



BREAST CANCER & BIOPSY OPTIONS BACKGROUND

What Every Woman Should Know About Breast Cancer And Her Breast Biopsy Options

Breast Cancer

PREVALENCE

Breast cancer is the most common cancer among women, excluding skin cancers. The American Cancer Society estimates that in 1999 about 175,000 new cases of breast cancer will be diagnosed among women in the United States.

THE DISEASE

Breast cancer is a malignant tumor that develops from cells of the breast. Every woman is at risk for breast cancer. Hereditary breast cancer accounts for 5 to 10 percent of all cases. The American Cancer Society lists risk factors as: aging, personal or family history of breast cancer, previous breast biopsy, early menstruation, childbirth after age 30 or no childbirth, and menopause after 50. However, over 70 percent of all women diagnosed with breast cancer, have no identifiable risk factors.

EARLY DETECTION

A woman and her doctor must take care to notice any changes in the breast. These changes can be detected during monthly breast self-examinations and annual mammograms. A mammogram is a special x-ray of the breast that can find tumors which are often too small to feel. The American Cancer Society recommends women over 40 have an annual mammogram.

Today, more women are surviving breast cancer, in large part, because of screenings that lead to early diagnosis. Nevertheless, more than 43,000 women die each year from breast cancer, so it is vital that women understand the new choices they have when faced with the possibility of breast cancer.

Biopsy Options

BIOPSIES

A biopsy, the removal of tissue for examination, is the only definitive way to diagnose a breast abnormality. It is performed to evaluate a suspicious or abnormal mammogram and/or physical exam, and until recently, routinely required hospitalization and recuperation.

Today, there are minimally invasive procedures that can help diagnose breast cancer at its earliest stages and avoid the need for hospitalization and open surgery. Despite the availability of minimally invasive biopsy options, about 80 percent of the approximately 1 million breast biopsies performed in the U.S. each year are traditional open surgical biopsies, according to a recent Roper Starch survey of women needing breast biopsies.

OPEN SURGICAL BIOPSY

Most women needing a breast biopsy undergo an open surgical biopsy, which requires patients to be under general or local anesthesia. The procedure starts in a radiology suite, where a radiologist positions a wire in the woman's breast to indicate the abnormality's location. The woman is then taken to an operating room. During the operation, a surgeon makes a 1 ½ to 2 inch incision in the breast and removes a section of tissue about the size of a golf ball. The incision is closed with sutures and covered with a protective bandage. Although most women recover quickly from open surgical biopsy, it can lead to scarring and disfigurement of the breast and substantial pain for some women.

CORE NEEDLE BIOPSY

One minimally invasive option for women is the core needle biopsy. Performed under local anesthesia, tissue samples are taken with a spring-loaded device which is inserted and "fired" into the breast. A single sample is obtained each time the device is fired, so multiple insertions are needed to obtain sufficient breast tissue. Usually, 10 to 15 samples are taken.

THE MAMMOTOME[®] BREAST BIOPSY SYSTEM

The Mammotome minimally invasive biopsy offers women facing a breast biopsy an alternative option – one that is highly accurate in helping doctors diagnose breast abnormalities, causes minimal scarring, and is performed on an outpatient basis.

Procedures with the Mammotome System involve the one-time insertion of a probe into a ¼ inch incision. A doctor inserts the probe directly into the suspicious area of the breast and guides it through the use of ultrasound or stereotactic imaging systems. Once inside, the Mammotome gently vacuums, cuts and removes tissue for examination. In addition, at the end of the biopsy procedure, a radiographic MicroMark™ Tissue Marker can be placed directly into the biopsied area of the breast to help manage follow-up care, including future mammograms and biopsies.

THE MAMMOTOME® HAND HELD BREAST BIOPSY SYSTEM

Biopsies with the new Mammotome Hand Held System will be performed in physician offices, breast care centers, and hospitals. It can biopsy a wide range of breast abnormalities, from microcalcifications, tiny deposits of calcium within the breast, to lumps on the surface of the breast, both of which may indicate cancer. In another innovation to the Mammotome System, women can actually watch their biopsy being performed as it happens on an ultrasound monitor that can be viewed through video glasses.

Roper Starch National Survey

Recently, the first-ever national survey of women who have had a breast biopsy showed that 67 percent of those who had traditional surgical biopsy said it was the only option their doctor discussed with them.

The survey found that as many as 64 percent of women wanted more information on their biopsy. Many women surveyed said they experienced fear, stress, and anxiety about their biopsy which may have prevented them from asking their physicians all of their questions or interfered with their ability to think clearly about biopsy options.

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