

# Inflammatory breast cancer

breast  
cancer  
care

This booklet describes what inflammatory breast cancer is, the symptoms, how it is diagnosed and how it may be treated.



## Introduction

We hope that this booklet helps you to ask your specialist team questions and be involved as much as you want in decisions about your treatment. We recommend reading it alongside our booklets **Treating primary breast cancer** and **Breast cancer and you: coping with diagnosis, treatment and the future**.

## What is inflammatory breast cancer?

Inflammatory breast cancer is a rare, fast-growing type of breast cancer. It is called inflammatory because the skin of the breast looks red and inflamed. This is caused by the breast cancer cells blocking the tiny lymph channels in the breast and the skin. The lymph channels are part of the lymphatic system.

The lymphatic system is made up of a network of vessels (similar to blood vessels) connected to groups of lymph nodes that are situated throughout the body. The lymphatic system works closely with the blood system to maintain the balance of fluid in the tissues of the body by draining, filtering and transporting lymphatic fluid around the body.

## What are the signs and symptoms of inflammatory breast cancer?

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

- redness, warmth or swelling of the breast
- the skin of the breast changing colour or looking bruised
- dimpling or ridges appearing on the skin, or the breast looking pitted like the skin of an orange (known as peau d'orange)
- an increase in breast size
- pain or tenderness in the breast
- persistent itching of the breast
- an inverted (pulled-in) nipple
- swelling or lumps in the armpit

## How is inflammatory breast cancer diagnosed?

Inflammatory breast cancer is sometimes difficult to diagnose. This is because the symptoms can be similar to some benign (not cancer) conditions such as mastitis (breast infection) and a breast abscess, which are usually treated with antibiotics.

If you are prescribed antibiotics but your symptoms don't improve you will be referred to a breast clinic where you may have several tests including:

- mammogram – a breast x-ray
- ultrasound scan – uses high-frequency sound waves to produce an image
- biopsy – removal of tissue to be looked at under a microscope. This may be done using a needle. You may also have a punch biopsy, which removes a small circle of skin
- MRI (magnetic resonance imaging) scan – uses magnetism and radio waves to produce a series of images of the inside of the body

For more information see our booklet **Your breast clinic appointment**.

If you are diagnosed with inflammatory breast cancer you may have further tests to check whether the cancer has spread outside the breast. These tests may include:

- CT (computerised tomography) scan, also known as a CAT scan, which uses x-rays to take detailed pictures across the body
- bone scan

If you need to have any of these tests, your specialist team will explain more about them. You can also contact Breast Cancer Care's free Helpline on **0808 800 6000** to talk this through, or find out more information.

## How is inflammatory breast cancer treated?

If you are diagnosed with inflammatory breast cancer, your specialist team will discuss your treatment options with you and prepare a treatment plan. The plan will be based on your test results.

Because inflammatory breast cancer can develop quite quickly, treatment is usually started as soon as possible. Treatment usually involves treating the whole body with drugs (systemic treatment) as well as the affected breast and the area around it (local treatment). A combination of chemotherapy, surgery, radiotherapy, targeted (biological) therapy, hormone (endocrine) therapy and bisphosphonates may be used depending on your individual situation.

### Chemotherapy

Chemotherapy is treatment using anti-cancer (also called cytotoxic) drugs to destroy cancer cells. It is usually the first treatment recommended for inflammatory breast cancer. This is called primary or neo-adjuvant chemotherapy. It is given to treat and reduce the size of the cancer in the breast and to destroy any cancer cells that may have spread elsewhere in the body.

For further information see our booklet [Chemotherapy for breast cancer](#).

### Surgery

Following chemotherapy, most people will have surgery. Usually the whole breast is removed including the nipple area (mastectomy). Your surgeon will normally remove the lymph glands from under your arm (axilla) at the same time.

If you would like to have breast reconstruction following a mastectomy, this is more likely to be offered when you have completed all your treatment. This is called delayed breast reconstruction.

For more information, see our [Breast reconstruction](#) booklet.

### Radiotherapy

Radiotherapy uses carefully measured and controlled high energy x-rays to destroy any remaining cancer cells. It is often used after chemotherapy and surgery to treat inflammatory breast cancer. You will usually have treatment to the whole breast area, and the area above your collarbone (clavicle). You may also have treatment to the

axilla (under your arm) and occasionally the lymph nodes behind the breastbone (sternum).

If you would like more information, see our **Radiotherapy for primary breast cancer** booklet.

## Targeted (biological) therapy

Targeted therapies are drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that help cancer to grow.

The most widely used targeted therapy is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (called HER2 positive) will benefit from having trastuzumab. HER2 is a protein that helps cancer cells grow.

Pertuzumab (Perjeta) is another targeted therapy for women who have HER2 positive breast cancer. It may be given before surgery in combination with trastuzumab and chemotherapy.

There are various tests to measure HER2 levels which are done on breast tissue removed during a biopsy or surgery.

If your cancer is found to be HER2 negative, then trastuzumab and pertuzumab will not be of any benefit to you.

For more information, see our **Trastuzumab (Herceptin)** and **Pertuzumab (Perjeta)** booklets and our web pages on other targeted therapies [breastcancercare.org.uk/targeted-therapy](http://breastcancercare.org.uk/targeted-therapy)

## Hormone (endocrine) therapy

The hormone oestrogen can stimulate some breast cancers to grow. A number of hormone therapies work in different ways to block the effect of oestrogen on cancer cells.

Hormone therapy will only be prescribed if your breast cancer has receptors within the cell that bind to the hormone oestrogen, known as oestrogen receptor positive or ER+ breast cancer. All breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery. When oestrogen binds to these receptors, it can stimulate the cancer to grow.

If your cancer is oestrogen receptor positive, your specialist will discuss with you which hormone therapy they think is most appropriate.

When oestrogen receptors are not found (oestrogen receptor negative or ER-) tests may be done for progesterone (another hormone) receptors. The benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR+ and ER-). Very few breast cancers fall into this category. However, if this is the case for you your specialist will discuss with you whether hormone therapy is appropriate.

If your cancer is hormone receptor negative, then hormone therapy will not be of any benefit.

See our **Treating primary breast cancer** booklet or our individual hormone drug booklets for more information.

## Bisphosphonates

Bisphosphonates are a group of drugs that can reduce the risk of breast cancer spreading in post-menopausal women. They can be used regardless of whether the menopause happened naturally or due to breast cancer treatment.

Bisphosphonates can also slow down or prevent bone damage. They're often given to people who have, or are at risk of, osteoporosis (when bones lose their strength and become more likely to break).

Bisphosphonates can be given as a tablet or into a vein (intravenously).

Your specialist team can tell you if bisphosphonates would be suitable for you.

## Clinical trials

Clinical trials are research studies that aim to improve treatment or care for patients. You may have heard about a clinical trial you would like to take part in, or have been asked by your specialist team to take part in one. This is something you can discuss with your doctors, so you can decide what's best for you. If you have been asked to take part in a clinical trial and you decide not to participate, you will continue to have treatment and care as before.

There is general information available on clinical trials on our website [breastcancercare.org.uk](http://breastcancercare.org.uk), or you can visit [cancerresearch.org.uk](http://cancerresearch.org.uk) for listings of current UK trials.

## Further support

Being diagnosed with inflammatory breast cancer can be a difficult and frightening time.

There may be times when you feel alone or isolated, particularly as inflammatory breast cancer is a rare type of breast cancer. There are people who can support you so don't be afraid to ask for help if you need it.

Some people find it helpful to discuss their feelings and concerns with their breast care nurse or specialist. If you'd like to talk through how you are feeling in more depth over a period of time, you may want to see a counsellor or psychologist. Your breast care nurse, specialist or GP can arrange this.

You can also call Breast Cancer Care's Helpline on **0808 800 6000** and talk through your diagnosis, treatment and how you are feeling with one of our team.





# We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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Please tick if you're happy to receive email from us

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We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRRKZ-ARZY-YCKG,  
Chester House, 1-3 Brixton Road, London SW9 6DE



# About this booklet

**Inflammatory breast cancer** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:

Phone **0345 092 0808**

Email [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](https://breastcancercare.org.uk)**

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