

# Learn what common breast cancer terms mean

## **Axillary Lymph Node Dissection (ALND)**

Axillary lymph node dissection is a surgical procedure to remove the lymph nodes (average 10-20) from under the arm (axilla). Cancer in the lymph nodes usually cannot be felt, so doctors need to remove the lymph nodes and examine them under a microscope to find out if they contain cancer and help plan treatment. ALND results in significant side effects which affect quality of life, and is generally reserved for patients who have either a positive sentinel node or in cases where a sentinel node biopsy is not feasible or appropriate.

## **BRCA 1, BRCA 2 Genes**

Genes which suppress tumors from developing. Certain mutations in these genes result in an increased risk for breast cancer and ovarian cancer.

## **Brachytherapy**

A type of radiation therapy in which sealed radioactive material is placed directly in or near a tumor. Also called implant radiation therapy or partial breast irradiation.

## **CA 15-3, CA 27.29**

Breast cancer tumor markers found in blood, fluids or tissue. Can be used to evaluate a patient's response to treatment, or determine if cancer has come back.

## **Chemotherapy**

A type of systemic therapy which is important in reducing the risk of invasive cancer cells spreading through the bloodstream to other organs. Generally administered intravenously.

## **Core Needle Biopsy**

Needle biopsy using a hollow needle to remove samples of tissue from the breast. It can be used to biopsy a:

- Lump that can be felt (palpable mass)
- Suspicious area that can only be seen on a mammogram or other imaging test (nonpalpable mass)

It is typically done under image guidance. Core needle biopsy is the preferred biopsy method because it is accurate and does not involve surgery.

**Excisional Biopsy**

Surgery to remove the whole abnormal area (plus some of the surrounding normal tissue) from the breast to diagnose or rule out breast cancer. May be used in cases where the core needle biopsy was not definitive, or if a core needle biopsy cannot be performed.

**(Anti) Hormone Therapy**

A type of systemic therapy for patients with hormone receptor (HR) positive tumors. Medications which block or reduce the body's natural hormones to slow or stop the growth of breast cancer cells.

**Inflammatory Breast Cancer (IBC)**

A rare type of breast cancer that develops rapidly, making the affected breast red, swollen and tender. Inflammatory breast cancer occurs when cancer cells block the lymphatic vessels in skin covering the breast, causing the characteristic red, swollen appearance of the breast. It is typically treated with pre-operative chemotherapy, followed by a total mastectomy and radiation.

**Lumpectomy**

Breast-conserving surgery to remove a tumor (lump) and a small amount of normal tissue around it, while preserving the nature shape and contour of the remaining healthy breast tissue. Generally followed by radiation therapy.

**Lymph Nodes**

Small bean-shaped clumps of immune cells that act as filters for the lymphatic system. The lymph nodes in the underarm (the axillary lymph nodes) are the first place breast cancer is likely to spread. Lymph node status is highly related to prognosis.

Lymph node-negative means the lymph nodes do not contain cancer.

Lymph node-positive means the lymph nodes contain cancer.

**Lymphedema**

Lymphedema is a potential side effect of breast cancer surgery and radiation therapy that can appear in some people during the months or even years after treatment ends. Lymph is a thin, clear fluid that circulates throughout the body to remove wastes, bacteria, and other substances from tissues. Edema is the buildup of excess fluid. So lymphedema occurs when too much lymph collects in any area of the body. When lymphedema develops in people who've been treated for breast cancer, it usually occurs in the arm and hand, but sometimes it affects the breast, underarm, chest, trunk, and/or back.

**Mammogram**

An X-ray image of the breast used to screen for breast cancer. Mammograms play a key role in early breast cancer detection and help decrease breast cancer deaths.

**Mastectomy**

Surgery in which all of the breast tissue is removed. Can often be done in conjunction with breast reconstruction. [For more information about a total mastectomy, please click here.](#)

**Magnetic Resonance Image (MRI)**

A diagnostic examination that uses magnetic fields to capture multiple images of the breast tissue, which are combined to create detailed, computer-generated pictures of the breasts. A breast MRI sometimes is used to diagnose and evaluate breast tumors.

**Metastatic Breast Cancer**

Breast cancer that has spread beyond the breast to other organs in the body (most often the bones, lungs, liver or brain). Although metastatic breast cancer has spread to another part of the body, it is considered and treated as breast cancer. For example, breast cancer that has spread to the bones is still breast cancer (not bone cancer) and is treated with breast cancer drugs, rather than treatments for a cancer that began in the bones.

**Oncologist**

A doctor who specializes in treating cancer patients. A patient with breast cancer may end up with a team of oncologists, including:

- **Breast Surgical Oncologist** - surgeon who performs breast cancer surgery
- **Medical Oncologist** - doctor who prescribes medications for breast cancer
- **Radiation Oncologist** - doctor who delivers radiation therapy to the breast

**Paget's Disease**

Paget's disease of the nipple is a rare form of breast cancer in which cancer cells collect in or around the nipple. The cancer usually affects the ducts of the nipple first (small milk-carrying tubes), then spreads to the nipple surface and the areola (the dark circle of skin around the nipple). The nipple and areola often become scaly, red, itchy, and irritated.

### **Pathology Report**

A detailed description of cells and tissues based on microscopic evaluation. A pathology report is issued anytime cells or tissue are taken and analyzed, such as after a needle biopsy, surgical biopsy, or breast cancer surgery. A pathology report may contain information on:

- Whether a tumor is in situ or invasive
- Tumor size
- Tumor grade
- The presence of lymphovascular invasion
- Surgical margins
- Whether the cancer has spread to the lymph nodes
- The presence of extracapsular extension
- Stage of the cancer
- Hormone receptors (HR), including Estrogen Receptor (ER) and Progesterone Receptor (PR)
- HER2/neu status

[Learn more about understanding your Pathology Report.](#)

### **(Breast) Radiologist**

Doctors who specialize in breast imaging including mammography, breast ultrasound, and breast MRI. Breast radiologists also perform diagnostic procedures, including image-guided core needle biopsies and pre-operative wire-localization and/or sentinel lymph node mapping. To learn more about our board-certified breast radiologists at the Huntington-Hill Breast Imaging Center, please click [HERE](#).

### **Radiation Therapy**

X-rays, gamma rays, neutrons or protons used to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body or from material placed in the body near cancer cells.

**Sentinel Node Biopsy**

The sentinel node is the first lymph node into which a tumor drains, and may be the one most likely to contain cancer cells. It can be identified through injection of blue dye or a radioactive tracer the morning of surgery. There may be more than one sentinel node identified and removed in surgery.

**Systemic Therapy**

Systemic therapy refers to drugs which can be given by mouth or directly into the bloodstream to reach cancer cells anywhere in the body. This is very important for patients with invasive breast cancer to prevent the spread of cancer cells to other organs (metastasis). Chemotherapy, hormone therapy, and targeted therapy are systemic therapies.

**Targeted Therapy**

Treatment using drugs which target and attack specific cancer cells, resulting in less harm to normal cells. May have fewer side effects than other types of cancer treatment.

**Triple Negative Breast Cancer (TNBC)**

This means that the breast cancer cells have tested negative for hormone epidermal growth factor receptor 2 (HER-2), estrogen receptors (ER), and progesterone receptors (PR). These cancer cells tend to behave more aggressively with a higher risk of recurring or spreading. Since the tumor cells lack the necessary receptors, common treatments like hormone therapy and drugs that target estrogen, progesterone, and HER-2 are ineffective. Chemotherapy is the mainstay of systemic treatment.

**Ultrasound**

Diagnostic test that uses sound waves to create images of tissues and organs. Often used where there is a palpable lump or after a mass/density is identified on mammogram.

**Wire-Localization**

For lesions which are not palpable, a wire-localization or needle-localization procedure may be done on the morning of surgery, prior to the scheduled surgical procedure. This is performed by a breast radiologist, who uses a mammogram or ultrasound image to guide a very thin wire into the suspicious area of the breast. The surgeon then uses this wire to find the area during surgery.