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Imaging and tumor marker tests for breast cancer

When you need them—and when you don't

When you learn that you have breast cancer, it's normal to want to do everything you can to treat it and be sure it doesn't come back. But it's not always a good idea to get all the tests that are available. You may not need them. And the risks may be greater than the benefits.

This fact sheet explains when cancer experts recommend imaging tests and tumor marker tests—and when they don't.

Imaging tests, such as CT, PET, and bone scans, take pictures to help find out if the cancer has spread in your body. Another test, called a tumor marker test, is a kind of blood test. Tumor markers are also called biomarkers or serum markers. They are higher than normal in some cancer patients. The tests you need depends on the stage of your breast cancer.



What is breast cancer staging?

To determine the stage of your cancer, doctors look at how large your tumor is, where it is, and if it has spread. They also look at your medical history, physical exams, diagnostic tests, and tests of your tumor and lymph nodes.

- **Early-stage breast cancer** includes stages 0, I, II and IIIA (zero, one, two, and three-A).
 - In stage 0, there are abnormal cells in the ducts or lobes of the breast. They have not broken through the wall of the duct or spread.
 - In stages I, II, and IIIA, there is a tumor. It may have spread to lymph nodes under the arm, but it has not spread anywhere else.
- **Later-stage breast cancer** is stages IIIB and IV (three-B and four). The cancer has spread beyond the breast and lymph nodes under the arm.

What if you have early-stage breast cancer?

If you have early-stage breast cancer but no symptoms to suggest the cancer has spread, you should not get an imaging test to look for cancer in other places in your body. The chance that your cancer has spread is very small. Studies show that breast cancer spreads to the liver and bones in fewer than 6 out of 100 people. And this is usually in patients with stage III breast cancer.

Imaging tests have risks and costs.

The biggest risk is that imaging tests expose you to radiation. The effects of radiation add up over your lifetime and can increase your risk of cancer.

Imaging tests can show a “false positive,” which is also called a “false alarm.” This means a test shows something unusual, but after more testing, is not a problem. False positives can lead to stress, more tests, and a delay in getting needed treatment.

Imaging tests can also add thousands of dollars to your treatment costs. Not all insurance companies pay for them for early-stage breast cancer.

What if you have already had breast cancer?

If you had early-stage breast cancer and have no signs that your cancer has returned, you may not need imaging or tumor marker tests. It is not likely that your cancer has returned. These tests usually do not help you live longer. And they can lead to a wrong diagnosis and unneeded treatments.

Usually, the best way to monitor your cancer is to have a mammogram each year and a physical exam every six months. And watch for symptoms, such as a new lump or pain in the breast. Studies show that most breast cancer that returns is found through symptoms, not imaging tests.

Do you need tests for later-stage breast cancer?

Imaging tests. If your cancer is stage IIIB or IV, you should get an imaging test to look for cancer in other parts of your body. Treatment can depend on how much and where the cancer has spread.

Tumor marker tests. If you have later-stage breast cancer, your doctor may also use blood tests to look at tumor markers. These tests should be done only when it is known that you have advanced cancer.

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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