BAPTIST MD Anderson Cancer Center
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Breast Biopsy Results

Waiting for the results of your breast biopsy can be stressful. Please keep in mind that most of the results are not cancer. However, a few results will require follow-up treatment. When your results are ready, the definitions below may help you understand what has been found in your breast.

Benign

Benign means **not** cancer. When your biopsy result is benign, no other treatment is usually needed. Some other results that are benign and no treatment is usually needed are: ***Apocrine metaplasia, Columnar cell change, Focal stromal fibrosis, Inflammation, Reactive changes, Sclerosing adenosis, and usual Ductal hyperplasia***

Cysts

Cysts are pockets of liquid in the breast and are very common. Cysts can be large or small and may change in size. If a cyst is large or painful, it may be drained or removed.

Fat necrosis

Fat Necrosis is one of the ways that the breast heals after an injury. The injury may be something minor that you may not even remember. Fat necrosis may show up at any time, even years after the injury. No treatment is needed.

Fibroadenomas

Fibroadenomas are growths of solid tissue in the breast. They may grow slowly. If a fibroadenoma is large or is causing discomfort, it may be taken out.

Fibrocystic Changes

Fibrocystic changes are areas of fibrous tissue mixed with cysts in the breast. Usually, no treatment is needed.

Lymph nodes

Lymph nodes are a normal part of your body that are found in your underarm and in your breast. They may enlarge when your body is fighting an infection or if a cancer has spread to your lymph nodes. If your lymph node is benign, there is no cancer in it.

Pseudoangiomatous stromal hyperplasia

Pseudoangiomatous stromal hyperplasia is a harmless type of growth of tissues found in the breast. Usually, no treatment is needed. The area may be taken out if it is large or is causing discomfort.

Increased Risk

Biopsy results which show "increased risk" are **not** cancer. However, this result could mean that you may be ***more likely to get cancer in the future***. You should speak to your doctor about whether any more treatment is needed.

Atypical ductal hyperplasia

Atypical ductal hyperplasia can be thought of as one-step before the earliest form of cancer. It is often removed because there is a small chance that cancer cells may be found nearby.

Flat epithelial atypia

Flat epithelial atypia is a growth within a milk gland. It does not usually need to be removed.

Lobular carcinoma in situ and atypical lobular hyperplasia – (Lobular Neoplasia)

Lobular Carcinoma in situ and Atypical lobular hyperplasia are grouped together and called Lobular Neoplasia. These findings are sometimes removed because there is a small chance that cancer cells may be found nearby.

Papilloma

A papilloma is a growth within a milk duct that may cause nipple discharge. Not all papillomas need to be taken out of your breast. A papilloma may be removed if it has suspicious cells or if it is causing symptoms.

Phylloides Tumors

Phylloides tumors are rare tumors that are most often benign. Because they tend to grow very fast, they are usually removed.

Radial scar

A radial scar (or complex sclerosing lesion) is a collection of milk ducts trapped in an area of breast tissue. Not all radial scars need to be taken out of your breast. A radial scar may be removed if it has suspicious cells.

Malignant

Malignant means that some cancer cells were found in your biopsy tissue. There are several types of breast cancer. Each type of breast cancer has different treatment options. You should speak to your doctor about the next steps of your treatment.
The glands of the breast are made of lobules (where milk is made) and ducts (which carry the milk to the nipple). Non-invasive cancers have not yet broken out of the milk glands into the surrounding tissues. Invasive cancers start out growing in the breast glands but have also entered the surrounding tissues. Invasive cancers may also spread outside of the breast.

Ductal carcinoma in situ

Ductal carcinoma in situ is non-invasive cancer. The cancer cells grow and expand the milk ducts but are not in the surrounding breast tissue. It is usually not life threatening.

Invasive ductal carcinoma
Invasive ductal carcinoma is the most common type of invasive breast cancer. About 80% are this type. The cancer starts in the cells that line a milk duct and grows into the tissues outside of the duct.

Invasive lobular carcinoma
Invasive lobular carcinoma is a less common type of invasive breast cancer. About 15% are this type. The cancer starts in the part of the gland that produces milk (lobule) and grows into the tissues outside of the lobule.

Invasive mammary carcinoma
Invasive mammary carcinoma is a less common type of invasive breast cancer that has features of both ductal and lobular cancer.

Other less common types of breast cancer are ***Cribriform, Inflammatory, Medullary, Mucinous, Papillary, and Tubular.***

Also, keep in mind, your results report may include **other details** that help doctors decide on your treatment. For instance;

Tumor Grade
A tumor grade shows how quickly cancer cells are likely to grow and spread. Usually the grade is from 1 to 3, with 1 being less worrisome.

Tumor Markers
Tumor markers include estrogen receptor, progesterone receptor, and Her2-neu. Knowing about these markers gives your doctor a better idea of how best to treat the cancer.

Source: Society of Breast Imaging

Breast Biopsy Results Patient Education, Reviewed 10/25/2021 BMDA