WHAT IS BREAST CANCER?

Every day, cells in your body divide, grow and die in an orderly manner. Cancer occurs when cells in the breast tissue grow and divide quickly, without normal control. When there's more cell growth than death, a tumor can form.

Differences in breast cancer

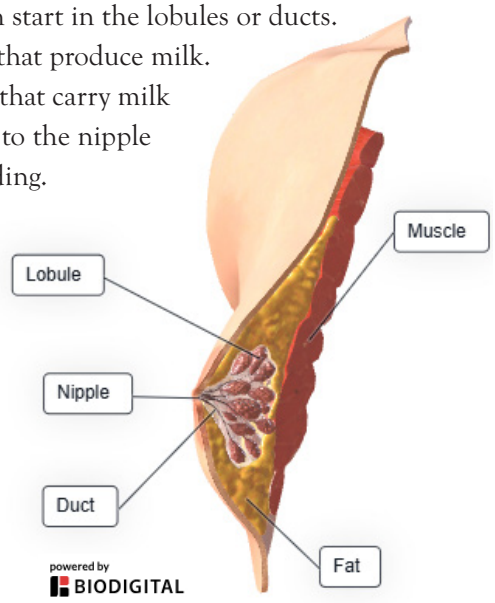
Breast cancer is often referred to as one disease, but there are many types. These differences can affect your treatment options and survival.

All breast cancers start in the breast, but they can:

- Vary in location (lobules or ducts)
- Be non-invasive (stage 0) or invasive (stages 1 – 4)
- Have a different appearance (such as inflammatory breast cancer)
- Have different tumor characteristics (biomarkers)

Location

Breast cancer can start in the lobules or ducts. Lobules are sacs that produce milk. Ducts are canals that carry milk from the lobules to the nipple during breastfeeding.



Non-invasive breast cancer

Ductal carcinoma in situ (DCIS) is a non-invasive breast cancer. In situ means "in place." With DCIS the abnormal cells are only in the ducts. They have not spread to nearby breast tissue or beyond. DCIS is treated to try to prevent invasive breast cancer.

Invasive breast cancer

Invasive breast cancer is cancer that has spread from the first site (the lobules or ducts) into nearby breast tissue. The cancer may have also spread to the lymph nodes and other parts of the body.

Invasive ductal carcinoma (IDC) is the most common type of invasive breast cancer. It may also be called infiltrating ductal carcinoma.

Invasive lobular carcinoma (ILC) is the second most common type of invasive breast cancer. It may also be called infiltrating lobular carcinoma.

There are other less common invasive breast cancers, such as tubular, mucinous (colloid), invasive papillary carcinomas and some others listed below:

Inflammatory breast cancer (IBC) is an aggressive breast cancer. The main warning signs include swelling and redness of the breast. Others are dimpling or puckering of the skin of the breast, pulling in of the nipple and breast pain. These signs tend to occur quickly, over weeks or months.

Metaplastic breast cancer cells look different under a microscope. Metaplastic breast cancers can be hard to diagnose and are often confused with other uncommon breast tumors or tumors that begin in other parts of the body.

Paget disease of the breast (Paget disease of the nipple) is a carcinoma in situ in the skin of the nipple or in the skin around the nipple. It's usually found with an underlying breast cancer. Warning signs include itching, burning, redness or scaling on the skin of the nipple or skin surrounding the nipple (areola), bloody or yellowish discharge from the nipple and a flattened nipple.

Metastatic breast cancer (MBC) is the most advanced stage of invasive breast cancer. It's also known as stage 4. MBC has spread beyond the breast and nearby lymph nodes to other parts of the body, most commonly the bones, lungs, liver and brain. Even though new tumors are growing in another part of the body, it's still breast cancer and treated as breast cancer.

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

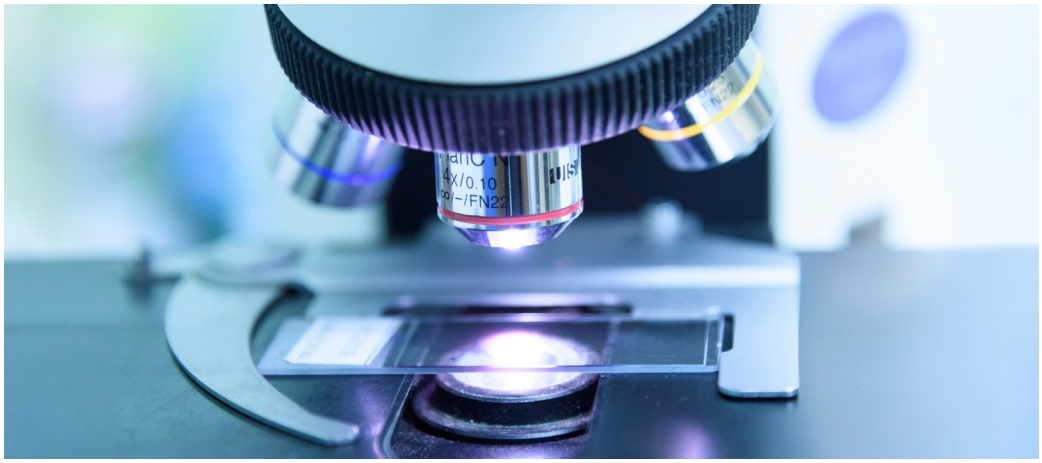
WHAT IS BREAST CANCER?

Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

Related online resources:

- Breast Cancer Prognosis
- Ductal Carcinoma in Situ
- Hormone Receptor-Negative Breast Cancer
- Hormone Receptor-Positive Breast Cancer
- Metastatic Breast Cancer: What is It?
- Questions to Ask Your Doctor About Your Breast Cancer Diagnosis
- Support after a Breast Cancer Diagnosis
- Triple Negative Breast Cancer



Tumor characteristics (biomarkers)

Tumor characteristics include hormone receptor status and HER2 status. You may also hear them referred to as biomarkers.

Hormone receptor status

Some breast cancer cells need the hormones estrogen and/or progesterone to grow. These cancer cells have special proteins, called hormone receptors. When hormones attach to hormone receptors, the cancer cells with these receptors grow. All breast cancers are tested for hormone receptors.

- Hormone receptor-positive tumors are estrogen receptor-positive and progesterone receptor-positive breast cancer. They have a lot of hormone receptors.
- Hormone receptor-negative tumors are called estrogen receptor-negative and progesterone receptor-negative breast cancer. They have few or no hormone receptors.

Most breast cancers are hormone receptor-positive. They can be treated with hormone therapy such as tamoxifen or an aromatase inhibitor.

HER2 status

HER2 is a protein on the surface of some cancer cells that causes them to grow. All breast cancers are tested for HER2 protein. HER2-positive breast cancers have a lot of HER2 protein. About 10% to 20% of newly diagnosed breast cancers are HER2-positive.

HER2-positive breast cancers can be treated with HER2-targeted therapy drugs such as trastuzumab (Herceptin).

Triple negative breast cancer

Triple negative breast cancer (TNBC) is estrogen and progesterone receptor-negative and HER2-negative. TNBC can't be treated with hormone therapy or most HER2-targeted therapies. While TNBC is aggressive, it can be treated with some combination of surgery, radiation therapy, chemotherapy and immunotherapy. PARP inhibitors may also be used for some people who have a *BRCA1* or *BRCA2* inherited gene mutation.

This content provided by Susan G. Komen® is designed for educational purposes only and is not exhaustive. Please consult with your personal physician.

©2024 Susan G. Komen®. 11/24