

Medullary breast cancer Factsheet

This factsheet is for people who would like more information about medullary breast cancer. It describes what medullary breast cancer is, how a diagnosis is made and possible treatments.

Introduction

This factsheet explains medullary breast cancer. We recommend that you read it with our booklet **Treating breast cancer**. We hope that it helps you to discuss any questions you may have with your specialist or breast care nurse and to be involved in any decisions about your treatment.

What is medullary breast cancer?

Medullary breast cancer is a rare type of breast cancer that accounts for around 3–5% of all breast cancers. It can occur at any age and is more common in women who inherit a faulty copy of the BRCA1 gene. Our booklet **Breast cancer in families** has more information on the BRCA1 gene.

Medullary breast cancer can also occur in men but this is very rare.

It is an invasive type of cancer, which means it has spread from the ducts into the surrounding breast tissue and has the potential to spread to other parts of the body, although this is not common with this type of breast cancer.

Medullary breast cancer will usually have a clear, well-defined border between the cancer and the breast tissue that surrounds it when looked at under a microscope. This is one feature which pathologists (doctors who examine tissue removed during a biopsy or surgery) use to distinguish it from the much more common invasive ductal cancer (also known as 'no special type').

Other features of medullary breast cancer are that the individual cancer cells are often large and variable in size and shape. Pathologists will often also find lymphocytes (white blood cells) within and surrounding a medullary cancer.

Although each case is different, the outlook for medullary breast cancer is often thought to be better than for other more common types of invasive breast cancer.

How is medullary breast cancer diagnosed?

Medullary breast cancer is diagnosed in the same way as other breast cancers. Investigations include a mammogram (breast x-ray) and/or an ultrasound scan, followed by a fine needle aspiration (FNA) and/or core biopsy.

For more information about these tests, please see our **Your breast clinic appointment** booklet.

How is medullary breast cancer treated?

Medullary cancer is treated in a similar way to other types of breast cancer. As with all types of breast cancer, certain features of medullary breast cancer will affect what treatments might be offered. Breast surgery is often the first treatment for breast cancer. This may be breast-conserving surgery (usually referred to as wide local excision or lumpectomy), and is the removal of the cancer with a margin (border) of normal breast tissue around it, or a mastectomy (removal of all the breast tissue including the nipple area). The amount of tissue removed depends on the size of the cancer and the size of your breast. Your breast surgeon will discuss this with you.

If you are going to have a mastectomy, you will usually be able to consider breast reconstruction. This can be done at the same time as your mastectomy (known as immediate reconstruction) or at a later date some time in the future (known as delayed reconstruction). If you would like more information, please see our **Breast reconstruction** booklet.

Your doctors will also want to check whether breast cancer cells have spread from the breast to the lymph nodes (glands) under the arm (the axilla), although this is less common with medullary breast cancer than with other, more common, types of breast cancer. This helps them decide whether you will benefit from additional treatment after surgery.

To see whether or not any of the lymph nodes under the arm are affected, your breast surgeon may wish to remove some (lymph node sample) or all of them (lymph node clearance) during breast surgery. Another way of checking the lymph nodes under the arm is called 'sentinel node biopsy'. This identifies whether or not the first lymph node (or nodes) is clear of cancer cells. If it is, this usually means the other nodes are clear too, so no more will need to be removed. However, sentinel node biopsy is not appropriate for everyone and your surgeon will discuss whether or not this procedure is an option for you.

For more information, see our **Treating breast cancer** booklet.

What are the adjuvant (additional) treatments?

After surgery you are likely to need further medical treatment. This is called adjuvant (additional) therapy and includes chemotherapy, radiotherapy, hormone therapy and targeted therapy.

The aim of these treatments is to reduce the risk of breast cancer cells returning in the same breast or the opposite breast or spreading somewhere else in the body.

Radiotherapy

If you have breast-conserving surgery, you will usually be given radiotherapy to reduce the risk of the breast cancer returning in the same breast. Radiotherapy may also be given to the chest wall following a mastectomy in some circumstances, for example, if a number of lymph nodes in the armpit are affected.

For more information about radiotherapy, please see our **Radiotherapy for primary (early) breast cancer** booklet.

Chemotherapy

For some people, chemotherapy (anti-cancer drugs which aim to destroy cancer cells) is recommended. Whether you are offered chemotherapy will depend on various features of the cancer

such as its size and grade (how different the cells look under the microscope compared to normal cells and how quickly they are growing) and whether or not the lymph nodes are affected.

If you'd like more information, please see our **Chemotherapy for breast cancer** booklet.

Hormone (endocrine) therapy

As the female hormone oestrogen can play a part in stimulating some breast cancers to grow, there are a number of hormone therapies that work in different ways to block the effect of oestrogen on cancer cells.

Hormone therapy will only be prescribed if your breast cancer has receptors within the cell that bind to the female hormone oestrogen and stimulate the cancer to grow (known as oestrogen receptor positive or ER+ breast cancer). All breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery.

If your cancer is oestrogen receptor positive, your doctor will discuss with you which hormone therapy they think is most appropriate.

When oestrogen receptors are not found (oestrogen receptor negative or ER- breast cancer) tests may be done for progesterone (another female hormone) receptors. As oestrogen receptors play a more important role than progesterone receptors, the benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR+ and ER-). If this is the case, your specialist will discuss with you whether hormone therapy is appropriate.

Medullary breast cancer is more likely to be ER-. If this is the case, then hormone therapy will not be of any benefit to you.

If you would like more information, please see our **Treating breast cancer** booklet or our individual hormone drug factsheets.

Targeted therapies

This group of drugs works by blocking specific ways that breast cancer cells divide and grow. The most well-known targeted therapy is trastuzumab (Herceptin) but the benefits of others are being looked at in clinical trials so it is likely more targeted therapies will become available in the future. Only people whose cancer has high levels of HER2, a protein that makes cancer cells grow, will benefit from having trastuzumab.

Various tests to measure HER2 levels can be done on breast tissue removed by biopsy or during surgery. If your cancer is found to be HER2 negative, then trastuzumab will not be of benefit to you. Medullary breast cancer tends to be HER2 negative, meaning that trastuzumab will not have any benefit. For more information see our **Trastuzumab (Herceptin)** factsheet.

Some breast cancers are HER2 and oestrogen receptor negative (known as 'triple negative breast cancer' when progesterone receptors are also negative). This is quite common in medullary breast cancer. If you have triple negative breast cancer, you may feel concerned that you are not able to have treatments such as trastuzumab or hormone therapy. However, people diagnosed with medullary breast cancer often have a better prognosis (outlook) than people with other types of breast cancer.

Further support

Being told you have breast cancer can be a very anxious, frightening and sometimes isolating time. It can be particularly difficult to be diagnosed with a rare type of breast cancer such as medullary breast cancer, as you may not meet any other people with exactly the same diagnosis as you.

There are people who can support you so don't be afraid to ask for help if you need it. You can let other people know how you are feeling, particularly your family and friends, so that they can be more supportive. Some people find it helpful to discuss their feelings and concerns with their breast care nurse or specialist. If you feel you'd like to talk through your feelings and concerns in more depth over time, a counsellor or psychologist may be appropriate. Your breast care nurse, specialist or GP can arrange this.

You may also find it helpful to talk to someone who has had a similar experience to you. You can do this one-to-one or in a support group – call our Helpline for more information on **0808 800 6000** (Text Relay **18001**).

Breast Cancer Care

From diagnosis, throughout treatment and beyond, our services are here every step of the way. Here is an overview of all the services we offer to people living with and beyond breast cancer.

Our free, confidential **Helpline** is here for anyone who has questions about breast cancer or breast health. Your call will be answered by one of our nurses or trained staff members with experience of breast cancer.

Our **website** gives instant access to information when you need it. It's also home to the largest online breast cancer community in the UK, so you can share your questions or concerns with other people in a similar situation.

Through our professionally-hosted **Discussion Forums** you can exchange tips on coping with the side effects of treatment, ask questions, share experiences and talk through concerns online. If you're feeling anxious or just need to hear from someone else who's been there, this is a way to gain support and reassurance from others in a similar situation to you.

Our **One-to-One Support** service can put you in touch with someone who knows what you're going through. Just tell us what you'd like to talk about and we can find someone who's right for you.

We host weekly **Live Chat** sessions on our website offering you a private space to discuss your concerns with others – getting instant responses to messages and talking about issues that are important to you.

If you find it difficult to talk about breast cancer, we can answer your questions by email instead – our **Ask the Nurse** service is available on the website.

We run **Moving Forward Information and Support Sessions** for people living with and beyond breast cancer. These sessions cover a range of topics including adjusting and adapting after a breast cancer diagnosis, exercise and keeping well, and menopause. In addition, we offer Lingerie Evenings where you can learn more about choosing a bra after surgery.

We also offer a **HeadStrong** service where you can find alternatives to a wig and meet other people who understand the distress of losing your hair. Our Younger Women's Forums, Living with Secondary Breast Cancer courses and Seca Support Groups for people with secondary breast cancer are also here to offer specific, tailored support.

Our free **Information Resources** for anyone affected by breast cancer include factsheets, booklets and DVDs. You can order our publications by using our order form, which can be requested from the Helpline. All our publications can also be downloaded or ordered from our website.

To request a free leaflet containing further information about our services for people recently diagnosed with breast cancer or for people having treatment for breast cancer please contact your nearest centre (contact details at the back).

Other organisations

Macmillan Cancer Support

89 Albert Embankment
London SE1 7UQ

General enquiries: **020 7840 7840**

Helpline: **0808 808 0000**

Website: **www.macmillan.org.uk**

Textphone: **0808 808 0121** or **Text Relay**

Macmillan Cancer Support provides practical, medical, emotional and financial support to people living with cancer and their carers and families. Over the phone, its cancer support specialists can answer questions about cancer types and treatments, provide practical and financial support to help people live with cancer. Its website features expert, high-quality information on cancer types and treatments, emotional, financial and practical help, and an online community where people can share information and support. Macmillan also funds expert health and social care professionals such as nurses, doctors and benefits advisers.

Notes

This factsheet can be downloaded from our website, **www.breastcancercare.org.uk**

It is also available in large print, Braille or on audio CD on request by phoning **0845 092 0808**.

This leaflet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and people affected by breast cancer.

If you would like a list of the sources we used to research this publication, email publications@breastcancercare.org.uk or call 0845 092 0808.

Centres

London and the South East of England

Telephone 0845 077 1895

Email src@breastcancercare.org.uk

Wales, South West and Central England

Telephone 0845 077 1894

Email cym@breastcancercare.org.uk

East Midlands and the North of England

Telephone 0845 077 1893

Email nrc@breastcancercare.org.uk

Scotland and Northern Ireland

Telephone 0845 077 1892

Email sco@breastcancercare.org.uk

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Or to make a donation online using a credit or debit card, please visit **www.breastcancercare.org.uk/donate-to-us**



Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Visit www.breastcancercare.org.uk or call our free Helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

Central Office

Breast Cancer Care

5–13 Great Suffolk Street

London SE1 0NS

Telephone 0845 092 0800

Fax 0845 092 0820

Email info@breastcancercare.org.uk

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