

I'VE FOUND A BREAST LUMP

WHAT HAPPENS NEXT?

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You may have been advised that a change in your breast requires further investigation. It might be a breast lump or a thickening of breast tissue, nipple or skin changes or perhaps an unusual area seen on your mammogram.

It is important to remember that most breast changes are not breast cancer, however any new or unusual changes need to be checked promptly by a doctor. Also let your doctor know if there is a history of breast cancer in your family.

The New Zealand Breast Cancer Foundation recommends that any unusual breast change or lump should undergo the "triple test". This involves:

- ❖ A clinical breast examination by your doctor or nurse.
- ❖ A screening mammogram and/or ultrasound (MRI if required) which can detect very small tumours.
- ❖ A biopsy. If the above procedures show an abnormal area, a small sample of cells or tissue is taken from the affected breast area and examined for signs of cancer.



For more information visit
www.nzbcf.org.nz

I'VE FOUND A BREAST LUMP: WHAT HAPPENS NEXT?

1 Possible cancerous breast changes

Breast changes to see a doctor about – without delay – are:

- ❖ A new lump or thickening, especially if it is only in one breast
- ❖ A change in breast shape or size
- ❖ A pain in the breast that is unusual
- ❖ A change in the skin of the breast such as:
 - Puckering or dimpling
 - Reddening or discoloured skin
- ❖ Any *change* in a nipple, such as:
 - A turned-in nipple
 - A discharge
 - Flaky or scaly skin or ulceration of the nipple.

Any unusual breast changes should be checked by your doctor.

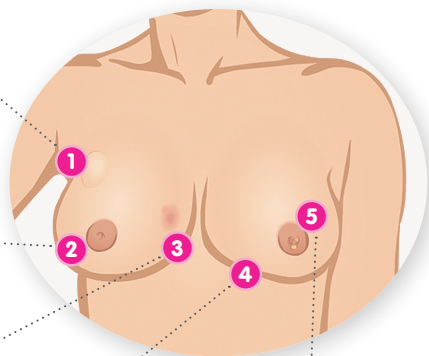
A new lump
A new lump or thickening in the breast or armpit area

Nipple change
A newly inverted (pulled in) or retracted nipple

Skin change
A change in the skin of the breast, areola or nipple, e.g. colour, dimpling, puckering or reddening

Shape change
A change in the breast shape or size

Nipple discharge
An unusual discharge from the nipple



2 Common non-cancerous (benign) breast changes

These are generally not harmful but still require a visit to your doctor. Some of the common benign breast changes are:

➤ Painful breasts (Mastalgia)

Hormonal changes may cause a woman's breasts to feel swollen, painful or tender at different times in the menstrual cycle. These changes are not a sign of breast cancer and usually don't require treatment. Sometimes it is helpful to keep a "breast pain diary" to see if the pain is related to your menstrual cycle. Treatments are available for hormonal breast pain if needed. It is important to wear a good, supportive bra. See your doctor for more information.

➤ Breast cysts

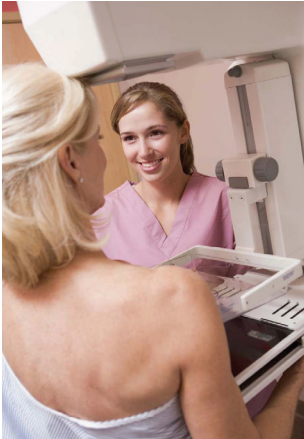
A breast cyst is a fluid-filled sac. Breast cysts are common in women aged 35 to 50 and in women who are taking hormone replacement therapy. Simple cysts are not cancer and do not change into cancer. However, in *rare* cases, cysts may have a cancer growing within them or close to them. These changes can be seen on an ultrasound.

Many women have a cyst or a number of cysts without knowing it, and these do not usually require treatment. Some women first detect their cyst as a painful lump and they may decide to have it drained if it's painful or troublesome. This is done by inserting a fine needle into the cyst to draw out the fluid and is usually a fairly painless procedure.

➤ Fibroadenomas

A fibroadenoma is a smooth, firm breast lump, composed of fibrous and glandular breast tissue. It is sometimes called a "breast mouse". They are more common in younger women and may become tender in the days before a period or grow bigger during pregnancy. Fibroadenomas are not cancer and they do not always need to be removed. If they are removed however, the operation is relatively simple. A general anaesthetic is usually required.

3 Diagnostic tests / procedures



➤ Mammogram

A mammogram uses low-dose X-rays to produce a picture. This is then viewed by a Radiologist who looks for abnormal changes. It is currently the most effective method of detecting breast cancer at an early stage.

➤ Ultrasound

Ultrasound uses high-frequency sound waves

to produce a picture of the breast. It is used to see if a lump is filled with fluid (a cyst) or if it is a solid lump. It doesn't replace the need for a mammogram but can add important information to changes seen on a mammogram.

➤ MRI

MRI uses a large magnet, radio waves and computers to produce pictures of the breast without using X-rays. It doesn't replace the use of a mammogram but may be used in combination with mammogram and ultrasound to help detect a cancer or to give further information about a known cancer.

➤ Biopsy

If an examination and/or an imaging test detects an abnormal breast change, a sample may need to be removed from the affected breast area. This is called a biopsy. The sample will be sent to the laboratory for testing and the results will be sent to your doctor/specialist.

The information from these tests helps doctors to make important decisions about treatment. Women often feel anxious at this stage and need to be reassured that most results show no sign of cancer.

There are several different types of biopsy, and sometimes more than one type is needed to provide a diagnosis. If breast cancer is diagnosed, the biopsy results give the clinician or specialist much-needed information for ongoing management.

Types of Biopsies

Fine needle aspiration biopsy (FNA)

A fine needle is used to biopsy the area of concern. The needle is inserted into the abnormal area, usually using the ultrasound as the guide. This allows the clinician to clearly see the abnormality and the needle. The needle will take samples of cells and/or fluid which may be present. The FNA is usually performed in the doctor's or radiology rooms.

Core needle biopsy

A core biopsy is used when the abnormal area is solid (not fluid filled). A sample of tissue is required for a diagnosis to be made. This technique uses a needle that can take a small core of tissue. Local anaesthetic is used. The needle will often be guided to the abnormality with ultrasound to ensure that tissue is taken from the correct area. This test is performed in the doctor's or radiology rooms

Stereotactic core biopsy

This form of biopsy is commonly used for women whose mammogram has shown calcifications (small calcium deposits) or very small areas of concern. It is not unusual for some women to have scattered calcifications in their breasts. The majority of these are not cancerous but some may be an early sign of cancer called Ductal Carcinoma in Situ (DCIS).

more...>>

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**Most lumps
or bumps
are not breast
cancer.**

I'VE FOUND A BREAST LUMP: WHAT HAPPENS NEXT?

Stereotactic core biopsy... continued

To locate the calcifications or small lesion, the breast is compressed in the mammogram machine. Local anaesthetic will be used. The needle collects calcifications/tissue from the area and the sample may be x-rayed to make certain that the required tissue has been collected.

Hookwire localisation and open surgical biopsy

This procedure is used to remove an abnormal area that cannot be felt and the diagnosis has not been made using the previously described means.

Using the mammogram or ultrasound as a guide, a thin, hooked wire is guided to the area in the breast. This is done with local anaesthetic. The guide wire should not be uncomfortable and will be held in place with tape against your breast.

Then, in the operating theatre, under general anaesthetic, the surgeon can follow the wire through the breast to remove the area of concern. Usually, this procedure is performed as a day visit.



FIND OUT MORE!

Further information on testing for breast cancer is provided at www.nzbcf.org.nz/breastcancer/testsdagnosis

4 Questions to ask your doctor

- ❖ Is the biopsy going to hurt?
- ❖ How long will it take?
- ❖ Will there be a scar?
- ❖ When will the results be available and how do I get them?
- ❖ Can I continue to exercise after my biopsy?
- ❖ Can I drive after the biopsy?
- ❖ Can I shower afterwards?
- ❖ Do I need another appointment?
- ❖ Should I bring someone with me to my next appointment?
- ❖ What happens next?

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**Our mission is to prevent
New Zealanders from developing
and dying of breast cancer.**

The New Zealand Breast Cancer Foundation is a charitable trust formed in 1994 to educate all New Zealanders on the life-saving benefits of early detection and the importance of screening mammograms.

Its focus includes:

- ❖ New Zealand-wide breast awareness and education programmes for the public and health professionals.
- ❖ Funding medical research, including breast cancer patient registers, which record detailed information about diagnosis, treatment and outcomes.
- ❖ Providing scholarships and grants for radiation therapy students.
- ❖ Supporting programmes which improve the quality of life of New Zealanders with breast cancer. These include:
 - **YWCA Encore**, a free exercise programme, with healthy lifestyle information, relaxation and peer support.
 - **PINC Cancer Rehabilitation**, an individualised rehabilitation programme to help maximise recovery after breast cancer treatments.
 - **Dragon Boating** teams, helping women with breast cancer regain physical strength.
 - **Sweet Louise**, which supports people living with secondary breast cancer.
- ❖ Advocating for improved breast cancer care and treatment for all New Zealanders.



Can we help you further?

0800 BCNurse

Visit the New Zealand Breast Cancer Foundation's website
www.nzbcf.org.nz

Email your questions to breasthealth@nzbcf.org.nz or
breastnurse@nzbcf.org.nz

Phone our breast cancer advice line **0800 BCNurse (0800 2268 773)**

Phone one of our National Educators **0800 902 732**

Development of this brochure was kindly supported by the
Royal NZ RSA National Women's Association.

Revised October 2013, Leaflet #1