Inflammatory breast cancer

This booklet is for people who would like to know more about inflammatory breast cancer. It describes what inflammatory breast cancer is, the symptoms, how a diagnosis is made and possible treatments.
Introduction

We hope that this information helps you to discuss any questions you may have with your cancer specialist or breast care nurse and to be involved in any decisions about your treatment.

We recommend reading it alongside our booklets Treating breast cancer and Breast cancer and you: diagnosis, treatment and the future.

What is inflammatory breast cancer?

Inflammatory breast cancer is a fast-growing type of breast cancer, which accounts for 1-4% of all breast cancers.

Inflammatory breast cancer gets its name because the skin of the breast has a red, inflamed appearance. This change can happen quite quickly and can be similar in appearance to some infections of the breast. The red and swollen appearance is caused by breast cancer cells blocking tiny lymph channels in the breast tissue and skin. The lymph channels are part of the lymphatic system which plays an important role in the body's defence against infections.

Men can also get inflammatory breast cancer but this is extremely rare.

What are the signs and symptoms?

The signs and symptoms of inflammatory breast cancer can appear over a short space of time, usually days or weeks. Changes to the breast that might be noticeable include:

- redness, warmth or swelling, usually with pain or tenderness in 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 orange skin (known as peau d'orange)
- an increase in breast size
- persistent itching
- 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. Your GP (local doctor) may have prescribed a course of antibiotics for you without them having had any effect on your symptoms.

Once you have been referred to a breast clinic, you may have several different types of tests to help make the diagnosis. These include:

- mammogram – a breast x-ray
- ultrasound scan – the use of high-frequency sound waves to produce an image
- biopsy – using a needle taking a sample of breast tissue, lymph nodes, or an area of change to the skin of the breast or nipple. A biopsy can also be taken by punching a small hole in the skin to obtain a skin sample. The tissue samples are sent to the laboratory where they are examined under a microscope to establish a diagnosis
- sometimes an MRI (magnetic resonance imaging) scan may also be used. Magnetism and radio waves produce a series of cross-sectional images of the inside of the body.

For more information see our booklet Your breast clinic appointment.

Once the breast cancer diagnosis is made, other tests such as a chest x-ray, liver ultrasound, CT (computerised tomography) scan or bone scan may be recommended to check whether or not there is any sign the cancer has spread outside the breast. If you’re recommended to have any of these tests, your specialist team will be able to explain why, and also what they involve. You can also contact Breast Cancer Care’s free Helpline on 0808 800 6000 for further information.

How is inflammatory breast cancer treated?

Once you have been 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 information from your test results.

Treatment is usually started quickly and 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 therapy (sometimes called biological therapies) and hormone (endocrine) therapy may be used depending on your individual situation.

**Chemotherapy**

Chemotherapy is usually the first treatment recommended for inflammatory breast cancer, which is known as primary or neo-adjuvant chemotherapy. Because inflammatory breast cancer can grow more quickly than other types of breast cancer, chemotherapy is given first to control the disease in the breast and to destroy any cancer cells that may have spread elsewhere in the body.

The aim is that the chemotherapy will reduce the size of the cancer and the amount of inflammation. It may also help to reduce any pain and discomfort. For further information see our booklet *Chemotherapy for breast cancer*.

**Surgery**

Following chemotherapy, most people will have surgery. With inflammatory breast cancer it’s more common to have the whole breast removed including the nipple area (mastectomy) rather than only part of the breast tissue. Your surgeon will normally remove the lymph glands from under your arm (axilla) at the same time, as it’s not unusual for cancer cells to have spread to this area.

If you’re having a mastectomy and you would like breast reconstruction, this is more likely to be offered some time in the future (delayed reconstruction).

If you would like more information, please see our *Breast reconstruction* booklet.

**Radiotherapy**

Radiotherapy is often used in the treatment of inflammatory breast cancer. It uses high energy x-rays to destroy cancer cells. The area treated usually includes the whole breast area on the side where the cancer was and the area above your collarbone (clavicle) as well. Sometimes it may also include the axilla and occasionally the breastbone (sternum). It’s usually given after chemotherapy and surgery.

For further information about radiotherapy, please see our *Radiotherapy for primary breast cancer* booklet.
Targeted therapies (sometimes called 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 cause cancer to grow.

The most well-known targeted therapy is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (HER2 positive), a protein that makes cancer cells grow, will benefit from having trastuzumab.

There are various tests to measure HER2 levels using breast tissue removed during a biopsy or surgery. If your cancer is found to be HER2 negative, then trastuzumab will not help you.

See our booklet **Trastuzumab (Herceptin)** and our web pages on other targeted therapies www.breastcancercare.org.uk/targeted-therapy

Hormone (endocrine) therapy

The female hormone oestrogen can play a part in stimulating the growth of some breast cancers. There are several hormone therapies that work in different ways to block the effect of oestrogen on cancer cells.

Hormone therapy will be prescribed if your breast cancer has receptors within the cell that bind to the female hormone oestrogen and stimulate the cancer to grow (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.

Although inflammatory breast cancer is less likely to be oestrogen receptor positive than other types of breast cancer, this will be tested at the time of your diagnosis. If it’s hormone sensitive, you’ll be offered hormone therapy, which you will take in the form of tablets. Your doctors will discuss with you which hormone therapy drug they think is the most suitable for your type of breast cancer.

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

If you’d like more information about hormone therapies please see our booklets on individual hormone therapy drugs.
Clinical trials
Clinical trials are studies that aim to improve treatment or care for patients. Studies into treatments for inflammatory breast cancer are ongoing. 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 decide not to take part, you will still get the best standard treatment. There is general information available on clinical trials on our website www.breastcancercare.org.uk or www.cancerresearch.org.uk for listings of current UK trials.

Coping with inflammatory breast cancer
Being diagnosed with inflammatory breast cancer can be a difficult and frightening time. Everyone reacts differently to their diagnosis and has their own way of coping.

There may be times when you feel alone or isolated, particularly as inflammatory breast cancer is a rare form of breast cancer. There are people who can support you so don’t be afraid to ask for help if you need it. By letting other people know how you feel, particularly your family and friends, they can be more supportive.

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 your feelings and concerns in more depth over a period of time, a counsellor or psychologist may be more appropriate. Your breast care nurse, specialist or GP can arrange this.

If you want to talk you can also call our Helpline on 0808 800 6000.
Helping you face breast cancer

If you’ve been diagnosed with breast cancer there’s a lot to take in. It can be an emotional time for you, your family and friends. Our free information and support services are here to help – on the phone, or online 24 hours a day.

Ask us
Calls to our free Helpline are answered by specialist nurses and trained staff with personal experience of breast cancer. They’ll understand the issues you’re facing and can answer your questions. Or you can Ask the Nurse by email instead via our website.

Free Helpline 0808 800 6000 (Text Relay 18001)
Monday–Friday 9am–5pm, Saturday 10am–2pm
www.breastcancercare.org.uk/ATN

Expert information
Written and reviewed by healthcare professionals and people affected by breast cancer, our free booklets and other information resources cover all aspects of living with breast cancer. Download or order booklets from our website or call the Helpline.

Talk to someone who understands
Our Someone Like Me service puts you in contact with someone else who’s had breast cancer and who’s been fully trained to help. This can be over the phone or by email.

You can also chat to other people going through breast cancer on our online discussion Forum. It’s easy to use, professionally moderated and available to read any time of day.

Find out more about all of our services for people with breast cancer at www.breastcancercare.org.uk/services or phone the Helpline.
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 Breast Cancer Care

Donate online
You can give using a debit or credit card at www.breastcancercare.org.uk/donate

My details
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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
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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 RRKZ-ARZY-YCKG, 5–13 Great Suffolk Street, London SE1 0NS
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

You can order or download more copies from www.breastcancercare.org.uk/publications

For a large print, Braille, DAISY format or audio CD version:

Phone 0345 092 0808
Email publications@breastcancercare.org.uk
Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer. Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer. Visit www.breastcancercare.org.uk or call our free Helpline on 0808 800 6000 (Text Relay 18001).

Central Office
Breast Cancer Care
5–13 Great Suffolk Street
London SE1 0NS
Phone: 0345 092 0800
Email: info@breastcancercare.org.uk

Centres
London and South East of England
Phone: 0345 077 1895
Email: src@breastcancercare.org.uk

Wales, South West and Central England
Phone: 0345 077 1894
Email: cym@breastcancercare.org.uk

East Midlands and the North of England
Phone: 0345 077 1893
Email: nrc@breastcancercare.org.uk

Scotland and Northern Ireland
Phone: 0345 077 1892
Email: sco@breastcancercare.org.uk

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