



Teaching Providers,
Reaching Women

Biopsy Guide

TYPE OF BIOPSY	DESCRIPTION	ADVANTAGES	DISADVANTAGES
Core Needle	Use of a hollow needle to remove tissue samples from the suspicious area. Can be guided by mammography, ultrasound, or MRI (see table below)	Minimally Invasive Very Small Incision No recuperation time As accurate as surgery w/needle localization Much less expensive than surgery w/localization	Malignancies & high risk lesions may be upgraded at time of surgery
FNA	Use of a thinner needle than with core needle biopsy to remove some cells from a suspicious area	No incision Painless Least Expensive	May be less accurate than core needle biopsy More difficult for pathologist to interpret
Surgical Excision	Surgical procedure to remove the entire tumor; usually preceded by mammogram or ultrasound guided needle localization of the abnormality	As accurate as core needle biopsy Once diagnosis of atypia or malignancy has been made, is the only approved procedure for removal	No longer recommended as the modality for initial diagnosis in most cases More expensive Longer recovery time

BIOPSY GUIDANCE	DESCRIPTION	ADVANTAGES	DISADVANTAGES
Stereotactic	Predominantly used for calcifications, or masses not seen by ultrasound	Typically, the method to biopsy calcifications Relatively fast (20-30 minutes)	Patient's position is less comfortable than ultrasound Difficulty in sampling far posterior lesions
Ultrasound	Used for all lesions visible by ultrasound	Most accurate of all guidance modalities Least expensive Fastest to perform (10-20 minutes)	Calcifications typically not visible
MRI	Used for those lesions best or only seen by MRI	Only method to biopsy lesions seen only by MRI	Takes longest to perform (30-45 minutes) Least comfortable position for patient Most expensive Involves non-iodinated contrast injection Highest rate of upgrading cancer after excision performed