



## INFORMATION ABOUT

# Inflammatory breast cancer

### WHAT IS INFLAMMATORY BREAST CANCER?

Inflammatory breast cancer is a rare and rapidly growing form of breast cancer. Unlike other breast cancers which can form a lump, inflammatory breast cancer spreads along and blocks the lymph vessels in the skin of the breast. Lymph vessels are responsible for removing fluid and other waste products from the body's tissues to help prevent infections. When the lymph vessels become blocked, the breast becomes red and swollen, similar to an infection. It is this appearance that gives inflammatory breast cancer its name.

About 13,000 women and 100 men are diagnosed with breast cancer each year in Australia. Of these only 1–2% will be diagnosed with inflammatory breast cancer.

### WHAT ARE THE SIGNS AND SYMPTOMS?

The signs of inflammatory breast cancer can develop quickly and may include:

- the breast looks red or inflamed or develops a rash – it often looks as if it is infected or bruised
- the breast becomes swollen and enlarged and may feel heavy or uncomfortable
- the breast feels warm and tender
- the skin on the breast can appear dimpled or pitted, like an orange peel.

Some people may also have a lump in their breast or armpit, pain in the breast or nipple, discharge from the nipple or a nipple that turns inwards (inverted nipple).

## HOW IS INFLAMMATORY BREAST CANCER DIAGNOSED?

The first step in investigating any breast change is for a doctor to take a medical history and do a physical examination of both breasts. Inflammatory breast cancer can be difficult to diagnose because often there is no lump and the symptoms are similar to those of a breast infection. For some women, the disease is diagnosed when there is no improvement of symptoms following treatment with a course of antibiotics.

A number of tests are used to confirm the diagnosis, including:

- a mammogram (or X-ray) and sometimes an ultrasound of both breasts
- removal of cells or tissue from the skin of the breast and/or from the breast itself for examination under a microscope; this is called a biopsy and may be done under a local anaesthetic
- if one or more lymph node(s) in the armpit (axilla) feel enlarged, cells may also be removed from the lymph nodes for examination under a microscope; this is called a lymph node biopsy.

If these tests show signs of inflammatory breast cancer, other tests may be carried out to see whether cancer cells have spread to other parts of the body. These tests may include blood tests, bone scans, ultrasounds or CT scans. This is called 'staging' and the results will affect the types of treatment recommended.

The results of the biopsy are recorded on a pathology report. You may find it useful to keep a copy of the pathology report and other test results so that you can refer to them in the future.

## WHAT TREATMENT OPTIONS ARE AVAILABLE?

Most people with inflammatory breast cancer will have a combination of treatments (chemotherapy, surgery and/or radiation therapy). Each person is different and the treatments recommended, and the order in which they are given, may vary according to individual circumstances. Ask as many questions as you need to about the treatments recommended for you and the options available. The treatment plan may need to be adjusted depending on the response of the cancer to the different treatments.

For most types of breast cancer, treatment usually starts with surgery. However, as there is typically no lump with inflammatory breast cancer, treatment usually starts with **chemotherapy**. Chemotherapy involves using drugs to control or kill cancer cells within the breast and any that may have spread to other parts

of the body and cannot be detected using routine tests. The drugs are usually given through a drip in the arm. Chemotherapy is usually given in cycles, often over 3–6 months.

**Surgery** is used to treat inflammatory breast cancer if the cancer has responded well to chemotherapy – that is, if almost all the initial symptoms and signs have disappeared after chemotherapy. Surgery for inflammatory breast cancer usually involves complete removal of the breast (a mastectomy) and lymph nodes in the armpit. Reconstruction may be possible once all initial treatment has been completed but you should discuss this with your treating doctors.

**Radiotherapy** is almost always used during treatment for inflammatory breast cancer. Radiotherapy may be used before or after surgery or instead of surgery, depending on how the cancer has responded to chemotherapy. Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells in the breast or chest wall. It may also be directed to the lymph nodes in the armpit and in the base of the neck. Radiotherapy is usually given once a day, 5 days a week for 5–6 weeks.

**Targeted therapies** are treatments that work by targeting breast cancer cells with specific receptors on them. The pathology report shows whether there are specific receptors on the breast cancer cells that have been removed.

- **Hormonal therapy**, such as tamoxifen or an aromatase inhibitor, may be recommended if the cancer cells have **hormone receptors** on them. Hormonal therapies are taken as a tablet once a day for at least 5 years.
- Patients who have another type of receptor, called the **HER2 receptor**, on their breast cancer cells may benefit from treatment with a drug called **trastuzumab** (Herceptin®). Overall, about one quarter of patients with breast cancer have HER2 receptors on their cancer cells. The rate is a little higher for patients with inflammatory breast cancer.

## WHAT ARE THE POSSIBLE SIDE EFFECTS OF TREATMENT?

All treatments for breast cancer carry some risk of side effects. Most side effects can be managed and will improve with time. It is important to consider the benefits of treatment along with the possible side effects when making decisions about treatment. Talk to your doctor about any side effects that concern you and how to manage these.

The side effects of chemotherapy and hormonal therapies will depend on which drugs are used.

*continued overleaf*

Side effects of surgery may include pain, discomfort and/or numbness in the chest area or in the armpit. Some people who have surgery or radiotherapy to the armpit may develop lymphoedema (swelling in the arm).

Side effects of radiotherapy may include tenderness or a feeling of tightness in the treated breast and surrounding area, tiredness and changes to the skin of the breast such as redness or swelling.

## **WHAT FOLLOW-UP CARE CAN BE EXPECTED?**

Once the initial treatment is finished, regular follow-up appointments with your specialist or general practitioner are recommended. Follow-up after treatment for inflammatory breast cancer usually involves a regular physical examination and annual mammogram with or without an ultrasound. Other tests such as blood tests or bone scans are not routinely needed during follow-up unless there is concern that the cancer has spread outside the breast.

## **SUPPORT DURING AND AFTER TREATMENT**

The experience of a diagnosis of breast cancer is different for everyone. It is usual to feel anxious, frightened or confused. Sharing thoughts and feelings with others can be helpful. Members of your treatment team, friends and family can provide emotional, psychological and practical help. Breast care nurses specialise in caring for women with breast cancer and can be a valuable source of information and support. Talk to doctors, your breast care nurse or other members of the treatment team about any fears or concerns you may have.

The Cancer Helpline (13 11 20) can advise on the range of support available throughout Australia.

The My Journey Kit is a comprehensive package of information for women newly diagnosed with breast cancer. You can order a free Kit on 1300 78 55 62 or via [www.bcna.org.au](http://www.bcna.org.au).

For more information about treatments for breast cancer, side effects of treatment and living with breast cancer, visit [www.breasthealth.com.au](http://www.breasthealth.com.au)

## QUESTIONS TO ASK THE DOCTOR

Some patients want to know everything possible about their breast cancer and treatment. Others don't want to know as much. Ask your doctors as many questions as you need to – you may find it useful to write questions down before your next visit. A guide to questions you might want to ask your doctors is available at <http://www.breasthealth.com.au/treatment/questions.html>.

## GLOSSARY OF TERMS

For a glossary of all the terms used in breast cancer care, go to <http://www.breasthealth.com.au/glossary.html>.

## Membership of the NBCC Consumer Information Working Group

This guideline was developed by a multidisciplinary working group convened by the National Breast Cancer Centre.

<b>Dr Verity Ahern</b>	Radiation Oncologist
<b>Ms Andrea Cannon</b>	Breast Care Nurse Coordinator
<b>Dr Nicole McCarthy</b>	Medical Oncologist
<b>Ms Domini Stuart</b>	Consumer Representative
<b>Mr Owen Ung</b>	Surgeon

This fact sheet was developed with input from Dr Mark Ragg, Director, Ragg Ahmed.

## NBCC Staff

Dr Alison Evans, Ms Janice O'Brien, Dr Helen Zorbas

### ISBN Online: 978-1-74127-027-3

National Breast Cancer Centre,  
92 Parramatta Road Camperdown NSW 2050 Australia,  
Locked Bag 16 Camperdown NSW 1450 Australia;  
Telephone +61 2 9036 3030; Fax +61 2 9036 3077;  
[www.nbcc.org.au](http://www.nbcc.org.au)

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the National Breast Cancer Centre. Requests and enquiries concerning reproduction and rights should be addressed to the Copyright Officer, National Breast Cancer Centre, Locked Bag 16, Camperdown NSW 1450 Australia.

