INFLAMMATORY BREAST CANCER

THERE IS MORE THAN ONE KIND OF BREAST CANCER

YOU DON'T HAVE TO HAVE A LUMP TO HAVE BREAST CANCER.

BUT SOMETIMES A LUMP APPEARS AND GROWS QUICKLY!

What is Inflammatory Breast Cancer, IBC?

- IBC is a serious, often fatal cancer. However, recent studies show about 40% survival five years after diagnosis.
- See your doctor if you have any of the symptoms; if the symptoms are caused by IBC, the sooner a diagnosis is made and treatment begins, the better the survival chance.

Warm, swollen breast that does not change through the menstrual cycle or respond to antibiotics.

Skin which is red or dimpled or appears thickened

Sudden appearance of a lump in the breast

Nipple which becomes flattened or retracted, with or without discharge

Swollen lymph nodes under the arm or above the collar bone

Lee Smith described IBC ...

If a breast swells up to half again its normal size over a couple of days, hurts like hell, is hot and becomes an "innie" nipple instead of an "outie" and reminds you to buy oranges your next shopping trip ... then I say IBC.

Lee Smith

IBC IS AGRESSIVE

- IBC is a very aggressive, often misdiagnosed form of breast cancer.
 IBC symptoms often will first be
- The symptoms often will first be treated with antibiotics as an infection.
- A mammogram, ultrasound and biopsy should be completed ASAP.
 It is a very aggressive and deadly cancer which needs to be identified and treated with haste.

Who needs to know about IBC?

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- All of us need to know about IBC Men as well as women have been diagnosed with IBC.
- Partners need to be aware of the symptoms since the often see the initial symptoms before the patient.
- IBC can occur in young women including during pregnancy and before menopause.

 IBC is often thought to be mastitis (an infection) or a dermatological problem appearing as a rash.

Who needs to know about IBC?

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- One of the most unfortunate facts about IBC is that many professionals in the medical field are not familiar with the symptoms of Inflammatory Breast Cancer; therefore precious time is consumed prescribing antibiotics to treat symptoms.
- Physician's Assistants, Nurses, and Mammography Technicians need to know too.
- Dermatologists need to know since IBC skin symptoms may result in a referral to their office.

Radiologists need to know ...

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- MAMMOGRAPHIC FINDNGS INCLUDE:
- 1. skin thickening in 24 patients (92%)
- diffusely increased density in 21 patients (81%)
- **3.** trabecular thickening in 16 patients (62%)
- 4. axillary lymphadenophy in 15 patients (58%)
- architectural distortion or focal asymmetrical density in 13 patients (50%) and nipple retraction in 10 patients (38%)
- Malignant-appearing calcifications were seen in six patients (23%) and
- 7. A mass was seen in four patients (15%)

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Radiologists need to know ...

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Conclusion:

- Diffuse mammographic abnormalities such as skin thickening, increased density, trabecular thickening, and axillary lymphadenopathy are common at presentation in patients with inflammatory breast cancer.
- "<u>Mammographic Masses and malignant-appearing</u> <u>calcifications are uncommon manifestations of</u> <u>this disease.</u>"

Source: AJR 2000 Feb; 174(2): 535-8: Primary Inflammatory Carcinoma of the Breast: Retrospective Review of Mammographic Findings, Kushwaha, A.C.