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Hospital*

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# The Breast Health Center

## **What You Should Know about Breast Calcifications**

### *What are calcifications in the breast?*

Calcifications are simply calcium deposits within the breast tissue. Calcifications in the breast are very common, and most calcifications are associated with benign (non-cancerous) conditions. Some calcifications, however, can be a sign of early breast cancer or breast cancer itself; and this is why radiologists pay particular attention to mammograms with calcifications. There is no association between calcifications in the breast and dietary intake of calcium or with post menopausal hormone replacement.

### *How are calcifications evaluated?*

Further evaluation is begun by getting more mammograms that use magnification to get a clearer view of the calcifications. These additional mammograms allow the radiologist to comment on the location, size, number, shape, and distribution of the calcifications. These factors are then used to make a determination as to how suspicious the calcifications are and whether close follow up or a biopsy is needed.

Benign calcifications are of no concern, do not indicate a cancerous process, and need no further follow up or management.

Probably benign calcifications have only about a 2% chance of being cancerous and can be safely followed with a short mammographic follow up (6 months).

Indeterminate or suspicious calcifications can be seen in both benign and cancerous conditions and a biopsy is needed to establish their significance with certainty.

## *What if I need a biopsy?*

Your surgeon or radiologist may recommend a biopsy of the calcifications. A biopsy is the removal of a small amount of tissue for analysis under a microscope. Doctors can then determine whether the calcifications are associated with cancer or not. Breast biopsies for calcifications can be performed in one of two ways:

**Stereotactic core needle biopsy (preferred method):** This outpatient procedure is done by radiologists using only local anesthesia. They use special equipment and computer guidance to remove tiny samples of the breast tissue for analysis. Using this technique, women can get a diagnosis without having to have surgery.

**Surgical Biopsy:** Because calcifications cannot be felt on breast exam, surgical biopsy requires pre-operative placement of a marker into the breast so that the surgeon knows what tissue to remove. This marker is a tiny wire placed into the calcifications by the radiologists the day of surgery. The wire remains in place during surgery and the surgeon uses it as a guide to find and remove the calcifications. A surgical biopsy usually requires intravenous anesthesia or general anesthesia and also requires a skin incision. For these reasons a stereotactic biopsy is preferred if possible.

## *What is the follow up for “probably benign” calcifications?*

Remember that “probably benign” calcifications have only a 2% chance of being cancerous. Radiologists usually recommend another mammogram in 6 months to see if the calcifications have increased in number or changed in character. If there has been no change at 6 months the recommendation is to resume annual mammography (starting in another 6 months). After a year of follow up without change, patients are then followed with annual mammography.

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