

## 1.4 Breast screening habits

The HKBCF encourages women to adopt a habit of regular screening for early detection of breast cancer before it becomes palpable. The recommendations are as follows:

Age	BSE	CBE	MMG
From 20 to 39	Monthly	Every 3 years	Frequency suggested by doctor
40 or above	Monthly	Every 2 years	Every 2 years

BSE: Breast self-examination, CBE: Clinical breast examination, MMG: Mammography screening

Breast ultrasound imaging could be considered where dense breast tissue is found through a mammogram, at the discretion of the doctor.

Habits of breast screening, including breast self-examinations (BSE), clinical breast examinations (CBE), mammography screening (MMG) and breast ultrasound imaging (USG), at the time of diagnosis among 5,101 patients are summarised below (Table 1.4.1). The proportion of those who had never conducted BSE was 37.0%; 40.7% had never had CBE; 62.9% had not had MMG and 67.9% had not had USG.

**Table 1.4.1 Breast screening habits in two age groups**

Breast examination	Overall Number (%)	Below age 40 Number (%)	Age 40 or above Number (%)
<b>BSE</b>			
Never	1,877 (37.0)	241 (29.0)	1,631 (38.6)
Occasional	2,160 (42.6)	396 (47.8)	1,760 (41.6)
Monthly	1,036 (20.4)	192 (23.2)	839 (19.8)
<b>CBE</b>			
Never	2,077 (40.7)	287 (34.4)	1,786 (42.0)
Occasional	647 (12.7)	119 (14.3)	526 (12.4)
Regular	2,377 (46.6)	429 (51.4)	1,940 (45.6)
<b>MMG</b>			
Never	—	—	2,673 (62.9)
Occasional	—	—	417 (9.8)
Regular	—	—	1,155 (27.2)
<b>USG</b>			
Never	—	—	2,738 (67.9)
Occasional	—	—	393 (9.7)
Regular	—	—	900 (22.3)

BSE: Breast self-examination, CBE: Clinical breast examination, MMG: Mammography screening, USG: Breast ultrasound screening



By geographical location, namely Hong Kong Island, Kowloon and the New Territories, among patients who had regular breast screening, 22.5%, 18.4%, and 20.8% conducted breast self-examinations; 63.3%, 39.2% and 43.6% had clinical breast examinations; 44.6%, 23.6% and 21.7% had mammography screening (Table 1.4.2). Hong Kong Island patients appeared to have a higher take-up rate of regular breast screening.

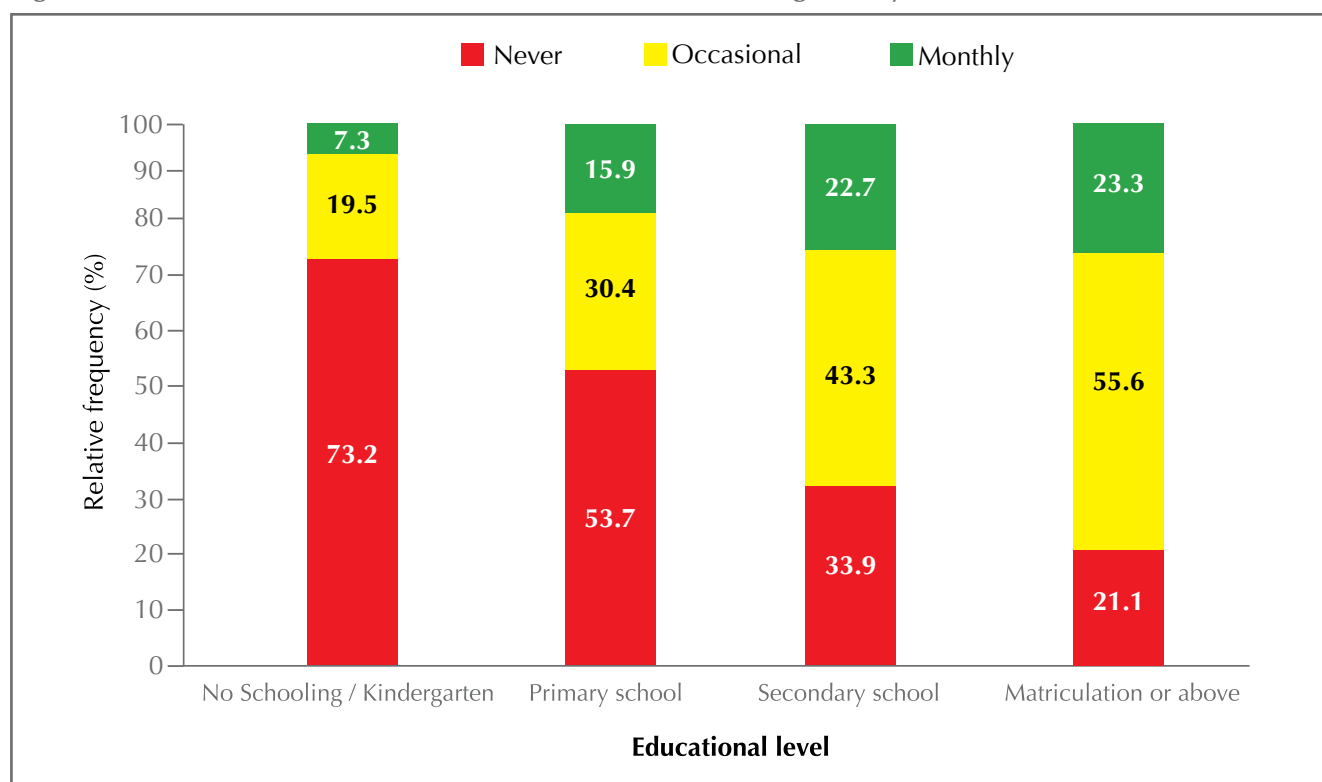
**Table 1.4.2 Breast screening habits by geographical location**

Breast examination	Hong Kong Island Number (%)	Kowloon Number (%)	New Territories Number (%)	Others Number (%)
<b>BSE</b>				
Never	266 (24.8)	584 (42.5)	904 (38.6)	32 (30.2)
Occasional	566 (52.7)	537 (39.1)	951 (40.6)	46 (43.4)
Monthly	242 (22.5)	253 (18.4)	486 (20.8)	28 (26.4)
<b>CBE</b>				
Never	253 (23.2)	664 (48.3)	1,031 (43.8)	32 (30.2)
Occasional	147 (13.5)	173 (12.6)	296 (12.6)	16 (15.1)
Regular	1,591 (63.3)	538 (39.2)	1,025 (43.6)	58 (54.7)
<b>MMG</b>				
Never	464 (42.6)	943 (68.5)	1,595 (68.3)	46 (43.4)
Occasional	140 (12.9)	149 (7.9)	234 (10.0)	8 (7.5)
Regular	486 (44.6)	324 (23.6)	505 (21.7)	52 (49.1)
<b>USG</b>				
Never	478 (49.5)	931 (71.1)	1,612 (71.2)	49 (50.5)
Occasional	126 (13.0)	108 (8.3)	225 (9.9)	9 (9.3)
Regular	362 (37.5)	270 (20.6)	428 (18.9)	39 (40.2)

### Breast self-examination

Only 20.4% of the patients performed breast self-examination on a regular basis at the time of diagnosis (Table 1.4.1). The proportion of patients with the lowest level of education who practised regular breast self-examination was 16 percentage points lower than the figure for patients who had completed post-secondary education (Figure 1.4.1).

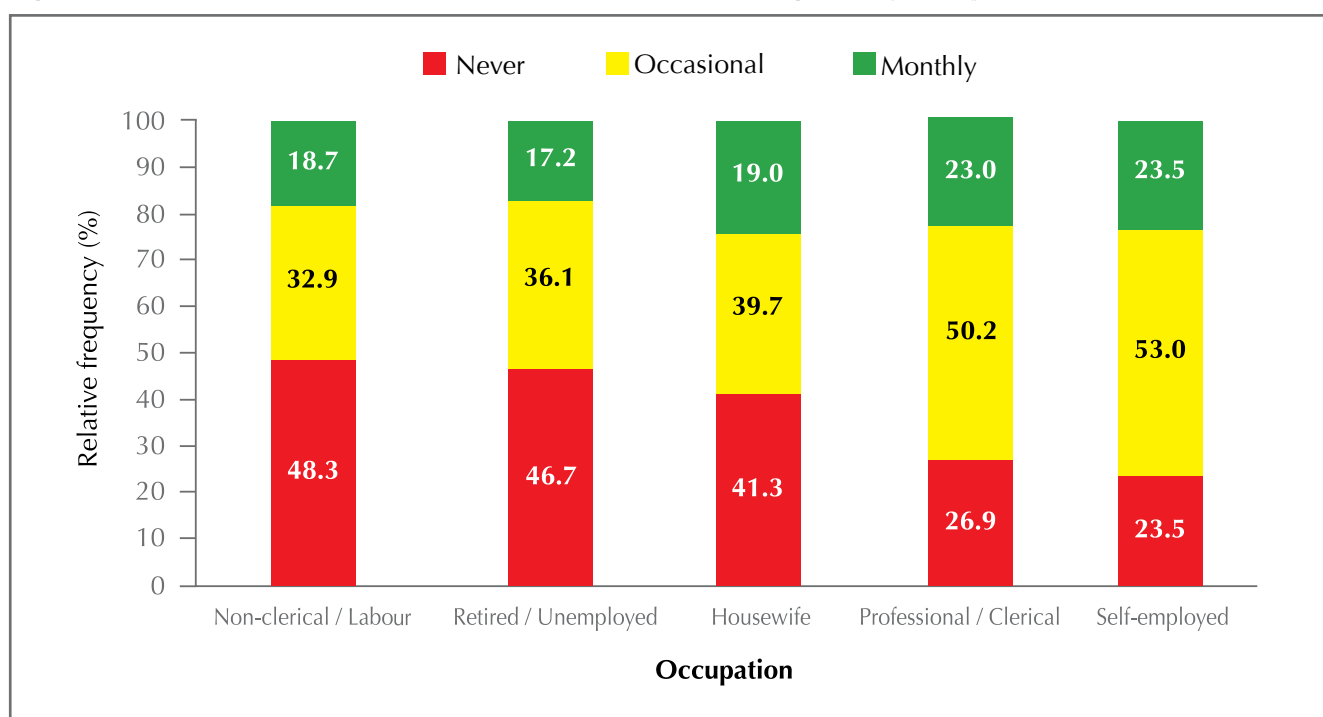
**Figure 1.4.1** Habits of breast self-examination at the time of diagnosis by educational level (N=5,047)





Rate of regular breast self-examination was 6 percentage points lower among those who were in non-clerical / labour-related occupations, or were retired or unemployed, compared with the self-employed or clerical / professional group (Figure 1.4.2).

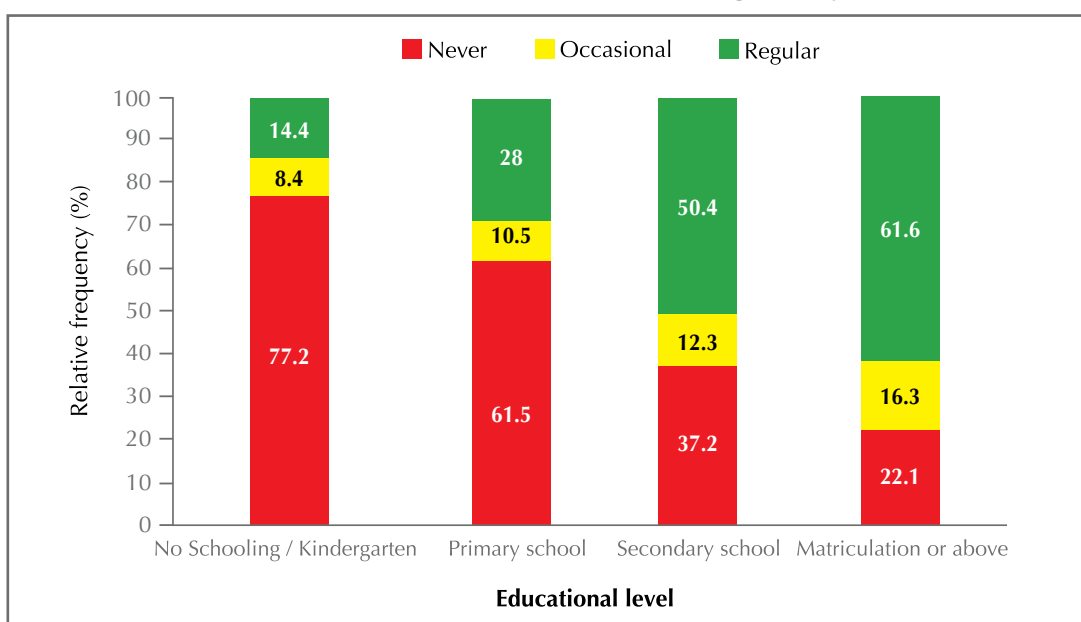
**Figure 1.4.2 Habits of breast self-examination at the time of diagnosis by occupation (N=4,953)**



### ***Clinical breast examination***

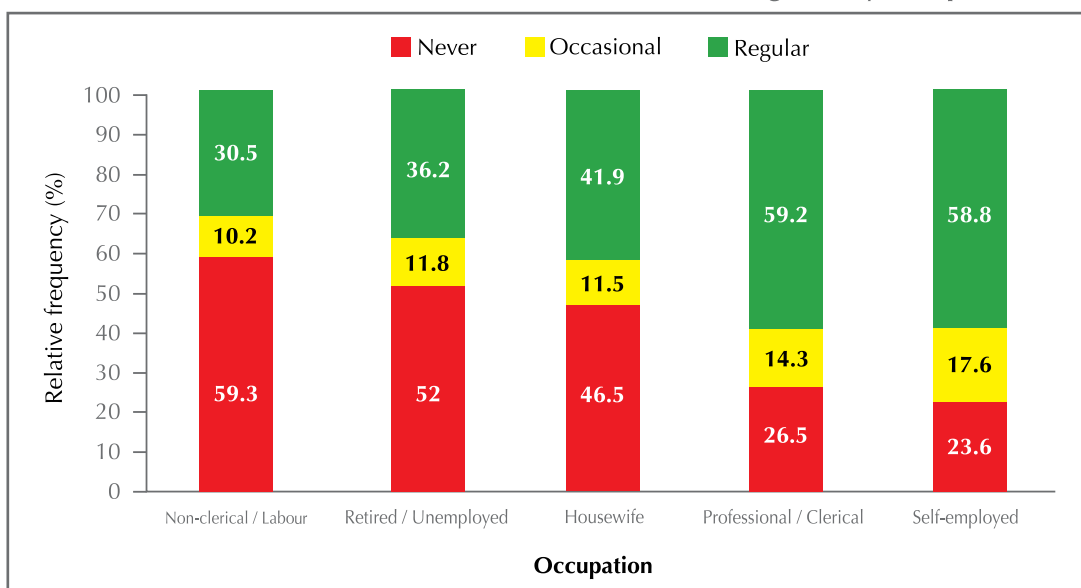
46.6% of the patients had regular clinical breast examinations, whereas 53.4% had never or only occasionally had clinical breast examinations at the time of diagnosis. The proportion of patients who had regular clinical breast examinations was 5.8 percentage points lower among those aged 40 or above than among patients aged below 40 (Table 1.4.1). The proportion of patients with the lowest educational level practising regular clinical breast examinations was 47.2 percentage points lower than that of patients who completed matriculation (Figure 1.4.3).

Figure 1.4.3 Habits of clinical breast examination at the time of diagnosis by educational level (N=5,080)



Rates of regular clinical breast examinations were 23 to 28 percentage points lower among patients who were in non-clerical / labour-related occupations, or were retired or unemployed, compared with the self-employed or professional / clerical group (Figure 1.4.4).

Figure 1.4.4 Habits of clinical breast examination at the time of diagnosis by occupation (N=4,978)





### Mammography screening

27.4% of the patients performed regular mammographic screening whereas 72.7% had never performed or had occasionally performed mammography screening at the time of diagnosis. The proportion of patients with the lowest level of education who had regular screening mammograms was 43.5 percentage points lower than the patients who completed matriculation (Figure 1.4.5).

Rates of regular mammography screening was 11.8 to 28.2 percentage points lower among patients who were non-clerical workers or labourers, compared with other groups (Figure 1.4.6).

**Figure 1.4.5 Habits of mammography screening at the time of diagnosis by educational level (N=5,197)**

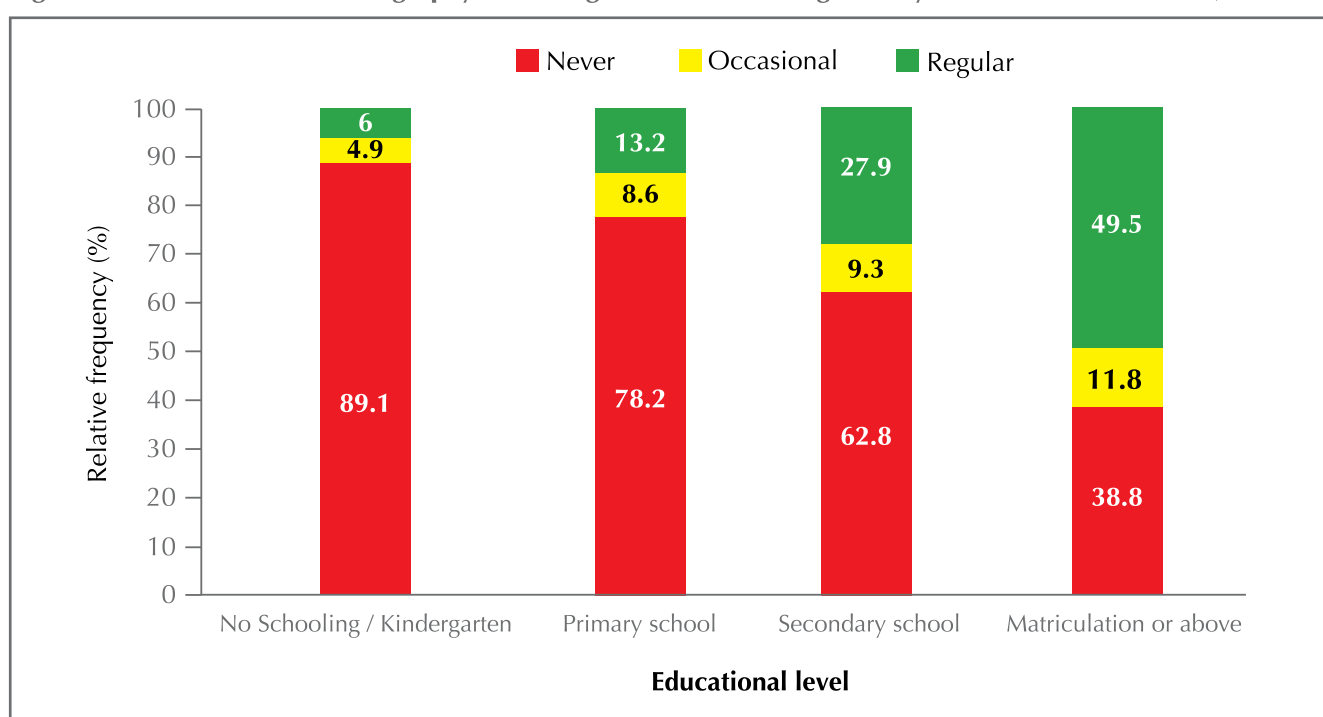
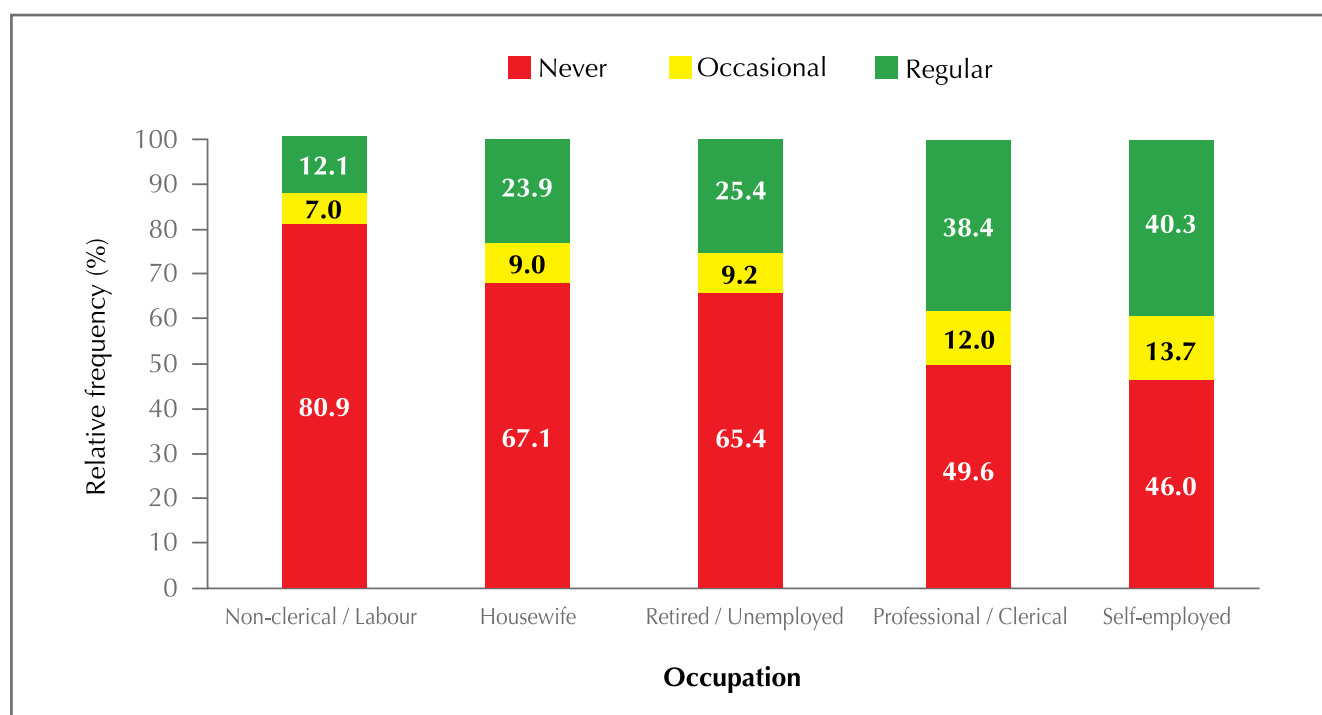


Figure 1.4.6 Habits of mammography screening at the time of diagnosis by occupation (N=4,959)

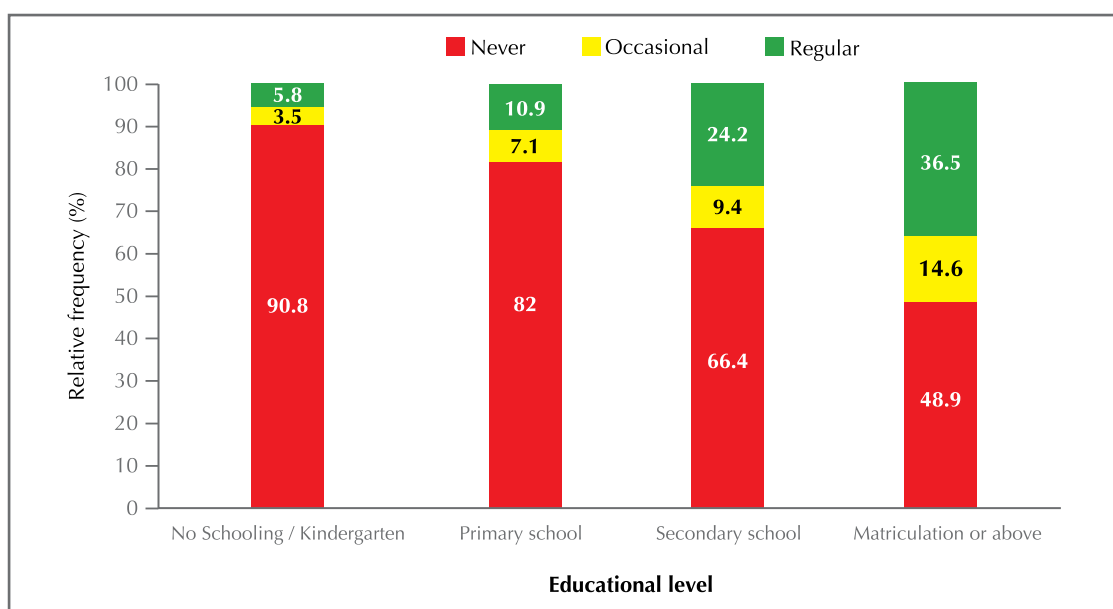


### Breast ultrasound screening

Breast ultrasound imaging is often recommended by doctors for women with dense breast tissue observed in mammography. In the patient cohort, 22.3% had performed regular breast ultrasound imaging; 76.8% had never or only occasionally performed breast ultrasound imaging at the time of diagnosis.

The proportion of patients with the lowest level of education who had regular breast ultrasound screening was 30.7 percentage points lower than that of the patients who completed matriculation (Figure 1.4.7).

Figure 1.4.7 Habits of breast ultrasound screening at the time of diagnosis by educational level (N=4,769)



The proportion of regular breast ultrasound screening was 10 to 28 percentage points lower among patients who were non-clerical workers / labourers, were retired or unemployed, compared with the self-employed or clerical / professional group (Figure 1.4.8).

Figure 1.4.8 Habits of breast ultrasound screening at the time of diagnosis by occupation (N=4,693)

