

# Medullary breast cancer

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## 1. What is medullary breast cancer?

Medullary breast cancer is an uncommon type of breast cancer.

It may also be called invasive breast cancer of no special type with medullary features or medullary-like cancer.

Medullary breast cancer can occur at any age but is more often diagnosed in younger women.

It's also more common in women who have inherited an altered BRCA1 gene.

It can occur in men, but this is very rare.

Medullary breast cancer is an invasive type of cancer. Invasive means it has the potential to spread to other parts of the body, although this is less common than with some other types of invasive breast cancer.

While each case is different, the outlook for this type of breast cancer is often good.

## 2. Symptoms of medullary breast cancer

As with most types of breast cancer, the symptoms of medullary breast cancer can include:

- A lump or thickening
- A change in the size of the breast
- Changes to the nipple
- Puckering or dimpling of the skin
- Pain in the breast (this is usually not a sign of breast cancer unless accompanied by other symptoms)

Find out more about the [signs and symptoms of breast cancer](#) and how to check your breasts.

### 3. Diagnosing medullary breast cancer

Medullary breast cancer is diagnosed using a [range of tests](#). These may include:

- A [mammogram](#) (breast x-ray)
- An ultrasound (using sound waves to produce an image)
- A [core biopsy](#) of the breast and sometimes lymph nodes (using a hollow needle to take a small sample of breast tissue to be looked at under a microscope – several tissue samples may be taken at the same time)

### 4. Treatment for medullary breast cancer

As with all types of breast cancer, the treatments you're offered will depend on the features of the medullary 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 medullary breast cancer.

There are two main types of [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 recommended depends on:

- Where the cancer is in the breast

- The size of the cancer relative to the size of the breast
- Whether more than one area in the breast is affected

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 all the cancer has been removed. In some cases, this second operation will be a mastectomy.

Most women who have a mastectomy will have the option to have breast reconstruction.

Some women decide not to have, or are unable to have, breast reconstruction. If you have a mastectomy and don't have reconstruction you can wear an artificial breast form (prosthesis) inside your bra to restore your shape.

Some women choose not to have reconstruction or wear a prosthesis.

## **Surgery to the lymph nodes**

Medullary breast cancer is less likely to spread to the lymph nodes (glands) under the arm than other types of breast cancer.

However, your treatment team will want to check if any of the lymph nodes 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 sentinel lymph node biopsy or sample) or all of them (a lymph node clearance).

## **Adjuvant (additional) treatments**

After surgery, you may need other treatment and this can include:

- Radiotherapy
- Chemotherapy
- Hormone (endocrine) therapy
- 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 opposite breast, or spreading somewhere else in the body.

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

## Radiotherapy

If you have breast-conserving surgery you will usually be offered radiotherapy to the breast to reduce the risk of the cancer coming back in the same breast.

Radiotherapy is sometimes given to the chest wall after a mastectomy.

## Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs. It's given to reduce the risk of breast cancer returning or spreading.

## Hormone (endocrine) therapy

Some breast cancers use the hormone oestrogen in the body to help them grow. These are known as oestrogen receptor (ER) positive breast cancers.

Hormone therapies block or stop the effect of oestrogen on breast cancer cells.

Medullary breast cancers are more likely to be ER negative. If this is the case, hormone therapy will not be of any benefit to you.

If your cancer is ER positive, your treatment team will discuss with you which hormone therapy they think is most suitable.

## Targeted (biological) therapy

This is a group of drugs that block the growth and spread of cancer.

People with medullary breast cancer do not usually need targeted therapy.

Your treatment team can tell you whether a targeted therapy drug would be suitable for you, based on the features of your cancer.

Find out about targeted therapies.

## Bisphosphonates

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

Your treatment team can tell you if bisphosphonates would be suitable for you.

## Triple negative breast cancers

When breast cancers are HER2 negative, oestrogen receptor negative and progesterone receptor negative, this is referred to as triple negative breast cancer.

Most medullary breast cancers are triple negative.

If you have triple negative breast cancer, you may feel concerned that you are not able to have treatments such as trastuzumab or hormone therapy.

However, people diagnosed with medullary breast cancer generally have a better prognosis (outlook) than people with some other types of triple negative breast cancer.

## 5. Coping with a diagnosis of medullary breast cancer

Being diagnosed with breast cancer can be a difficult and frightening time.

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

Many people find it helps to talk to someone who has been through the same experience as them. Breast Cancer Now'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 online Forum and join one of the ongoing discussions.

Find out more about coping emotionally with breast cancer.

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