FACTS FOR LIFE

Biopsy

Biopsy basics

A biopsy removes cells or tissue from the breast to be viewed under a microscope for signs of 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 breast biopsies do not show breast cancer.

It will take a few days to get the results.

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

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

Needle biopsy

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

Core needle biopsy can be used on both breast lumps and abnormal findings on a mammogram or other images that cannot be felt. It's accurate in diagnosing breast cancer and doesn't involve surgery.

During the procedure, a clip may be placed inside the breast to mark the location of the lump. This makes the lump easier to find if surgery is needed.

If the lump or abnormal finding cannot be felt, the doctor will use images from a mammogram, breast ultrasound or breast MRI to help guide the needle to the area of concern. So, core needle biopsy is usually done in a hospital or imaging center.

Fine needle aspiration (also known as FNA or fine needle biopsy) is only used for lumps that can be felt. Although core needle biopsy is most often the first choice for this type of lump, FNA is sometimes done as a quick way to sample a breast lump. FNA can be done in a doctor's office and only takes a few minutes.

Surgical biopsy

Although core needle biopsy is the standard way to diagnose (or rule out) breast cancer, some people need a surgical biopsy. Most surgical biopsies are excisional biopsies, which removes the whole abnormal area (plus some of the surrounding normal tissue).

Before surgery, a wire localization, needle localization or radioactive seed localization procedure may be done if the abnormal area in the breast cannot be felt. The doctor uses a mammogram or breast ultrasound image to guide a very thin wire or a tiny, radioactive seed into the suspicious area of the breast. The surgeon uses the wire or seed to find the area during surgery. The wire or seed will be removed during surgery.

Surgical biopsies are done in a hospital with local anesthesia and sedation (meaning you will be asleep). The prep time and procedure take about 1 hour. Most women go home the same day.

Although the goal of a surgical biopsy is to diagnose cancer, sometimes the surgeon is able to fully remove the cancer. In these cases, excisional biopsy may be the only breast surgery needed to treat the cancer. (For some people, lymph nodes may need to be removed in a second surgery at a later date.)

Types of biopsy	Procedure Information	
Core needle biopsy (standard biopsy method for diagnosis)	• Quick, uncomfortable procedure • Very small incision (cut in the skin), if any • Only a small chance of infection or bruising • Can be used to check lumps as well as abnormal areas found on other tests	• Usually done in a hospital or imaging center (if the lump cannot 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	• Quick, fairly painless procedure • No incision needed • Only a small chance of infection or bruising • Can be done in the office • Less accurate than a core needle or surgical biopsy	• Not recommended for abnormal areas only seen on mammogram (when the abnormal area cannot be felt) • Cannot distinguish non-invasive breast cancers from invasive breast cancers • Does not give a full description of the tumor • Needs an experienced cytopathologist (a physician who specializes in looking at individual cells under a microscope) to check the cells
Surgical biopsy (excisional biopsy)	• 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	• Is done in a hospital • Can give full information about the tumor • May be the only surgery needed to remove the tumor

Questions to ask your doctor

Talk openly and honestly with your doctor and make sure all of your questions are answered. These questions may help your doctor understand and address your concerns:

- What type of biopsy will I have? Why?
- How much of the lump will be removed?
- How long will the biopsy take?
- What side effects might I expect after the biopsy?
- How soon will I know the results of the biopsy?
- 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 series of Questions to Ask the Doctor on many breast cancer topics including biopsies. You can download and print any of these questions to take to your next appointment at www.komen.org/questions.

Resources

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

Related fact sheets in this series:

- Breast Cancer Prognosis
- Breast Cancer Screening and Follow-up Tests
- Breast Cancer Surgery
- Types of Breast Cancer Tumors