

Invasive ductal breast cancer

breast
cancer
care

This booklet explains what invasive ductal breast cancer is, the symptoms, how it's diagnosed and the possible treatments.



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**



This booklet is about invasive ductal breast cancer. We call it by this name in the booklet, but it may also be called:

- invasive ductal carcinoma of the breast (IDC)
- invasive breast cancer of no special type (NST)
- breast cancer not otherwise specified (NOS)

We hope this information helps you discuss any questions you have with your treatment team. You may also find it useful to read our [Primary breast cancer information pack](#).

What is invasive ductal breast cancer?

Invasive ductal breast cancer is the most common type of breast cancer.

'Ductal' refers to the ducts of the breast. These are tubes that carry milk to the nipple. This type of cancer starts when cells of the ducts begin to divide and grow in an abnormal way.

'Invasive' means the cancer cells are no longer only in the ducts. They have spread outside the ducts to the surrounding breast tissue.

Invasive ductal breast cancer is sometimes called breast cancer 'of no special type' or 'not otherwise specified'. This is because the cancer cells have no features that class them as a specific type of breast cancer when examined under the microscope.

Sometimes invasive ductal breast cancer is found mixed with other types of breast cancer.

Although it's rare, men can get breast cancer. Invasive ductal breast cancer is the most common type of breast cancer in men.

What are the symptoms?

Symptoms of invasive ductal breast cancer include:

- a lump or thickening of the breast tissue
- a change of skin texture such as puckering or dimpling of the skin
- a lump or swelling under the arm
- changes to the nipple
- discharge from the nipple
- a change in the size or shape of the breast
- constant pain in the breast or armpit
- less commonly, a type of rash involving the nipple known as Paget's disease of the breast

Routine breast screening can often pick up cancer before a woman notices any symptoms. Therefore, some women will be diagnosed with invasive ductal breast cancer after attending breast screening without having any of the symptoms above.

How is it diagnosed?

Invasive ductal breast cancer is diagnosed using a range of tests. These may include:

- a mammogram (breast x-ray)
- an ultrasound scan (using sound waves to produce an image)
- a core biopsy of the breast and sometimes lymph nodes (using a hollow needle to take a sample of tissue to be looked at under a microscope – several tissue samples may be taken at the same time)
- a fine needle aspiration (FNA) of the breast and sometimes lymph nodes (using a fine needle and syringe to take a sample of cells to be looked at under a microscope)

When there is a change to the skin or nipple a punch biopsy of the skin may be performed.

You can read more about these tests in our booklet [Your breast clinic appointment](#).

Treatment

Surgery

Surgery to remove the cancer is usually the first treatment for invasive ductal breast cancer.

The type of surgery recommended may be:

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

Which type of surgery?

The type of surgery recommended will depend on factors such as:

- where the cancer is in the breast
- the size of the cancer
- whether more than one area in the breast is affected

Some people are offered a choice between breast-conserving surgery and a mastectomy. Studies have shown that long-term survival is similar for breast-conserving surgery followed by radiotherapy as for mastectomy alone.

You can talk through your options with your treatment team.

If you're going to have a mastectomy, you'll usually be offered breast reconstruction. This can be done at the same time as your mastectomy (immediate reconstruction) or months or years later (delayed reconstruction). If you would like more information, see our **Breast reconstruction** booklet.

Many women who have a mastectomy choose to wear a prosthesis – an artificial breast form that fits inside the bra. For more information on the options available, see our booklet **Breast prostheses, bras and clothes after surgery**.

Some women choose not to have reconstruction and not to wear a prosthesis after their mastectomy.

Surgery to the lymph nodes under the arm

Your treatment team will want to check if any of the lymph nodes (glands) under the arm contain cancer cells. This, along with other information about your breast cancer, 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

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 sentinel lymph node (the first lymph node that the cancer cells are most likely to spread to) is clear of cancer cells. There may be more than one sentinel lymph node. If clear, 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.

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 not suitable 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 [Primary breast cancer information pack](#).

Adjuvant (additional) treatment

After surgery you may need further treatment. This is called adjuvant treatment, and can include:

- chemotherapy
- radiotherapy
- hormone (endocrine) therapy
- targeted (biological) therapies
- 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 elsewhere in the body.

Which treatments are recommended will depend on your individual situation.

Some of these treatments are given before surgery. This is known as neo-adjuvant or primary treatment.

Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs.

Whether chemotherapy is recommended will depend on various features of the cancer, such as its size, its grade (how different the cells are to normal breast cells and how quickly they are growing) and whether the lymph nodes are affected.

It will also depend on the oestrogen receptor and HER2 status. See the sections on 'Hormone (endocrine) therapy' and 'Targeted (biological) therapies' for an explanation of these terms.

For more information about chemotherapy, see our **Chemotherapy for breast cancer** booklet.

Radiotherapy

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

If you have breast-conserving surgery you will usually be given radiotherapy to reduce the risk of the breast cancer returning in the same breast. Some people may also have radiotherapy to the lymph nodes under the arm or above the collar bone.

Radiotherapy is sometimes given to the chest wall after a mastectomy, for example if the lymph nodes under the arm are affected.

For more information see our **Radiotherapy for primary breast cancer** booklet.

Hormone (endocrine) therapy

Some breast cancers are stimulated by the hormone oestrogen. This means that oestrogen in the body helps the cancer to grow. This type of breast cancer is called oestrogen receptor positive (ER+).

Hormone therapy blocks or stops the effect of oestrogen on breast cancer cells. Different hormone therapy drugs do this in different ways.

Hormone therapy will only be prescribed if your breast cancer is ER+.

Invasive breast cancers are tested to see if they are ER+ using tissue from a biopsy or after surgery. If your cancer is ER+, your specialist will discuss with you which hormone therapy they think is most appropriate.

If your breast cancer is not stimulated by oestrogen it is known as oestrogen receptor negative (ER-), and hormone therapy won't be of benefit.

Tests will also be done to see if your cancer is progesterone receptor positive (PR+). Progesterone is another hormone. 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.

See our **Primary breast cancer information pack** or our individual hormone drug booklets for more information.

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 to grow.

The type of targeted therapy you are given will depend on the features of your breast cancer.

The most widely used targeted therapies are for HER2 positive breast cancer. HER2 is a protein that helps cancer cells grow.

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

Only people whose cancer has high levels of HER2 (HER2 positive) will benefit from this type of treatment.

Examples of targeted therapies for HER2 positive breast cancer include trastuzumab and pertuzumab.

If your cancer is found to be HER2 negative, then targeted therapies for HER2 positive breast cancer will not be of any benefit.

For information about different types of targeted therapies for people with either HER2 positive or HER2 negative breast cancer, see [breastcancercare.org.uk/targeted-therapy](https://www.breastcancercare.org.uk/targeted-therapy)

Bisphosphonates

Bisphosphonates are a group of drugs that can reduce the risk of breast cancer spreading in postmenopausal 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 are 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.

After treatment

You will continue to be monitored after your hospital-based treatments (such as surgery, chemotherapy or radiotherapy) finish. This is known as follow-up.

If you had breast-conserving surgery, follow-up will include regular mammograms to both breasts. If you had a mastectomy you will have a mammogram on your untreated breast.

Whether you've had breast-conserving surgery or a mastectomy (with or without reconstruction), it's also important to be aware of any changes to the breast, chest or surrounding area.

It can be difficult to know how your breast or scar area should feel. The area around the scar may feel lumpy, numb or sensitive. This means that you will need to get to know how it looks and feels so you know what's normal for you. This will help you to feel more confident about noticing changes and reporting them early to your GP or breast care nurse.

Having breast cancer in one breast means the risk of developing cancer in the other breast (a new primary breast cancer) is slightly higher than in someone who's never had breast cancer. Therefore, it's important to be aware of any new changes in the other breast and to report these as soon as possible.

For more information, see our booklet **After breast cancer treatment: what now?**

If you have any concerns you can speak with your GP or breast care nurse.

Further support

Being diagnosed with breast cancer can be a difficult and frightening time. There may be times when you feel alone or isolated.

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.



Four ways to get support

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



Speak to our nurses or trained experts. Call our free Helpline on **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



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



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at 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

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.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

Donate online

Donate using your debit or credit card breastcancercare.org.uk/donate

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**

Name _____

Address _____

_____ Postcode _____

Email address _____

Telephone _____

In addition, we'd love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

- I'd like to hear from you by email
- I'd like to hear from you by text message or SMS
- Please do not contact me by post
- Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at breastcancercare.org.uk or contact supporter services on 0345 092 0800.

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

Code: LP



About this booklet

Invasive ductal 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 **breastcancercare.org.uk/publications**



We welcome your feedback on this publication: **breastcancercare.org.uk/feedback**



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

Phone **0345 092 0808**

Email **publications@breastcancercare.org.uk**



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**

Central Office

Chester House
1-3 Brixton Road
London SW9 6DE
Phone: 0345 092 0800
Email: info@breastcancercare.org.uk

Registered charity in England and Wales 1017658
Registered charity in Scotland SC038104
Registered company in England 2447182