



BreastScreen WA

What is breast assessment?

Welcome to the Breast Assessment Centre

The Breast Assessment Nurse from BreastScreen WA has explained to you that on your recent mammogram an area of your breast looked different from the rest of the breast tissue and needs further tests. It may help to keep in mind that most mammographic changes do not mean cancer.

Please read this important information about breast assessment and the attached consent form.

The staff at the Assessment Centre are here to help you, so please feel free to ask as many questions as you wish. Please note that you can opt out of any procedure or the assessment process at any time.

What happens at the Assessment Centre?

Some women may only need further X-rays (mammograms) of the breast at the Assessment Centre. Many women, however, will need more tests, so please be prepared to spend most of the day at the Breast Assessment Centre. Tea and coffee are provided for refreshment.

Remember that in most cases the test results will turn out to be normal or due to benign (non- cancerous) changes.

What further tests may be required?

1. Further X-rays (mammograms, tomosynthesis views, magnification views)

These are X-rays of the breast that examine the area of interest in more detail. For some women this is all that is needed for the radiologists (the doctors who read the mammograms) to report that the change is not significant or due to benign breast change. If no further investigation is required, the results will be discussed with you and a result letter will be sent to you and your GP. You will then return to having routine screening mammograms. Occasionally the radiologist will ask for a Contrast Enhanced Mammogram (CEM). A CEM is a mammogram that uses iodinated contrast dye (same as used for CT scans) to get extra information from the mammogram.

2. Clinical Examination

The Breast Physician (a doctor) will ask you questions about your medical history and examine your breasts.

3. Breast Ultrasound

An ultrasound is a painless test that uses sound waves (not radiation) to image the breast tissue. The breast is covered in a gel and a probe is held against the skin. This test can show if the abnormality is a cyst (a lesion containing fluid) or if it is solid.

4. Fine Needle Aspiration

A thin needle is used to take a few cells from the abnormal area of the breast or drain a breast cyst. The Breast Pathologist looks at the cells under the microscope. The needle is guided to the correct area by ultrasound.

5. Core Biopsy

A larger needle is used to obtain a small sample of breast tissue, which is looked at under the microscope by the Breast Pathologist. This test is done under local anaesthetic. The needle is guided to the correct area by ultrasound or a special breast X-ray machine. The results are sometimes available the same day but if not, arrangements will be made while you are at the clinic to ensure you receive them as soon as possible.

6. Marker clip insertion after breast biopsy

Abnormal areas within the breast found on mammography may need a needle biopsy. A marker clip is a small metal clip that can be inserted into the breast by a radiologist during the procedure to mark the site of a biopsy.

The clip allows the biopsy site to be located if surgery is required, at which time the marker clip is removed. The clip may also be placed with the help of an ultrasound so areas of interest on the ultrasound can be located on a mammogram. All marker clips have a small metallic component which is visible on X-ray.

If the area of breast tissue containing the marker clip does not need to be surgically removed, the marker clip will indicate to doctors reading your future mammogram studies that you have had a biopsy.

Are marker clips safe?

- The marker clips used at BreastScreen WA clinics are not harmful to the body, and have been approved for use in Australia by the Therapeutic Goods Administration (TGA), the regulatory authority responsible for ensuring the safety of drugs and medical equipment used in Australia.
- It is safe for a marker clip to stay in the body if it does not have to be removed.
- The marker clips do not rust or corrode. You will be able to have an MRI examination if required. The clip will not set off a security metal detector.
- International medical studies have not shown an increased risk or any long term complications associated with having a marker left in the breast.

What if I have questions about the procedure?

If you have any queries about the procedure please discuss these with the radiologist prior to the biopsy. You can also call 9323 6710 to speak to a breast assessment nurse if you have any concerns after the procedure.

What happens next?

The Radiologist, Breast Physician or a Breast Assessment Nurse will give you the results of the tests and discuss them with you. Please feel free to ask as many questions as you like.

A very small number of women will be asked to return for a further mammogram often in 6 months. It is important to keep this appointment to monitor the area of interest.

For all women it is important to continue ongoing breast care, including being “Breast Aware”; have a regular breast check with your doctor and regular screening mammograms.

A Breast Assessment Nurse is available to discuss any concerns you have at the clinic.

Will my General Practitioner (GP) be informed of the results?

If you have nominated a GP (and you are encouraged to do so), a letter has already been sent to them informing them of your appointment details. A letter with the results of the assessment tests will also be sent to him or her. The Breast Physician will contact your GP, with your consent, to advise of biopsy results.

What if cancer is found?

The Breast Physician will inform you if a breast cancer is found. You will be able to fully discuss your options regarding referral for further treatment of your cancer with her.

Can all cancers be detected by these tests?

Most breast cancers will be diagnosed by the tests recommended by the Assessment team, but no test can guarantee the detection of all breast cancers. It is important for all women to follow up on any recommendations made by the Assessment Service Clinical Team.

We value your comments and suggestions...

We welcome your comments about our service. While you are at the clinic, perhaps you would like to complete our “Comments” brochure and place it in the secure box provided.

Refer to the website for all screening and assessment centre locations.

www.breastscreen.health.wa.gov.au

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Telephone (08) 9323 6700 Email: breastscreenwa@health.wa.gov.au Bookings 13 20 50