

Choosing Wisely[®]

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THE AMERICAN SOCIETY OF
Breast Surgeons



Tests and treatments for women with breast cancer

When you need them—and when you don't

Women who have breast cancer today are less likely to need major surgery than they were in the past. That's because they have more treatment options.

This report reviews five tests and treatments for breast cancer. These procedures help some women, but should not be done routinely for every woman. If your doctor recommends one of them, ask if it's really necessary. And ask about the risks and costs.

Breast MRI after a cancer diagnosis.

MRI stands for magnetic resonance imaging. An MRI creates very detailed images but it also can have unclear findings.

An MRI may be recommended when:

- A mammogram or ultrasound has uncertain and suspicious findings.
- It is not clear where the cancer started, or how big it is.
- A woman has genetic risk factors or a family history of cancer.
- The doctor wants to see how well chemotherapy is working.



In other cases, there are good reasons to avoid an MRI. And there's no evidence that having an MRI improves treatment outcomes.

Removal of all underarm lymph nodes as part of a lumpectomy.

There are lymph nodes throughout the body, including the underarm. Doctors check them to find out if breast cancer has spread. When the surgeon does a lumpectomy to remove the tumor and part of the breast, some lymph nodes may also be removed. Usually the surgeon removes and examines some lymph nodes where the original cancer was likely to spread. These are called sentinel lymph nodes. If the exam shows cancer, other nodes may be removed.

Complete lymph node removal is recommended:

- If there is cancer in three or more of the sentinel lymph nodes.
- If cancer persists after chemotherapy.

Questions to ask if you're diagnosed with breast cancer

A breast cancer diagnosis is scary. It's important to take time to think about your treatment. Usually, you don't need to make a decision during your first visit to a cancer doctor.

Choosing treatments:

This checklist can help you talk to your doctor:

- Ask about all your options, including no treatment.
- Ask questions until you're sure you understand.
- Compare the risks and side effects of treatments, not just their effectiveness.
- Ask about the cost of treatment.
- Ask how many cancer patients the doctor and hospital have treated in the past year.
- Ask about success and complication rates. Providers should be comfortable discussing these with you.
- Consider a second opinion, to help you make the best possible decisions.

During your treatment, make sure your cancer team shares information with each other and with your primary care doctor.

Ask about follow-up. What tests will you need and how often? If you're disease-free and don't have symptoms, you may not need tumor marker tests or imaging of other parts of the body.

Ask about symptoms to look out for and who to call with questions. Ask your cancer doctor to put this information in a letter for you and your primary care doctor.

Complete lymph node removal is not recommended:

- If there is cancer in only one or two of the sentinel lymph nodes,
- and the cancer is in an early stage (I or II),
- and radiation is scheduled for after a lumpectomy.

Genetic testing after a breast cancer diagnosis.

There are many tests to find out if a cancer runs in your family. These tests can be helpful for patients who have a relative with cancer of the breast or ovary.

There is also a newer test called a multi-gene signature. It can help you find out if chemotherapy is likely to help. This allows some women to skip chemotherapy. You do not need this test if you have already decided for or against chemotherapy.

Repeat lumpectomy if cancer is close to the edge of the removed tissue.

After a lumpectomy, a doctor examines the breast tissue that was removed.

- If there are cancer cells at the edge of the removed tissue, women with invasive cancer may need a second operation to remove more breast tissue.
- But if the cancer cells are close to the edge—but not at the actual edge—a second operation is not necessary.

Double mastectomy when cancer is found in only one breast.

Double mastectomy is the complete removal of both breasts. Sometimes, this is recommended for women with a very high family or genetic risk, even though cancer was only found in one breast.

In most cases, the chance of the cancer spreading to or developing in the second breast is low. Also, double mastectomy does not improve the success of treatment or replace the need for other therapies, such as radiation or chemotherapy.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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