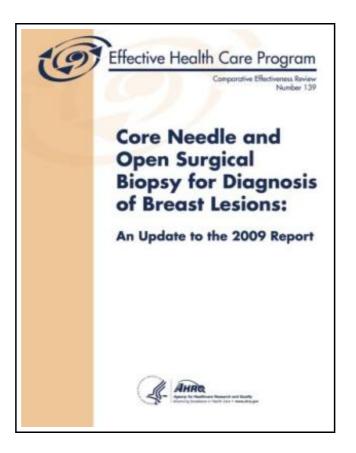
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Createspace, United States, 2014. Paperback. Book Condition: New. Updated. 279 x 216 mm. Language: English. Brand New Book \*\*\*\*\* Print on Demand \*\*\*\*\*. Approximately one in eight U.S. women will develop breast cancer during her lifetime. Because the earliest stages of breast cancer are asymptomatic, the process of breast cancer diagnosis is often initiated by detecting an abnormality through self-examination, physical examination by a clinician, or screening mammography. If the initial assessment suggests that the abnormality could be breast cancer, the woman is likely to be referred for a biopsy-a sampling of cells or tissue from the suspicious lesion. Three techniques for obtaining samples from suspicious breast lesions are available: fine-needle aspiration, biopsy with a hollow core needle, or open surgical retrieval of tissue. Fine-needle aspiration samples cells and does not assess tissue architecture, is generally considered less sensitive than core needle and open biopsy methods, and is used less frequently. Core-needle biopsy, which retrieves a sample of tissue, and open surgical procedures are the most frequently used biopsy methods. Lesion samples obtained by core needle or surgical biopsy are evaluated by pathologists and classified into histological categories with the primary goal of determining whether the lesion is benign or malignant. Because core needle biopsy samples only part of the breast abnormality, a risk exists that a lesion will be classified as benign, high risk, or noninvasive when invasive cancer is in fact present in unsampled areas. Open surgical biopsy samples most or all of the lesion, and is therefore considered to have a smaller risk of misdiagnosis. However, open procedures may carry a higher risk of complications, such as bleeding or infection, compared to core needle biopsy procedures.5 Therefore, if core needle biopsy is also highly accurate, women and their clinicians may prefer some type of core needle biopsy...

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