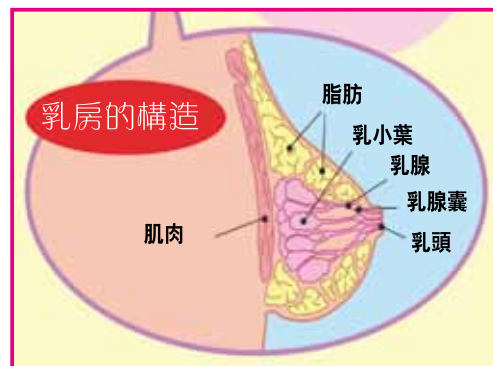
了解更多：www.hkbcf.org/breastcancerregistry

資料來源：醫管局香港癌症統計中心(2010)

香港乳癌資料庫(2012)

什麼是乳癌？

當乳房、其周邊組織或腋下淋巴腺有癌細胞出現，失控地生長，便會形成乳癌。乳癌細胞有擴散能力，隨血液和淋巴系統侵襲人體其他器官和組織，可能致命。



你是高危一族嗎？

註：括號內的數字為有相關特徵的本地乳癌患者百分率（資料來源：香港乳癌資料庫第四號報告）

無法改變的高危因素

- **女性**：根據西方國家統計，男性患乳癌的機率率約為1%。2010年，本港有11名男士確診乳癌，佔乳癌總數的0.4%
- **年齡增長**：本港六成乳癌個案發生在40至59歲女性身上，乳癌病發率由40歲開始上升，風險隨年齡增長而增加。

乳癌風險隨年齡增加

累計風險

30歲前	每2783人有1人
40歲前	每261人有1人
50歲前	每64人有1人
60歲前	每33人有1人
70歲前	每23人有1人
75歲前	每20人有1人

- **家族成員有病例 (15%)**：
家庭成員包括母親、姊妹或女兒曾患乳癌，自己患乳癌的機會比一般人高。
- **基因突變**：體內的 BRCA1及BRCA2 基因變異而無法發揮預防乳癌的作用。
- **個人病歷**：個人曾一邊乳房患癌，另一邊乳房患癌的機會比一般人高。非典型病變或囊變性纖維瘤等乳房疾病，亦可能增加乳癌風險。
- **12歲前初經(13.3%) 或55歲後停經(3.9%)**：
體內累積雌激素的時間延長，會增加患乳癌的機會

高危因素

- | | |
|---------------------|---------|
| • 運動不足(每週不足3小時) | (74.9%) |
| • 從未餵哺母乳 | (63.4%) |
| • 經常處於高度精神壓力狀態 | (37.1%) |
| • 過重/肥胖 | (36.1%) |
| • 35歲以上從未生育或首次生育 | (23.5%) |
| • 家族曾有乳癌病歷 | (14.9%) |
| • 多吃高脂肪食物及紅肉 | (13.9%) |
| • 提早初經 (<12歲) | (13.3%) |
| • 在更年期長期接受雌激素荷爾蒙補充劑 | (11.0%) |
| • 經常夜班工作 | (8.9%) |

乳癌的徵狀

乳房



有無痛硬塊 (92.7%)



外表凹陷或凸出



皮膚呈橙皮樣變化、出現紅疹、不癒合的傷口，出血或潰爛 (0.2%)

乳頭



內陷或不對稱 (2.1%)



表皮破損、脫皮、出血或有分泌物 (5.3%)



有腫塊或淋巴結發大 (0.6%)

防範乳癌

1. 減低風險

暫時未有方法預防癌症發生，但科學研究證實一些與癌症有關的因素，大家加以注意，可以減低患乳癌風險。

生活習慣

- 常運動：維持每星期最少4小時的適量運動，可減低患上乳癌或復發的機會。(Journal of the American Medical Association 2009)

- 控制體重：體重過量會增加患乳癌的機會 (American Cancer Society)。醫學建議成年人的體質指數(Body Mass Index, BMI)應維持於 18.5 至25 之間。

$$\text{BMI} = W / H^2$$

W：體重(單位：公斤)

H：身高(單位：米)

- 紓減壓力：雖然未有充分數據證實精神壓力與乳癌有關，但是精神壓力會增加壓力荷爾蒙（皮質醇）的分泌，從而減弱人體的免疫力。因此，學習積極和正面地處理精神壓力，十分重要；如感到自己無法應付，應主動尋求協助。
- 不吸煙：吸煙不單可能引發肺癌及乳癌，更對心臟血管有不良的影響。
- 少喝酒：酒精攝取量與乳癌有直接關係，減少喝酒可降低患乳癌的機會，建議每日不要喝多於1罐啤酒或150毫升餐酒。(A Cancer Journal for Clinicians, 2002)

健康飲食

- 少吃飽和動物脂肪，如紅肉和全脂奶類製品，這類食物的攝取與多種癌症有關，包括乳癌。
- 每天吃5份以上的蔬果可減低患上乳癌的機會。
- 十字芥花科蔬菜，例如西蘭花、椰菜、芥蘭等，有效減少雌激素水平。
- 全穀類食品，如麵包、米、麥片、意粉等，均能減少血液中的雌激素水平，降低患乳癌的機會。
- 橄欖油和奧米加3脂肪酸可有效減低患乳癌機會。
- 抗氧化食物，包括藍莓、布林、草莓、芥蘭、菠菜、西蘭花、紅椒等，含豐富維生素C、維生素E、胡蘿蔔素，有助抵抗自由基。
- 綠茶含抗氧化劑茶多酚，具防癌作用。
- 攝取維生素D及鈣質。

2. 乳房普查

我們提倡女性定期進行三管齊下的乳癌普查，即在沒有徵狀的情況檢查乳房健康，就算有乳癌，也可以及早發現和治療，減低乳癌對個人和家庭造成的創傷和經濟負擔。

乳房健康檢查三式：

年齡	1 自我檢查乳房	2 臨床檢查	3 乳房X光造影檢查
	熟悉乳房狀況，易於留意異常的變化	專業醫護人員觀察及觸檢，能更有效識別毛病	造影可顯示摸不到或未形成腫瘤的早期乳癌
20-39歲	每月	每3年	按醫生建議
40歲或以上	每月	每2年	每2年

小貼士：

- 如果乳腺密度高，醫生會建議進行超聲波掃描。
- 如果你屬於高危一族，個人或家庭成員曾患乳癌或可能增加乳癌風險的疾病，你便要請教醫生，更密切監察乳房健康。

乳健檢查計劃

香港乳癌基金會乳健中心，提供專業及收費相宜的乳健檢查服務，包括：臨床檢查、乳房X光造影檢查及診斷服務。

為協助經濟能力不足的婦女保障健康，香港乳癌基金會乳健中心推出「免費乳健檢查計劃」，為年逾40歲的綜援、傷殘津貼及交通津貼受助人，以及通過入息及資產審查的人士提供檢查及跟進診斷費用豁免。

免費乳健檢查計劃

查詢電話：3143 7333 下載申請表格：www.hkbcf.org



查詢/預約: 3143 7333



由預約至收到檢查報告，於30天內完成

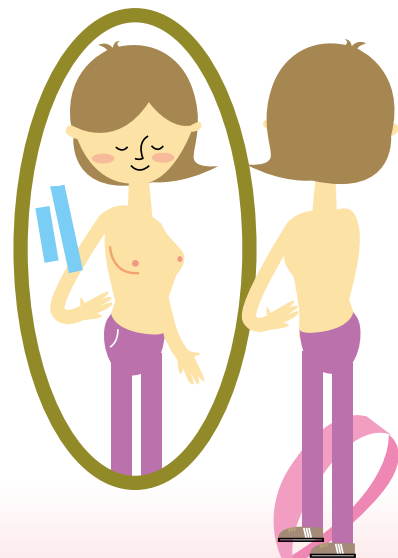
自我檢查乳房

在每月同一日或月經後一星期內、乳房腫脹消滅時進行自我乳房檢查，包括觀察和觸摸乳房，熟習乳房狀況和留意是否有異常變化。

觀察

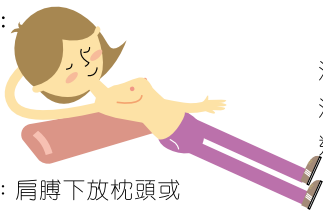
站在鏡前，觀察乳房的形狀和輪廓，注意：

- 乳房有沒有硬塊、腫脹、凹陷或凸出
- 皮膚有沒有呈橙皮樣變化、泛紅、紅疹、不癒合的傷口、出血或潰爛
- 乳頭有沒有不對稱或內陷
- 乳頭表皮有沒有破損、脫皮、出血或分泌物
- 腋下有沒有腫塊或淋巴結發大



觸檢

方式：



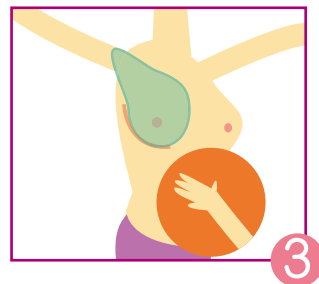
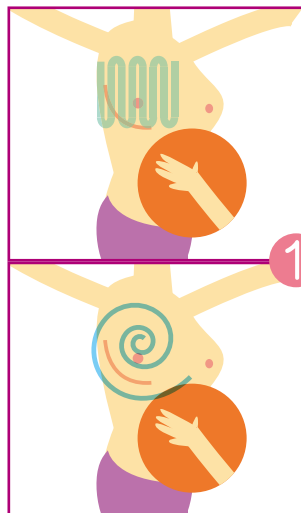
仰臥：肩膊下放枕頭或捲起的毛巾或

沐浴時：加上沐浴液較容易進行檢查



步驟：

- 1 舉高右手臂，放在頭後，用左手三隻手指輕壓右側乳房，作小圓圈狀或上下（見圖）按壓整個乳房，感覺乳房是否有硬塊或腫脹。
- 2 用左手兩隻手指，輕輕擠壓右乳頭，注意有沒有分泌物。
- 3 檢查範圍包括乳房、鎖骨上下及左右腋下。
- 4 用右手重複以上動作，檢查左邊乳房。



小貼士：

如果發現乳房有任何變化，請立即求醫，找出原因。乳房變化未必和乳癌有關，但切勿諱疾忌醫或延誤求診，錯失及早醫治的機會。

乳癌普查常見問題

1. 我在全身檢查或婦科檢查中已接受乳房檢查，是否不用再接受乳健檢查？

有效而全面的乳癌普查，應包括自我檢查、臨床觸診檢查和乳房X光造影檢查。一般全身檢查或婦科檢查套餐未必會齊備這三項檢查。要保障乳房健康，遠離乳癌威脅，最好開始你的定期乳健檢查計劃。

2. 乳房 X光造影檢查是怎樣操作的？

乳房X光攝影由放射技師操作，檢查時需赤裸上身站立於X光攝影機前，女放射技師會協助你把乳房放在有X光底片的平台上，儀器的塑膠板會分別上下和左右緊壓夾著一邊乳房，為乳房組織進行X光攝影，期間你會感到數秒不適。兩邊乳房先後拍攝，每邊兩幅，方為完整的檢查。放射技師確認X光片能清楚呈現乳房組織後，拍攝便完成。報告放射專科醫生撰寫。若X光片中呈現微鈣化點或異常的影像，醫生會講解和跟進。

3. 乳房 X 光造影是否安全？

乳房 X 光造影的輻射風險極低，每次的輻射量約為0.36毫希；相當於每人每年從自然背景所得輻射的八分之一，或坐飛機來回香港與倫敦四次吸收的輻射。(資料來源: 衛生署放射衛生部)

4. 為什麼 40 歲以上的女性，必須每兩年做乳房 X光造影檢查？

40 歲以上的女性，乳癌病發率比年輕女性顯著高，因此應定期進行全面的乳健檢查。外國的醫學研究證實，乳房 X 光造影檢查可以減少乳癌死亡率二至三成，是國際間標準的乳癌普查工具，多個國家的全民乳癌普查計劃亦採用X光造影為標準檢查方法。

5. 乳房超聲波掃描可以取代乳房X光造影檢查嗎？

不可以，乳房X光造影檢查和乳房超聲波的原理和用途各有不同，兩者不能互相取代，但兩者並用可互補不足。超聲波掃描是利用儀器向乳房組織輸出高頻的聲波，然後將接收的反饋聲波轉換成圖像，從而檢驗乳房內的狀況。乳房超聲波掃描可輔助X光造影以偵測腫塊為實體抑或內有液體的囊腫。唯有X光造影才可有效發現未形成腫瘤的微鈣化點。

6. 哪些情況下需要超聲波掃描？

- 乳房組織密度較高的女性，其X光造影片的影像可能不明顯，因此醫生一般會用乳房超聲波掃描為40歲以下女性(乳房密度較高)進行乳房檢查。
- 超聲波掃描沒有輻射，適合懷孕婦女使用。
- 作為診斷工具

- 如果在觸診時發現腫塊，在乳房 X 光片中卻看不到腫塊影像，醫生會用超聲波檢查懷疑有問題的乳房組織。
- 若在乳房 X 光造影檢查中發現乳房有腫塊，醫生會用超聲波掃描檢驗是硬體還是囊腫。
- 從乳房腫塊抽取組織化驗時，醫生有時會利用超聲波作導引，以確認位置。

7. 若在X光造影或超聲波掃描影像中發現乳房有鈣化點或硬塊，應怎辦？

若在影像檢查中發現乳房有硬塊，醫生會從乳房硬塊抽取細胞組織樣本，進行病理分析鑑定。若結果顯示腫瘤屬乳癌，醫生會為患者作進一步檢驗，診斷乳癌的期數後，向患者建議適合的治療方法。若腫塊屬良性，醫生會建議跟進方法。

若發現乳房有異常情況，你可以……

向私家外科醫生或公立醫院求診

乳科服務機構	電話
公立醫院	
九龍	
廣華醫院	2782 1773
聖母醫院	2354 2254
九龍東醫院聯網乳科中心 基督教聯合醫院	3513 4746
香港	
東華東院	2915 7555
贊育醫院	2589 2100
私家醫院	
九龍	
香港浸信會醫院	2339 8888
聖德肋撒醫院	2711 9111
香港	
聖保祿醫院	2890 6008
養和醫院	2835 8878
明德醫院	2849 0111
香港港安醫院	3651 8808
嘉諾撒醫院	2522 2181
播道醫院	2711 5221
新界	
荃灣港安醫院	2276 7333
仁安醫院	2608 3388

確診患上乳癌怎麼辦？

如何診斷？

醫生會採用以下方法進行診斷：

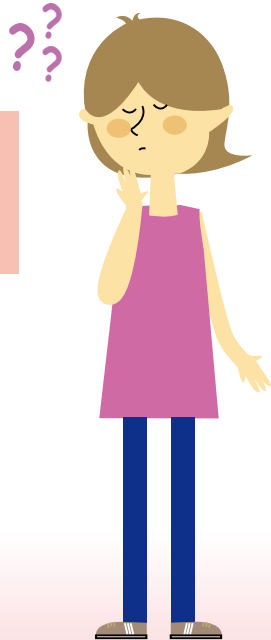
1. **臨床診斷**：觀察及觸診乳房
2. **影像診斷**：乳房超聲波、乳房X光造影或磁力共振掃描
3. **活組織檢查**：幼針抽細胞或粗針抽組織檢查

小貼士：

以上診斷方法都是國際認可的標準，不會影響乳癌擴散。



20



尋求心理支援

大部分人被診斷患上乳癌，都會感到震驚和難以接受。此時，家人、親友的支持和關懷，以及同路人的鼓勵和協助至為重要。香港乳癌基金會樂意與乳癌患者同行，提供資訊、情緒輔導、經濟及護理方面的支援，你可以致電本會2525 6033尋求協助。

治療

乳癌手術：腫瘤切除手術是目前唯一能根治乳癌的方法，醫生會視乎患者腫瘤的大小和期數，進行局部乳房切除或全乳房切除手術。患者接受全乳房切除手術時，可同時進行乳房重建手術，利用自身的肌肉組織重建乳房的形態，有助重拾自信和保持身體負重平衡。

綜合治療法：醫生因應患者腫瘤的特質，在手術後施以化學療法、放射治療、荷爾蒙療法或生物治療(例如標靶治療)等輔助治療方法，藉以消滅手術後可能殘留在患者體內的微量癌細胞，減低復發機會。



21

有關乳癌的誤解

誤解1：年輕女性不會患乳癌。

事實：乳癌的發病年齡近年趨年輕化。根據香港癌症統計中心的統計，約60%乳癌患者的年齡介乎40至59歲；40歲以下患者佔9%，最年輕患者不足20歲。

誤解2：婦女收經後，就不會患乳癌。

事實：隨著年紀增長，患上乳癌的機會會增加，而且年紀愈大，機會愈高，風險與停經與否無關。本港乳癌患者有30%為60歲或以上。

誤解3：收經後長期接受荷爾蒙治療是安全的。

事實：研究顯示收經後長期接受荷爾蒙治療，會增加患乳癌的風險。更年期女性服用荷爾蒙補充劑前宜徵詢醫生意見，評估個人需要及患乳癌的風險。

誤解4：乳癌是絕症。

事實：患上乳癌不是絕路。如果能及早發現乳癌，在癌細胞未擴散時加以治療，治癒率達七成以上。如果能在零期發現（即原位癌），10年的痊癒率達98%以上。

誤解5：乳癌是遺傳的，如果沒有家族成員曾患乳癌就沒有患乳癌的風險。

事實：絕大部分的乳癌個案都不是遺傳的，乳癌的誘發因素很多，包括環境因素、飲食習慣、生活習慣等。本地乳癌患者中，有乳癌家族史的個案少於15%，當中估計有不足三成患者的乳癌由遺傳基因變異所致，佔整體乳癌個案的5%。

誤解6：口服避孕丸會導致乳癌。

事實：暫時未有醫學數據證明服用口服避孕藥會誘發乳癌。如果你長期服用避孕丸的話，請定期諮詢醫生的意見及檢查身體。

誤解7：用止汗劑會導致乳癌。

事實：未有醫學數據支持止汗劑與乳癌風險有關。

誤解8：乳房愈大，患乳癌風險愈高。

事實：患乳癌風險與乳房大小無關。根據香港乳癌資料庫第四號報告，本港乳癌患者中約五成多人的胸圍在34吋以下，當中約六成以上的罩杯尺碼為A或B。

我的乳房健康檔案My Breast Health Record

姓名Name :					
月/Month	1	2	3	4	5
自我檢查 Self Examination					
臨床檢查 Clinical Examination	日期Date : 結果Result :				
乳房X光造影檢查 Mammography	日期Date : 結果Result :				
月/Month	1	2	3	4	5
自我檢查 Self Examination					
臨床檢查 Clinical Examination	日期Date : 結果Result :				
乳房X光造影檢查 Mammography	日期Date : 結果Result :				
我的醫生My doctor :					
姓名Name :	電話Tel :				

6	7	8	9	10	11	12
6	7	8	9	10	11	12
我的醫生My doctor :						
姓名Name :		電話Tel :				

Fast facts in Hong Kong

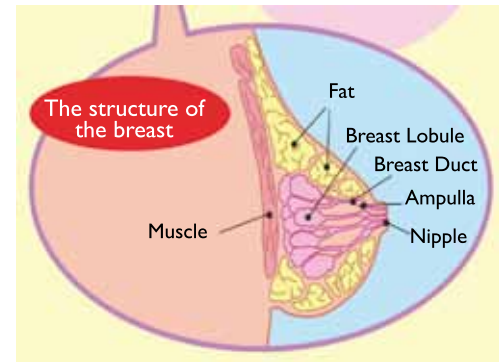
- Breast cancer is the number one cancer affecting women in Hong Kong, in terms of incidence rate and growth.
- Cases of newly diagnosed have increased from 1,152 in 1993 to 3,014 in 2010.
- 1 in every 19 women has a chance of developing breast cancer in her lifetime.
- Every day, 8 women are diagnosed with breast cancer and at least one is killed by the disease.
- The median age of breast cancer patients at diagnosis is 48.8, younger than that of their peers in the US (61), Australia (62) and Singapore (50).
- The most common risk factors local breast cancer patients share are lack of exercise (less than 3 hours a week), high level of stress, and having no experience of breastfeeding.
- 90% of breast cancers were detected by the patients accidentally. The most common symptom is a painless lump.
- The average size of screen-detected breast cancer tumour is 1.9 cm, compared with that of self-detected breast cancer at 2.3 cm.

Learn more: www.hkbcf.org/breastcancerregistry

Source: *Hong Kong Cancer Registry of the Hospital Authority 2010*
Hong Kong Breast Cancer Registry 2012

What is breast cancer?

Breast cancer is the uncontrolled growth of malignant cells in the breast, its nearby tissues or armpit lymph glands of a man or woman. The cells destroy healthy breast tissues and can spread to harm the functions of other organs, or even the life of the patient.



Who is at high risk?

Remark: The figures in the brackets are the percentage of breast cancer patients showing the characteristics stated in the headings.
(Source: Hong Kong Breast Cancer Registry Report No.4)

Risk factors you can't change

- **Women:** According to western statistics, the chance of men being diagnosed with breast cancer is around 1%. In 2010, 11 men in Hong Kong were diagnosed with breast cancer, which accounted for 0.4 % of the total cases.
- **Ageing:** The incidence rate starts to rise from age 40, and accelerates as age increases. Sixty per cent of the breast cancer cases in Hong Kong are in women aged between 40 and 59.

Your risk increases with age

Age	Cumulative risk
Before 30	1 in 2783
Before 40	1 in 261
Before 50	1 in 64
Before 60	1 in 33
Before 70	1 in 23
Before 75	1 in 20

- **Family history(15%):** Women with family history of breast cancer in a mother, sister or daughter are more likely to develop breast cancer.

- **Gene mutation:** Mutation in the BRCA 1 and BRCA 2 genes inhibits the body's capacity to suppress uncontrolled cell growth.
- **Personal history:** If one has had breast cancer before, the risk of the other breast developing breast cancer is higher than those who have not. Women diagnosed with certain breast diseases or lesions may be at increased risk of developing breast cancer.
- **Early menarche before age 12 (13.3%) or late menopause after age 55 (3.9%):** This may prolong the duration of oestrogen accumulation in the body and thus increase breast cancer risk.

Risk factors

- Lack of physical activity (< 3 hours a week) (74.9%)
- No breast feeding (63.4%)
- High-level stress (37.1%)
- Overweight/obesity (36.1%)
- First pregnancy at or above 35 of age / No childbirth (23.5%)
- Family history of breast cancer (14.9%)
- High dietary content of fat and red meat (13.9%)
- Early menarche (< 12 years old) (13.3%)
- Prolonged use of post menopause Hormone Replacement Therapy (11.0%)
- Frequent night shifts (8.9%)

Symptoms of breast cancer

Breast



A lump or thickening in the breast (92.7%)



Dimpling or abnormal contour



Pitting on the skin, looks like orange peel, unusual skin rash, non-healing wounds, bleeding or ulceration (0.2%)

Nipple



Nipple retraction or asymmetry (2.1%)



Nipple skin change, discharge or bleeding from the nipple (5.3%)

Underarm



A lump or enlarged lymph node in the underarm (0.6%)

Minimising breast cancer risk

1. Risk reduction

Today, scientists are still unable to establish absolute preventive measures against breast cancer. Yet, studies and researches have found certain cancer-related factors which can give us hints to minimise the risk.

Healthier lifestyle

- **Regular exercise:**

Moderate exercise for at least 4 hours a week helps reduce the risk of breast cancer or recurrence. (Journal of the American Medical Association, 2009)

- **Weight control:**

Studies have shown that being overweight increases the risk of breast cancer (American Cancer Society). Adults are advised to keep their Body Mass Index (BMI) between 18.5 and 25 .

$$\text{BMI} = W / H^2$$

W: weight (kg) **H:** height (metre)

- **Stress management:**

Although there is no sufficient evidence showing that stress is connected to breast cancer; improper management of stress increases the discharge of stress hormones (cortisol) which, in turn, weakens the immunity of the body. Therefore, it is important to manage stress in a positive way. Seek assistance if you need help in coping with stress.

- **Avoid smoking:**

Smoking is known to be harmful, which can trigger lung cancer and breast cancer but also damages the cardiovascular system.

- **Limit alcohol consumption:**

Alcohol consumption is connected to breast cancer; limiting alcohol consumption helps reduce the risk of breast cancer. It is suggested that daily alcohol consumption should be no more than one can of beer or 150ml of table wine. (A Cancer Journal for Clinicians, 2002)

Eat healthily

- Reduce consumption of dairy products and saturated animal fat such as red meat as these are related to various types of cancer including breast cancer.
- Daily consumption of 5 or more portions of vegetables and fruits.
- Cruciferous vegetables such as broccoli, cauliflower and kale can lower the oestrogen level effectively and reduce the risk of breast cancer.
- Whole grain food such as bread, rice, oatmeal and spaghetti can also lower the oestrogen level in blood
- Olive oil and omega 3 fatty acids can lower the risk of breast cancer effectively.
- Foods rich in antioxidants such as blueberries, plums, strawberries, kale, spinach, broccoli and red peppers contain abundant vitamin C, vitamin E and carotene which help resist free radicals.
- Green tea contains the antioxidant polyphenol, an anti-cancer agent.
- Intake of vitamin D and calcium helps lower the risk of breast cancer.

2. Regular Breast Screening

Breast screening is the best defence against breast cancer. We recommend regular breast screening as early detection and treatment can reduce suffering for individual patients and for their family.

These three methods are recommended by the Hong Kong Breast Cancer Foundation(HKBCF) for a screening programme:

3-Step Breast Screening:

Age	1 Self-Examination	2 Clinical Examination	3 Mammogram
	To get familiar with one's own breasts and to notice changes	Professionals can detect problems patients may miss	To detect calcification or tumours at an early stage
20-39	Every month	Every 3 years	Frequency suggested by your doctor
40+	Every month	Every 2 years	Every 2 years

Tips

- If you have dense breast tissues, you should consult your doctor about the need for an ultrasound imaging.
- If you have personal or family history of breast cancer, or have had previous breast disease or lesions which may increase breast cancer risk, you should consult your doctor on how to monitor your breast condition.

Breast Screening Programme

We encourage women over 40 to conduct regular breast screening for early detection and treatment of breast cancer so as to reduce suffering for individual patients and for their families.

The HKBCF Breast Health Centre provides professional yet affordable breast health screening including clinical breast examination, mammography screening and diagnostic service.

With a view to supporting women with low-income or economic difficulty to attend breast screening, the Breast Health Centre's Free Breast Screening Programme provides fee waiver to women over 40 who receive CSSA, traffic allowance or disability allowance; and low income women who meet our eligibility criteria.

Free Breast Screening Programme

Enquiry/Application: 3143 7333

Download the form at www.hkbcf.org



Call 3143 7333 for an appointment



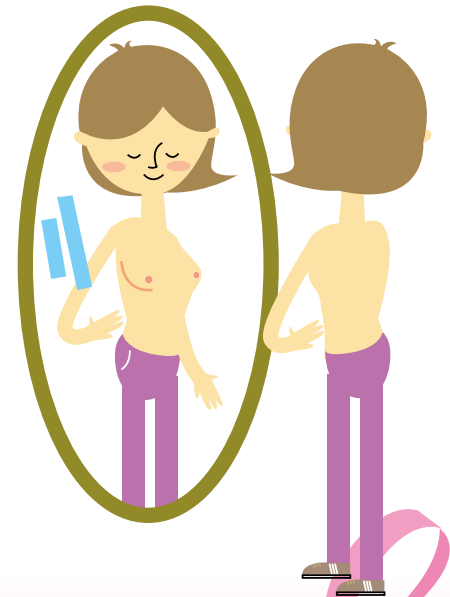
It only takes 30 days, from making an appointment to receiving test reports.

How to perform Breast Self-Examination

Perform breast self-examination monthly, either on the same date of every month or in the week your period ends when the breasts are less swollen. Doing breast self-examination is simple; look and feel and look for change in your breasts.

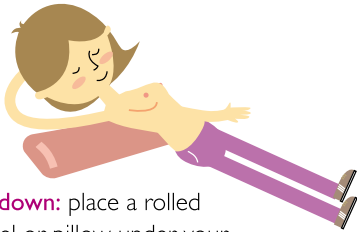
Look

- Any lump, thickening, dimpling or abnormal contour
- Any pitting, unusual skin rash, non-healing wounds, bleeding or ulceration on the skin
- Any nipple retraction or asymmetry
- Any nipple skin change, discharge or bleeding from the nipple
- Any lump or enlarged lymph node in the underarm



Feel

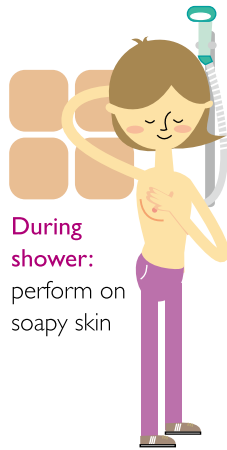
- Position



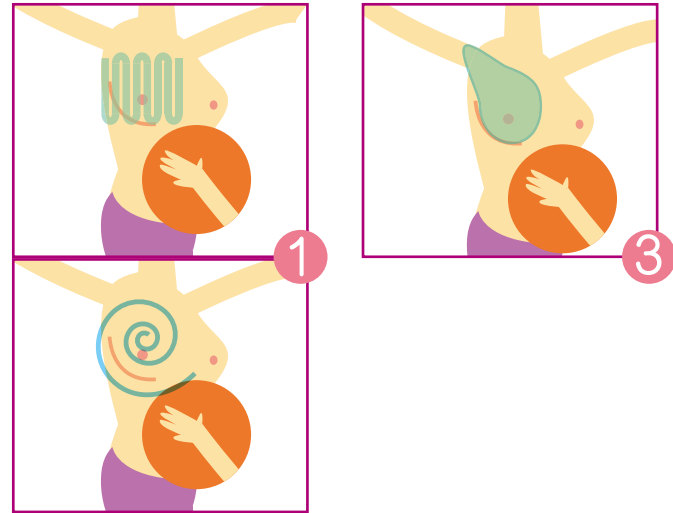
Lie down: place a rolled towel or pillow under your shoulder; use body oil on breast

- Steps

1. Right hand at ear level, use the pads of the three middle fingers of the left hand to press and make small circles or vertical strips around the right breast to feel for lumps or thickening.



During shower:
perform on soapy skin



2. Gently press the right nipple with two fingers of the left hand to look for any discharge.
3. Feel for change in your breasts, above and below your collarbone and armpit area.
4. Repeat the examination on your left breast with your right hand.

Note: Most often, many of the changes may not be due to cancer. Still, a woman should see her doctor about any unusual change in her breasts.

Breast Screening FAQ

1. I've already had my breasts examined during the whole body check-up/ gynaecological check-up. Does it mean that I don't need a Breast Screening Programme then?

An effective and comprehensive breast health check-up exercise should include Self-Breast Examination, Clinical Breast Examination and Mammography Screening. A general body check-up or gynaecological check-up package may not necessarily include these three modalities. To safeguard breast health and protect yourself from the threats of breast cancer, the best way is to start your regular Breast Screening Programme as we recommend.

2. How does the mammography screening work?

During the process, you will have to expose your upper body and stand in front of a mammography screening machine. The female radiographer will help put your breast on a platform with an X-ray negative. Plastic sheets will move downwards and horizontally to press the breast so that an X-ray radiograph of the breast tissues can be taken. You might feel uncomfortable for a few seconds when the pressure is applied. One breast is done at a time, allowing two different views of radiograph for each breast. This constitutes a comprehensive examination.

The radiographer needs to confirm that the X-ray radiographs clearly show the breast tissues, and sometimes more images need to be taken. A report is written by a radiologist. If the X-ray radiographs show any tumours or abnormal images, the doctor will follow up.

3. Is mammography screening safe?

As an internationally recognised tool for detecting breast cancer, the mammogram can detect abnormalities which cannot be seen by the eye or felt by the hand. The benefits of saving a life by early detection are much greater than the risks of radiation. In fact, the radiation risk is very low, with a dose of about 0.36 millisieverts per test, which is equivalent to one-eighth of the radiation absorbed annually from natural background radiation, or the radiation exposure from four round trip flights between Hong Kong and London. (Source: Radiation Health Unit of the Department of Health)

4. Why do women over 40 need mammography screening every two years?

The incidence rate of breast cancer increases among women aged over 40. Research has proven that screening can reduce the breast cancer mortality by 20 to 30 percent, due to early detection and treatment.

5. Can ultrasound imaging substitute for mammography screening?

No. The principles and functions of the two imaging methods are different. They cannot replace each other but are mutually complementary.

Ultrasound imaging transmits high-frequency sound waves to the breast tissues through an apparatus, and then converts the feedback from the sound waves into an image. Ultrasound can distinguish between a substantial tumour and a cyst, but only mammography screening can detect a tumour which has not yet fully developed, and only a mammogram can detect cancerous cells in the micro-calcification.

6. When is an ultrasound imaging needed?

The image of dense tissues may sometimes be unclear in a mammogram. A doctor generally uses ultrasound imaging to examine the breasts of younger women under the age of 40, whose breast tissue is generally higher in density.

Ultrasound imaging does not release radiation. It is suitable for pregnant women. It can act as a diagnostic tool

- if a mass is detected in a breast through palpation, but no images are shown in the mammogram, the doctor will use ultrasound imaging.
- if a mass is detected in a mammogram, the doctor may use ultrasound imaging to determine whether the mass is a hard substance or a cyst.
- during extraction of tissue from a mass for tests, the doctor sometimes uses ultrasound imaging as a tool to identify the location.

7. If micro-calcification or a lump is found inside the breast on a mammograph or in ultrasound screening, what should I do?

If a lump is found inside the breast through the mammogram or ultrasound screening, the doctor will extract samples of cells from the lump for diagnosis. If the results show that the tumour is malignant, the doctor will conduct further tests to identify the stage of breast cancer and will suggest appropriate treatment options. If the mass is benign, the doctor will propose follow-up actions or treatments.

If abnormality is detected, you should...

See a private surgeon or visit a public hospital

Breast centre	Tel
Public hospitals	
Kowloon	
Kwong Wah Hospital	2782 1773
Our Lady of Maryknoll Hospital	2354 2254
Kowloon East Cluster Breast Centre, United Christian Hospital	3513 4746
Hong Kong	
Tung Wah Hospital	2915 7555
Tsan Yuk Hospital	2589 2100
Private hospitals	
Kowloon	
Hong Kong Baptist Hospital	2339 8888
St. Teresa's Hospital	2711 9111
Hong Kong	
St. Paul's Hospital	2890 6008
Hong Kong Sanatorium & Hospital	2835 8878
Matilda International Hospital	2849 0111
Hong Kong Adventist Hospital	3651 8808
Canossa Hospital	2522 2181
Evangel Hospital	2711 5221
New Territories	
Tsuen Wan Adventist Hospital	2276 7333
Union Hospital	2608 3388

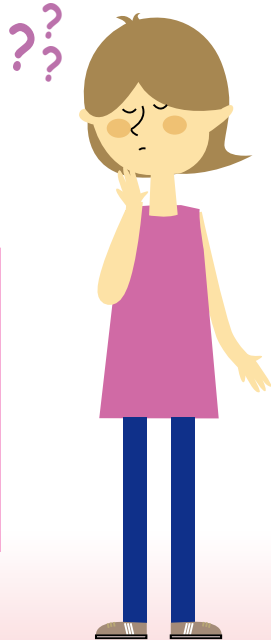
How to diagnose?

The doctor will conduct triple assessment:

- i **Clinical examination:** physical examination of the breasts
- ii **Imaging examination:** breast ultrasound, mammogram and/or MRI.
- iii **Biopsy:** fine needle biopsy(FNA) or core needle biopsy(CNB)

Tips

All the above are internationally standardised diagnostic methods which will not affect the spread of breast cancer



If diagnosed with breast cancer...

Psychological Aspect

If diagnosed with breast cancer, it's natural to feel shocked and go into deep denial. It's a time when the support and care of family members and friends, as well as peer support are essential. The Hong Kong Breast Cancer Foundation is here to provide those affected by breast cancer with informational, emotional, financial and paramedical support on their road to recovery. Please call 2525 6033 for more information.

Treatment

Breast cancer surgery:

Surgical operation is known as the only effective way to remove breast cancer tumours. A partial or total mastectomy is performed depending on the size and extent of the tumour. Mastectomy can be performed together with a breast reconstructive surgery, which helps patients re-establish self-confidence in appearance, and maintain the body balance.



Supplementary therapy: According to the nature of the tumour; treatments including chemotherapy, radiotherapy, hormonal therapy and targeted therapy are given to destroy residual cancer cells, and thus reduce the risk of recurrence.

Myths about breast cancer

Myth 1: Young women do not get breast cancer.

Fact: There are more young women affected by breast cancer in recent years. Among all breast cancer patients, 60% are women aged between 40 and 59, 9% are under 40 years old; the youngest patient is under 20.

Myth 2: Women do not get breast cancer after menopause.

Fact: The risk of getting breast cancer increases as a woman ages, the older the age, the higher the risk, regardless of the menopausal status. More than 30% of local breast cancer patients are aged 60 or above.

Myth 3: It is safe to undergo a long period of hormonal therapy after menopause?

Fact: Studies have shown that long-term hormonal therapy for post-menopause women may increase higher breast cancer risk. Women after menopause should consult their doctor for an assessment of breast cancer risk before taking hormonal therapy.

Myth 4: Breast cancer means hopelessness.

Fact: Breast cancer is curable. If a patient detects breast cancer before it has spread, the chance of survival could be as high as 70%. If detected at stage 0 (i.e. carcinoma in situ), the recovery rate at ten years is 98%.

Myth 5: Breast cancer is a hereditary disease; my risk is low if I don't have a family history of the disease.

Fact: Breast cancer can be triggered by environmental factors such as lifestyle and dietary habits. The majority of breast cancer cases are not hereditary. Less than 15% of local breast cancer patients have a family history, and about 5% of them carry the breast cancer gene.

Myth 6: Oral contraceptive pills will cause breast cancer.

Fact: There is no conclusive evidence to date. Currently oral contraceptive pills contain less oestrogen and progesterone than they used to and therefore are unlikely to trigger breast cancer. If you have taken oral contraceptive pills for a long period of time, you should consult your doctor and do regular check-ups.

Myth 7: Antiperspirants can cause breast cancer.

Fact: There has been no scientific evidence substantiating a link between breast cancer and antiperspirants.

Myth 8: Women with larger breasts have a higher risk of developing breast cancer.

Fact : Breast cancer risk has nothing to do with breast size. According to the Hong Kong Breast Cancer Registry Report No.4, some 50% of local patients were with bra size of 34 inches or over; some 60% of them had either cup A or B.

關於香港乳癌基金會

香港乳癌基金會於2005年3月8日成立，是本港首間專注乳健教育、患者支援、研究及倡議的非牟利慈善組織，致力消滅乳癌的威脅。

我們的使命：

- 提高公眾對乳癌的認識及推廣乳房健康的重要性
- 支援乳癌患者踏上康復之路
- 倡議改善本港乳癌防控和醫護方案

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推動乳健教育

機構及團體如有興趣舉辦乳健講座、派發乳健資訊及宣傳乳健檢查計劃，歡迎與我們聯絡。

電話：31437333

About Hong Kong Breast Cancer Foundation

The Hong Kong Breast Cancer Foundation was set up on 8 March 2005, as a non-profit charitable organisation dedicated to eliminating the threat of breast cancer to the local community through education, support and research & advocacy.

Missions

- Promote public awareness of breast cancer and the importance of breast health
- Support breast cancer patients on their road to recovery
- Advocate better breast cancer care in Hong Kong

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Breast Health Education

If your school/organisation/company would like HKBCF to come and give a talk on breast health, to provide educational resources, and to administrate screening programmes for groups, please contact us on 31437333.

及早發現 治療關鍵
Early Detection Saves Lives



香港乳癌基金會
HK Breast Cancer
Foundation

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