

BREAST BIOPSY

Questions to ask your doctor

The questions below may help you talk to your doctor.

- What type of biopsy will I have? Why?
- Will the entire lump be removed or just part of it?
- What side effects might I expect afterwards?
- When will I get the results?
- If I have breast cancer, who will talk with me about my treatment options?

Susan G. Komen® has a [Questions to Ask the Doctor](#) series on many breast cancer topics, including biopsies. You can download and print these questions to take with you to your next appointment.

Biopsy basics

A [biopsy](#) removes cells or tissue from the breast. The cells or tissue are viewed under a microscope to check for cancer. A biopsy is the only test that can diagnose or confirm breast cancer.

You may need a biopsy, if you have:

- A breast lump or other breast change
- An abnormal finding on your [screening mammogram](#)

If you need a biopsy, try not to worry. Most biopsies in the U.S. don't show breast cancer.

There are 2 main types of biopsies: needle and surgical.



Needle biopsy

A needle biopsy uses a hollow needle to remove samples of tissue or cells from the breast. The doctor will use a local anesthetic (medicine that blocks pain) to numb the area. You may be a little sore afterwards. You may want to bring a friend or family member for support and to drive you home.

Core needle biopsy can be used for breast lumps you can feel, and areas only seen on a mammogram or other imaging test. A core needle biopsy is the standard method used to diagnose (or rule out) breast cancer.

Fine needle aspiration (also known as FNA or fine needle biopsy) is only used for lumps that can be felt. FNA is sometimes done as a quick way to sample a breast lump.

Surgical biopsy

Although core needle biopsy is the standard and preferred way to diagnose breast cancer, some people need a surgical biopsy for diagnosis. Usually, the whole abnormal area (plus some of the normal tissue around it) is removed.

This fact sheet is intended to be a brief overview. For more information, visit [komen.org](#) or call Susan G. Komen's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 a.m. to 10 p.m. ET, or email at helpline@komen.org. Se habla español.



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Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

Related educational resources:

- Breast Cancer Prognosis for Early Breast Cancer
- Breast Cancer Screening and Follow-up Tests
- Breast Cancer Surgery

Types of biopsy	Procedure Information
Core needle biopsy (standard and preferred biopsy method for diagnosis)	<ul style="list-style-type: none">• Quick, but uncomfortable• Very small, if any, incision (cut in the skin)• Small chance of infection or bruising• Can be used to check lumps and abnormal areas found on other tests
Fine needle aspiration	<ul style="list-style-type: none">• Quick, fairly painless• No incision• Small chance of infection or bruising• Can be done in a doctor's office• Less accurate than a core needle or surgical biopsy• Needle can miss a tumor and take a sample of normal cells instead
Surgical biopsy	<ul style="list-style-type: none">• More invasive than a needle biopsy (a surgical procedure)• Takes time to heal from surgery• Greater chance for infection and bruising than with needle biopsy• Can change the look of the breast <ul style="list-style-type: none">• Done in a hospital with local anesthesia sedation• Can give full information about the tumor• May be the only surgery needed to remove the tumor• Most women can go home the same day

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