



Patient Diagnosis Resource for LOBULAR CARCINOMA IN SITU (Lobular Neoplasia)

Your Diagnosis

After completing a thorough lab analysis of your recent biopsy, a specialized doctor called a pathologist reported a diagnosis of lobular carcinoma in situ (LCIS), a proliferative process that marks an increased risk of developing invasive breast cancer in the future.

LCIS is a non-invasive glandular cell proliferation contained within the area where it began, and accounts for some 15% of all carcinoma in situ diagnoses. LCIS is often referred to as lobular neoplasia, which more correctly describes the condition as an abnormal cellular growth (neoplasia).

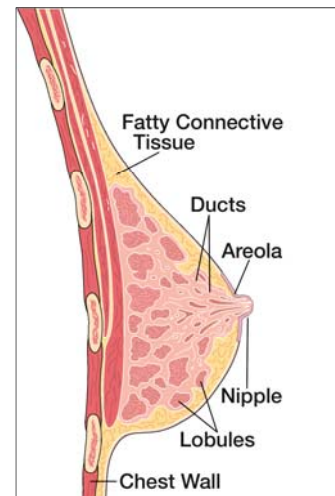
About the Condition

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.

Lobular carcinoma in situ occurs when the cells that line the breast lobules grow abnormally and build up inside the lobules. The term “in situ” refers to the cellular abnormalities being located “in one site,” or not having spread outside of the lobules.

Both breasts are affected in about 30% of lobular carcinoma in situ cases. The condition is not usually visible on a mammogram and is typically found when a biopsy specimen is examined microscopically to assess another breast problem. The LCIS itself generally causes no symptoms.

Patients with lobular carcinoma in situ can develop future breast cancer in the same or opposite breast. The risk applies to both breasts regardless of which one is presently affected by the LCIS. Any cancer that does develop can form either in the lobules or the ducts, which are the usual site.



The breast cancer risk level for those with LCIS stays elevated for more than 20 years; however, most patients with the condition never develop breast cancer. Despite their increased risk, only about 25% of those diagnosed with LCIS will develop invasive breast cancer within 25 years.

Treatment Options

The usual treatment for LCIS involves careful monitoring for any signs of breast cancer and preventive hormone therapy.

Since women who are diagnosed with LCIS have an increased chance of developing breast cancer in the future, they are usually followed more closely by their doctors, having regular 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, or having more frequent exams.

Most patients with lobular carcinoma in situ usually are given the drug tamoxifen for preventive hormone therapy to decrease the risk of developing breast cancer in the future. Tamoxifen blocks the production and effect of certain hormones in the body such as estrogen and progesterone. Sometimes the drug raloxifene may be used for preventive hormone therapy.

In rare cases, LCIS patients with higher breast cancer risk levels may have a prophylactic bilateral total mastectomy, which is the preventive surgical removal of both breasts but none of the axillary (underarm) lymph nodes. Typically prophylactic bilateral mastectomy is performed on patients who have a strong family history of breast cancer, a genetic mutation that dramatically increases the chance of developing breast cancer, or both factors. The procedure may be performed with or without reconstructive surgery. Patients considering breast reconstruction should consult with a plastic surgeon who is an expert in the procedure before having a mastectomy.

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

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