

# Tubular breast cancer

breast  
cancer  
care

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



## This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

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



We hope 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 tubular breast cancer?

Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way.

Tubular breast cancer is a type of invasive breast cancer. This means the cancer cells have the potential to spread to other parts of the body. However it is less likely to spread than with other types of breast cancer.

It's called tubular breast cancer because the cancer cells form tube-shaped structures when looked at under a microscope. It's most common in women over 50, although you can get it at any age. It's very rare in men.

Tubular breast cancer accounts for between 5 and 10% of all breast cancers. It's often found alongside other types of breast cancer.

Generally, tubular breast cancer has a very good prognosis (outlook) following treatment. This is because the cells are nearly always low grade and slow growing. Grade is the system used to classify cancer cells according to how different they are to normal breast cells and how quickly they're growing.

The outlook is particularly good if the cancer is 'pure' tubular, which means it's not mixed with other types of breast cancer.

## How is tubular breast cancer diagnosed?

Most tubular breast cancers are found during routine breast screening although they can also be diagnosed following referral to a breast clinic.

Tubular breast cancer is diagnosed using a number of tests. These may include:

- a mammogram (breast x-ray)
- an ultrasound scan (using high frequency sound waves to produce an image)

- a core biopsy (using a hollow needle to take a sample of breast tissue to be looked at under a microscope – several tissue samples may be taken at the same time)
- a fine needle aspiration (FNA) (using a fine needle and syringe to take a sample of cells to be looked at under a microscope)

For more information about these tests, see our booklet [Your breast clinic appointment](#).

## How is tubular breast cancer treated?

As with all types of breast cancer, the treatments you are offered will depend on the features of your tubular breast cancer (such as size, grade, hormone receptor status and HER2 status).

Treatment aims to remove the cancer and reduce the risk of it coming back or spreading to other parts of the body.

### Surgery

Surgery is usually the first treatment for people with tubular breast cancer.

There are two main types of breast surgery:

- breast-conserving surgery (also known as wide local excision or lumpectomy) – removal of the cancer with a margin (border) of normal breast tissue around it
- mastectomy – removal of all the breast tissue, including the nipple area

The type of surgery that is recommended depends on the area of the breast affected, the size of the cancer relative to the size of your breast and whether more than one area in the breast is affected. Your breast surgeon will discuss this with you.

Sometimes more surgery is needed if the margin of normal tissue surrounding the cancer that was removed during the first operation is not clear. This is to ensure that all the cancer has been removed. In some cases, this second operation will be a mastectomy.

If you're going to have a mastectomy, you will usually be given the option of having breast reconstruction. This can be done at the same time as your mastectomy (immediate reconstruction) or months or years

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

### Surgery to the lymph nodes

Tubular breast cancer is less likely to spread to the lymph nodes (glands) under the arm (axilla) than most other types of breast cancer. However, your specialist team will want to check if your lymph nodes have been affected. This helps them decide whether you will benefit from any additional treatment after surgery. To do this, your surgeon is likely to recommend an operation to remove either some of the lymph nodes (a lymph node sample or biopsy) or all of them (a lymph node clearance).

Sentinel lymph node biopsy is widely used if tests before surgery show no evidence of the lymph nodes containing cancer cells. It identifies whether the first lymph node (or nodes) is clear of cancer cells. If it is, this usually means the other nodes are clear too, so no more will need to be removed. Sentinel lymph node biopsy is usually carried out at the same time as your cancer surgery but may be done before your surgery.

If the results of the sentinel lymph node biopsy show that the first node or nodes are affected, more surgery or radiotherapy to the remaining lymph nodes may be recommended.

Sentinel lymph node biopsy is unlikely to be offered if tests before your operation show that your lymph nodes contain cancer cells. In this case, it's likely that your surgeon will recommend a lymph node clearance.

For more information, see our [Treating primary breast cancer](#) booklet.

### Adjuvant (additional) treatments

After surgery, you may need other treatments. These are called adjuvant treatments and can include:

- radiotherapy
- hormone (endocrine) therapy
- chemotherapy
- targeted (biological) therapy
- bisphosphonates

The aim of these treatments is to reduce the risk of breast cancer returning in the same breast or developing in the other breast, or spreading somewhere else in the body.

## Radiotherapy

Radiotherapy uses high energy x-rays to destroy cancer cells.

If you have breast-conserving surgery, you'll usually be offered radiotherapy to reduce the risk of the cancer coming back in the same breast. Sometimes you may be offered radiotherapy to the nodes under your arm.

Radiotherapy may sometimes be given after a mastectomy, for example when several lymph nodes under the arm contain cancer cells, but this is unlikely with tubular breast cancer.

For more information about radiotherapy, see our [Radiotherapy for primary breast cancer](#) booklet.

## 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.

Invasive 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. Tubular breast cancers are usually oestrogen receptor positive.

If oestrogen receptors are not found it is known as oestrogen receptor negative or ER-.

Sometimes 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.

## Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs. It is given to reduce the risk of breast cancer returning.

People diagnosed with tubular breast cancer don't usually have chemotherapy. This is because tubular breast cancer is almost always low grade and much less likely than some other types of breast cancer to spread to other areas of the body. However, it may be recommended for some people.

Whether you're offered chemotherapy depends on various features of the cancer. Factors that will be considered include its size, its grade and whether the lymph nodes are affected.

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

## Targeted (biological) therapies

This is a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that help cancer 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.

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

Tubular breast cancer is likely to be HER2 negative. If your cancer is found to be HER2 negative, then trastuzumab will not help you. For more information see our [Trastuzumab \(Herceptin\)](#) booklet or visit [breastcancercare.org.uk](https://breastcancercare.org.uk) for information about other targeted therapies.



## 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 because of 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.

## Further support

Being diagnosed with breast cancer can make you feel lonely and isolated.

Many people find it helps to talk to someone who has been through the same experience as them. Breast Cancer Care's Someone Like Me service can put you in touch with someone who has had a diagnosis of breast cancer, so you can talk through your worries and share experiences over the phone or by email. You can also visit our confidential online Forum and join one of the ongoing discussions.

If you would like any further information and support about breast cancer or just want to talk things through, you can speak to one of our experts by calling our free Helpline on **0808 800 6000**.

## 4 ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone who knows what it's like or want to read more about breast cancer, here's how you can.



Speak to trained experts, nurses or someone who's had breast cancer and been in your shoes. Call free on **0808 800 6000** (Monday to Friday 9am–5pm, Wednesdays til 7pm and Saturday 9am–1pm).



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at [forum.breastcancercare.org.uk](https://forum.breastcancercare.org.uk)



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at [breastcancercare.org.uk](https://breastcancercare.org.uk)



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit [breastcancercare.org.uk/in-your-area](https://breastcancercare.org.uk/in-your-area)

## 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.

### Donate by post

Please accept my donation of **£10/£20/my own choice of £**

I enclose a cheque/PO/CAF voucher made payable to  
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### Donate online

You can give using a debit or credit card at  
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Address \_\_\_\_\_

\_\_\_\_\_

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We might occasionally want to send you more information about our services and activities

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

Please tick if you don't want to receive post from us

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

**Tubular 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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The Information Standard Certified Member



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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