Answers to Your Questions

Q. I was told that my mammogram was abnormal. What does this mean?
A. An abnormal mammogram does not necessarily mean that you have cancer. Many of these observed conditions may be benign, ranging from microcalcifications (small deposits of calcium buildup) to small masses (lumps that may not be detectable by a medical exam or self-exam). To be sure, your doctor may perform additional tests.

Q. How large is the skin incision that will be made in my breast?
A. If the biopsy is performed using the MammoNINE® System, the probe will be inserted into the breast through a small skin nick, which can be covered with an adhesive bandage, requiring no stitches. Open surgical biopsy requires a one- to two-inch incision, and often requires stitches. If core needle biopsy is performed, multiple needle insertions will be made, but stitches are rarely required.

Q. Are there risks associated with breast biopsy using a device such as the MammoNINE® System?
A. As with any breast biopsy procedure, a breast biopsy with the MammoNINE® System may present risks. Patients should consult their doctors to discuss which type of breast biopsy procedure is most appropriate for them.

References:

Commonly Used Terms

Benign — Non-cancerous.
Calcifications — Calcium deposits in the breast. Calcifications can be benign or malignant.
Cyst — A fluid-filled sac or cavity, usually benign. The fluid can usually be removed with a hypodermic needle.
Fibroadenoma — A common benign lump that is generally firm, round and moveable. This non-cancerous lump may occur at any age, but is more common in young adulthood.
Fibrocystic Condition — A term used to describe various benign breast conditions.
MRI (Magnetic Resonance Imaging) — An imaging technology, using magnets to detect and stage cancer.
Malignant — Cancerous.
Mammogram — A low-dose radiation X-ray technique designed to help detect breast abnormalities.
Stereotactic Breast Biopsy — A minimally invasive image-guided procedure that helps physicians locate breast abnormalities and obtain tissue for diagnosis.
Tumor — An abnormal growth of tissue which may be benign (non-cancerous) or malignant (cancerous).
Ultrasound — An imaging technology that uses sound waves to detect suspicious masses in the breast.
X-rays — A type of radiation. Low doses of X-rays are used to diagnose disease; high doses of X-rays are used to treat cancer.
My Mammogram Shows a Breast Abnormality

Understandingly, receiving an abnormal mammogram result can cause worry for you and your family. However, breast abnormalities are not uncommon and do not automatically mean you have cancer. In fact, nearly 80% of breast biopsies return a non-cancerous diagnosis.

If you receive abnormal mammogram results, you may ask your doctor, “What is the next step?” Typically, additional imaging tests will be performed. Based on these results, your physician may recommend a follow-up biopsy. A biopsy takes tissue samples from within the breast to determine whether or not cancer is present.

In the past, most breast biopsies were performed as an open surgery, an invasive procedure that could result in scarring. The majority of women who had biopsies were found NOT to have cancer. Today, advancements in biopsy procedures help most patients receive a definitive diagnosis through a simple, minimally invasive option that involves a small incision into the skin and no stitches.

Learning About Your Options

Mammotome® Breast Biopsy System

A biopsy using the Mammotome® System is performed with local anesthesia and requires only a small skin nick. Either stereotactic (X-ray), ultrasound or Magnetic Resonance Imaging (MRI) is used to locate the area of concern within the breast. This procedure requires one insertion of a small probe through a small incision. Using gentle vacuum, the Mammotome® System draws tissue into the hollow chamber of the probe, allowing several samples to be acquired without removing the probe from the breast.

A biopsy with the Mammotome® System may be completed in less than an hour. This option is usually performed in an outpatient setting, involving no general anesthesia or stitches. Following the biopsy, you may go home with a small adhesive bandage to cover the incision site. The procedure may result in less internal scarring compared to open surgical biopsy. Less internal scarring is important because it allows the radiologist to clearly see any new abnormalities on future mammograms. Your physician may choose to place a tiny marker in your breast to more easily locate the biopsy site for future follow-up.

Core Needle Biopsy

In a core needle biopsy, the physician makes a small skin incision through which a needle is inserted into the lesion to obtain sample tissue. The hollow, spring-loaded device is “fired” repeatedly into the abnormal area to collect a sufficient amount of breast tissue for analysis. Usually, four to six samples are taken (four to six insertions). This biopsy procedure is performed in an outpatient setting or doctor’s office without general anesthesia or stitches.