

Breast Biopsy Results

What they mean

This handout explains the words you may see on your breast biopsy results.

About Your Results

It can be hard to wait for biopsy results. Please know that most of the time, breast biopsies do **not** show cancer.

Here are some words you may see in your results and what they mean. Talk with your provider to find out if they advise any follow-up.

Benign

If your results are *benign*, we did not find cancer. Most times, no other treatment is needed.

But even if your results are benign, you may have other breast conditions:

- *Cysts* are pockets of liquid. They are very common. Cysts can be large or small. They may change in size. A cyst may be drained or removed if it is large or painful.
- *Fat necrosis* is one of the ways that the breast heals after an injury. It may show up at any time, even years later. You may or may not remember the injury itself. This condition does not need treatment.
- *Fibroadenomas* and *fibroadenomatoid changes* are growths of solid tissue. They may grow slowly. If they are large, cause discomfort, or keep growing, they may be removed.
- *Fibrocystic breast changes* are cysts with areas of fibrous tissue (*fibrosis*). This condition does not need treatment.
- *Lymph nodes* are part of your immune system. They are in your breast and under your arm. Lymph nodes may grow larger for either benign reasons or due to cancer. If your biopsy results are benign, your lymph nodes do not contain cancer cells.
- *Pseudoangiomatous stromal hyperplasia* is a harmless growth in the breast. Most times, it does not need treatment. The growth may be taken out if it is large or causes discomfort.



Ask your provider how to access your biopsy results.

These results are also benign and do not usually need treatment: *apocrine metaplasia, columnar cell change, focal stromal fibrosis, inflammation, reactive changes, sclerosing adenosis, and usual ductal hyperplasia.*

Increased Risk

If your biopsy results show *increased risk*, we did not find cancer cells in your breast tissue sample. Talk with your provider to learn more about your results because:

- You may be more likely to get cancer in the future.
- You may need a surgery to make sure there are no cancer cells in the area.

Here are some conditions that can mean a higher risk for cancer:

- *Atypical ductal hyperplasia* is often removed with surgery. There is a small chance that cancer cells may be found nearby.
- *Flat epithelial atypia* is a growth within a milk gland. It is sometimes removed with surgery.
- *Lobular carcinoma in situ* and *atypical lobular hyperplasia* are sometimes removed with surgery. There is a small chance that cancer cells may be found nearby.
- A *papilloma* is a growth within a milk duct. It may cause discharge from a nipple. The growth may be removed if you or your providers have concerns about it.
- *Phylloides tumors* are rare. They grow very quickly but are usually benign. Most times, they are removed with surgery.
- A *radial scar (complex sclerosing lesion)* is a group of milk ducts trapped in an area of breast tissue. A radial scar is removed with surgery if your provider has concerns about it.

Malignant

If your biopsy results are *malignant*, it means that we found cancer cells in your breast tissue sample.

There are different types of breast cancer. Each type has different treatment options. Talk with your provider about the next steps of your treatment.

Breast Cancer

Breast cancer is called either *non-invasive* or *invasive*. This is based on where it is and how it is growing.

Non-invasive Cancers

Non-invasive cancers are contained in the milk glands. They have not invaded the breast tissue.

Ductal carcinoma in situ is a non-invasive cancer. Cancer cells grow inside the milk ducts but not into the breast tissue. This is the earliest form of breast cancer. If treated, it is usually not life-threatening.

Invasive Cancers

Invasive cancers start out in the milk glands but then grow into the breast tissue. These cancers may spread outside the breast. Here are the main types of invasive breast cancer:

- *Invasive ductal carcinoma* is the most common. About 80% of patients (80 out of 100) with invasive breast cancer have this type. This cancer began inside the milk duct and has grown outside the duct. This is also called *invasive carcinoma of no special type (ductal)* or *invasive ductal carcinoma not otherwise specified (NOS)*.
- *Invasive lobular carcinoma* is less common. About 15% of patients (15 out of 100) with invasive breast cancer have this type. This cancer has a different growth pattern than other cancers. It is also missing a protein called *E-Cadherin* that is found in other cancers.
- *Invasive mammary carcinoma* is also less common. It may have features of both invasive ductal and invasive lobular cancer.

Other less common types of breast cancer are *cribriform*, *inflammatory*, *medullary*, *mucinous*, *papillary*, and *tubular*.

Other Results

If your biopsy results show cancer, the report may include other details. The *tumor grade* and *tumor markers* help your doctors know how to plan your treatment:

- The tumor grade shows how quickly cancer cells are likely to grow and spread. Most times, the grade is from 1 (low grade) to 3 (high grade). Low-grade tumors tend to grow more slowly than high-grade tumors.
- Tumor markers include *estrogen receptor*, *progesterone receptor*, *Her2-neu*, and *Ki-67*. Knowing these markers gives your doctor a better idea of how best to treat the cancer.

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Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.
