



Breast calcifications

Calcifications are calcium deposits found within breast tissue. They are extremely common and are usually associated with benign conditions, but calcifications can sometimes be a very early sign of breast cancer. For this reason, radiologists carefully analyze all calcifications seen on mammograms.

Evaluating calcifications

Your radiologist will use magnification to evaluate the size, shape and distribution of calcifications.

Calcifications are put into one of three categories:

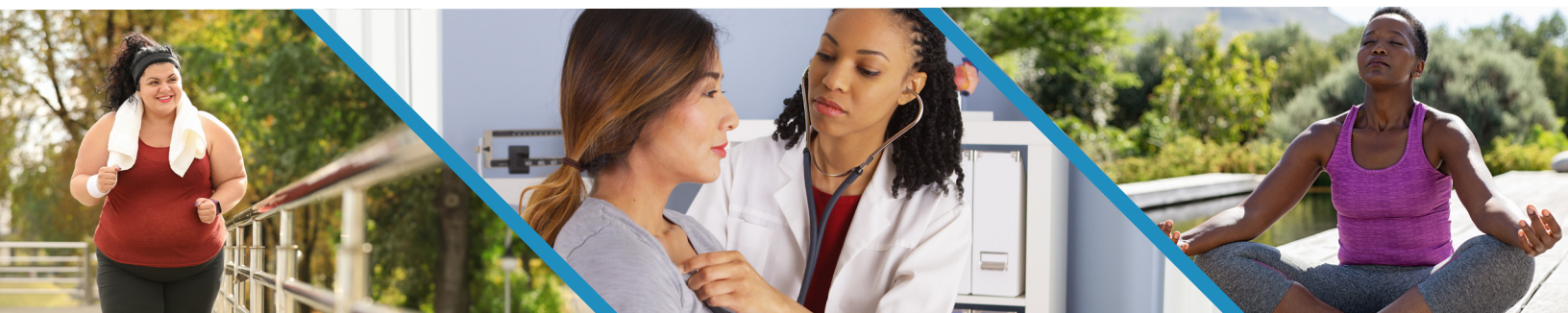
- ▲ **Benign**—not a concern and can be monitored with subsequent routine mammograms
- ▲ **Probably benign**—more than 98% likely to be benign
- ▲ **Suspicious**—could be benign or cancerous and requires a biopsy

Monitoring “probably benign” calcifications

Calcifications in the “probably benign” category most likely will not undergo a malignant change; the risk of cancer is less than 2%.

Our team will closely monitor you using the following:

- ▲ A follow-up mammogram in six months
- ▲ If no change after a full year of follow-up, resume routine annual exams





Biopsy for “suspicious” calcifications

A biopsy removes a small amount of tissue for analysis under a microscope. This helps determine if calcifications are benign or cancerous. You may have one of two types of biopsy:

- ▲ **Stereotactic needle biopsy** uses a computer to locate and obtain a sample of the precise center of the calcifications. It uses X-rays taken from multiple angles and a special biopsy needle. Stereotactic biopsy can be performed in an outpatient setting and is less invasive than surgical biopsy.
- ▲ **Surgical biopsy** is performed in an operating room with local or general anesthesia. It usually requires a pre-operative procedure, where a radiologist places a needle into the calcifications. The needle is replaced by a thin wire that the surgeon uses to guide the incision and remove calcifications for testing.

Diet and breast calcifications

Women often want to know if diet and medication play a role in breast calcifications. However, there are no known links between dietary calcium intake, other dietary factors or postmenopausal hormone replacement therapy and the risk of breast calcifications.

Ready to care for you

If you have a breast health condition, our team offers complete care that’s tailored to fit your needs. No matter the diagnosis, we’re ready to help you get back to Better.



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