

Questions to ask your doctor

The questions below may help you talk to your doctor.

- What type of biopsy will I have? Why?
- How much of the lump will be removed?
- How long will it take?
- What side effects might I expect afterwards?
- When will I get the results?
- When will I get a copy of the pathology report?
- If I have breast cancer, who will talk with me about my treatment options?

Susan G. Komen® has a *Questions to Ask the Doctor* series on many breast cancer topics, including biopsies. You can download and print these questions to take with you to your next appointment at komen.org/questions.

Biopsy basics

A biopsy removes cells or tissue from the breast. The cells or tissue are viewed under a microscope to check for cancer. A biopsy is the only test that can diagnose or confirm breast cancer.

You may need a biopsy, if you have:

- A breast lump or other breast change
- An abnormal finding on your mammogram

If you need a biopsy, try not to panic. Most biopsies in the U.S. don't show breast cancer.

There are 2 main types of biopsies: needle and surgical.

Needle biopsy

A needle biopsy uses a hollow needle to remove samples of tissue or cells from the breast. The doctor will use a local anesthetic (medicine that blocks pain) to numb the area. You may be a little sore afterwards. You may want to bring a friend or family member for support and to drive you home.

Core needle biopsy can be used for breast lumps you can feel and areas only seen on a mammogram or other imaging test.

A core needle biopsy is the standard method used to diagnose (or rule out) breast cancer.

Fine needle aspiration (also known as FNA or fine needle biopsy) is only used for lumps that can be felt. FNA is sometimes done as a quick way to sample a breast lump.

Surgical biopsy

Although core needle biopsy is the standard way to diagnose breast cancer, some people need a surgical biopsy. A surgical biopsy can diagnose breast cancer. It can also give complete information about the tumor. Sometimes the surgeon can fully remove the cancer. For some, lymph nodes may need to be removed at a later date.

Most surgical biopsies are excisional biopsies. The whole abnormal area (plus some of the normal tissue around it) is removed.

For more information, visit komen.org or call Susan G. Komen's breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.

Resources

Susan G. Komen®
 1-877 GO KOMEN
 (1-877-465-6636)
komen.org

Related educational resources:

- [Breast Cancer Prognosis](#)
- [Breast Cancer Screening and Follow-up Tests](#)
- [Breast Cancer Surgery](#)

Types of biopsy	Procedure Information	
Core needle biopsy (standard biopsy method for diagnosis)	<ul style="list-style-type: none"> • Quick, but uncomfortable • Very small, if any, incision (cut in the skin) • Small chance of infection or bruising • Can be used to check lumps and abnormal areas found on other tests 	<ul style="list-style-type: none"> • Usually done in a hospital or imaging center (if the lump can't be felt, image guidance is used during the biopsy) • Can usually tell non-invasive breast cancers from invasive breast cancers, but may not give a full description of the tumor • If findings are benign (not cancer), may avoid surgical biopsy
Fine needle aspiration	<ul style="list-style-type: none"> • Quick, fairly painless • No incision • Small chance of infection or bruising • Can be done in a doctor's office • Less accurate than a core needle or surgical biopsy • Needle can miss a tumor and take a sample of normal cells instead 	<ul style="list-style-type: none"> • Not recommended for abnormal areas only seen on mammogram (when the abnormal area can't be felt) • Can't distinguish non-invasive from invasive breast cancers • Doesn't give a full description of the tumor • Needs an experienced breast cytopathologist (a doctor who specializes in looking at cells under a microscope)
Surgical biopsy (excisional biopsy)	<ul style="list-style-type: none"> • More invasive than needle biopsy (a surgical procedure) • Takes time to heal from surgery • Greater chance for infection and bruising than with needle biopsy • Can change the look and feel of the breast 	<ul style="list-style-type: none"> • Done in a hospital with local anesthesia and you will be sedated • Can give full information about the tumor • May be the only surgery needed to remove the tumor • Most women can go home the same day

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