

# Lobular neoplasia

This leaflet explains what lobular neoplasia is, and how it is diagnosed and treated. Lobular neoplasia includes atypical lobular hyperplasia (ALH), lobular carcinoma in situ (LCIS) and pleomorphic lobular carcinoma in situ (PLCIS).

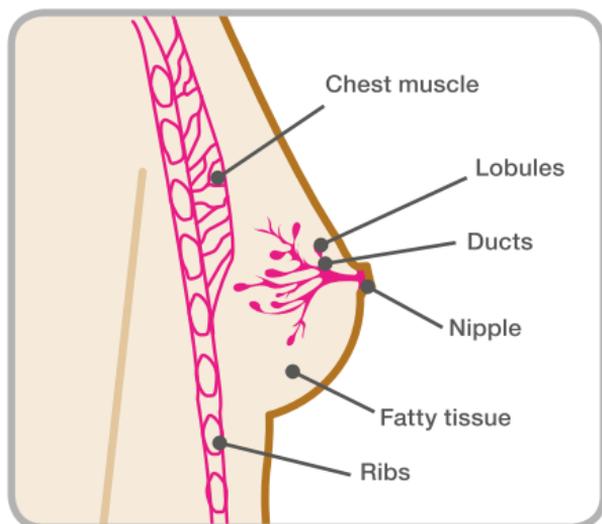
**Benign breast conditions information**  
provided by Breast Cancer Care

## What is lobular neoplasia?

Lobular neoplasia is a benign (not cancer) condition.

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue. This tissue gives breasts their size and shape.

### The breast



When lobular neoplasia occurs, there's an increase in the number of cells contained in the lobules, together with a change in their appearance and behaviour.

## Types of lobular neoplasia

The most common forms of lobular neoplasia are atypical lobular hyperplasia (ALH) and lobular carcinoma in situ (LCIS). 'In situ' means the changes only occur in the breast lobules and do not affect the surrounding breast tissue. You may hear ALH and LCIS being called 'classical lobular neoplasia'.

When tissue is examined under a microscope, ALH and LCIS can look very similar. It's sometimes difficult to separate the two conditions and in this case it will be described as lobular neoplasia.

Very rarely, LCIS may be made up of larger, more abnormal cells. This is called pleomorphic lobular carcinoma in situ (PLCIS). For more information about how PLCIS is treated, see 'Treating PLCIS'.

## Who it affects

Lobular neoplasia is usually found in women aged 40–50, but it can be found in older women.

It can be found in men, but this is extremely rare.

## How lobular neoplasia is diagnosed

Lobular neoplasia doesn't usually cause any symptoms or show up on a mammogram.

It's usually found during a biopsy or other test being done for another breast symptom or change. For example, when calcifications (small spots of calcium) are detected on a mammogram.

## Treating ALH and LCIS (classical lobular neoplasia)

There's no standard recommended treatment for lobular neoplasia. Your specialist will discuss treatment options with you based on your individual situation.

If lobular neoplasia is diagnosed by a core biopsy, your doctor may recommend removing more tissue from the area where the lobular neoplasia was found. This is to find out if there are any cancer cells in this area. This may be done using one of the following:

- excision biopsy – a sample of breast tissue is removed and looked at under a microscope
- vacuum assisted excision biopsy – several samples of tissue are taken using a hollow probe connected to a vacuum device
- core biopsy – a hollow needle is used to take a sample of breast tissue

You can find out more about these tests in our booklet **Your breast clinic appointment**.

A mammogram or ultrasound scan may also be used to help identify the area. Your treatment team will talk to you about which procedure is best for you.

Depending on your individual situation, some specialists may recommend hormone therapy (see 'Future breast cancer risk' below).

## Treating PLCIS

If the biopsy shows PLCIS, your doctor may suggest an operation to remove the area with a margin (border) of healthy breast tissue. This is because of the higher breast cancer risk with this type of lobular neoplasia. The operation will show if there are any cancer cells in the tissue, and whether all the PLCIS has been removed.

Often, PLCIS is treated in the same way as ductal carcinoma in situ (DCIS), which is a type of breast cancer. Radiotherapy or hormone therapy may be recommended. You can find more information about DCIS in our [Ductal carcinoma in situ \(DCIS\)](#) booklet.

## Future breast cancer risk

Most women diagnosed with ALH or LCIS will never get breast cancer. However, women diagnosed with either condition have a slightly higher risk than the general population of developing breast cancer in either breast.

Women diagnosed with PLCIS are slightly more at risk of developing breast cancer than those with ALH or LCIS.

Your individual risk depends on several factors, which your specialist can talk to you about.

## Hormone therapy

Research has shown that treating women who have lobular neoplasia with tamoxifen (a hormone therapy treatment for breast cancer) can reduce the risk of breast cancer developing. However, any possible benefit of taking tamoxifen needs to be considered against the risks and side effects of this treatment. Your specialist will discuss this with you if this might be an option.

## Follow-up

Having lobular neoplasia slightly increases your risk of developing breast cancer in the future. Although most women diagnosed with lobular neoplasia do not develop breast cancer, your specialist will usually recommend having yearly follow-up mammograms for up to five years. This aims to find any changes as early as possible. Your specialist will discuss which follow-up is best for you.

If you have other risk factors for breast cancer, such as a significant family history, scans may be recommended, such as an MRI (magnetic resonance imaging) scan.

Rarely, some women choose to have a risk-reducing bilateral mastectomy (surgery to remove both breasts), with or without breast reconstruction. This may be because they have a strong family history of breast cancer or they feel they cannot cope with the uncertainty and anxiety of having lobular neoplasia.

You can find out more about family history in our **Family history, genes and breast cancer** booklet, and about breast reconstruction following a mastectomy in our **Breast reconstruction** booklet.

## Further support

Finding out that you have lobular neoplasia can leave you feeling a number of different emotions. Fear, shock and anger are all common feelings at this time. Although lobular neoplasia is not breast cancer, it can cause uncertainty about your future risk of breast cancer. You may have times when you feel anxious or concerned.

There are people who can support you, so don't be afraid to ask for help. Let other people know how you are feeling, particularly your family and friends. It can also help to discuss any concerns with your specialist team. If you want to talk through your feelings in more depth over time, a professional counsellor might be more appropriate. Your specialist, breast care nurse or GP will usually be able to arrange this.

The Breast Cancer Care Helpline on **0808 800 6000** can also give you support and information.

## About this leaflet

**Lobular neoplasia** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast problems.



For a full list of the sources we used to research it:

Phone **0345 092 0808**

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## **Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer**

We also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](https://breastcancercare.org.uk)**

We hope you found this information useful. If you'd like to help ensure we're there for other people when they need us visit **[breastcancercare.org.uk/donate](https://breastcancercare.org.uk/donate)**

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