

Dr Jon LaPook: When 33-year-old Gnalén Kouruma had a suspicious spot on her mammogram, she feared the worst.

Kouruma: I thought I was going to die.

LaPook: Her doctor ordered a needle biopsy, the recommended first step in testing for breast cancer. But a study that has experts asking "where's the outrage?" finds 36 percent of women who need breast biopsies are getting invasive surgery, costing three times as much as the recommended procedure.

Why are surgeons ignoring their own guidelines?

Dr I Michael Leitman: It's something they've been doing for the past 25 years; they're comfortable with the diagnostic accuracy⁽¹⁾. And they're somewhat hesitant to make a change.

LaPook: A needle biopsy is done under local anesthesia, leaves a tiny⁽²⁾ scar⁽³⁾ and costs about \$1,000 to \$2,000. It rarely misses lesions. A surgical biopsy requires sedation and stitches⁽⁴⁾, and costs about \$5,000 to \$6,000. And it leaves a bigger scar.

Dr Susan Love: Some women even find that they have to have further work to repair the breast biopsy they had, to show they didn't have cancer! That's really crazy.

Dr Leitman: I have good news, all the biopsies were negative.

LaPook: For Kouruma, it was the best of all worlds - a minor procedure that found no cancer.

Kouruma: I said, 'Oh, my God. Thank God'. So I can live long to see my kids.

LaPook: About 90 percent of abnormal mammograms turn out to be benign, so the most minimally invasive approach makes the most sense, Catie.

Catie Couric: Jon, we heard in your piece that doctors were hesitant to change, but is there any other explanation for these surgical procedures when a simple needle biopsy would do the trick⁽⁵⁾?

LaPook: Aside from surgeons being set⁽⁶⁾ in their way, there's an economic consideration that some people think is playing a role. Radiologists are the people who do the needle aspirates⁽⁷⁾ in most cases, and the surgeons are the ones who do the biopsies. So look! Bottom line⁽⁸⁾ here is: this has to be patient-driven⁽⁹⁾. If you're getting a biopsy because of an abnormal mammogram, you need to talk to your doctor about whether or not a needle aspirate could do the trick, and if the doctor isn't mentioning this, you need to think about a second opinion.

Couric: Alright, Dr Jon LaPook. As always Jon, thanks so much.

CBSnews.

Lexical helpline:

- 1. Accuracy:** precision
- 2. Tiny:** very small
- 3. A scar:** a mark on the skin after a wound heals
- 4. Stitches:** a single loop of surgical thread to close up a wound
- 5. Do the trick:** be effective and do what is needed
- 6. Set:** determined
- 7. A needle aspirate:** matter removed using a needle
- 8. Bottom line:** the essential elements
- 9. Patient-driven:** focused on the patient