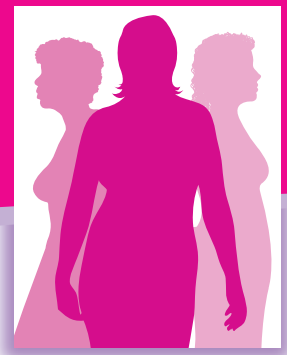


BreastScreen WA Information for Women

Core Biopsy



Fact Sheet 10

A core biopsy is used to investigate a breast change as part of what is known as the Triple Test.

The Triple Test is the recommended way of investigating a breast change or symptom.

The Triple Test includes three main steps:

1. clinical breast examination and medical history.
2. imaging tests, that is, a mammogram and/or ultrasound.
3. non-excision biopsy, that is, a fine needle aspiration (FNA) cytology and/or core biopsy.

Although none of these tests is 100% accurate, their combined use gives the best chance of detecting or excluding breast cancer.

Core biopsy involves making a very small cut in the skin and removing several narrow sections of tissue from a lump or area of interest through the same cut, using a large needle. This is done under a local anaesthetic which is a substance that numbs the area. An experienced clinician – who may be a radiologist, surgeon, or pathologist – takes the tissue sample.

If the lump or area of interest cannot be easily felt, ultrasound or mammography may be used to help the doctor guide the needle into the right area of the breast. The choice between ultrasound and mammography will depend on which method is available or which method makes the area being studied easier to see. The test will usually take between 30 minutes and 1 hour to complete.

After the procedure is completed the biopsy area will be covered with a dressing. You will receive written instructions to care for the wound. A very small and fine scar may be left.

The sample obtained is then sent to a pathologist, who will study it under a microscope and provide a detailed report on the type of tissue present. The results should be available within a few days. It is important to confirm when and how your results will be made available.

A core biopsy may be uncomfortable. However, a local anaesthetic is given before the test is done. It is rarely painful. If after having the core biopsy the area is uncomfortable, it is recommended you take paracetamol to ease the discomfort. Some bruising may occur.

Aspirin is not recommended as it could make the bruising worse. Firm pressure may also be used to ease discomfort and reduce swelling, for example wearing a firm bra. Infection is rare.

Definition of terms:

Mammogram = X-ray of the breast

Reference: National Breast Cancer Centre: 2004. *Breast fine needle aspiration cytology and core biopsy: a guide for practice*, National Breast Cancer Centre, Camperdown, NSW. The text was adapted from information sheets from various State and Territory BreastScreen programs, and from the National Breast Cancer Centre's publication *Breast changes: what you need to know*.

Fine needle aspiration cytology

Fine needle aspiration (FNA) cytology, also known as FNA biopsy, is used to investigate a breast change as part of what is known as the Triple Test. The Triple Test is the recommended way of investigating a breast change or symptom.

The Triple Test includes three main steps:

1. clinical breast examination and medical history.
2. imaging tests, that is, a mammogram and/or ultrasound.
3. non-excision biopsy, that is, a fine needle aspiration (FNA) cytology and/or core biopsy.

Although none of these tests is 100% accurate, their combined use gives the best chance of detecting or excluding breast cancer.

FNA involves placing a thin needle into the breast to obtain a small sample of cells from the lump or area of interest. An experienced clinician – who may be a radiologist, surgeon or pathologist – performs the procedure.

If the area of interest cannot be easily felt, ultrasound or mammography may be used to help the doctor guide the needle into the correct area of the breast. The needle is typically inserted several times. The choice between ultrasound and mammography will depend on which method is available or which method makes the area being studied easier to see. The test itself takes only one to two minutes. However, should mammography or ultrasound be used, you may be in the biopsy room for up to 30 minutes to make sure an adequate sample is obtained.

The sample obtained is then sent to a pathologist, who will study the cells under a microscope and provide a detailed report on the type of cells present. In some situations the sample can be immediately checked to see if enough cells have been obtained, and a provisional result may be available immediately after the test. The final result will be available within a few days. It is important to confirm when and how your results will be made available.

The test may be uncomfortable, but is rarely painful. It will sometimes cause bruising, and infection is rare. If after having the test the area is uncomfortable it is recommended you take paracetamol to ease the discomfort. Aspirin is not recommended as it could make the bruising worse. Firm pressure may also be used to ease any discomfort and reduce swelling, for example wearing a firm bra.

Definition of terms:

Cyto = cell

Cytology = study of cells

Mammography = X-ray of the breast

Reference: National Breast Cancer Centre: 2004. *Breast fine needle aspiration cytology and core biopsy: a guide for practice*, National Breast Cancer Centre, Camperdown, NSW. The text was adapted from information sheets from various State and Territory BreastScreen programs, and from the National Breast Cancer Centre's publication **Breast changes: what you need to know**.



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