



PIPER BREAST CENTER *Communiqué*

Spring 2003

Volume Three, Number One

FIBROCYSTIC DISEASE: A CHANGE IN BREAST MAKE UP

~ By Eric M. Johnson, MD, and Tamera J. Lillemoe, MD

Fibrocystic disease of the breast is not really a disease but, rather, a spectrum of changes in breast cells that may alter the breast's normal make up. Fibrocystic changes may include:

- cysts that feel firm and change with the menstrual cycle
- increased fibrous tissue, causing an area of firmness
- calcifications identified on a mammogram.

These changes may be recognized by the patient or physician during a breast exam, by the radiologist during a mammography read, or by the pathologist looking at microscopic breast structure changes.

If calcifications or other changes are identified, a breast biopsy may be needed to rule out the possibility of cancer. Most women with fibrocystic changes do not require a biopsy. If the surgeon or radiologist recommends a biopsy, either a needle biopsy or surgical excision may be used to further evaluate the area.

After a biopsy is performed, the pathologist studies the tissue under a microscope and provides a detailed assessment of the patient's fibrocystic changes. Although most patients' biopsies don't show features related to breast cancer, some fibrocystic changes are associated with a slightly increased risk, and even fewer with a moderately increased risk.

Fibrocystic changes are very common and affect most women. The cause of these changes is unknown, although connections have been made to never having given birth, late age of first childbirth, late menopause, obesity, and high intake of meat, fat and caffeine. Patients with fibrocystic changes that are associated with significantly increased risks of developing breast cancer should talk to their doctors about closer follow-up.

Did You Know ...

~ By Carol Bergen, RN

Race for the Cure is May 11

Don't forget to mark your calendars for the Twin Cities' Race for the Cure on Sunday, May 11. In conjunction with the Race, we will have an informational display at the event. Stop by! For more information, call 612-863-3137.

Mammogram Results

The U.S. Food and Drug Administration requires that patients receive their mammogram results in written lay terms within 30 days. Piper Breast Center's routine screening mammogram patients receive their results within one week. However, if a patient is seen for diagnostic mammography or ultrasound because of abnormal breast changes, information regarding results is provided the same day.



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HOW EFFECTIVE IS A DUCTAL LAVAGE PROCEDURE?

~ By Deborah L. Day, MD, and Margit Bretzke, MD

Most breast cancers begin in the cells that line the milk ducts. Ductal lavage is a minimally invasive procedure used to collect breast duct cells for evaluation. The procedure involves suctioning fluid from one or more of the five to nine openings on the nipple. A small amount of fluid is injected through a tiny tube, which is placed in the nipple openings to rinse the duct; then the fluid is collected and analyzed. Cells in the lavage fluid are classified as normal, atypical (pre-malignant) or malignant. The goal is to find atypical cells before they become cancerous and, perhaps, to treat the woman with preventative measures.

Generally, ductal lavage is recommended for women who have a higher-than-normal risk of developing breast cancer. Women and their doctors can use the procedure results as additional information in weighing risks and benefits of different management options, including close surveillance, hormone replacement therapy, tamoxifen and even prophylactic mastectomy.

However, there are several concerns regarding this technique.

- Most importantly, there are no studies proving the value of ductal lavage.
- It is an expensive and time-intensive procedure.
- Women who are appropriate for the procedure are already known to be at high risk so one could question how much more information this procedure actually provides.
- If abnormal cells are found, it is impossible to determine the exact area of origin. The duct system branches extensively and may spread throughout the breast in an unpredictable way.

After evaluating the advantages and disadvantages, the Piper Breast Center has decided against offering ductal lavage. We do offer magnetic resonance imaging (MRI) of the breast, which we have determined is a better screening tool for selected high-risk women.

BREAST CANCER PREVENTION STUDY

If you have been determined to be at high risk for breast cancer and are postmenopausal, consider completing a risk assessment form for the Study of Tamoxifen and Raloxifene (STAR). It is a clinical study of breast cancer

prevention in high-risk, postmenopausal women sponsored by the National Cancer Institute. The Piper Breast Center is one of the more than 400 centers participating in STAR. Ask about the study at your next appointment.

A GIFT TO THE FLOWER FUND BRIGHTENS THE PIPER BREAST CENTER AND OUR PATIENTS

A number of years ago, a special flower fund was set up so the Piper Breast Center would continually have fresh flowers for the reception and patient waiting areas. The hope was that the funds would always provide flowers for the Center but the money is slowly depleting. The Piper Breast Center is looking for donations to the flower fund to brighten the Center and the patients it serves.

The fresh flowers, as well as china teacups and soft robes, are a warm part of the Piper Breast Center's caring environment, and we would like to carry on those special touches with your help. For more information on how to make a donation, please contact Abbott Northwestern Hospital Foundation at 612-863-4126.

A LOOK INTO ATYPIA Changes that mark breast cancer risk

~ By Tamera Lillemoe, MD, and John O'Leary, MD

When receiving the results of a breast biopsy, some patients may receive the diagnosis of atypia. Atypia is a non-cancerous change in cell appearance that can be a marker or precursor to the development of breast cancer. Although this diagnosis may be distressing to patients at first, there are things the patient and physician can do to properly address atypia.

Atypia is diagnosed after examining tissue under a microscope, following a breast biopsy, such as a needle core biopsy. There are different classifications of atypia. The first step is a careful microscopic examination by a pathologist to determine which type of atypia is present. Once the type is determined, planning begins for the correct treatment approach for the patient. With some types of atypia, removing the entire abnormality may be recommended to rule out the possibility of cancer in that specific area. Other types of atypia are associated with an increased risk that affects any area of both breasts. Thus, this type of atypia cannot be treated by simply removing more tissue from the affected area. Other approaches are then considered in the treatment of this type of atypia.

Finding atypia in a breast biopsy increases breast cancer risk four to five times that of the general population, especially when there is a strong family history of breast cancer. Studies of atypia cells have shown abnormalities that may be part of the genetic transformation of normal cells to cancerous cells. In the future, going beyond microscopic evaluations with DNA-type studies may be beneficial to more clearly understand and treat atypia that is seen on a breast biopsy.

In summary, atypia represents both an important marker of breast cancer risk and possibly a stage in breast cancer development. The correct classification of the type of atypia in a patient's biopsy is crucial in planning patient care. Future DNA studies will hopefully allow for more significant possibilities for earlier detection and treatment of atypia.