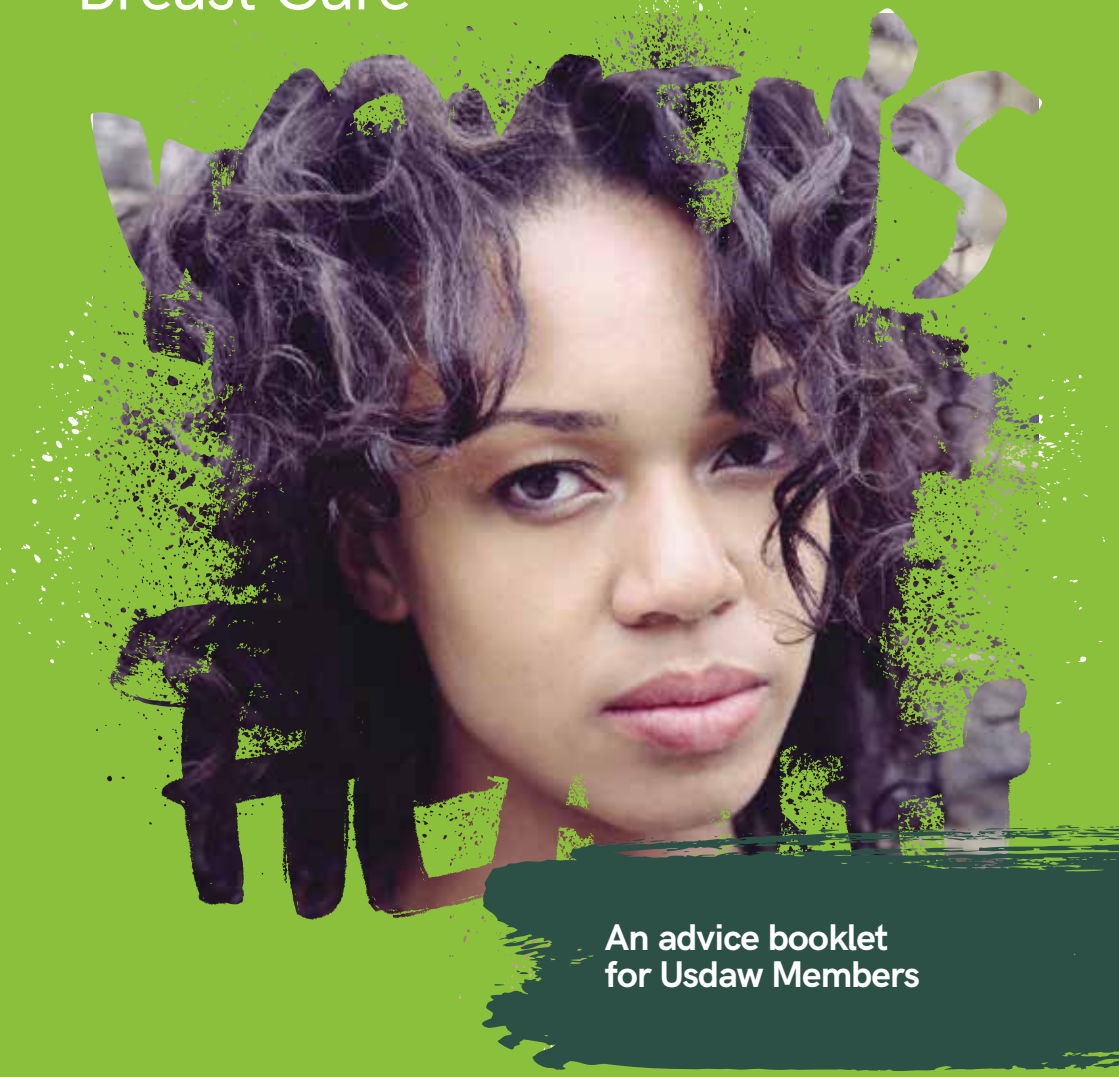
Usdaw

Campaigning For Equality

Women's Equality

Women's Health – Breast Care



An advice booklet for Usdaw Members

Contents

Breast care

This booklet is concerned with breast care. This can be an embarrassing and sensitive issue. For most women, thinking and talking about our bodies is not something that can be done easily. This is especially true about our breasts.

But it is important that every woman is 'breast aware'. Women are individuals in every way. Our faces are different and, so too, are our breasts. It is quite usual, for example, to have one breast either slightly larger than the other or placed slightly higher on the chest wall. The size and shape of breasts and nipples vary enormously from one woman to another. We are all different.

Being 'breast aware' simply means knowing what is normal for you, so that any change can be noticed and followed up as quickly as possible.

Why is breast care an issue for Usdaw?

There are over 260,000 women in membership of Usdaw. Women's health is an important issue for the Union. This booklet is part of the Women's Health series. It is directly relevant to every woman member. But it is also important for men. We all have mothers, sisters, grandmothers, daughters, partners, nieces, grand-daughters and what happens in their lives is important to us all.

As trade union representatives, we also have a responsibility to give advice and support to members who may need help in getting time off for medical appointments, treatment and follow-up visits to the hospital. Trade union action in these circumstances can make a real difference to the quality of life of our members.

Health is also a political issue. Government research has clearly shown that working class people have worse health than upper income groups. They are at greater risk from some diseases such as heart disease and lung cancer and generally are not able to recover from ill health as quickly or as successfully as the better off. Low pay, poor housing, the struggle to provide a reasonable diet and adequate levels of heating and to pay the bills puts a heavy toll on workers in the trades and industries that Usdaw represents.

Usdaw has, therefore, always recognised that women's health is not only an important trade union issue, it is also a pressing political issue.

The best support for the job

An important element of breast care is to make sure you wear the right bra – a bra that fits your body properly. Healthy breast support is fundamental, not only in terms of breast care but also to upper body well being.

Women spend a lot of time at work – either at supermarket checkouts, at desks, or on factory packing lines. We repeat the same tasks day in day out – reaching, lifting, stretching, twisting and turning our upper bodies repeatedly. It is not surprising that at the end of the day many women complain of back, shoulder and neck pain as well as headaches and breast pain.

Wearing the right bra can help reduce these symptoms, improve your posture and achieve good breast position.

Recent research has shown that underwired (or fashion) bras can contribute to postural problems and in some instances lead to a thickening of the tissue below the breast. Underwired bras are designed to fashion industry standards (the mannequin in the shop window) and not necessarily to fit women's bodies and so they rarely give the right support. They're fine for occasional wear – going out at night – but for everyday wear at work non-wired bras give better support.

It is also important to make sure your bra fits you properly so always try it on. You wouldn't dream of buying a pair of shoes without trying them on first so apply the same principles to buying a bra.

Breast concerns

Sometimes it is hard not to worry a little bit about our breasts, perhaps because they are painful or there is a discharge from the nipple. In the vast majority of cases this will mean relatively straightforward care and treatment.

- Breast pain (mastalgia) affects two out of three women. It can be linked to menstruation and can make the breasts heavy, swollen and tender.
- A single lump of breast tissue, a fibroadenoma, can affect women, usually under the age of 35. It may be firm and mobile and quite large. It can be removed if it becomes painful.
- Cysts are fluid filled sacs and can be painful. They are common in older women approaching the menopause. The fluid can be drawn off and checked. Cysts recur in a third of cases, but can be treated in the same way.

It is important to make sure your bra fits you properly so always try it on. You wouldn't dream of buying a pair of shoes without trying them on first so apply the same principles to buying a bra.

Why Breast Screening?

The aim of breast screening is to detect breast changes and lumps which may be cancer, at such a stage as to maximise the number of treatment options open to women. Unlike cervical screening, it is not possible to detect and eradicate pre-cancerous conditions in the breast through screening. Screening for breast cancer is better described as an early warning system.

Breast self-examination

Until recently the only widely available form of screening was breast self-examination. Women are encouraged to be 'breast aware' so that they can identify for themselves any changes in the breast.

For some women breast self-examination is part of their everyday life, a matter of routine, but for others it may not be something they find very easy or comfortable to do. Women can sometimes feel a great sense of pressure to examine their breasts. It is a matter of choice for every woman.

But having said this, it is important for all women to be confident that they understand breast self-examination and can follow a routine if they wish. It is essential that women have access to professional advice and guidance in developing the confidence to examine their breasts. Remember, you know what is normal for you, it is your body; breast self-examination is about detecting change in your breasts, not just necessarily feeling lumps. Ask your doctor about this. You may be referred to a breast care nurse.

In Appendix 1 on page 14 there is some standard guidance about breast self-examination. But this is just a written guide, do not rely on this. There is no substitute for expert advice. Make sure you discuss this with your doctor or breast care nurse. Appendix 2 on page 15 gives some more information about the signs and symptoms of breast disease.

The NHS Breast Screening Programme

The NHS Breast Screening Programme started its national programme of inviting women to attend for mammography in 1992-1993. (Further details are in Appendix 3, page 16.)

What is mammography?

This form of breast screening begins with an X-ray of each breast. This is a mammogram. It is taken by compressing the breast between two X-ray plates.

Who is offered screening by mammography?

- Every woman between the ages of 50 and 70 is offered screening by mammography every three years. If a woman does not attend for screening, a note is sent to her GP, to be placed in her records, and remind the doctor to discuss it with her next time she visits the surgery. (There is further information about this in Appendix 4, page 17.)
- Women under 50 are not offered screening. It is more difficult to detect cancer in younger women, mainly because the breast tissue is more dense. There will be more 'false positives' in this age group, which adds unnecessary stress and worry to those women involved. A 'false positive' result is a mammogram which appears to show a breast abnormality when none in fact is present. Women under 50 can ask their GP to refer them to a hospital breast clinic if they are concerned about a specific breast problem or otherwise concerned about breast cancer.
- Women over 70 can ask their GP to refer them for a mammogram but they will not be automatically called for screening. The House of Commons Health Committee undertook an investigation into Breast Cancer Services. It recommended that the upper age limit for inclusion in the call and recall system be extended to women up to 70. It also recommended that the Department of Health ensure that women over the age of 70 are aware of their right to a three-yearly mammogram on request.

What does the mammogram tell us?

The mammogram can detect changes in the breast tissue. After a mammogram, about one in 10 women can be expected to be recalled to an assessment centre. This may be because another X-ray is necessary if the detail was not clear enough on the first, or it may be because a potential abnormality has been detected.

Finding a lump or any sort of change in the breast is a distressing and frightening experience. For the overwhelming majority of women, these lumps will turn out to be very easy to treat. Nine out of 10 lumps are water filled cysts. But these women still go through the anxiety and trauma of dealing with what can be a bewildering and worrying time. Part of the aim of this booklet is to attempt to provide basic information to women to enable them to feel more confident about dealing with the situation.

If further investigation is required, more tests are carried out at an assessment clinic. Generally these include a clinical examination and often more mammograms. They may involve what is called fine needle aspiration cytology in which the doctor draws off some breast cells or fluid through a very fine needle for laboratory analysis. Most women are given the all clear after further investigation.

A small number of women have to have a biopsy in order for a diagnosis to be made. This may mean a short stay in hospital where a small piece of breast tissue is removed under anaesthetic by the surgeon.

If a woman is found to have cancer, she will be referred to a consultant for a discussion about the options for treatment. There is some information about this in Appendix 5, page 18.

Breast cancer

It is very important to remember that of the one in 10 lumps that need further investigation, many cases will be relatively straightforward and simple to treat. There are different types and grades of cancer. For example, ductal carcinoma in situ (DCIS) is diagnosed in a significant proportion of women. But it is estimated that DCIS will not progress to being invasive cancer in 75% of cases.

Breast cancer starts in the milk-producing cells in the breast and in the cells lining the small milk ducts. There is a pre-invasive stage of the disease during which the malignant cells are confined within the duct system. This is followed by an invasive stage in which the cancer invades the surrounding tissues and may spread to local lymph nodes and to distant sites such as the bones and the lungs.

Although breast cancer may spread early in its natural history, the rate of growth varies enormously from case to case. In many women it will be several years before metastases (secondary cancers) appear in other sites.

The logic behind breast cancer screening is that if the cancer can be detected in the pre-invasive stage, before any spread has occurred, the appropriate treatment is likely to be much more effective.

No-one likes to think or talk about cancer, but it is an issue we ignore at our peril. Treatment for breast cancer is improving all the time. Thousands of women receive treatment and counselling every year. Remember, cancer is a word not a sentence. Screening for breast cancer can mean early detection and the chance to consider a range of treatment options. (Some further information about treatment options are contained in Appendix 5, page 18.)

Women need to have clear information about these options, and about what the different forms of treatment will involve, before they can make any judgements about the treatment they want and need. This booklet aims to provide some basic information to support women going for screening. (At the back of the booklet there is a list of organisations that can be contacted for more detailed advice and guidance. This is in Appendix 9, page 24.)

Our job as trade unionists is to ensure that women have access to all available information so that they can make an informed choice about screening. The decision to go for screening is for women to take. It is important that women get the support they may need in taking difficult and, what may be for them, frightening decisions.

Why is breast cancer an issue?

- Breast cancer is a serious issue for everyone in the UK.
- Over 99% of cases of breast cancer are diagnosed in women. Breast cancer will affect one in nine women directly at some point in their lives. But this figure does not include the thousands of women and men who are affected by breast cancer indirectly; the women and men who care for and support their friends, relatives and work mates who are dealing with cancer directly.
- Breast cancer accounts for almost one-third of all new cancers in women in the UK.
- It is the principle cause of cancer death for women in the UK.
- In 2013 there were 53,096 new cases of breast cancer. In 2014 just over 11,000 women died from it and mortality rates for the last 20 years are now falling.
- Breast cancer risk is strongly related to age, with 81% of cases occurring in women aged over 50. Nearly half (48%) of cases are diagnosed in the 50-69 age group.

What causes breast cancer?

The short answer is that we simply do not know what causes breast cancer. Though there are some clues, there is not enough known about this major disease. While we do not know of one single cause, there are factors that are associated with an increased likelihood of developing breast cancer. Stress may be one of them.

Recent research suggests that stress is a very important factor, so it is particularly relevant that the Union tries to ensure that work systems and the pace of work do not put unacceptable and unhealthy levels of stress on women workers. (Appendix 6, page 20, gives further information about risk factors.)

Cancer is a word, not a sentence

It must be remembered that although breast cancer is a disease that many women die from, it is also one that many women live with. There does seem to be a connection between 'positive thinking' and survival from breast cancer. So, it is crucial to find ways of coping with the stress and anxieties. Support from partners, friends, self-help groups, work mates and Union contacts is vital.

Treatments are improving all the time. More and more work is being channelled into ensuring that women get the treatment they want and need. (More information about this is contained in Appendix 7, page 21.)

It must be remembered that although breast cancer is a disease that many women die from, it is also one that many women live with. Treatments are improving all the time. More and more work is being channelled into ensuring that women get the treatment they want and need – there is now a survival rate of 80%.

What the Union can do

- Ensure that Usdaw members have access to relevant information. Cancer screening is an issue for everyone. Whilst it has a direct impact on the lives of our women members, it also has implications for all Usdaw members who have wives, partners, sisters, mothers, grandmothers, nieces, cousins, aunts and friends.
- Ensure that the membership are covered by cancer screening agreements which secure paid release to attend screening and any follow-up treatment. This is equally important for part-time workers as it is for full-time workers. (In Appendix 8, page 23, there is a Model Agreement.)
- Ensure that appropriate information about the National Breast Screening Programme is readily available to all members.
- Provide support to women going for screening and treatment. This is particularly important for some groups of women. Research shows that there is a significant difference in reported take-up rates between different groups of women. (Appendix 4, page 17, gives further details.)
- Invite speakers on women's health to meetings. The Usdaw Equalities Section and the Education Department can make suggestions about suitable speakers.

Our health is a political matter

Governments make choices about how the resources in our society are used and allocated for different purposes. One of the most pressing tasks facing trade unionists is to continue the campaign to maintain the National Health Service and develop its provision of breast care services. Account needs to be taken of the fact that while women in higher income groups have 1.5 times the incidence of breast cancer of working class women, most deaths occur among poorer women. In particular, a political decision needs to be made to fund research that will identify the causes of breast cancer. It is only in this way that a significant reduction in the death toll from breast cancer looks possible.

Politics affects the amount of funding for the NHS and that affects our health. For example, under Labour, NHS funding has nearly trebled and a special strategy for breast cancer was introduced.

- There is free breast cancer screening for all women aged 50-70.
- Trusts have been set targets of a maximum two week wait from GP referral for possible breast cancer to seeing a specialist. This target is met in 99.9% of cases.
- There is now a survival rate of 80% compared with a survival rate well below the European average in 1997.

Those of us concerned about our health services need to bear in mind the policies of different parties on NHS investment and be wary of politicians promising 'more efficiency in the health service' or public spending cuts. We also need to ensure that local services meet our expectations and to let our politicians know when there are problems.

If you wish to comment about local services, please contact your MP at www.parliament.uk (click on 'MPs, Lords and offices' then 'Find your MP'), or write to them at House of Commons, London, SW1A 0AA.

To campaign on local issues, or the availability of drugs or screening, the most effective organisation is Breast Cancer Now who have a Campaign and Advocacy Network to campaign on specific issues.

Contact them at www.breastcancernow.org or on 0333 20 70 300 to join.

Breast Cancer and Disability Discrimination

The Equality Act 2010 (previously the Disability Discrimination Act) prevents employers from discriminating against employees who have cancer and therefore women living with breast cancer.

The Act requires employers to make 'reasonable adjustments to the workplace' for women workers living with cancer.

The law protects women from the point of diagnosis. It also covers women who have been diagnosed with cancer in the past and haven't had treatment or any symptoms since.

The Cancer Reform Strategy published by the Department of Health in 2007 says the following:

> *"In the area of employment, examples of reasonable adjustments might be allowing an employee with cancer time off for treatment or rehabilitation, or allowing them some flexibility in working hours or a phased return to work."*

But every woman is different – some women may work through their treatment, many take sick leave and return to work after their treatment has finished.

We believe it important that women living with breast cancer are given as much information as possible to help them reach a decision that suits them best.

After treatment for breast cancer, many women are ready to return to work. Her employer should arrange a 'return to work' meeting with her and discuss and agree reasonable adjustments with her at this meeting.

Before this meeting she should think about any issues she wants to discuss, and any concerns that she may have about parts of her job that might be difficult. She is entitled to have a union representative with her in this meeting and it is a good idea to take advantage of this.

Before returning to work, she should consider whether she would be able to carry out her full range of duties. This is especially important if her job involves lifting or carrying, but she may simply want to reduce her working hours as she starts her return period, or vary her hours.

She may also need some adaptations to the work or the equipment she uses, to enable her to carry out her job. Her employer may be required to make reasonable adjustments to her workplace to enable her to continue working over the long term. She should not be afraid of discussing any limitations she feels she might have with her employer.

She may also be required to take a risk assessment of her role and function at work – for example, if there are limits to her mobility or levels of concentration.

A risk assessment is nothing more than a careful examination of her role to judge what could harm her and if enough precautions have been taken to prevent any harm.

If she is not required to have an assessment, she may request to have one anyway if she thinks it would help her colleagues and her employer better understand any limitations she may face.

Positive steps the employer can take that can help

Employers have a legal duty to behave in a supportive and non-discriminatory way towards women living with breast cancer and undergoing treatment, but they can also offer a wide range of other forms of support at what can be a difficult and emotional time.

This means for example:

- Respecting privacy and dignity and not disclosing the fact the woman has breast cancer to her colleagues or the nature of her treatment if she doesn't want that to happen.
- Adjusting sickness absence policies so that disciplinary procedures are not triggered because of absences during the illness, recuperation and treatment.
- Allowing the woman paid time off work for medical appointments to visit specialists, undergo radiotherapy and if necessary visit specialist counselling services.
- Reviewing the work undertaken and the number of hours worked, so unnecessary physical pressure is not placed on the woman during the time she is having treatment.

This may mean she cannot lift heavy objects and may feel tired. So working at the till or warehouse may be difficult and she may need more breaks, less strenuous duties and a longer lunch break in order to rest.

Survival rates for breast cancer

Breast cancer is the most common form of cancer found in the UK; there are over 53,000 cases of breast cancer diagnosed each year. This may sound alarming but there is hope.

Due to improvements in our understanding of breast cancer and better treatment, survival rates for women living with breast cancer have been improving for more than 30 years.

The estimated survival rates for women living with breast cancer for over 10 years after diagnosis now stands at over 78% compared with only 52% for women diagnosed with breast cancer in 1973. More women than ever are living with breast cancer for over 20 years since their initial diagnosis.

This gives women real hope for the future, but this is dependent on the type of cancer and how advanced the cancer is, therefore early diagnosis and treatment is vital – visiting cancer scanning centres for a mammogram, self-examination and having an understanding employer prepared to give time off for cancer screening appointments is vital.

Employers have a legal duty to behave in a supportive and non-discriminatory way towards women living with breast cancer and undergoing treatment. The Equality Act 2010 requires employers to make 'reasonable adjustments to the workplace' for women workers living with cancer.

Seeing a specialist

The last Labour Government has massively improved the level of resources given to reducing the number of cases of breast cancer in the UK. It also attempted to reduce the length of time it takes before a woman gets seen by a specialist and receives treatment but this does vary throughout the country. Professional guidelines state that the first treatment for breast cancer should begin no more than four weeks after diagnosis.

Each woman's treatment plan will be individual to their circumstances but will involve one or more of surgery, radiotherapy, chemotherapy, hormone therapy (such as tamoxifen) or biological therapy (Herceptin).

Further information about these treatments can be found on the Breast Cancer Now website www.breastcancernow.org which combines information about the treatment guidelines health professionals use, with comments from women who have been through breast cancer treatment themselves.

If you want to speak to an advisor at Breast Cancer Now about what may be best for you or a friend, their telephone number is 0333 20 70 300.

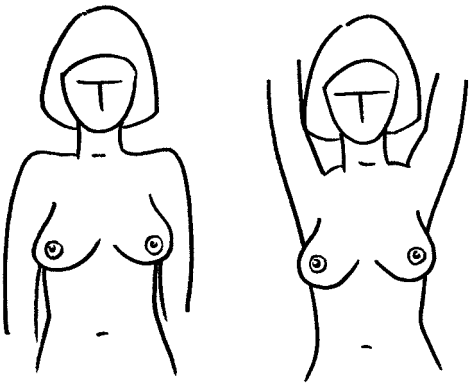
Appendix 1

Breast Self-Examination

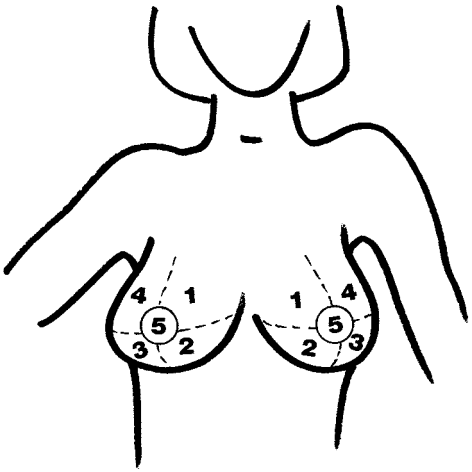
The best time to examine your breasts is the week after your period (or the first day of each month if you do not have periods). It is done in two stages:

Firstly, sit in front of a mirror with arms by your side, then arms in the air; look for:

- Changes in the shape of either breast, especially when raising your arms, lifting the breasts or leaning forward.
- Changes in the skin appearance, especially over a small area.
- Changes in either nipple, especially in position, shape or discharge.



Secondly, lie on a bed or in a bath. Examine each breast with the flat of the fingers and cover all the areas of each breast. The diagram below gives you five suggested areas. Use the right hand for the left breast and the left hand for the right breast. Include the nipple area and go right up into the armpit.



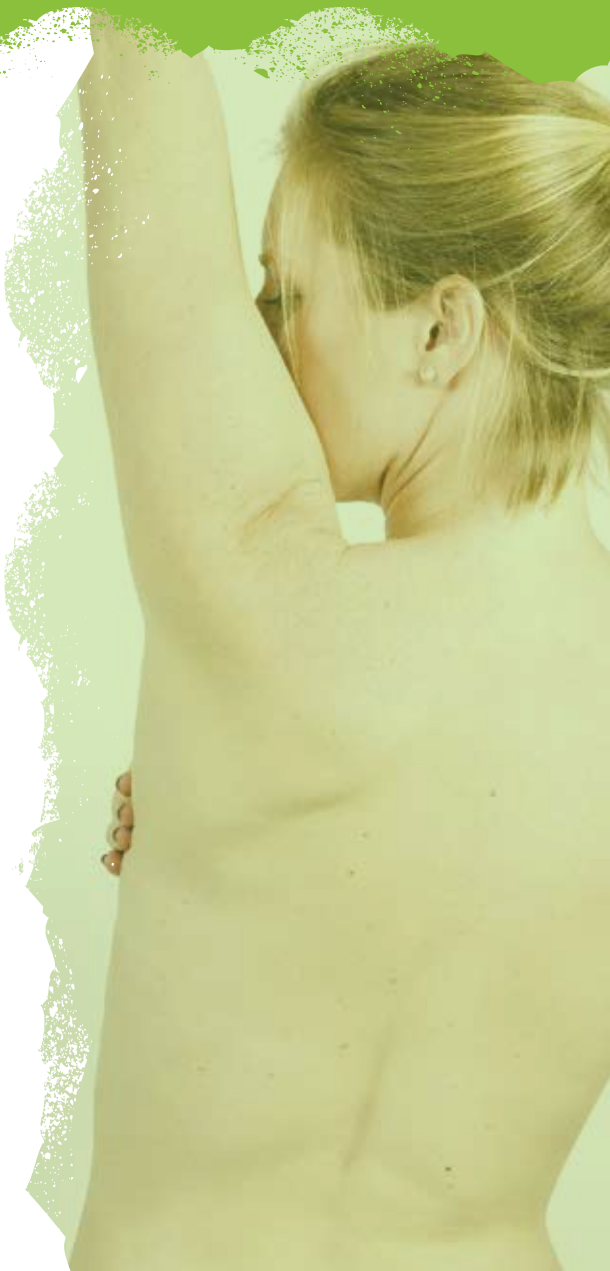
Feel for:

- Areas of thickened skin.
- Any lumps.
- An area of one breast that is different from the other.
- Any changes in either nipple.

Go and see your doctor if you feel there are any changes in your breasts.

Appendix 2

Signs and Symptoms of Breast Disease



Breast:

- Change in shape.
- Change in size.
- Puckering or dimpling of the skin.
- Enlarged veins.
- Lump or thickening anywhere.

Nipple:

- Discharge (of any kind).
- Drawing in.
- Rash on nipple or areola (area surrounding nipple).
- Lump or thickening.
- Change in skin texture.

Arm:

- Swelling of upper arm.
- Swelling in the armpit or above the breast.

Appendix 3

The National Breast Screening Programme

- The NHS Breast Screening Programme is established on a national basis.
- Since it was established in 1988, the NHS Breast Screening Programme has screened more than 19 million women and detected around 117,000 cancers.
- Women are contacted through lists held by Family Health Service Authorities. These lists are compiled from GP records. A woman will be invited for screening if she is registered with her GP and her details are correct.
- There are 80 Breast Screening Programmes across the UK. Women are invited for screening at special screening units. They can either be a mobile unit, hospital based, or permanently based in another convenient location such as a shopping centre.
- At the unit, the woman will be asked by a woman radiographer about any symptoms or history of breast disease. The radiographer will also answer any questions, explain what will happen and carry out the mammogram. It may be helpful to make a note of any questions you want to ask just in case you might forget them on the day. The whole visit usually takes about an hour.
- The mammogram is then examined by a consultant. The results are sent to the woman's home and her GP within two weeks. Less than one in 10 women will be asked to go to an assessment centre for another mammogram, either for technical reasons (if the first X-ray was not clear enough, for example) or because a potential abnormality has been detected. Steps are taken to ensure that the recall letter does not arrive on a Saturday, when it is less likely to be able to rely on access to advice and support from a GP, and that the time between sending the letter and the appointment for assessment is only a matter of days.

Appendix 4

Who Takes Up The Offer Of Screening?

For women offered screening, the uptake rate has remained steady at about 74% since 1991.

But there are significant regional variations, from 60% in North East Thames to 79% in East Anglia. There may be many reasons for this. The address lists held by Family Health Service Authority Registers, which are used as the base to call women for screening, may not be up-to-date. In inner city areas there may be a particular problem with keeping accurate information about addresses, because inner cities have a higher turnover of population.

But other factors have been identified as affecting a woman's likelihood to attend for screening. These include her anxiety about screening and breast cancer, her previous experience of screening, marital status (single women are less likely to attend) and the wording of the initial invitation.

Breast screening and Black and Asian women

According to research evidence, there is a significant difference in reported uptake of breast cancer screening between different groups of women. In the UK population as a whole, 21% of all women reported taking up breast screening. (This reflects the fact that in the main, only women over the age of 50 will be screened.) This compares with 14% of African-Caribbean women, 7% of Indian women, 7% of Pakistani women and 4% of Bangladeshi women. There is little reliable information to explain this but it is thought to reflect a lack of information directed to these women in accessible languages and formats. There is also an issue about the need for health workers to ensure that black women are given the opportunity to discuss health screening directly in a supportive environment and in accessible venues.

Appendix 5

Treatment For Breast Cancer

The term breast cancer is used to describe not one, but a collection of diseases. The treatment a doctor recommends is influenced by the type and extent of breast cancer in any particular case, by whether or not the cancer is sensitive to hormones, by the size and position of the tumour, and by how far it is thought the cancer may have spread. Consideration will also be given to the general health of the woman.

It is important that women are prepared for the discussions that will take place with the specialist dealing with their case. Some women find it helpful to make a note of all the different questions they want to ask so that they do not forget anything. Taking along a friend or partner, who can give support in asking questions and absorbing the information supplied, can make a real difference in dealing with the situation.

Here is some basic information about treatment options.

Surgery

Orthodox treatment for breast cancer usually involves some form of surgery.

It is the most commonly offered option. It is important to find out what kind of operation is being agreed to before the consent form is signed, exactly what part of the breast will be removed and whether any further treatment will be necessary.

There are a number of surgical techniques used in the treatment of breast cancer. They include:

- **Lumpectomy:** This is the localised removal of the lump and a small area of breast tissue around it. Additional treatment (often called adjuvant treatment) with radiotherapy is usually recommended as well. In many cases where the lump is small, and there is no evidence that the disease has spread, lumpectomy plus radiotherapy has proved as effective in controlling breast cancer as mastectomy.
- **Partial Mastectomy:** This involves removal of part of the breast and affected tissue.
- **Simple Mastectomy:** This is the complete removal of the whole of the breast.
- **Modified Radical Mastectomy:** These are all stages between simple and radical mastectomy when the breast is removed with some other tissue. This often includes the lymph nodes from the armpit and perhaps some of the chest wall muscle.
- **Radical Mastectomy:** This involves complete removal of the breast as well as all the chest wall muscles and all the tissue from the armpit.

- **Chemotherapy:** There are a number of drugs that are used in the treatment of breast cancer. Chemotherapy involves the use of cell-poisoning drugs, usually to control cancer cells that may have spread to other sites in the body. These cells may not be causing symptoms and may not be readily detectable. Chemotherapy may be given after surgery, in which case it is called 'adjuvant chemotherapy'. It may also be used to help stop symptoms in the breast, for example, by helping to reduce the size of tumours and swelling of the arm due to cancer in the lymph nodes. Unlike radiotherapy, it affects every part of the body, travelling through the bloodstream.
- **High Dose Chemotherapy with Stem Cell Rescue:** This is an extremely controversial treatment. Experts are divided about it. There are some trials taking place in the UK that are trying to assess this treatment. It involves removal of some of the stem cells in the blood. Then very high levels of chemotherapy are given with the intention of killing all the cancer cells. After this the stem cells are reintroduced into the body. It is a risky and gruelling form of treatment. But it is important that women who are already facing and dealing with breast cancer have the option of considering all possibilities, including radical treatments like high dose chemotherapy.
- **Hormone Therapy:** It has been known for many years that changing the hormone balance in a woman's body could affect breast cancer, either by encouraging it to grow or by causing it to get smaller. The effectiveness of hormone therapy is not fully understood. More research needs to take place and there is a lot of controversy about some treatments and the longer term effects.

  But many women do seem to benefit from hormone treatment. The most commonly used drug in this category is 'tamoxifen'.
- **Radiation Therapy:** Radiotherapy is treatment with high-energy X-rays. It can involve applying radioactive materials (implants) to the site of the cancer in an attempt to shrink and kill the tumour.

  Techniques are developing all the time. The Imperial Cancer Research Fund's clinical oncology unit at Guy's Hospital, London, has developed a treatment which aims to save the breast. It involves removing the lump in the breast and the lymph glands in the armpit, inserting radioactive needles for 48 hours to kill as many of the remaining cancer cells as possible, and then giving radiotherapy as a backup.

Alternative therapies

Surgical intervention, radiotherapy, chemotherapy and hormone therapy are all used as forms of treatment for breast cancer. Increasingly, doctors and breast care nurses are suggesting a combination of treatments. Many women consider alternative and complementary therapies, such as special diets or the Bristol Cancer Programme. This approach is directed at the whole person and includes diet, relaxation and meditation. It can be used alongside orthodox medical treatments. It is just as important to discuss the effects of all treatment options as it is to discuss the impact of surgery.

Appendix 6

Risk Factors Associated With Breast Cancer

Family history is important, particularly if a near relative has had the disease before the age of 50. Starting a family at a later age, having a small family (these two factors may be inter-related) and high social class are associated with an increased risk. The effect of alcohol is hard to separate out from the other factors, but some research suggests that alcohol can have an effect. Other factors associated with an increased risk may include the long-term effect of the contraceptive pill and taking a diet high in fat. Women with breast cancer are more likely to have started menstruating early (before the age of 12) or to have reached the menopause after the age of 50, or not to have borne any children.

In general, the incidence of breast cancer is higher in wealthier countries. Women in North America and Western Europe have the highest risk of developing the disease. But women migrating from low incidence to high risk countries only take two generations to approach the level of risk in the new country. This suggests that social and environmental factors must be important.

So, whilst there is some information about the factors that may be associated with an increased risk of breast cancer, this is all that can be said. It does not mean that any particular woman who has one or more of these characteristics will develop breast cancer. It simply means that there is a statistical association between these various factors. There is a lack of systematic, comprehensive, authoritative research about breast cancer. For example, a high alcohol intake has been found to carry an increased risk in some but not all studies. The research associating oral contraceptive use and breast cancer relates to old, now disused, pill formulations.

More needs to be done. We need to find out what it is about women's lives in this country which gives us the highest death rate from breast cancer in the world. One of our jobs as a trade union is to increase awareness of breast cancer and to campaign for more resources to be devoted to finding out what causes breast cancer and for better treatment.

Appendix 7

Dealing With Breast Cancer – High Quality Care

There is widespread concern about the different treatment women get for breast cancer in different hospitals. If women are to get the best possible treatment from the NHS, then they need to be involved and feel included in the management of their case. It is your body and your right to have a say in what happens. This includes the right to demand the sort of treatment that will give you the best possible care. The British Breast Group are specific about what this means in practice. Their recommendations are set out below.

The British Breast Group is a multi-disciplinary group of specialists in the field of breast cancer. They include surgeons, radiologists, pathologists, oncologists, epidemiologists, psychiatrists and laboratory scientists. What joins them all together is their work on breast cancer. This Group has produced a very important report which looks at what is needed to give breast cancer patients high quality care. They make the following points:

- There must be accurate and timely diagnosis. This requires a surgeon, a radiologist and a pathologist working very closely together as a team. The breast care nurse is also a vital part of the team. The radiologist looks at the mammogram, the pathologist looks down the microscope at the suspect tissue, the surgeon does the initial clinical assessment and often does the fine needle aspiration biopsy which draws fluid from the lump so the pathologist can take a close look at the cells from the lump. Biopsy involves removing some breast tissue so that the cells can be examined under a microscope. It is the most accurate form of diagnosis. There are different types of biopsy and most are done under general anaesthetic.
- There must be appropriate treatment. This requires the surgeon and an oncologist working very closely together because the treatment may involve surgery, radiotherapy and chemotherapy.
- The team must work as a team to review individual case histories. This approach means that when a woman has been diagnosed, the diagnosis can be confirmed with the pathologist, the team can find out from the pathologist what type of tumour it is and then make appropriate treatment plans.

- The British Breast Group has recommended that the breast care services in the NHS must be set up in such a way that the team can see an adequate number of patients to develop and sustain their expertise. In line with this approach, the Health Committee's report on Breast Cancer Services recommends that women with breast disease should be treated in specialist breast units, by multi-disciplinary teams of breast care specialists.
- The breast care nurse is of fundamental importance in the team. The breast care nurse can offer direct support to the woman. At every stage, the nurse is there to discuss things through with the woman, from how she is feeling to assisting in practical treatment arrangements. The nurse is there to hear what the surgeon has said, and to be with the woman after the meeting to give support and reassurance. She is able to offer a contact number and follow-up call the next day to go over, if necessary, what happened at the team meeting. The breast care nurse acts as an invaluable bridge between the woman and the medical team, giving support, counselling and advice about the medical terms used and the procedures that are to be followed.
- There must be good communications between the woman and the medical team, within the medical team and from the medical team to general practitioners. In particular, the British Breast Group think it is very important for the woman to have as much choice and involvement in discussions about her treatment so that she will feel some ownership of the decision-making process.
- There must be skilled psychological support for women with breast cancer, to be available for support and counselling throughout.

Appendix 8

Usdaw Model Breast Screening Agreement

- The company and the Union are committed to the provision of a comprehensive health screening service for employees. This Agreement relates to the provision of breast screening services.
- The company and the Union are committed to the establishment of a comprehensive education programme aimed:
  - To get the message across to women about breast screening.
  - To facilitate attendance for screening.
  - To promote understanding about breast cancer and screening techniques.
- The company agrees to inform their employees through the Union about local screening facilities.
- Paid release from work will be provided for women to attend screening and any subsequent investigative procedures.
- Where requested and wherever possible, arrangements will be made to enable women to accompany each other when attending screening.
- The facility will be available to all women workers, regardless of such factors as age or hours worked.
- The results of the screening process will strictly be a matter between the woman and the screening staff.
- The company agrees to paid time off for treatment following screening, where necessary.
- The company agrees to investigate the provision of counselling services for women involved in the screening process and subsequent treatment. These facilities will also be available to men who wish to discuss issues concerning breast cancer, screening processes and treatment available.
- The company agrees that the results of screening or treatment will in no way be detrimental to future employment prospects, training and promotion opportunities.
- The Union and the company agree to monitor the implementation of this Agreement and update as required.

Appendix 9

Useful Addresses

Family Planning Association (FPA)

The Family Planning Association provides a nationwide information, advice and referral service.

- FPA website: www.fpa.org.uk
- FPA email: general@fpa.org.uk (general enquiries)
- FPA helpline Northern Ireland: 0345 122 8687 (Monday to Friday 9am-5pm)

For written enquiries on any subject:

FPA UK Office:

23-28 Penn Street
London N1 5DL

Tel: 020 7608 5240

FPA Wales Office:

Siop Ogwen
33 Strud Fawr
Bethesda
Gwynedd LL57 3AN

Tel: 01248 605677

FPA Northern Ireland Offices:

Belfast
3rd Floor, Ascot House, 24-31 Shaftesbury Square, Belfast BT2 7DB
Tel: 028 90 316 100
Fax: 028 90 316 101

Derry
4th Floor, Northern Counties Building
22-24 Waterloo Place
Derry BT48 6BU

Tel: 028 7126 0016
Fax: 028 7136 1254

NHS Cancer Screening Programmes

Includes programmes for breast and cervical screening.

NHS Population Screening Helpdesk
Public Health England, Zone B
Floor 2, Skipton House
80 London Road
London SE1 6LH

Tel: 020 3682 0890
web: www.cancerscreening.nhs.uk

NICE (National Institute for Health and Clinical Excellence)

10 Spring Gardens
London SW1A 2BU

Tel: 0300 323 0140
Fax: 0300 323 0748
email: nice@nice.org.uk
web: www.nice.org.uk

Scotland's Health Improvement Agency

Gyle Square
NHS Health Scotland
1 South Gyle Crescent
Edinburgh EH12 9EB

Meridan Court
NHS Health Scotland
5 Cadogan Street
Glasgow G2 6QE

Tel: 0800 22 44 88
NHS Scotland Switchboard: 0141 414 2888
web: www.healthscotland.com

Health Promotion in Wales

Telephone the health promotion library on:

Tel: 029 2050 3460/0845 606 4050
email: hplibrary@wales.nhs.uk

MacMillan Cancer Support

Freephone helpline: 0808 808 0000
web: www.macmillan.org.uk

(You can also email them via their website).

CancerIndex

An internet guide to finding good quality information and links to specific cancer related information. Visit the guide at www.cancerindex.org.uk

Cancer Research UK

Angel Building
407 St John Street
London EC1V 4AD

Tel: 020 7242 0200
Fax: 020 3469 6400
web: www.cancerresearchuk.org

Breast Cancer Care

5-13 Great Suffolk Street
London SE1 0NS

Freephone helpline: 0808 800 6000
Textphone: 0808 800 6001
email: spc@breastcancercare.org.uk
web: www.breastcancercare.org.uk

Breast Cancer Now

5th Floor, Ibex House
42-27 Minories
London EC3N 1DY

Tel: 0333 20 70 300
web: www.breastcancernow.org

Socialist Health Association

22 Blair Road
East Chorlton
Manchester M16 8NS

Tel: 0161 286 1926
email: admin@sochealth.co.uk
web: www.sochealth.co.uk

Usdaw contacts

To find out more about the work of the Divisional Equalities Forums and Usdaw's equality work or about joining Usdaw contact:

South Wales and Western Division

Cardiff Office
Tel: 029 2073 1131
email: cardiff@usdaw.org.uk

Eastern Division

Waltham Cross Office
Tel: 01992 709280
email: walthamx@usdaw.org.uk

Midlands Division

Redditch Office
Tel: 01527 406290
email: redditch@usdaw.org.uk

North Eastern Division

Leeds Office
Tel: 0113 232 1320
email: leeds@usdaw.org.uk

Scottish Division

Glasgow Office
Tel: 0141 427 6561
email: glasgow@usdaw.org.uk

Southern Division

Morden Office
Tel: 020 8687 5950
email: morden@usdaw.org.uk

North West Division

Warrington Office
Tel: 01925 578050
email: warrington@usdaw.org.uk

Equalities Section

Usdaw
188 Wilmslow Road
Manchester M14 6LJ
Tel: 0161 224 2804
email: equalitymatters@usdaw.org.uk

Improving workers' lives – Winning for members

www.usdaw.org.uk/equalities

Usdaw
Campaigning For Equality

Oct 2016 Published by: Usdaw, 188 Wilmslow Road, Manchester M14 6LJ WE WH 010