3. TYPES OF BREAST CANCER

3.1 Pre-Invasive
- Ductal carcinoma in situ
- Lobular carcinoma in situ

3.2 Invasive
- Early
- Locally Advanced
- Metastatic

3.3 Other
- Inflammatory
- Paget’s Disease
Pre-Invasive Breast Cancer

Reproduced with permission from the National Breast Cancer Centre (NBCC website): www.nbcc.org.au

‘Pre-invasive’ breast cancer is the name for abnormal cells or cancer cells that stay inside the milk ducts or milk sacs (lobules) of the breast. Ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS) are types of pre-invasive breast cancer. Invasive breast cancer is the name for cancer cells that have spread outside the milk ducts or milk sacs into the surrounding breast tissue. Invasive breast cancer cells have the potential to spread outside the breast to other parts of the body. Early breast cancer, locally advanced breast cancer, and metastatic breast cancer are all types of invasive breast cancer.
Ductal carcinoma in situ (DCIS)

Reproduced with permission from the National Breast Cancer Centre (NBCC website): [www.nbcc.org.au](http://www.nbcc.org.au)

Having DCIS increases the risk (chance) of developing invasive breast cancer. It’s important to treat DCIS, to lower the risk of developing invasive breast cancer.

About 1200 women are diagnosed with DCIS each year in Australia. Because DCIS cannot usually be felt as a breast lump or other breast change, most cases are found by routine screening with mammograms. Most women are not aware of any symptoms at the time of diagnosis.

DCIS can be found in women at any age, however, most women are between 50 and 59 years old when their DCIS is found. DCIS can also develop in men although this is very rare.

The introduction of mammographic screening programs for breast cancer has seen an increase in the diagnosis of ductal carcinoma in situ (DCIS). The benefit of finding DCIS is that steps can be taken to prevent it developing into invasive breast cancer. The down side is that many women will receive significant treatments for a condition that may or may not develop into invasive disease.

Many women feel confused about the difference between a diagnosis of DCIS and invasive breast cancer.

The information is based on the evidence available at the time of publication.
Ductal carcinoma in situ (DCIS) cont’d

New treatments are continually being developed and might be introduced in the future. If you hear about any technologies and treatments that are not mentioned here, please ask your doctor for more information.

If a woman is diagnosed with invasive breast cancer at the same time as DCIS, this information does not apply.

Publications:

Ductal carcinoma in situ—Understanding your diagnosis and treatment - National Breast Cancer Centre
Lobular carcinoma in situ (LCIS), Atypical lobular hyperplasia (ALH) and Atypical ductal hyperplasia (ADH)

Adapted from the National Breast Cancer Centre (NBCC website): www.nbcc.org.au

See the diagram of the breast

Sometimes, cells on the inside of the lobules or ducts become abnormal in shape and size and begin to multiply in an uncontrolled way.

If the abnormal cells stay inside the lobules in the breast this is called Lobular carcinoma in situ (LCIS) or Atypical lobular hyperplasia (ALH). In LCIS, there are more abnormal cells in the lobule than in ALH. If the abnormal cells stay inside the ducts in the breast, this is called Atypical ductal hyperplasia (ADH). There is another pre-invasive breast disease called ductal carcinoma in situ (DCIS) (See DCIS) that affects the breast ducts. However, in DCIS there are more abnormal cells in the duct than in ADH and some DCIS cells look and behave differently.

**How are LCIS, ALH and ADH found?**

LCIS, ALH and ADH cannot be felt as a breast lump or other breast change, and only sometimes show up on a mammogram image (X-ray of the breast). These conditions are usually found by chance when a woman has a breast biopsy (removal of some tissue from the breast) for some other reason.

**What does a diagnosis of LCIS ALH or ADH mean?**

Most women diagnosed with these conditions do not develop breast cancer. It is not possible to say exactly how much higher the risk of developing breast cancer...
Is for a particular woman. Studies have shown that the risk of developing breast cancer is about four times higher for women with ALH or ADH compared with women who do not have ALH or ADH. The risk of developing breast cancer is up to nine times higher for women with LCIS compared with those who do not have LCIS. Each woman’s risk is also affected by other things, such as her age, and whether she has a family history of breast cancer.

**Is treatment needed for LCIS ALH or ADH?**

If LCIS, ALH or ADH is diagnosed and there are no other abnormal changes in the breast, no treatment is needed.

However, because of the increased risk of breast cancer, it’s important for there to be regular check-ups, which should be arranged through the woman’s doctor. Regular check-ups include:

- physical examination by the doctor of both breasts once a year
- a mammogram and/or ultrasound of both breasts once a year.

If any changes in the breasts are noticed, such as: a breast lump; a change in the shape, texture or skin of the breast, or a change to the nipple, the woman should see her doctor immediately.

**Further Information:**

[Lobular carcinoma in situ and atypical hyperplasias of the breast: understanding your diagnosis](http://www.nationalbreastcancercentre.org) National Breast Cancer Centre

**Related Topics**

- [3.2 Invasive](#)
- [3.3 Other](#)
Invasive: Early Breast Cancer

Adapted with permission from the National Breast Cancer Centre (NBCC website): www.nbcc.org.au

**Important facts about early breast cancer**

- Early breast cancer can be treated successfully, and most women diagnosed and treated for early breast cancer do not die from the disease.

- Early breast cancer is cancer that is contained in the breast, and may or may not have spread to the lymph nodes in the breast or armpit area. It is possible that some cancer cells may have spread outside the breast and armpit area, but cannot be detected.

**Treatment for early breast cancer**

- The aim of treatment for early breast cancer is to remove the cancer from the breast and armpit area, and to destroy any cancer cells that may have spread to other parts of the body, but cannot be detected.

- Every woman’s situation and breast cancer is different. Treatment that is best for one woman may not be suitable for another woman.

- Deciding on the most appropriate treatment/s for each situation means weighing up, with doctors, the possible benefits and side effects of each treatment. Someone diagnosed with breast cancer should give themselves a week or two to decide about the treatment options. Taking this time does not put the person at risk.
Early Breast Cancer cont’d

Treatment for early breast cancer usually involves either: breast conserving surgery followed by radiotherapy, or mastectomy (sometimes followed by radiotherapy).

Further Information:

A guide for women with early breast cancer National Breast Cancer Centre
Locally Advanced Breast Cancer

Reproduced with permission from the National Breast Cancer Centre (NBCC website) : www.nbcc.org.au

Locally advanced breast cancer is the name for breast cancer that is larger than 5cm and may have spread from the breast into the lymph nodes or other tissues next to the breast.

Locally advanced breast cancer is diagnosed using the same tests as advanced breast cancer.

Treatment for locally advanced breast cancer usually involves a combination of surgery, radiotherapy, chemotherapy and/or hormonal therapy.

Regular follow-up after treatment is recommended so that if the cancer comes back it can be found and treated as soon as possible.
Metastatic Breast Cancer

Reproduced with permission from the National Breast Cancer Centre (NBCC website): www.nbcc.org.au

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Locally advanced breast cancer is diagnosed using the same tests as advanced breast cancer.

Treatment for locally advanced breast cancer usually involves a combination of surgery, radiotherapy, chemotherapy and/or hormonal therapy.

Regular follow-up after treatment is recommended so that if the cancer comes back it can be found and treated as soon as possible.

Every woman's cancer is different, and the way the cancer develops will be different for each woman. For some women, living with a diagnosis of metastatic breast cancer is similar to living with a chronic illness.

Although the present treatments for metastatic breast cancer cannot cure the cancer, they can improve the quality of life and may increase the length of life. There are many treatments available for women diagnosed with metastatic breast cancer. Treatment may include one or more of the following: hormonal therapies, chemotherapy, radiotherapy, surgery and other drug treatments to help relieve symptoms.
Metastatic Breast Cancer cont’d

Further Information:

For more information about treatment, support services and practical issues call The Cancer Council Tasmania’s Cancer Helpline on 13 11 20.

A guide for women with metastatic breast cancer National Breast Cancer Centre
Other Breast Cancers: Inflammatory

Reproduced from the Breast Cancer Institute NSW (NBCC website): www.bci.org.au

What Is Inflammatory Breast Cancer?

Inflammatory cancer is breast cancer that presents with signs and symptoms similar to inflammation or infection of the breast. The typical symptoms are swelling, redness and tenderness, which may affect a localised area or the whole of the breast. Often there is no lump or abnormality to feel, or there is just a diffuse area of thickening in the breast. Inflammatory cancer classically causes “peau d’orange”- dimpling of the skin like orange peel.

Inflammatory breast cancer is often mistaken for mastitis, or non-cancerous infection of the breast. Often it is initially treated with antibiotics, with some improvement, however it fails to respond rapidly and completely to antibiotics as an infection typically does.

Histologically (under the microscope), inflammatory breast cancer (like all breast cancers), is most commonly of ductal origin. The word “inflammatory” refers to the way the cancer presents itself, rather than representing a separate pathological class of breast cancer. It is a particularly aggressive form of breast cancer. There is a theory that it invades the lymphatic channels very early, producing the classical inflammatory clinical features.

How Common is Inflammatory Breast Cancer?

Inflammatory cancer is rare. It accounts for approximately 0.5% of breast cancer.
Inflammatory  *cont’d*

Further Information:

- [What Is Inflammatory Breast Cancer?](#) - Breast Cancer Institute of NSW
- [Inflammatory breast cancer](#) — Cancerbackup—UK
- [Inflammatory breast cancer](#) — Breast Cancer Network Australia
- [Inflammatory breast cancer](#) — Cancerhelp UK
Paget’s Disease

This unique type of breast cancer only accounts for three per cent of all breast cancer. It involves the nipple and areola, and often includes abnormal scaling and redness of the skin of the nipple and areola. Women may also experience burning or itching.

Pagetoid invasion of the nipple and areola by individual or small groups of neoplastic cells is usually associated with a subareolar area of DCIS. Occasionally, the DCIS may be more distant. Associated occult subareolar or more distant invasive breast cancer should be considered.

Any unusual changes to the breast should always be brought promptly to the attention of the person’s doctor.

Further Information:

For information on the management and treatment of Paget’s disease of the nipple, see the National Breast Cancer Centre Publication:

**The clinical management of ductal carcinoma in situ, lobular carcinoma in situ and atypical hyperplasia of the breast** — National Breast Cancer Centre

**Paget’s cancer disease of the breast** — Cancerbackup—UK

**Paget’s disease** — Cancerhelp UK