



Everything you should know if you need a follow-up test

Here's the first thing you should know if you ever have an abnormal [screening result](#): there's a very good chance it's nothing to worry about. Most abnormal findings turn out to be either benign (non-cancerous) breast conditions or just normal breast tissue.

Still, it's crucial to do whatever follow-up is recommended—because if it is cancer, the sooner you get diagnosed and treated, the more likely you are to survive. So keep calm and find out what to expect.

What follow-up tests will they do?

If you have an abnormal [mammogram](#) or [clinical breast exam \(CBE\)](#), the follow-up tests you have depend on your age and what kind of screening you had. If you had a mammogram, they'll also depend on the recommendations of the radiologist. Your doctor will likely start with the least invasive test.

If you have an abnormal CBE:

If you're under 30 and your CBE reveals a lump, your doctor may recommend starting with observation. This means waiting 1-2 menstrual periods to see if the lump goes away on its own, then getting checked again. If you're not comfortable waiting, let your doctor know or ask for a second opinion.

If you're 30 or older and your CBE reveals [a lump or other change](#), the most likely next step is a follow-up mammogram (a.k.a. diagnostic mammogram) and maybe a breast ultrasound.

If you have an abnormal screening mammogram:

If you have a mammogram, it's not uncommon to be called back for an abnormal result. For example, your mammography center might contact you if something is unclear in your mammogram. In the U.S., about 10-12 percent of women are called back after a mammogram for more tests. It's always a good idea to follow up with your doctor about what to do next. The most likely next step is a diagnostic mammogram or breast ultrasound. In some cases, a breast MRI or a biopsy may be recommended.

Here are the different types of follow-up tests:

Mammography can be used as a follow-up test when something abnormal is found on a screening mammogram or CBE. This is called a diagnostic mammogram. The basic procedure

for a diagnostic mammogram is the same as for a screening mammogram, but the diagnostic mammogram includes more images of the breast.

Breast ultrasound uses sound waves to make images of the breast. Like a diagnostic mammogram, it's considered non-invasive. Breast ultrasound can tell the difference between a [liquid-filled cyst](#) and a solid mass (which may or may not be cancer).

Breast magnetic resonance imaging (MRI) uses magnetic fields to create an image of the breast. It's more invasive than mammography because a contrast agent is given through an IV before the test. Breast MRI can be used to get more information after an abnormal mammogram.

A biopsy removes cells or tissue from the suspicious area using a needle or surgery. The cells are studied under a microscope to see if cancer is present. Doctors usually do a biopsy when they can't rule out breast cancer with a less-invasive test.

Susan G. Komen® has resources with more detail on [follow-up tests](#) and [breast cancer diagnosis](#).

What might the tests find?

Growths in the breast can be malignant (cancerous) or benign (non-cancerous). If your screening shows something abnormal, there's a good chance that it's benign. Still, it's important to follow up promptly to know for sure.

Benign breast conditions. Some benign breast conditions can cause discomfort or pain and need treatment. Some are harmless and don't require treatment at all. Many benign breast conditions mimic the warning signs of breast cancer and need tests—sometimes even a biopsy—for diagnosis.

Calcifications and microcalcifications. Calcifications are bits of calcium that can show up on mammograms as small, bright white spots. They're common, appearing on about half of all mammograms of women ages 50 and older (and on about 1 in 10 mammograms of younger women).

- Most, but not all, calcifications are benign.
- Some patterns of calcifications are suspicious and need more testing. Tight clusters or lines of tiny calcifications (microcalcifications) can be a sign of breast cancer.
- Calcifications may be related to older age, past injury to the breast, or an infection in the breast (called mastitis).
- Calcifications may also be related to past breast surgery or radiation therapy.

Non-invasive breast cancer. Ductal carcinoma in situ (DCIS) is when abnormal cells grow in the milk ducts. (The milk ducts are tubes that carry milk from the lobules to the nipple openings during breastfeeding.) DCIS is called "non-invasive" because the cells haven't spread to (or invaded) other parts of the breast or body. On a mammogram, it often looks like a cluster of microcalcifications.

Invasive breast cancer. Invasive breast cancer is when abnormal cells from inside the milk ducts or lobules break out into nearby breast tissue. They may also spread to the lymph nodes in the underarm area (called axillary lymph nodes). If the cells spread to other parts of the body (like bones, lungs, liver or brain), that's called [metastatic breast cancer](#) (a.k.a. stage IV or advanced breast cancer).

- Invasive breast cancer sometimes appears as a white patch or mass on a mammogram.
- The outer edges of invasive cancer cells look fuzzy or spiky.
- If these tests find abnormal cells in the lymph nodes, other tests will be used to check for metastatic cancer.

What if it's breast cancer?

[Breast cancer treatment](#) has come a long way. In fact, thanks to early detection and effective treatment, deaths from breast cancer declined 39 percent between 1989 and 2015.

Your treatment should fit your diagnosis and other individual factors. Getting informed about [your specific diagnosis and treatment options](#) can help you get [better medical care](#). The more you know, the easier it is to [talk with your doctors](#) and share in decision-making.

Whatever your unique situation, [a strong support system](#) can help you deal with the journey ahead. Family and friends can offer emotional and practical support. Support groups for you and your loved ones can help you connect with people who are going through a similar experience.

Knowledge is power

It's a cliché, but it's true: when it comes to breast health, knowledge is power. Chances are good that [getting screened](#) will just reassure you that all is well with your breast health. And if there is a problem, the sooner you know about it and get the care you need, the better off you'll be.



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