The Breast Cancer Susceptibility Genes...*Am I at Risk?*

What are genes?

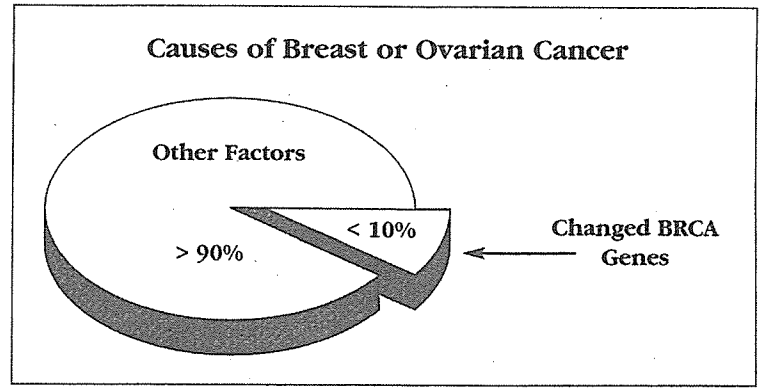
Genes, which are in each of our body cells, help guide the growth and development of our bodies. We are all born with two copies of each gene—one we inherit from our mother, the other one from our father. When functioning normally, certain genes actually help to prevent cancer.

What are the breast cancer susceptibility genes?

In rare cases, a family carries genes that have been altered or changed and do not work as well as normal ones. This may lead to a much higher chance, or susceptibility, for getting breast or ovarian cancer. These genes are called the breast cancer susceptibility genes (BRCA). Men in some of these families may have a chance of getting breast cancer too. You can inherit these changed genes from either your mother or father's side of the family. So far, only two breast cancer susceptibility genes, BRCA1 and BRCA2, have been found. As research continues, new BRCA genes may be found in the future. While these changed genes result in an increased chance of getting breast or ovarian cancer, they do not cause cancer. Not everyone who inherits changed BRCA genes will develop breast or ovarian cancer.

If I have a family history of breast or ovarian cancer, does it mean that I may have changed BRCA genes?

Not necessarily. Most breast or ovarian cancer that occurs within families is not due to having inherited changed BRCA genes, but is instead caused by other factors. In fact, less than 10 percent of breast cancer is thought to be due to these changed BRCA genes.

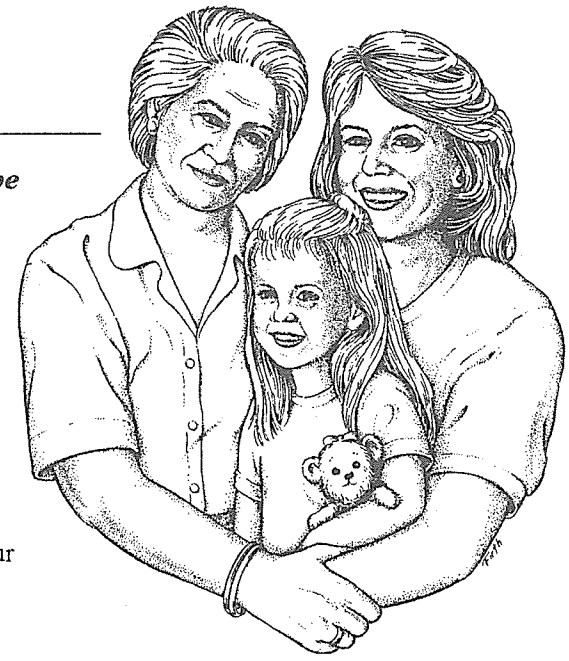


KAISER PERMANENTE®

How do I know if I might carry changed BRCA genes?

Answer "yes" or "no" to the questions below. You may have a higher chance of carrying changed BRCA genes if you answer "yes" to **one or more** of the following:

• Do you have a close relative with a positive test for changed BRCA genes?	❑ Yes ❑ No
• Have you had *both* breast and ovarian cancer?	❑ Yes ❑ No
• Do you have breast or ovarian cancer? *and* Do you have one or more close relatives with breast cancer (especially before age 50) and/or ovarian cancer?	❑ Yes ❑ No
• Do you have a strong family history of breast cancer (especially before age 50) and/or ovarian cancer in many relatives across two or more generations?	❑ Yes ❑ No
• Have you had breast cancer before you were 30?	❑ Yes ❑ No
• Are you of Ashkenazi (central or eastern European) Jewish heritage? *and* Have you had either breast cancer before you were 40 or ovarian cancer at any age?	❑ Yes ❑ No
• Have you had breast cancer that appeared in both breasts or in many places in the same breast?	❑ Yes ❑ No



After answering "yes" to one or more of the preceding questions, I know I have a higher chance of carrying changed BRCA genes. What should I do?

First, talk with your provider about your concerns. After confirming your risk by looking at your family history and your personal health history, your provider may refer you to a genetic counselor. Genetic counseling is the **first** step in determining if changed BRCA genes are in your family and the chance that you may have inherited these genes. During counseling, the genetic counselor will review your medical records, your health history, and your family history of cancer.

Is there a test to find out if I have changed BRCA genes?

If it seems like there may be an inherited susceptibility to cancer in your family, there is a blood test for the BRCA genes. However, the test is not for everyone, but rather is sometimes useful for individuals thought to be at high risk. The genetic counselor will go over the pros and cons of testing with you *(see back page)*. With this information, you can decide, with your genetic counselor, whether this test is right for you.

If I don't have a higher chance of carrying changed BRCA genes (I did not answer "yes" to any of the questions), should I go to genetic counseling and consider testing?

Not at this time. The only genetic test available is for women who are at very high risk. If your family history of breast cancer doesn't fall into the high-risk pattern but continues to bother you, talk with your provider.

What can I do to take care of myself?

Since all women are at risk for breast cancer, ***screening*** to find breast cancer early—when it is most treatable and curable—is a ***very*** important step you can take for yourself.

There are three important screening steps you can take to find breast cancer in the early stages:

1) monthly breast self-exam
2) breast exams in the medical office
3) regular mammograms

Note: Mammography is strongly recommended for **all** women who are between the ages of 50–74. If you are age 40–49, talk with your health care provider about the age to begin having regular mammograms.

A healthy, low-fat diet, regular exercise, drinking alcohol in moderation, and not smoking are other very important ways of taking care of yourself that may reduce your chances of getting breast cancer.

Where can I learn more about breast cancer prevention and screening?

As a Kaiser Permanente member, there are many resources available to answer your questions about breast health. Contacting your local Health Education Department should be your first step. They offer a wide variety of reading materials and videos. The **Kaiser Permanente Healthphone, 1-800-33-ASK ME**, message #202, also provides information on Breast Cancer Susceptibility Genes.

	Health Education		Health Education		Health Education
Bakersfield	(805) 864-3310	Harbor City	(310) 517-2943	Riverside	(909) 353-4475
Baldwin Park	(626) 851-5820	Los Angeles	(213) 783-4482	San Diego	(619) 641-4194
Bellflower	(562) 622-4150	Orange County	(714) 748-7843	West Los Angeles	(310) 558-6500
Fontana-Preventive Medicine	(909) 427-3946	Panorama City	(818) 375-3018	Woodland Hills	(818) 719-4305

Testing for Breast Cancer Susceptibility Genes

The decision about taking this blood test is a very personal one and can have complex, and sometimes unexpected, emotional effects. An important part of genetics counseling is to help you explore what testing might mean for you and your family. Here are some simple answers to common questions and concerns. The genetic counselor will discuss the pros and cons in more detail. Results of the test will remain confidential.

What are some of the benefits of BRCA testing?

Some people who get a negative test result are relieved. Some who test positive use the results to help plan their medical care, or to make personal decisions about their lives. Although we are not certain, it is likely that starting to have mammograms and breast exams at a younger age and having them more often than is generally recommended may help find breast cancer early. Although these are drastic measures, some women who test positive for BRCA decide to have surgery to remove their breasts or ovaries to prevent cancer. At this time, we do not know how effective these surgeries will be in preventing breast or ovarian cancer.

What are some of the drawbacks to BRCA testing?

Having a negative test may give some women a false sense of security, so they may not come in for regular mammograms and breast exams like they should. Testing positive can create stress in a woman's life, especially if she has no clear plan of action to take.

What does it mean if the BRCA test is positive?

A positive BRCA test means that the person's chance of getting breast cancer in their lifetime may go up as high as 85 percent, but this means that there is still at least a 15 percent chance that they won't get it. It also means that their risk of getting ovarian cancer goes up, but is not as high as for breast cancer. We do not know yet why some people with changed genes get cancer and others do not.

If I decide to have BRCA testing, how will I be told my test result?

Because it is a very complex test, it may take several months to get your test result back. Once the result is available, your genetic counselor will meet with you to talk about the results and help you decide what to do next.

If you believe you are at higher risk for inherited breast cancer, Genetic Services can answer your questions.

	Genetic Services		Genetic Services		Genetic Services
Bakersfield	(818) 375-2073	Harbor City	(310) 517-2898	Riverside	(909) 427-4381
Baldwin Park	(626) 851-5920	Los Angeles	(213) 783-5612	San Diego	(619) 528-5409
Bellflower	(562) 461-4718	Orange County	(800) 422-4739	West Los Angeles	(213) 857-2074
Fontana	(909) 427-4381	Panorama City	(818) 375-2073	Woodland Hills	(818) 375-2073

Southern California Regional Health Education and Health Promotion
MH-0508 (11/97)

Screening for Cervical Cancer

Pap smear screening is used to detect cervical cancer. A pelvic examination, which includes a Pap smear, can also help detect cervical cancer, precancerous conditions, sexually transmitted diseases and vaginitis.

How often do I need the Pap smear and pelvic examination to detect cervical cancer?

Once you have had two annual Pap smears and pelvic examinations at Kaiser Permanente with normal results, you need screening for cervical cancer at least every three years until you reach age 65. If you are over 65 years old and have never had an abnormal Pap smear, you can wait up to five years between screenings.

This screening frequency is for women with no symptoms, and is for the detection of cervical cancer or precancerous conditions only, not for vaginitis or sexually transmitted diseases. Your health care provider may need to do Pap smears and pelvic examinations more often if you have certain symptoms or gynecological problems.

I used to come in for this service more often. Why did Kaiser Permanente change their guideline?

Pap smears are very effective at finding abnormal cells even before they turn into cervical cancer. Since these abnormal cells grow slowly, screening at least every three years allows enough time in which to detect early cervical cancer or precancerous cells before the condition becomes serious.

The evidence suggests that these Pap smear screenings every 3 years for women under 65, along with appropriate treatment, reduce cervical cancer cases and deaths from cervical cancer by as much as 90%. Screening more often for women with previously normal tests has not been shown to improve that statistic.

Isn't it better to find out earlier if I have cervical cancer, or any precancerous cells?

Research shows that getting a Pap smear more often does not significantly reduce the frequency or number of deaths that occur from cervical cancer. Cervical cancer grows very slowly. It can usually be detected years before it begins to spread to other areas by Pap smear screening, and then treated effectively at that time.

KAISER PERMANENTE

What if I have had an abnormal Pap smear in the past?

If you have had a Pap smear that showed abnormal cells or cervical warts, then you should have the test done more often. Talk with your health care provider about how often you should be tested.

What about a checkup for sexually transmitted diseases or vaginitis?

Talk with your health care provider about how often you need to be examined for sexually transmitted diseases. This is especially important if you have more than one sexual partner. He/she may recommend that you have a periodic pelvic examination more often. If you have any gynecological problems, please contact your health care provider as soon as possible.

The information presented here is not intended to diagnose health problems or to take the place of professional medical care. If you have persistent health problems or if you have further questions, please consult your health care provider.

SCPMG Regional Health Education and Health Promotion
MH-0311 (5/94)

(5/99)

Colorectal Cancer Screening for High-Risk and Average-Risk Adults

Colorectal cancer is the third leading cause of cancer-related deaths in the United States. About 150,000 new cases are reported each year and 60,000 deaths occur each year from colorectal cancer.

Why is screening for colorectal cancer needed?

Colorectal cancer is preventable and can be cured if found early. Current evidence supports the fact that most colorectal cancers come from colon polyps (growths in the colon, or large intestine). It takes about 10 years for a colon polyp to become cancer. The risk of colorectal cancer can be reduced by having regular screenings.

How do I know if I am at high risk?

The following people are considered to be at **high risk** of getting colorectal cancer:

- You have at least one close family member (mother, father, sister, brother, son, or daughter) with colorectal cancer **under age 55**
- You have **more than two** close family members diagnosed with colorectal cancer at any age
- You have at least one close family member diagnosed with a noncancerous polyp **and** at least one other close family member diagnosed with colorectal cancer.

You are at **average risk** if you have no family history of colorectal cancer or have had only one close family member diagnosed with colorectal cancer **at age 55 or older.**

How do I know if I should have a screening exam?

If you are at **high risk** of getting colorectal cancer, you should think about having a colon screening exam at least every 10 years, beginning at age 40 through age 70. Our first recommendation for screening is a **colonoscopy.**

If you fall into the **high-risk** category, please contact your health care professional as soon as possible to schedule a colon screening exam and to talk about any other questions you may have about a colonoscopy.

If you decide not to have a colonoscopy, we recommend you have a **barium enema** instead. If you decide not to have a colonoscopy or a barium enema, we recommend you have a **flexible sigmoidoscopy** at least every 10 years. **Annual fecal occult blood testing** is by choice.

KAISER PERMANENTE®

If you are considered at **average risk** of getting colorectal cancer, then you should think about having a colon screening exam every 10 years beginning at age 50 through age 70. Our recommendation for screening is a **flexible sigmoidoscopy.**

Colonoscopy is an invasive procedure that requires a lot of preparation that may be very uncomfortable and inconvenient for you. The health risks of both perforation (a hole or a tear) and bleeding may be greater than the benefits for many **average-risk** people.

Whether or not you choose to have the flexible sigmoidoscopy, you may also choose to have an **annual fecal occult blood test** (FOBT). This test does not reduce your risk of finding colorectal cancer if you have a flexible sigmoidoscopy every 10 years. If you do not want to have a flexible sigmoidoscopy, you should think about having an annual fecal occult blood test.

Find your family history in the first column in the chart below, then read across to find the screening recommended for you.

Family History	Your Risk	Your Age Range to Be Screened	How Often?	Recommended Screening	Alternative(s)
No family history or only **one** close family member with colorectal cancer **at age 55 or older**	Average	Age 50 until age 70	Every 10 years	Flexible Sigmoidoscopy	Annual Fecal Occult Blood Test (FOBT)
At least one close family member with colorectal cancer **before age 55**	High	Age 40 until age 70	At least every 10 years	Colonoscopy	1. Barium enema 2. Flexible Sigmoidoscopy, with or without FOBT 3. Annual FOBT
More than one close family member with colorectal cancer at any age	High	Age 40 until age 70	At least every 10 years	Colonoscopy	Barium enema
At least one close family member with a noncancerous polyp **and** another close family member with colorectal cancer	High	Age 40 until age 70	At least every 10 years	Colonoscopy	Flexible Sigmoidoscopy, with or without FOBT

What if I have a polyp or cancer?

Polyps are growths that can be from the size of a pea to the size of a golf ball, and they are often found during colonoscopies. A small percentage of polyps can become cancer, so taking out certain polyps can prevent a person from getting cancer at a later time. These polyps are taken out with a colonoscope, so surgery is not needed.

If cancer is found, a treatment plan for you is made with the help of your physician. Colon surgery is usually recommended as part of the treatment plan.

What can I do to have less of a risk of getting colorectal cancer?

1. Have screenings regularly, as recommended in the chart for average-risk and high-risk individuals.
2. Tell your health care professional if you notice any of the following symptoms on a regular basis:
   - Blood in stool
   - Pain in abdomen
   - Changes in bowel habits
3. Eat a diet low in fat.

What are the screening exams for colorectal cancer?

Colonoscopy

- **What is a colonoscopy and what is involved?** A colonoscope is a long, flexible tube that is about 5–6 feet long and is about as thick as your finger. Placed through the rectum into the colon, it lets the physician examine the lining of the large intestine. The physician can see the structure of the entire colon and rectum. If a suspicious area is seen, an instrument is passed through the colonoscope to remove a small piece of tissue for examination in the laboratory. The colonoscopy takes about 30 minutes.
- **What are the risks and problems with a colonoscopy?** A complication from a colonoscopy happens once in every 1,000 exams. Complications can include colon perforation, bleeding, decrease in breathing, and possibly death. It may be very uncomfortable and inconvenient for you because a lot of preparation is needed before the exam. You will also have to stay in the examination room 2–3 hours afterward and arrange a ride home because of medication used during colonoscopy.
- **How do I prepare for a colonoscopy?** You will be on a liquid diet 24 hours before the exam. The night before your exam you need to drink about 1 gallon of a special solution that completely cleans your colon for the examination. You will need intravenous medication during the colonoscopy examination. You will be medicated but aware of everything during the exam.

Barium Enema

- **What is a barium enema and what is involved?** This X-ray technique gives a picture of the entire colon. Using an enema, a radiologist fills your colon with barium and takes several X-rays. Air may be mixed with barium to see small polyps in the colon more easily. This procedure produces a little cramping and discomfort, and needs a careful cleaning of the colon by drinking a solution the night before the procedure.
- **What are the risks and problems with a barium enema?** Complications from a barium enema are very rare, but include colon perforation. The barium enema is not as good as the colonoscopy in finding both polyps and cancer. If something suspicious is found on the barium enema, a colonoscopy is scheduled to see if there is an abnormality and take out any suspicious polyps. Although you can do normal activities after the exam, you may pass barium from your rectum for 1–2 days after the exam and have constipation.

Flexible Sigmoidoscopy

- **What is a flexible sigmoidoscopy and what is involved?** A sigmoidoscope is a long, flexible tube about as thick as your finger. It is placed through the rectum into the colon and lets the examiner look at the lower colon and rectum. If a suspicious area is found, the examiner can pass an instrument through the flexible sigmoidoscope to take out tissue for examination in the laboratory.

  The flexible sigmoidoscopy examines the last 30 inches of the colon. The exam lasts about 10 minutes. About half of all colon cancers are found in this part of the colon. If a polyp is found, a colonoscopy may be scheduled. Flexible sigmoidoscopy only looks at half of the colon. Eight percent of

the time a polyp is found during a flexible sigmoidoscopy. When the examiner finds a polyp during a screening sigmoidoscopy, the person is more likely to have a polyp in the other half of the colon. A colonoscopy is needed to take out the polyps found on a sigmoidoscopy and to look at the rest of the colon. This screening approach finds 70 to 80 percent of the significant polyps and colon cancers. In comparison, FOBT will find only 30 to 40 percent of colon cancers.

- **What are the risks and problems with a flexible sigmoidoscopy?** Complications from a sigmoidoscopy are very rare, but can include colon perforation. The test may also be uncomfortable. The sigmoidoscopy screens one half of the colon. The other half of the colon is checked in people who were found to have polyps. This approach will miss about 20 to 30 percent of the significant polyps, about 2 polyps in 100 people screened with sigmoidoscopy. So a person's chance of having a polyp missed using screening sigmoidoscopy is 2 percent.
- **How do I prepare for a flexible sigmoidoscopy?** You will be on a liquid diet 24 hours before the exam and will take a cleansing enema before the exam. You do not need medication with a flexible sigmoidoscopy, so you will be able to go back to your activities after the exam.

Fecal Occult Blood Test (FOBT)

- **What is FOBT and what is involved?** This test uses smears made from bowel movements and checks them for blood.
- **What are the risks and problems with FOBT?** Current evidence indicates that FOBTs can reduce deaths from colon cancer, but they only find about half of colon cancers and do not find polyps. This test may give a positive result when you do not have cancer and therefore results in follow-up procedures that are not needed like colonoscopy or barium enema.

Detection of Prostate Cancer

How do I know if I'm at risk for prostate cancer?

Your risk of getting prostate cancer is based on your age and family history. You are at higher risk for getting prostate cancer if you are age 45 or older and:

- You have one or more family members (brother or father) who have been diagnosed with prostate cancer.
- You are of African-American ancestry.

If I have urinary problems, am I at risk for prostate cancer?

No. Most urinary problems—such as trouble starting urination, bladder infections that cannot be explained, bloody urine, uncontrolled dribbling, or you are not able to release your urine—are not related to prostate cancer. If you have any of these symptoms, you should talk about them with your health care professional. Tests for prostate cancer are often not needed.

Should I be tested for prostate cancer?

If you are in the high-risk group for prostate cancer, your health care professional may suggest that you be tested every year with a rectal exam and a Prostate-Specific Antigen (PSA) blood test starting at age 45 and continuing through age 70. If you are not in the high-risk group, your health care professional may still suggest that you have a rectal exam and PSA test some time between the ages of 50 and 70. A rectal exam and PSA test together are a better way of finding prostate problems.

KAISER PERMANENTE®

What do I need to know about prostate cancer screening tests?

- There is not enough evidence from scientific studies to show that having a regular rectal exam and PSA test lowers the number of deaths from prostate cancer. Some studies show that the number of deaths from prostate cancer has gone down since screening began in the mid-1990s, but it is not known if this drop is because of screening. Whether prostate cancer screening is helpful will not be known until several large studies are done.
- The rectal exam and PSA test are not 100 percent accurate. If you have cancer, the PSA test will have a 77 to 99 percent chance of finding it. Some men will have a "false-positive" test result, which means their PSA level is high, but they do not have cancer. A false-positive result can lead to more tests, such as a biopsy, which may not be needed. The chance of having a false-positive result is between 3 and 23 percent. Some men will have a "false-negative" test result, which means their PSA level is normal, but they actually do have prostate cancer. With this result, a person most likely will not have any other tests and the cancer will not be detected at that time.

What if my PSA test result is positive?

If your PSA test result shows higher than recommended levels for your age, you may be referred to a urologist, who will talk with you about more tests that may be needed to find out if you have cancer. A positive PSA test may show that you need a biopsy. If a biopsy shows that you have prostate cancer, your urologist will talk about your choices with you.

SCPMG Regional Health Education, Health Promotion and Prevention
MH0310 (1/02)
www.kaiserpermanente.org

888•606•0068

NEW Toll-Free Cancer Services

PATIENT INFORMATION LINE

The Los Angeles Medical Center Cancer Program is here to provide you with expert medical care, excellent service, and emotional support. Our staff at the toll-free information line will be happy to answer your questions or connect you to the person who can. We are committed to making your care experience easier.

You have a treatment team on your side.

There is hope for a healthy future & for living each moment inspired by that hope.

KAISER PERMANENTE®

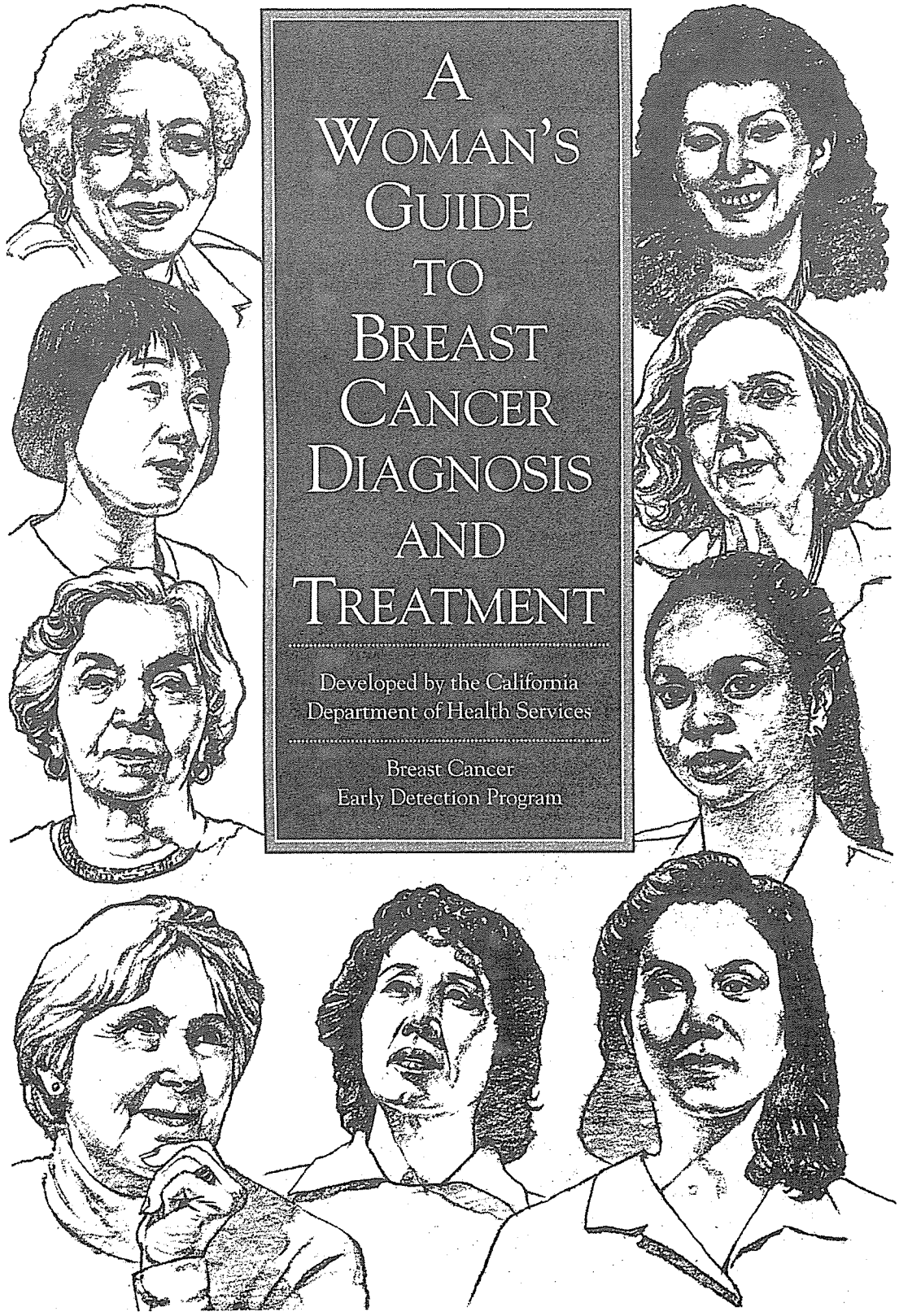

A
Woman's
Guide
to
Breast
Cancer
Diagnosis
and
Treatment
Developed by the California
Department of Health Services
Breast Cancer
Early Detection Program

Table of Contents

95-1

1 INTRODUCTION

The State of California requires that your doctor give you this brochure if you are about to have a breast biopsy or have been diagnosed with breast cancer.

You may be going through all kinds of feelings. You may be worried and anxious. You may be in shock or feel alone. It may be hard for you to concentrate. These reactions are normal.

The hope is that this booklet will prove to be a valuable guide. It is intended to help you become a partner in making choices with your health care team. These tips may make it easier for you to use this booklet:

- Read the material as you need it. If you are about to get a biopsy, only read the section on Breast Biopsy. You may feel better finding out that most breast lumps are not cancer.
- If you already have been diagnosed with cancer, have a friend or someone on your health care team read this booklet along with you. Or have them read it and discuss the material with them when you are ready.
- The medical words that you hear as you go through biopsy and treatment are used in this brochure. Knowing the meaning of the words that you are hearing can help you understand what is happening and make informed choices. Remember, there is no one "right" treatment for every woman. New options are available today that were not offered even a few years ago.
- As you go through the diagnosis and treatment processes, you may find it helpful to write out questions **before** you meet with your doctor. Some of the questions you may want to ask are in the side margins of this brochure. (You may also want to tape record information that is given to you. Consider asking a friend or family member to come with you during health care appointments.)
- Most important, never be afraid to have information repeated and to ask questions. There is no "dumb" question when you are faced with cancer.
- For more free information or to talk to someone (in English or Spanish), call the National Cancer Institute's hotline:

1-800-4-CANCER

2 Breast Biopsy

When you discover a lump or other change in your breast, it is important to find out what it is. It is normal to be alarmed. But you have reasons to be reassured:

- Most women, sometime in their lives, develop lumps in their breasts.
- Most lumps are NOT breast cancer. In fact, 8 of 10 lumps are harmless.
- To be sure that a lump or other change is not breast cancer, you need to have some or all of the lump removed (a **biopsy**). A diagnosis can then be made by a **pathologist,** a doctor who looks at the cells under a microscope to find out if the tissue is normal or cancerous.

When Your Lump Can Be Felt

If your lump can be felt, you will most likely have one of the following types of biopsies.

Fine Needle Aspiration (FNA)

A thin needle is placed into the lump. If fluid comes out, and the lump disappears, it means that the lump is a cyst and is usually not cancer.

- **Advantage:** You can avoid a scar and surgery. If cancer is found, you can start to plan your treatment.
- **Disadvantage:** If the needle removes only normal cells, and the lump does not go away, then you may need more tests to make sure that the lump is not cancer.

Core Biopsy

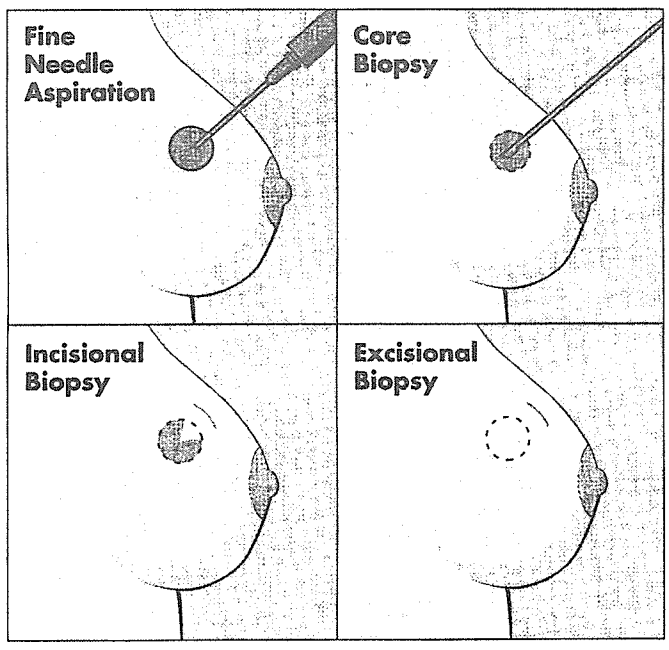
A larger needle is used to remove a small piece of tissue from the lump.

- **Advantage:** Your scar will barely be noticeable. Even if the lump is cancer, you will have avoided the stress of one surgery.
- **Disadvantage:** If this biopsy finds cancer, you will need more surgery to remove the part of the cancer that is still in your breast. If this biopsy does not find cancer, you may still need a surgical biopsy to make sure that the lump that is still in your breast does not contain any cancer cells.

Surgical Biopsies

An **incisional biopsy** removes only a portion of the lump. An **excisional biopsy** removes the entire lump.

You will have a scar on your breast, which will heal with time. There may be some change in the shape or size of your breast.



3

Anesthesia

- If the lump is small and near the skin's surface, you will likely be given **local anesthesia.** Medication is injected into the site. You will be awake, but you should not feel pain. Medication also may be injected into a vein in your arm as an extra way to reduce pain and help you relax.
- If you are given **general anesthesia,** you will be given medication that will place you in a deep sleep. You will not feel pain during surgery. These medications are most often inhaled as a gas. They may be used when the tumor is large, located deep in the breast, or when the woman does not want to be awake.

When Your "Lump" Can Be Seen But Not Felt

Sometimes you can have an area of concern that cannot be felt in the breast but shows up on pictures of the inside of the breast. These pictures are taken by either **mammography** (a type of x ray) or **ultrasound,** a process that shows harmless soundwaves as they travel through a breast. In these cases you may have:

Needle Localization Biopsy

Using a mammogram or an ultrasound as a guide, a doctor places a needle or fine wire into the suspicious area. The area is then removed with a surgical biopsy. A second picture of the biopsy area may be taken later to make sure that the area of concern was entirely removed.

Stereotactic Needle Biopsy

This fairly new procedure pinpoints the area of concern with a double-view mammogram. A computer plots the exact area and guides a fine needle or a large-core needle so that a doctor can remove a sample of tissue for the pathologist.

Questions to Ask Your Doctor

- Do you think I need to have a biopsy? If not, why?
- What type of biopsy do you recommend? Why?
- How soon will I know the results?
- What will the scar look like after the biopsy and after it heals?
- Do you suggest local or general anesthesia? What are the advantages of each?

If your biopsy result is **negative,** your treatment is over. It still will be important to have your breasts checked regularly for any future signs of change.

If the result is **positive,** the cells did contain cancer and you will need to make decisions about your treatment options. Information on the following pages can help you understand your options.

Remember, there are people who can help you through this process.

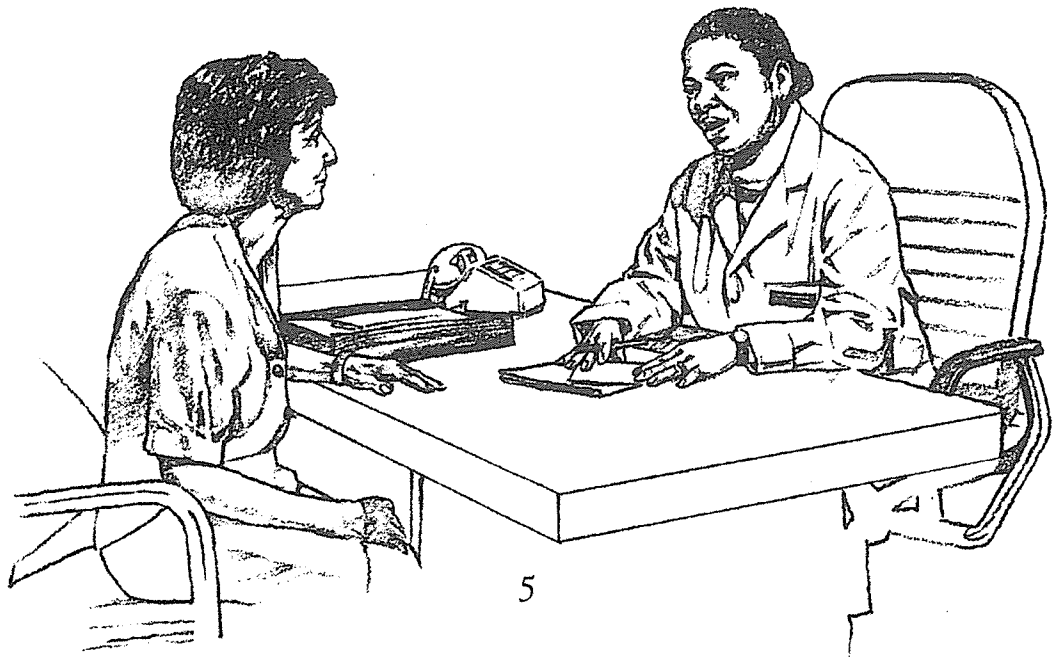
4

3 Making a Decision

Doctors used to believe that it was best to biopsy a woman's lump and remove her breast in the same operation if cancer was found. A woman went into surgery for a biopsy not knowing whether she would wake up with her breast. This rarely happens today.

Studies show that it is safe to start treatment within several weeks after your biopsy. This two-step procedure gives you time to:

- Read more and think through the information.
- Get a second opinion.
- Call **1-800-4-CANCER** or breast cancer organizations for information and support groups near you.
- Talk to other women who have had breast cancer.
- Have a complete study of your breast tissue, and, if needed, of other parts of your body.
- Prepare yourself and loved ones for your treatment.



5