



# Breast Biopsy Results

---

Waiting for your breast biopsy results can be stressful. Most biopsy results are not cancer. However, a few results require follow-up treatment. When your results are ready, someone from the breast imaging department will call you with your results. These results will also be made available through your patient portal at [MyUofMHealth.org](https://myuofmhealth.org). The definitions below may help you understand what has been found in your breast.

## Benign

Benign means **not** cancer. When your biopsy result is benign, you usually do not need any other treatment.

Some possible benign results are listed below:

- **Cysts** are pockets of liquid in the breast and they are very common. Cysts can be large or small and may change in size. If a cyst is larger or painful, you and your doctor may decide to drain it or remove it.
- **Fat necrosis** is one of the ways that the breast heals after an injury. The injury may be something minor that you may not even remember. Fat necrosis may show up at any time, even years after the injury. No treatment is needed.
- **Fibroadenomas** are growths of solid tissue in the breast. They may grow slowly. If a fibroadenoma is large or is causing discomfort, you and your doctor may decide to remove it.
- **Fibrocystic changes** are areas of denser tissue mixed with cysts in the breast. Usually, no treatment is needed.

- **Lymph nodes** are a normal part of your body that are found in your underarm (armpit) and in your breast. They may get larger when your body is fighting an infection or if a cancer has spread to your lymph nodes. If your lymph node is benign, there is no cancer in it.
- **Pseudoangiomatous stromal hyperplasia** is a harmless type of growth of tissues found in the breast. Usually, no treatment is needed. If the area is large or is causing discomfort, you and your doctor may decide to remove it.
- Other results that are benign and usually require no treatment include: apocrine metaplasia, columnar cell change, stromal fibrosis, inflammation, reactive changes, sclerosing adenosis, and usual ductal hyperplasia.

## Increased Risk

Biopsy results which show “increased risk” are **not** cancer. However, this result could mean that you may be more likely to get cancer in the future. We will refer you to the Breast Care Center to talk with a doctor about whether you need more treatment.

Some possible increased risk results are listed below:

- **Atypical ductal hyperplasia** can be thought of as one step before the earliest form of cancer. It is often removed because there is a small chance that cancer cells may be found nearby. You may talk with your doctor to see if you qualify for more screening or testing.
- **Flat epithelial atypia** is a growth within a milk gland in your breast. It usually doesn't need to be removed.
- A **papilloma** is a growth within a milk duct in your breast that may cause nipple discharge (fluid leaking from your nipple). Not all papillomas need to be removed from your breast. A papilloma may be removed if it has abnormal cells or if it is causing symptoms like nipple discharge or pain.

- **Phyllodes tumors** are rare tumors that are most often benign. Because they tend to grow very fast, they are usually removed.
- A **radial scar** (or **complex sclerosing lesion**) is a collection of milk ducts trapped in an area of breast tissue. Not all radial scars need to be removed from your breast. A radial scar may be removed if it has abnormal cells.
- **Lobular carcinoma in situ** and **atypical lobular hyperplasia** are grouped together and called **lobular neoplasia**. These are usually not removed from your breast. You will talk with a doctor about management of lobular neoplasia.

## **Malignant**

Malignant means that some cancer cells were found in your biopsy tissue. There are several types of breast cancer. Each type of breast cancer has different treatment options. You should talk with your doctor about the next steps of your treatment.

The glands (milk-producing parts) of the breast are made of **lobules** (small sacs where milk is made) and **ducts** (small tubes which carry the milk to the nipple). **Non-invasive** cancers have not yet broken out of the glands or ducts into the surrounding tissues. **Invasive** cancers start out growing in the glands or ducts and have also entered the surrounding tissues. Invasive cancers may also spread outside of the breast.

Some possible malignant results are listed below:

- **Ductal carcinoma in situ** is non-invasive cancer. The cancer cells grow and expand in the milk ducts, but they are not in the surrounding breast tissue. It is usually not life-threatening.
- **Invasive ductal carcinoma** is the most common type of invasive breast cancer. About 80% of invasive breast cancers are this type. The cancer

starts in the cells within a milk duct and grows into the tissues outside of the duct.

- **Invasive lobular carcinoma** is a less common type of invasive breast cancer. About 15% of invasive breast cancers are this type. The cancer starts in the part of the gland that produces milk (the lobule) and grows into the tissues outside of the lobule.
- **Invasive mammary carcinoma** is a less common type of invasive breast cancer that has features of both ductal and lobular cancer.
- Other less common types of breast cancer are cribriform, inflammatory, medullary, mucinous, papillary, and tubular.

Your malignant result report may include other details that help you and your doctors decide on your treatment.

- A **tumor grade** shows how quickly cancer cells are likely to grow and spread. Usually the grade is from 1 to 3, with 1 being less of a concern (where the cells are the least abnormal) and 3 being more concerning (where the cells look very abnormal).
- **Tumor markers** are substances made by cancer cells that make it sensitive to certain treatments. Types of tumor markers include estrogen receptor, progesterone receptor, and Her2-neu. Knowing about these markers gives your doctor a better idea of how best to treat the cancer.

## Contact information

If you have any other questions or concerns after your biopsy, here are some people you can contact to help you:

- Breast imaging nurses: **(734) 647-5703**  
Call 7:30 AM - 5:00 PM on Monday - Friday
- After hours Radiology on call: **(734) 936-6267**  
Call anytime after 5:00 PM
- General breast imaging: **(734) 647-8912**

If your biopsy results are not available after 6 business days, call this number.

- Breast Care Center: (734) 647-8902

Call for appointment scheduling or any other questions or concerns.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan (U-M) Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

This document is adapted from the Society of Breast Imaging, created by Sally Goudreau, Vidhi Kacharia, Vandana Dialani, Hannah Milch, Caroline Daly, and Lars Grimm for the SBI Patient Care & Delivery Committee  
Reviewers: Rebecca Oudsema  
Edited by: Brittany Batell, MPH MSW

Patient Education by [U-M Health](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 09/2023