



# Breast Disease

## ***What are my next steps?***

Most breast masses – as many as four out of five biopsied – are benign (noncancerous). However, you'll need to have the breast mass evaluated by a doctor to be certain. If evaluation of the breast mass reveals breast cancer, you've taken a vital step toward dealing with the disease. Early detection gives you the best chance for successful treatment.

## ***Understand how normal breast tissue feels...***

During a breast self-exam, you'll feel tissues of varying consistency. Glandular tissue usually feels firm and slightly rope-like, bumpy or lumpy (nodular). Surrounding fat tissue is soft. The contrast between these two types of tissue is often more pronounced just before your period and generally more prominent in the upper, outer region of the breast. Besides changes related to your menstrual cycle, breast tissue also changes as you age, and with weight gain. You should perform monthly breast exams at the same time every month and make an appointment to see the doctor if: (1) the breast mass is new or unusual and feels different from breast tissue in that breast or your other breast, (2) you have discharge from your nipple and/or (3) you notice skin changes on your breast, such as redness, crusting, dimpling or puckering.

## ***In the doctor's office...***

Evaluation of the breast mass begins with a clinical breast examination. During an office visit, your doctor will ask questions about your symptoms, history and will examine your breasts. He or she will visually inspect your breasts. Your doctor then gently feels your breasts and armpits for signs of lumps or prominent nodular areas that are distinct from surrounding tissue. Your doctor also checks for any areas of thickening that feel different from the surrounding tissue. If your doctor confirms that you have a breast mass or other area of concern, the next step is to order imaging studies and a possible consult with a general surgeon.

## ***Further evaluating the breast lump...***

Your doctor may recommend one or a few of these tests or procedures:

- Mammography: Mammography uses X-rays to reveal early evidence of cancer. It can detect calcium deposits (microcalcifications) that mark benign or cancerous (malignant) conditions. It can help the radiologist and surgeon precisely locate and determine the size of the mass or other abnormality. Findings may indicate whether the area of concern is benign or cancerous. If it appears to be cancerous, you'll need a needle biopsy and possibly further surgical treatment.
- Ultrasound
- Magnetic Response Imaging (MRI)
- Fine-Needle Aspiration (FNA): In FNA, the surgeon inserts a thin, hollow needle into the mass and removes (aspirates) any fluid or tissue. If the doctor performs the FNA without ultrasound guidance, he or she will probably ask you to come back for follow-up in four to six weeks. If the breast mass has returned during that time, it requires further evaluation. If the fluid withdrawn through FNA contains blood, it will be sent to a laboratory for analysis.
- Stereotactic Biopsy: The technique uses stereo images - images of the same area obtained from different angles - to find (localize) the area of concern, and the surgeon removes a sample of breast tissue through a hollow needle.
- Excisional Biopsy: This type of biopsy or lumpectomy – removes the entire breast lump while using local or general anesthesia as well as some surrounding breast tissue for analysis . The surgeon makes an incision in your breast and removes the entire breast lump, which then goes to a laboratory for analysis.