

## Benign Breast Disease

Mark D. Pearlman, MD, and Jennifer L. Griffin, MD  
*Obstet Gynecol* 2010;116(3)

---

### ACCME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. (*Continuing medical education credit for "Benign Breast Disease" will be available through September 2013.*)

### AMA PRA Category 1 Credit™ and ACOG Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 2 AMA PRA Category 1 Credits™ or up to a maximum of 2 Category 1 ACOG cognate credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### Disclosure Statement

Current guidelines state that continuing medical education (CME) providers must ensure that CME activities are free from the control of any commercial interest. All authors, reviewers, and contributors have disclosed to the College all relevant financial relationships with any commercial interests. The authors, reviewers, and contributors declare that neither they nor any business associate nor any member of their immediate families has financial interest or other relationships with any manufacturer of products or any providers of services discussed in this program. Any conflicts have been resolved through group and outside review of all content.

Before submitting this form, please print a completed copy as confirmation of your program participation.

**ACOG Fellows:** To obtain credits, complete and return this form by clicking on "Submit" at the bottom of the page. Credit will be automatically recorded upon receipt and online transcripts will be updated twice monthly. ACOG Fellows may check their transcripts online at <http://www.acog.org>.

**Non-ACOG Fellows:** To obtain credits, submit the printout of the completed quiz to your accrediting institution. The printout of the completed quiz is documentation for your continuing medical education credits.

---

1. Which of the following benign processes is associated with the highest risk of future breast cancer?
  - A. Fibroadenoma
  - B. Moderate hyperplasia of usual type
  - C. Intraductal papilloma
  - D. Sclerosing adenosis
  - E. Atypical ductal hyperplasia

2. A 25-year-old woman presents for evaluation of a 2 cm palpable breast mass. The mass is firm, well circumscribed, and mobile on clinical breast examination. Ultrasonography indicates that the mass is solid in character. Based on these findings and the prevalence of disease, the most likely diagnosis of this patient's mass is:
- A. Intraductal papilloma
  - B. Fibroadenoma
  - C. Tubular adenoma
  - D. Lactating adenoma
  - E. Phylloides tumor
3. A 27-year-old woman presents for the evaluation of a palpable breast mass, on self breast exam, the presence of which is confirmed by clinical breast examination. The most appropriate initial imaging modality for this patient is:
- A. Mammography
  - B. Ultrasonography
  - C. Magnetic resonance imaging (MRI)
  - D. Computed X-ray tomography (CT scan)
  - E. Positron emission tomography (PET scan)
4. A 42-year-old woman presents for the evaluation of a palpable breast mass, on self breast exam, the presence of which is confirmed by clinical breast examination. The most appropriate initial imaging modality for this patient is:
- A. Mammography
  - B. Ultrasonography
  - C. Magnetic resonance imaging (MRI)
  - D. Computed X-ray tomography (CT scan)
  - E. Positron emission tomography (PET scan)

5. A 32-year-old woman is referred for the management of a symptomatic and palpable breast mass. The referring physician requested a mammogram and it is reported as being a simple cyst (BI-RADS 2). Clinical breast examination finds a 3 cm smooth, firm, mobile, tender mass in the left breast. The most appropriate next step in the management of this patient is:
- A. Needle aspiration
  - B. Core needle biopsy
  - C. Open biopsy
  - D. Excision of the mass
  - E. Observation only
6. In the process of performing a needle aspiration of a 2 cm breast cyst in a young patient, greenish fluid is obtained and the mass becomes non-palpable. The most appropriate next step in the management of this patient is:
- A. Mammography
  - B. Core needle biopsy
  - C. Open biopsy
  - D. Send fluid for cytology
  - E. Observation only
7. A 22-year-old woman presents for the evaluation of a unilateral milky breast discharge. Clinical breast examination reveals a normal nipple-areolar complex and multiductal discharge can be expressed. The examination is otherwise normal. The most appropriate next step in the management of this patient is:
- A. Mammography
  - B. Guaiac testing of the discharge
  - C. Ultrasonography
  - D. Cytologic evaluation of the discharge
  - E. Observation only

8. The most common etiologic organism in lactational mastitis is:

- A. *Staphylococcus aureus*
- B. *Streptococcus pyogenes*
- C. *Escherichia coli*
- D. *Bacteroides* sp.
- E. Methicillin-resistant *Staphylococcus aureus* (MRSA)

**ACOG ID Number:**

**Name:**

**Address:**

**City/State/Zip:**

**Actual time spent completing this activity (you may record up to 2 hours):**