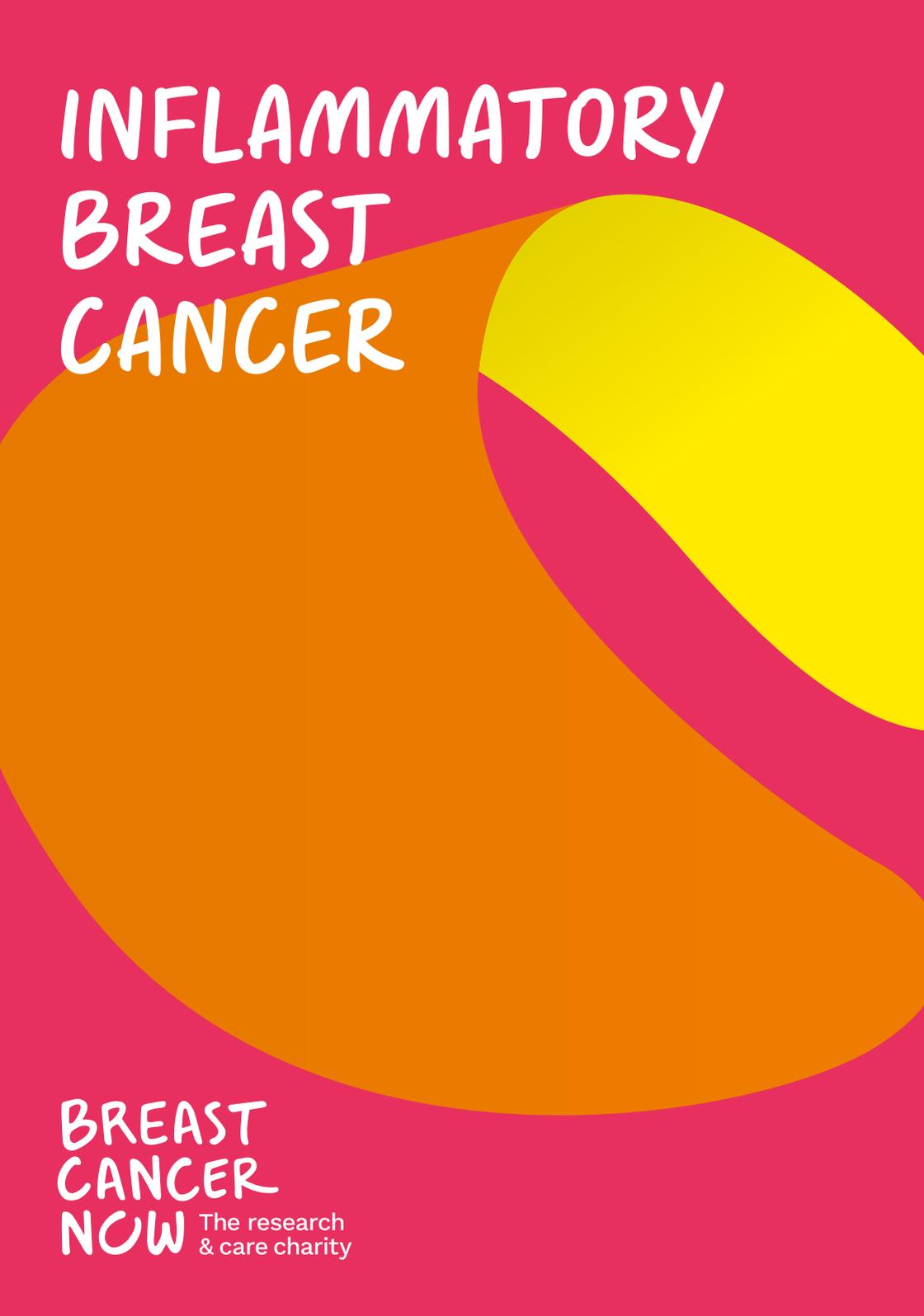


# INFLAMMATORY BREAST CANCER

The background is a solid pink color. Overlaid on this are two large, overlapping, rounded shapes. The shape on the left is a vibrant orange, and the shape on the right is a bright yellow. They overlap in the center, creating a darker shade of pink.

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# THIS INFORMATION IS BY BREAST CANCER NOW.

Steered by our world-class research and powered by our life-changing care, Breast Cancer Now is here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

Our breast care nurses, expertly trained staff and volunteers, and award-winning information is all here to make sure anyone diagnosed with breast cancer gets the support they need to help them to live well with the physical and emotional impact of the disease.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancernow.org](https://www.breastcancernow.org)**

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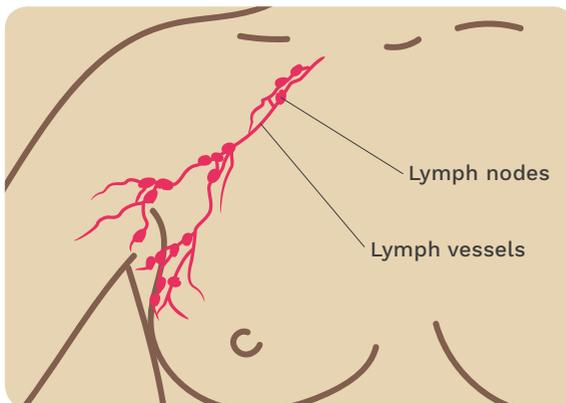
This booklet describes what inflammatory breast cancer is, the symptoms, how it is diagnosed and how it may be treated.

We hope that this booklet helps you to ask your treatment team questions and be involved as much as you want in decisions about your treatment. We recommend reading it alongside our booklets **Treating primary breast cancer** and **Breast cancer and you: coping with diagnosis, treatment and the future**.

## WHAT IS INFLAMMATORY BREAST CANCER?

Inflammatory breast cancer is a rare, fast-growing type of breast cancer. It is called inflammatory because the skin of the breast usually looks red and inflamed. This is caused by the breast cancer cells blocking the tiny lymph channels in the breast and the skin. The lymph channels are part of the lymphatic system.

The lymphatic system is made up of a network of vessels (similar to blood vessels) connected to groups of lymph nodes that are found throughout the body. The lymphatic system works closely with the blood system to maintain the balance of fluid in the tissues of the body by draining, filtering and transporting lymphatic fluid around the body.



## WHAT ARE THE SIGNS AND SYMPTOMS OF INFLAMMATORY BREAST CANCER?

The symptoms of inflammatory breast cancer can develop quite quickly. A lump may or may not be present. Symptoms can include:

- Redness, warmth or swelling of the breast
- The skin of the breast changing colour or looking bruised
- Dimpling, ridges or thickening of the skin. Or the breast looking pitted like the skin of an orange (known as peau d'orange)
- An increase in breast size
- Pain or tenderness in the breast
- Persistent itching of the breast
- An inverted (pulled-in) nipple
- Swelling or lumps in the armpit or around the collarbone

## HOW IS INFLAMMATORY BREAST CANCER DIAGNOSED?

Inflammatory breast cancer is sometimes difficult to diagnose. This is because the symptoms are similar to some benign (not cancer) conditions such as mastitis (breast infection) or a breast abscess, which are usually treated with antibiotics.

If you are prescribed antibiotics but your symptoms do not improve you will be referred to a breast clinic where you may have several tests, including:

- Mammogram – a breast x-ray
- Ultrasound scan – uses sound waves to produce an image
- Biopsy – removal of breast tissue to be looked at under a microscope. This may be done using a needle. You may also have a punch biopsy, which removes a small circle of skin

For more information, see our **Your breast clinic appointment** booklet.

If you are diagnosed with inflammatory breast cancer you may have further tests to check whether the cancer has spread outside the breast. These may include:

- CT (computerised tomography) scan, also known as a CAT scan – uses x-rays to take detailed pictures across the body
- Bone scan – checks the whole skeleton. It can help identify changes to the bone caused by injury, healing or disease such as cancer

If you need to have any of these tests, your treatment team will explain more about them. You can also contact Breast Cancer Now's free Helpline on **0808 800 6000** to talk this through, or to find out more information.

## HOW IS INFLAMMATORY BREAST CANCER TREATED?

If you are diagnosed with inflammatory breast cancer, your treatment team will discuss your treatment options with you and prepare a treatment plan. The plan will be based on your test results.

Because inflammatory breast cancer can develop quickly, treatment is usually started as soon as possible. Treatment usually involves treating the whole body with drugs (systemic treatment) as well as the affected breast and the area around it (local treatment).

A combination of chemotherapy, surgery, radiotherapy, targeted (biological) therapy, hormone (endocrine) therapy and bisphosphonates may be used depending on your individual situation.

### Chemotherapy

Chemotherapy is treatment using anti-cancer (also called cytotoxic) drugs to destroy cancer cells. It's usually the first treatment recommended for inflammatory breast cancer, before any surgery. This is called primary or neo-adjuvant

chemotherapy. It is given to treat and reduce the size of the cancer in the breast and to try to destroy any cancer cells that may have spread elsewhere in the body.

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

## Surgery

Following chemotherapy, most people will have surgery. Usually the whole breast is removed including the nipple area (mastectomy). Your surgeon will normally remove the lymph glands from under your arm (axilla) at the same time.

If you're able to have a breast reconstruction following a mastectomy, this is more likely to be offered when you have completed all your treatment. This is called delayed breast reconstruction.

For more information, see our **Breast reconstruction** booklet.

## Radiotherapy

Radiotherapy uses carefully measured and controlled high energy x-rays to destroy any remaining cancer cells. It's often used after chemotherapy and surgery to treat inflammatory breast cancer. You will usually have treatment to the whole breast area, and the area above your collarbone (clavicle). You may also have treatment under your arm (axilla) and occasionally to the lymph nodes behind the breastbone (sternum).

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

## Targeted (biological) therapy

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.

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 more information, see our **Trastuzumab** and **Pertuzumab (Perjeta)** booklets and our web pages on other targeted therapies [breastcancer.org/targeted-therapy](http://breastcancer.org/targeted-therapy)

## **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.

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

Tests will also be done to see if your breast 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 your specialist will discuss with you whether hormone therapy is appropriate.

Pre-menopausal women with oestrogen receptor positive breast cancer may also be offered ovarian suppression. Ovarian suppression is the term used to describe treatments that stop the ovaries from making oestrogen, either permanently or temporarily.

For more information, see our **Treating primary breast cancer** booklet or our individual hormone drug booklets.

## Bisphosphonates

Bisphosphonates are a group of drugs that can reduce the risk of breast cancer spreading in post-menopausal women. They can be used if the menopause happened naturally or was due to 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 become 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.

For more information, see our individual bisphosphonate drug booklets **Sodium clodronate** and **Zoledronic acid**.

## Clinical trials

Clinical trials are research studies that aim to improve treatment or care for patients. You may have heard about a clinical trial you would like to take part in or have been asked to take part in one. This is something you can discuss with your treatment team, so you can decide what's best for you. If you

have been asked to take part in a clinical trial and you decide not to participate, you will continue to have treatment and care as before.

There is general information available on clinical trials on our website **breastcancernow.org**, or you can visit [cancerresearch.org.uk](http://cancerresearch.org.uk) for listings of current UK trials.

## FURTHER SUPPORT

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

There may be times when you feel alone or isolated, particularly as inflammatory breast cancer is a rare type of breast cancer. 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 would like to talk through how you are feeling in more depth, 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 Now'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.breastcancer.org**



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



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 **breastcancer.org/in-your-area**

# SUPPORT FOR TODAY HOPE FOR THE FUTURE

We believe that we can change the future of breast cancer and make sure that, by 2050, everyone diagnosed with the disease lives – and is supported to live well. But we need to act now.

If you found this booklet helpful, use this form to send us a donation.

## Donate online

Donate using your debit or credit card [breastcancernow.org/donate](https://breastcancernow.org/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 Now

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

## Keeping in touch with Breast Cancer Now

We'd like to tell you ways you can help further, including through donating, fundraising, campaigning and volunteering, and send you updates on our research, the support we provide, breast health information and our wider work to achieve our aims.

If you already hear from us, we will continue to contact you in the same way. If you don't already hear from us, please tick the box if you are happy to be contacted by:

Email

Mobile messaging

**Please return this form to Breast Cancer Now, Freepost RTSC-SJTC-RAKY, Fifth Floor, Ibx House, 42–47 Minories, London EC3N 1DY**

### How we use your information

From time to time, we may contact you by telephone and post to keep you updated on our work and ways you can help. You can change the way you hear from us at any time by emailing us at [supporterengagement@breastcancernow.org](mailto:supporterengagement@breastcancernow.org) or calling us on 0333 20 70 300.

To help us to work more efficiently, we may analyse your information to make sure you receive the most relevant communications, and to target our digital advertising. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details. You can read more about how we will use your information on our website at [breastcancernow.org/privacy](https://breastcancernow.org/privacy), or contact us if you'd like a paper copy.



# ABOUT THIS BOOKLET

Inflammatory breast cancer was written by Breast Cancer Now'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 [health-info@breastcancer.org](mailto:health-info@breastcancer.org)



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# BREAST CANCER

**NOW** The research  
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At Breast Cancer Now we're powered by our life-changing care. Our breast care nurses, expertly trained staff and volunteers, and award-winning information make sure anyone diagnosed with breast cancer can get the support they need to help them to live well with the physical and emotional impact of the disease.

We're here for anyone affected by breast cancer. And we always will be.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

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breastcancernow.org



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