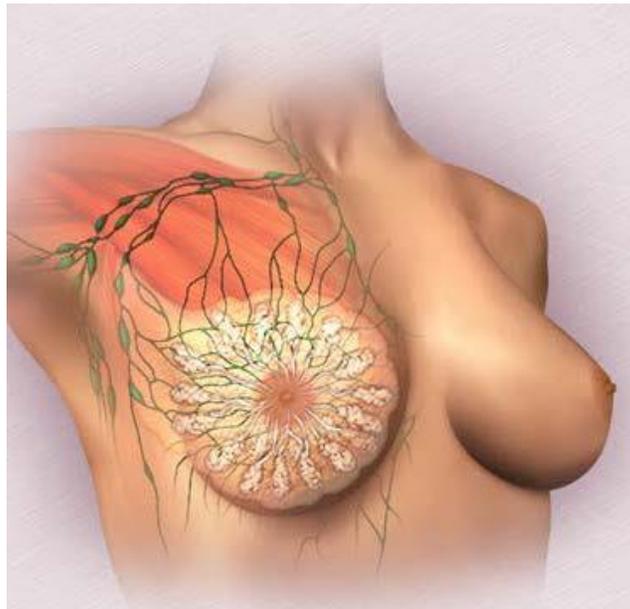


## WHAT YOU SHOULD KNOW ABOUT BREAST CANCER

### THE BREAST



The breast of a woman is made up of the sacs that make the breast milk (the **lobules**), the tubes that carry the milk to the nipple (the **ducts**), and the surrounding fatty tissue. The areola is the darker colored skin surrounding the nipple. Nearly all breast cancers begin in either the lobules or the ducts. Blood vessels and lymph (pronounced **limf**) channels are found in each breast in the fatty tissue. Lymph nodes are small lima bean shaped organs that are part of our body's immune system. They are found from our head to our toes. Part of their job is to filter germs and abnormal cells that are released into the lymph channels. There are groups of lymph nodes in our axilla (armpit), above our collarbone and in our chest which drain the fluid coming from the breast.

In our conversation about your breast cancer, we will discuss the need to know whether or not cancer cells have spread to these lymph nodes. The axillary lymph nodes are one of our best predictors of the risk that the cancer cells have escaped to other places in your body. This will be important in making some of your treatment decisions.

## **FINDING THE CANCER**

There are two primary ways that breast cancers are discovered. They can either be felt by the patient on a breast self-examination or by her physician on a clinical breast examination, or they are found on an imaging test of the breast. We will discuss both of these two possibilities.

## **PALPABLE BREAST CANCERS**

These cancers present as a mass, or lump, in the breast. This can be a new lump or a lump that has grown or changed. There are other changes in the breast that can be the first indication of a breast cancer. These include:

- A change in the size or shape of the breast
- A retraction or dimpling of the skin anywhere in the breast
- Red, flaky or swollen skin anywhere on the breast
- New localized breast pain
- A nipple that is tender or suddenly turns inward (gets retracted)
- Bloody nipple discharge, or spontaneous persistent non-bloody discharge other than milk

All of these symptoms, as well as any new or changing breast mass, should certainly be brought to your health care provider's attention.

## **IMAGE-DETECTED CANCERS**

Many cancers are found on mammograms, ultrasounds or MRIs – before they are ever felt. For more information about each of these tests, see the imaging section of this binder. If you have an abnormal mammogram, you will likely be called back for additional views and/or other studies. If something abnormal is still seen, a biopsy may be needed to find out what this is.

## **BREAST BIOPSIES**

If any part of your evaluation shows an indeterminate or suspicious abnormality in your breast, a biopsy will be done. This is the only way to know for sure whether or not you have breast cancer. A small piece of tissue is removed and sent to pathology where it is studied under a microscope. There are four main types of breast biopsies.

A **FINE NEEDLE ASPIRATE (FNA)** may be done if a mass is palpable (can be felt). This is done by removing some of the cells with a small hollow needle so that the pathologist can look at them with the microscope. This may give enough information to tell if the mass is benign or cancer. If fluid is withdrawn, this nearly always represents a benign finding and the fluid is not usually tested. FNA may also be used to test lymph nodes under the arm.

A **CORE NEEDLE BIOPSY** samples a larger amount of tissue for the pathologist to examine and is done under a local, or numbing, anesthetic. It is often done with the help of an imaging study like ultrasound, mammogram (called **stereotactic** needle biopsy), or MRI. A small metal clip is usually left to mark the area where the biopsy was taken for future reference. This marker clip will remain in the breast unless the pathology results show something which needs to be removed. This procedure takes about 30 to 60 minutes. You can resume normal activities immediately after it is done.

An **EXCISIONAL BIOPSY** is performed by the surgeon if the abnormality cannot be biopsied with ultrasound, mammogram, or MRI. This is much less common than it used to be, and only a small percent of lesions are biopsied this way. After using local numbing medicine usually with a medication that makes you sleepy, the surgeon makes an incision on the breast in order to remove the abnormal tissue. This is sometimes done in the doctor's office or in an outpatient surgery center. If the abnormality cannot be felt, it may be necessary for a guide wire to be placed into the breast to mark the location (called a **needle localized excision**). The wire is placed by the radiologist on the first floor immediately before the procedure.

A **PUNCH SKIN BIOPSY** is performed in the surgeon's office using local anesthesia to numb the skin before a small piece of skin and tissue is removed. This technique is used only for findings which are seen in the skin of the breast.

It can take 2-10 business days before the pathology results are ready, depending on the complexity of the findings. Your surgeon will explain the results in detail by phone or at your post-biopsy appointment. If you have not heard back by 7 days following a needle biopsy, PLEASE CALL our center at

**203-200-2328**

If your results are benign, a recommendation will be made about scheduling your next imaging studies. No further surgical follow up may be required.