Breast cancer: Know your risk

The numbers are rising in pre-menopausal women in South Africa

The Witness · 1 Oct 2025 · 6 · WHO IS AT RISK OF DEVELOPING BREAST CANCER? HOW TO SELF-EXAMINE YOUR BREASTS SIGNS TO LOOK OUT FOR

Breast cancer is the most prevalent cancer among South African women and in developing countries (like South Africa), 20% of breast cancer cases occur in women under 40, compared to just five to seven percent in high-income countries.



The Breast Imaging Society of South Africa (Bissa), a sub-speciality group of the Radiological Society of South Africa, is urging women to complete risk assessments from an early age and to realise that some women are at higher risk than others and may need additional screening.

A breast cancer risk assessment tool is a helpful tool, utilising a statistical model to estimate a woman's risk of developing breast cancer over the next five years as well as over her lifetime. The tool typically involves several questions about the person's medical history, reproductive history and family history, and the results should be discussed with a health care professional.

Although most breast cancer patients in SA are postmenopausal, there has been a growth in premenopausal breast cancer, leading to a younger presentation.

A recent South African study has reported that the average age of breast cancer diagnosis for women under 40 was 34 years and that younger women are diagnosed with more aggressive forms of the disease. Across all ages, breast cancer affects one in 27 women in South Africa, accounting for 23% of all cancers diagnosed.

Dr Peter Scoub, chair of Bissa, says that one of the biggest hurdles in South Africa remains the late-stage diagnosis of breast cancer.

"Late diagnosis drastically reduces treatment options and survival rates. Contributing factors include a lack of awareness, not understanding one's personal risk factors, socioeconomic disparities and limited access to healthcare facilities.

"Ideally, women should start with self-examinations in their 20s, with annual mammograms from the age 40."

He says the goal of breast cancer screening is to detect the disease before symptoms emerge.

"Cancers found through routine screening are often smaller and localised, increasing the chances of successful treatment and survival. The size of the tumour and whether the cancer has spread are key factors in determining the prognosis.

“There are several risk factors that women need to be aware of.
“Understanding and monitoring these risk factors, performing routine self-checks and regular screening are the most powerful tools we have to improve survival.
“Although some women are at higher risk than others, breast cancer does not discriminate — anyone can be affected. Any abnormality, regardless of age or family history, should be evaluated immediately by a medical professional.”
Although every woman is potentially at risk of getting breast cancer, certain factors increase the likelihood.
• Age: The risk of developing breast cancer increases as one gets older, however, one out of eight invasive breast cancers are found in women younger than 45.
• Family history: Women with close blood relatives who’ve had breast cancer are at higher risk.
• Personal history: A woman with cancer in one breast has a three to four times increased risk of developing a new cancer in the other breast or in another part of the same breast.
• Dense breast tissue: Women with dense breast tissue (as identified on a mammogram) have more glandular tissue and less fatty tissue and thus a higher risk of breast cancer.
• Overweight or obese women: Research in the past has shown that being overweight or obese increases the risk of breast and other cancers.
• Lifestyle: Excessive alcohol consumption, lack of physical activity, smoking and diets high in saturated fats contribute to risk.
• Hormonal factors: Women who have not had a full-term pregnancy or have their first child after age 30 have a higher risk of breast cancer compared to women who gave birth before age 30.
Breastfeeding can lower breast cancer risk, especially if a woman breast feeds for longer than one year.
Women who started menstruating younger than age 12 have a higher risk of breast cancer later in life. The same is true for women who go through menopause when they are older than 55.
Current or recent past users of hormone replacement therapy (HRT) also have a higher risk of being diagnosed with breast cancer.
The breast changes throughout the menstrual cycle and it is important to always self-examine at the same time of the month, usually a week after your period when your breasts are less tender due to fluctuations in hormone levels.
Visual examination — sit or stand, without clothing, in front of a mirror with your arms to your side and look for changes in size, shape, symmetry, puckering and dimpling.
Physical examination — lie down so that your breast tissue spreads out making it easier to feel, or in the shower using soap to glide more easily over your breasts.
• Use the pads of your three middle fingers, not your fingertips, to examine.
• Apply different pressure levels — light to feel the breast tissue closest to the skin, medium to feel deeper, and firm to feel the tissue closest to the chest and ribs.
• Use a methodical technique such as beginning near the collarbone, then moving towards the nipples, in a clockwork fashion.
• Allow enough time and don’t rush the examination.

It’s important to note that many lumps may turn out to be harmless, but it is essential that all of them are checked.
Visit your healthcare provider if you notice any of these changes:
• swelling of all or part of the breast;
• skin irritation, dimpling or ridges on the skin;
• nipple pain or the nipple turning inward;
• redness, scaliness or thickening of the nipple or breast skin;
• a nipple discharges other than breast milk; or
• a lump or knot found near the underarm area. — The Breast Imaging Society of South Africa.