

KCBC'S

BREAST
HEALTH
LIBRARY

FIBROADENOMA

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*The breast health specialists
for over twenty-five years*

The Knoxville Comprehensive Breast Center Breast Health Library has been designed to give you more information about breast health issues. If you have additional questions after you read this brochure, please be sure to ask a Breast Health Nurse Specialist.

FIBROADENOMA

A **fibroadenoma** is the most common solid nodule or lump found in the breast. It is not a cancer and will not turn into cancer. It is composed of normal elements found in the breast: tissue (“FIBROUS”) and glandular tissue (“ADENOMA”). It is not uncommon to have more than one fibroadenoma.

Most fibroadenomas form in the breast while a woman is in her 20s or 30s, sometimes in her 40s. Occasionally, a fibroadenoma can enlarge slightly from year to year under stimulation from a woman’s own hormones or from hormone replacement medicine. A fibroadenoma will not disappear by itself, and is not known to be related to any particular diet or medical condition.

Currently, there are many approaches for dealing with a fibroadenoma. A large fibroadenoma, which can be felt in a young patient, is generally removed with surgery since it will only get larger,

not smaller. A fibroadenoma which has been stable for 2-3 years and cannot be felt generally needs no particular treatment.

When a new fibroadenoma is found, often the high-resolution breast ultrasound can establish its diagnosis with over 98% certainty. This requires that we take an additional step to verify the diagnosis. Because patients (and their doctors) react differently to the knowledge that there is a 2% chance that the ultrasound diagnosis is inaccurate, there are many different approaches to further establish the diagnosis. Essentially there are four options to establish the diagnosis, with different advantages and disadvantages. These options are:

- 1) *Observation every six months for one year.*
- 2) *MRI*
- 3) *Needle biopsy*
- 4) *Surgical biopsy*

This is only a brief summary of this topic. Your radiologist or nurse can explain the particular features of your fibroadenoma in more detail and describe whether any particular follow-up is needed in your situation.

Mammography and Examinations by a Physician

Breast cancer affects almost as many women in their forties as it does women fifty and over. As a result, the American Cancer Society has revised its screening guidelines. The current recommendations are:

Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.

Women at high risk should get an MRI and a mammogram every year.

Women at moderately increased risk should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram.