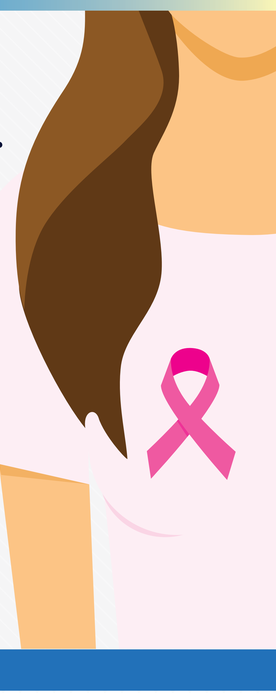
City of Hope

Breast Cancer Types

Breast cancer isn't just one disease.
It is many different diseases, with varying molecular structures, behaviors and side effects, but all developing in one area of the body: the breast. Understanding the various types of breast cancer, what drives them and how they are treated may help demystify a complex disease.



Breast cancer is the **MOST COMMON CANCER** among American women, after skin cancers.

ABOUT 1 in 8 (12%) OF U.S. WOMEN will develop invasive breast cancer during their lifetime.

More than **3.1 million breast cancer survivors** currently live in the United States.

Breast cancer is broadly categorized in **two** ways:

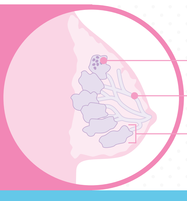
INVASIVE
(infiltrating)

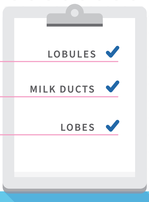
Breast cancer that occurs when cancerous cells break through normal breast tissue barriers and spread to other parts of the body through the bloodstream and lymph nodes

NONINVASIVE
(in situ / pre-cancerous)

Breast cancer that occurs when cancerous cells remain in a particular location of the breast, without spreading to surrounding tissue, lobules or ducts

From there, breast cancer is broken down into **subtypes**, named for where in the breast the disease started (e.g. milk ducts, lobules), how the disease grows and other factors.





INVASIVE BREAST CANCER

Invasive breast cancer is the most common type of breast cancer among U.S. women. According to the American Cancer Society, **310,720 women** will be diagnosed with invasive breast cancer in 2024.

There are **two main types** of invasive breast cancer:

INVASIVE DUCTAL CARCINOMA (IDC)
begins in the milk ducts and accounts for about **80 percent** of invasive breast cancers.

INVASIVE LOBULAR CARCINOMA (ILC)
begins in the lobules and is rarer. About **1 in 10** invasive breast cancers is an ILC.

There are also several **subtypes** of invasive breast cancer, including:

ENDOCRINE-SENSITIVE BREAST CANCER
Breast cancer cells contain measurable amounts of estrogen or progesterone receptors. This type of cancer is often treated with hormonal therapies that target those receptors.

HER2-POSITIVE BREAST CANCER
Breast cancer cells contain excess amounts of the HER2 receptor. This type of cancer is typically treated with targeted therapies designed to counteract HER2.

TRIPLE-NEGATIVE BREAST CANCER
Breast cancer cells do not contain receptors for estrogen, progesterone or HER2. This type of cancer may be treated with chemotherapy, radiation and non-HER2 targeted therapy.

MALE BREAST CANCER
This rare form of breast cancer accounts for less than 1percent of all breast cancers. It usually begins as a lump or mass in a man's breast, and is most commonly treated with a mastectomy or lumpectomy.

METAPLASTIC CARCINOMA
This is a rare type of invasive breast cancer with tumor cells that have changed to a different type of breast cancer (a mixed tumor).

MUCINOUS CARCINOMA
This is a less common type of IDC with tumors that create thick pools of mucin, a main component of saliva.

TUBULAR CARCINOMA
This less common type of IDC is made of collections of small, tube-like cells less than 1 cm in diameter.

PAPILLARY CARCINOMA
This is a rare type of IDC that forms in distinct lumps with finger-like projections.

PAGET'S DISEASE
This type of breast cancer causes skin changes to the nipple or areola.

MEDULLARY CARCINOMA
This less common type of IDC involves soft, fleshy tumors.

INFLAMMATORY BREAST CANCER
This invasive cancer does not involve a lump or tumor.

TREATMENT OPTIONS

Treatment for invasive breast cancer usually involves some combination of:

The specific treatments involved and the order in which the therapies are performed largely depend on the stage and characteristics of the tumor.

- Breast-conserving surgery or mastectomy
- Chemotherapy
- Radiation therapy
- Hormone therapy and/or targeted therapy

DUCTAL CARCINOMA

Ductal carcinoma (a type of breast cancer that begins in the milk ducts) is the most common breast cancer type and accounts for about **1 in every 5** new breast cancer cases. This early stage of breast cancer has high survivor rates and typically favorable treatment outcomes.

DUCTAL CARCINOMA IN SITU (DCIS)
Cancerous cells are confined within the lining of the milk ducts, and haven't spread through the duct walls into surrounding breast tissue. If DCIS lesions are left untreated, cancer cells may break through the duct and spread to nearby tissue over time, becoming an invasive breast cancer.

INVASIVE DUCTAL CARCINOMA (IDC)
Cancerous cells grow in the duct lining, break through the wall of the duct and invade local breast tissue. From there, the cancer may spread (metastasize) to other parts of the body.

TREATMENT OPTIONS

The type of therapy recommended may affect the likelihood of recurrence. Treating DCIS with a lumpectomy (breast-conserving surgery) without radiation therapy carries a 25 – 35 percent chance of recurrence. Adding radiation therapy to the treatment plan decreases this risk to approximately 15 percent.

LOBULAR CARCINOMA

Lobular carcinoma begins in the lobes or lobules (glands that make breast milk). The lobules are connected to the ducts, which carry breast milk to the nipple.

LOBULAR CARCINOMA IN SITU (LCIS)
This an area of abnormal cell growth that begins in the lobules and does not typically spread through the wall of the lobules to the surrounding breast tissue or other parts of the body. While these abnormal cells only rarely become invasive cancer, their presence indicates an increased risk of developing breast cancer later. About 25 percent of women with LCIS will develop breast cancer at some point in their lifetime.

INVASIVE LOBULAR CARCINOMA (ILC)
Cancer starts in the lobules, invades nearby tissue and may spread (metastasize) to distant parts of the body. This breast cancer type accounts for about 1 out of 10 invasive breast cancers.

TREATMENT OPTIONS

Because LCIS is not actually cancer, treatment may not be recommended. If you are diagnosed with lobular carcinoma, you may want to discuss more frequent breast cancer screenings with your doctor. Increasing surveillance may help detect subsequent breast cancers early, when treatment outcome rates are more favorable.

The treatment options for ILC include localized approaches such as surgery and radiation therapy that treat the tumor and the surrounding areas, as well as systemic treatments such as chemotherapy and hormonal or targeted therapies that travel throughout the body to destroy cancer cells that may have spread from the original tumor.

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For more information, visit www.cancercenter.com/breast-cancer/types/

SOURCES
cancer.org

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