

Patient Diagnosis Resource for ATYPICAL DUCTAL HYPERPLASIA

Your Diagnosis

After completing a thorough lab analysis of your recent biopsy, a specialized doctor called a pathologist reported a diagnosis of atypical ductal hyperplasia (ADH), which is a benign, or non-cancerous, breast condition.

About the Condition

The breast is comprised of 2 main types of tissue — glandular and supportive. The glandular portion includes the lobules, which produce milk in women who are breastfeeding, and the ducts, which carry milk from the lobules to the nipple. The supportive portion includes the fibrous connective tissue and fatty tissue that determine the size and shape of the breast. Any of the tissues of the breast can experience symptom-causing changes, which may be either benign or cancerous.

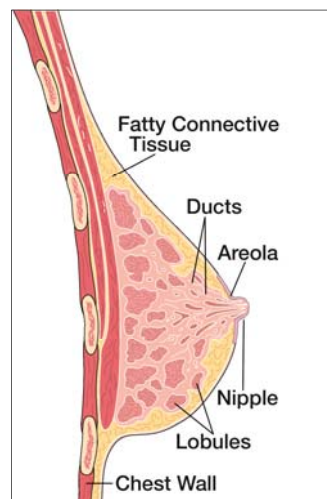
Atypical ductal hyperplasia occurs when there is an overgrowth of cells that line the breast ducts, with the cells looking abnormal when examined microscopically. Although ADH is not cancer, it is a marker for a generalized increase in breast cancer. A similar condition to ADH is atypical lobular hyperplasia, or ALH, which occurs when there is an overgrowth of cells lining the breast lobules.

About 20% of women who have ADH or ALH develop breast cancer within 15 years of their biopsies, with the risk for cancer declining after 15 years. In women who do not have ADH or ALH, about 5% would be expected to develop breast cancer within the same 15-year period. Thus the average overall risk for women with ADH or ALH is about 4 times greater than for other women.

When studied as individual groups, women with ADH have nearly 3 times the risk of developing breast cancer and women with ALH have more than 5 times the risk, or nearly twice as high. Some women have both ADH and ALH, which increases the risk by about 8 times.

Some studies have also shown that the risk of developing breast cancer for women with ADH or ALH lessens with a higher age at the time of diagnosis, with those under 45 at the highest risk, those ages 45 to 55 at a lesser risk and those over 55 at the least risk.

Although ADH is often present in only one breast, it does not mean that any cancer which may later develop will occur in the same breast. In more than a third of cases, cancer develops in the opposite breast.



Monitoring for Breast Cancer

There is no treatment for ADH. Since women who are diagnosed with the condition have an increased chance of developing breast cancer in the future, they are usually followed more closely by their doctors, having frequent breast exams and screening mammograms (breast X-rays).

According to the American Cancer Society (ACS) general recommendations for early breast cancer detection, women in their 20s and 30s should have a clinical breast exam by a health professional as part of their regular health exams, preferably every 3 years. The ACS recommends that women age 40 and older have a mammogram and a clinical breast exam each year.

Women at an increased risk for breast cancer should talk with their doctors about additional screening possibilities, such as:

- ◆ Starting mammograms at a younger age
- ◆ Having breast ultrasound or MRI testing
- ◆ Having more frequent exams

Some women who have ADH combined with other breast cancer risk factors are treated with the drug tamoxifen to help reduce their chance of developing cancer. The practice of using drugs to reduce cancer risk in healthy people is called chemoprevention and is a rapidly growing part of cancer research. In addition to tamoxifen, other medicines are being studied for their chemoprevention abilities for breast cancer.

Talk with your doctor about your specific risk factors and the potential benefits and side effects of chemoprevention to determine whether it would be an option for you.

In addition, certain patients with ADH may need to have surgery on the affected area of the breast.

What You Can Do

Steps you can take to maximize your health and reduce the risk of developing breast or other types of cancer include:

- ◆ Burning up all of the calories you take in each day through healthy eating and regular exercise
- ◆ Minimizing stress by getting enough sleep every night and using relaxation techniques
- ◆ Cutting out the use of tobacco and limiting your alcohol consumption
- ◆ Visiting your doctor regularly and promptly reporting any breast changes or new symptoms that develop

You can also perform a breast self-exam once a month, which has been shown to play a small role in finding breast cancer and is recommended by the ACS for women age 20 and older. These exams help you know how your breasts look and feel normally, so you can more easily notice any unusual changes and report them promptly to your doctor. Talk with your doctor about the best techniques to use during breast self-exam, or visit the American Cancer Society and Susan G. Komen Websites listed below for more details.

Additional Resources

American Cancer Society, 800.227.2345, www.cancer.org

National Cancer Institute, 800.422.6237, www.cancer.gov

Susan G. Komen Breast Cancer Foundation, 800.462.9273, www.komen.org

This patient resource sheet is provided to you as a service of CBLPath® and is intended for information purposes only. It is not meant to serve as medical advice or a substitute for professional medical care. Treatment options may vary, and only you and your physician can determine your best treatment plan.