

Tubular breast cancer

1. What is tubular breast cancer?
2. Symptoms of tubular breast cancer
3. How is tubular breast cancer diagnosed?
4. How is tubular breast cancer treated?
5. Follow up after treatment
6. Further support

1. What is tubular breast cancer?

Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way.

There are lots of different types of breast cancer. A pathologist (a doctor who examines tissue removed during a biopsy or surgery) looks at the cancer cells under a microscope to see what type of breast cancer it is by how it looks.

Tubular breast cancer is a type of invasive breast cancer. This means that cancer cells have the potential to spread to other parts of the body. However tubular breast cancer is less likely to spread than with other types of invasive breast cancer.

Tubular breast cancer is a rare type of invasive breast cancer. It's most common in women over 50, although you can get it at any age. It's very rare in men. It's often found alongside other types of breast cancer.

Generally, tubular breast cancer has a very good prognosis (outlook) following treatment. This is because the cells are nearly always low grade and slow growing. Grade is the system used to classify cancer cells according to how different they are to normal breast cells and how quickly they're growing.

The outlook is particularly good if the cancer is 'pure' tubular. This means it's not mixed with other types of breast cancer.

2. Symptoms of tubular breast cancer

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

- A lump or thickening of the skin
- A change in the size of the breast
- Changes to the nipple
- Puckering or dimpling of the skin
- Pain in the breast

Routine breast screening can often pick up breast cancer before women notice any symptoms. Sometimes women will be diagnosed with tubular breast cancer following breast screening without having any symptoms of the disease.

Find out more about the signs and symptoms of breast cancer and how to check your breasts.

3. How is tubular breast cancer diagnosed?

Tubular breast cancer, like other types of breast cancer, is diagnosed using a number of tests. These 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)

4. How is tubular breast cancer treated?

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

There are two main types of breast 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 often including the nipple area

The type of surgery recommended depends on the area of the breast affected, the size of the cancer relative to the size of your breast and whether more than one area in the breast is affected. Your breast surgeon will discuss this with you.

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

If you're going to have a mastectomy, you'll usually be given the option of having breast reconstruction. This can be done at the same time as your mastectomy (immediate reconstruction) or months or years later (delayed reconstruction).

Many women who have a mastectomy without breast reconstruction choose to wear a prosthesis – an artificial breast form that fits inside the bra. Find out more about 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

Tubular breast cancer is less likely to spread to the lymph nodes under the arm than most other types of breast cancer. However, your treatment team will want to check if your lymph nodes have been affected. This helps them decide whether you'll 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 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. A sentinel lymph node biopsy is usually carried out at the same time as your cancer surgery but may be done before your surgery.

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.

A sentinel lymph node biopsy is unlikely to be offered 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

Find out more about [surgery to the lymph nodes](#).

Adjuvant (additional) treatments

After surgery, you may need other treatments. These are called adjuvant treatments and can include:

- [Radiotherapy](#)
- [Hormone \(endocrine\) therapy](#)
- [Chemotherapy](#)
- [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 other breast or spreading somewhere else in the body.

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

Radiotherapy

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

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

Radiotherapy is sometimes given to the chest wall after a mastectomy, for example if the lymph nodes under the arm are affected. However, this is unlikely to be necessary with tubular breast cancer.

Hormone (endocrine) therapy

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

Hormone therapies block or stop 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 and for how long you're advised to take it for. Tubular breast cancers are usually oestrogen receptor positive.

Chemotherapy

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

People diagnosed with tubular breast cancer do not usually have chemotherapy. This is because tubular breast cancer is almost always low grade and much less likely than some types of breast cancer to spread to other parts of the body. However, it may be recommended for some people.

Whether you're offered chemotherapy depends on various features of the cancer. Factors that will be considered include its size, its grade and whether the lymph nodes are affected.

When the benefit of chemotherapy is less certain, your treatment team may suggest a test called a genomic assay.

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 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.

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

Bisphosphonates

Bisphosphonates are a group of drugs that can reduce the risk of breast cancer spreading in post-menopausal 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 treatment team can tell you if bisphosphonates would be suitable for you.

5. Follow-up after treatment

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

Whether you 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 should feel. The area around the scar may feel lumpy, numb or sensitive. This means that you'll need to get to know how it looks and feels so you know what is 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.

6. Further support

Being diagnosed with breast cancer can make you feel lonely and isolated.

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 confidential online Forum and join one of the ongoing discussions.

If you would like any further information and support about breast cancer or just want to talk things through, you can speak to one of our experts by calling our free [Helpline](#) on 0808 800 6000.

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