BENIGN BREAST CONDITIONS

Lobular neoplasia

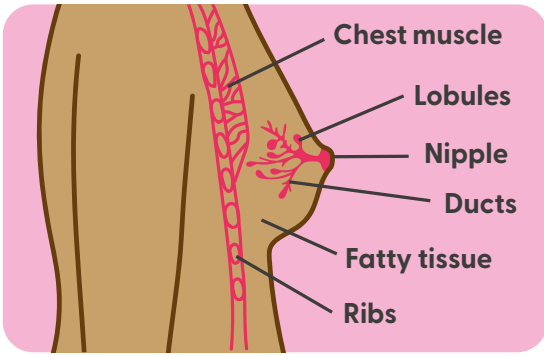
BREAST CANCER NOW

What is lobular neoplasia?

Lobular neoplasia is a benign (not cancer) condition.

It occurs when the number of cells in the milk-producing glands (lobules) in the breast increases. The appearance and behaviour of these cells also change.

We still don't know exactly why this happens.



Lobular neoplasia affects the lobules in the breast

Types of lobular neoplasia

There are different types of lobular neoplasia. These are:

- Atypical lobular hyperplasia (ALH)
- Classic lobular carcinoma in situ (classic LCIS)
- Pleomorphic lobular carcinoma in situ (pleomorphic LCIS)
- Florid lobular carcinoma in situ (florid LCIS)

"In situ" means the changes only happen in the breast lobules and don't affect the surrounding breast tissue.

When tissue is examined under a microscope, ALH and classic LCIS can look very similar. It's sometimes difficult to separate the 2 conditions and they may both be described as lobular neoplasia.

Pleomorphic LCIS and florid LCIS are made up of larger, more abnormal cells.

Who it affects

Lobular neoplasia can affect people of any age, but it's more common in women aged 40 to 50.

Men can also get lobular neoplasia, but this is very rare.

Diagnosis

Lobular neoplasia doesn't usually cause any symptoms or show up on a breast x-ray (mammogram).

It's usually found during a biopsy or other test being done for another breast change, such as if calcifications (small spots of calcium) are seen on a mammogram.

If lobular neoplasia is found during a core biopsy (a procedure under local anaesthetic where a sample of breast tissue is taken using a hollow needle and looked at under a microscope), your treatment team may recommend removing more tissue from the area where the lobular neoplasia was found. This is to check if there are any cancer cells in this part of the breast.

This may be done using another core biopsy, or one of the following:

- Vacuum assisted excision biopsy – a special needle connected to a vacuum device is used to take a sample of tissue, under local anaesthetic, to be looked at under a microscope
- Excision biopsy – a small operation where a sample of breast tissue is removed and looked at under a microscope. An excision biopsy can be carried out under a local or general anaesthetic

You can find out more about these tests in our booklet **Your breast clinic appointment**.

A mammogram or ultrasound scan may also be used to help identify the area. Your treatment team will talk to you about which procedure is best for you.

Treatment

ALH and classic LCIS

You will not usually need treatment for ALH and classic LCIS. However, your treatment team may discuss treatment options with you based on current guidelines and your individual situation.

Pleomorphic LCIS and florid LCIS

If the biopsy shows pleomorphic or florid LCIS, your treatment team may suggest an operation to remove the area with a margin (border) of healthy breast tissue. This is because there is a higher risk of breast cancer with this type of lobular neoplasia.

The operation will show if there are any cancer cells in the tissue, and if all the pleomorphic or florid LCIS has been removed.

Pleomorphic and florid LCIS are often treated in the same way as ductal carcinoma in situ (DCIS), which is an early form of breast cancer. You can find more information about DCIS in our **Ductal carcinoma in situ (DCIS)** booklet.

Lobular neoplasia and breast cancer risk

Most people who have ALH or classic LCIS will never get breast cancer. However, you have a slightly higher risk than the general population of developing breast cancer in either breast.

People with pleomorphic or florid LCIS are more at risk of developing breast cancer than those with ALH or classic LCIS. Your individual risk depends on several factors, which your treatment team can discuss with you.

Hormone therapy

Depending on your individual situation, your treatment team may recommend hormone (endocrine) therapy. Research has shown that some hormone therapy treatments can reduce the risk of breast cancer developing in people with lobular neoplasia.

These hormone therapy treatments are not the same as hormone replacement therapy.

Any possible benefit of hormone therapy needs to be considered against the risks and side effects of this treatment. Your treatment team will discuss this with you.

You can find more information on hormone therapy on our website **breastcancernow.org**

Follow-up

Your treatment team will let you know what follow-up appointments you'll need and how often you'll need them.

For pleomorphic or florid LCIS, you'll usually have follow-up mammograms every year for at least 5 years.

For ALH and classic LCIS, your treatment team may recommend a different follow-up plan.

If you have other risk factors for breast cancer, such as a significant family history or dense breasts, your treatment team may recommend you have scans such as an MRI (magnetic resonance imaging) scan. Your treatment team will discuss which follow-up is best for you.

You can find out more about family history on our website **breastcancernow.org**

HRT and the pill

Hormone replacement therapy (HRT) and oral contraceptive pills are not usually recommended for people who've had a diagnosis of lobular neoplasia.

Further support

Although lobular neoplasia is not breast cancer, it's natural to worry about your risk of breast cancer in the future.

If you're worried about breast cancer or have questions about breast health, you can call our free helpline on **0808 800 6000** or talk to us online at **breastcancernow.org**

About this information

Lobular neoplasia was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast conditions.

For a full list of the sources we used to research it email:
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Expert information on breast health.

Whether you're worried about breast cancer. Want to know the signs and symptoms to look out for. Or not sure what to do if you notice a change. We're here.

Call **0808 800 6000** to talk to one of our nurses.

Visit **breastcancernow.org** now for breast cancer information you can trust.

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