INTRODUCTION
Breast diseases are increasing in incidence and prevalence due to the advances in diagnostic techniques and chronicity of the disease. Breast lumps unless otherwise proved as benign are a nightmare for both the patients and the surgeons. Therefore proper easy and early detection of malignancies of the breast is the need of the hour. Since the incidence of carcinoma breast amongst younger women is in an increasing trend especially less than 40 ,child bearing productive age groups, the diagnosis of carcinoma breast plays a major role even with respect to social and national importance. A triple test of clinical examination, mammogram and ultrasound study of breast was being carried out with a fair amount of success rates. But there are not cases that have not been missed by this triple test. So in order to improve our diagnostic standards, from non invasive to invasive mode of investigation but yet a simple and outpatient basis procedure was incorporated in to this system of screening test . This is now to be called as modified triple test.

Aims And Objectives
Earlier detection of malignancy in breasts with the aid of modified triple test which includes clinical examination USG breast, FNAC of breast lump.

MATERIALS AND METHODS
A prospective study of 103 patients were included in the study. Inclusion criteria- Female > 20yrs and willing for lump excision. Exclusion criteria- females < 20 yrs, males, Advanced diseases of breast, patients not willing for lump excision.

RESULTS
Patients were clinically radiologically and by Aspiration cytology from breast lump were evaluated. They were taken up for excision and biopsy surgery, postoperatively HPE report was compared with the preoperative diagnosis and the effectiveness of modified triple test was studied.
Clinical criteria suggestive of malignancy such as painless lump, hardness of lump, nipple retraction, fixed axillary node involvement, peau-d'orange appearance of skin fixity of the lump can not be taken up for confirmation of malignancy. Similarly breast lumps assessed by USG in the grades of BIRADS are also at risk of being missed for malignancy when done alone. More invasive procedure like FNAC can be relied upon with comparative credibility but exceptions in that too are there at times. A combination of all factors in the diagnosis of a cancer breast is more reliable since the results are commanding its accuracy.

The triple test was initially described in the mid-1970s, by Johansen C. as the evaluation of palpable breast masses by physical examination, mammography, and FNAC. The Triple test has proved a reliable tool for the accurate diagnosis of palpable breast masses, due to its technical simplicity, and resulted in substantially reduced expense with respect to commencement of treatment for malignant cases.

**DISCUSSION**

Based on the above results it can be concluded that a combination of different types of evaluating methods confers a greater advantage in terms of diagnostic accuracy and saves valuable time with respect of commencement of treatment for malignant cases.

The TTS reliably guides evaluation and treatment of breast lesions. Lesions scoring 3 or 4 are always benign. Lesions with scores ≥6 are malignant and should be treated accordingly. Confirmatory biopsy is required only for the lesions that receive a TTS of 5.

**CONCLUSION**

At present the modified triple test is a well developed tool that can, with fair amount of success be used for early detection of carcinoma breast at younger age groups their by avoiding life long morbidity and mortality. This field is evolving day by day and the means to detect wide spread metastasis cannot be picked up by this test. There are many hormonal and receptor assays that are creeping into practice to

**REFERENCES**