

Tubular breast cancer

This booklet is for people who would like more information about tubular breast cancer. It describes what tubular breast cancer is, its symptoms, how a diagnosis is made and the possible treatments.

Introduction

We hope this booklet helps you to ask your specialist team questions and be involved as much as you want in decisions about your treatment. We recommend that you read this publication with our **Treating breast cancer** booklet.

What is tubular breast cancer?

Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way.

Tubular breast cancer is a type of invasive breast cancer. This means that cancer cells started in the milk ducts but have spread into the surrounding breast tissue.

It's called tubular breast cancer because the cancer cells form tube-shaped structures when looked at under a microscope.

It accounts for between 5 and 10% of all breast cancers. It's often found alongside other types of breast cancer.

Generally, tubular breast cancer has a very good prognosis (outlook) following treatment. This is because the cells are nearly always low grade and slow growing – cancer cells are graded according to how different they are to normal breast cells and how quickly they are growing. It's also less likely than other breast cancers to spread to the lymph nodes (glands) under the arm (axilla) or outside the breast. The outlook is particularly good if the cancer is 'pure' tubular, which means it's not mixed with other types of breast cancer.

Tubular breast cancer is most common in women over 50, although you can get it at any age. It's very rare in men.

How is tubular breast cancer diagnosed?

Tubular breast cancer is diagnosed using a range of tests. These include a mammogram (breast x-ray) and an ultrasound scan, followed by a core biopsy or fine needle aspiration (FNA).

Most tubular breast cancers are detected during routine breast screening.

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

How is tubular breast cancer treated?

The features of your tubular breast cancer will affect what treatments you'll be offered.

Surgery

Surgery is usually the first treatment for tubular breast cancer.

This is most likely to be breast-conserving surgery, usually called wide local excision or lumpectomy – removal of the cancer with a margin (border) of normal breast tissue around it.

Less commonly, a mastectomy may be recommended to remove all of the breast tissue including the nipple area.

The type of surgery recommended depends on the area of the breast affected, the size of the cancer relative to the size of your breast and whether more than one area in the breast is affected. Your breast surgeon will discuss this with you.

Sometimes more surgery is needed if the margin of normal tissue surrounding the cancer that was removed during the first operation is not clear. This is to ensure that all the cancer has been removed. In some cases, this second operation will be a mastectomy.

If you're going to have a mastectomy, you'll usually be able to have breast reconstruction. This can be done at the same time as your mastectomy (immediate reconstruction) or months or years later (delayed reconstruction). For more information, see our **Breast reconstruction** booklet.

Surgery to the lymph nodes

Tubular breast cancer is less likely to spread to the lymph nodes (glands) under the arm than most other types of breast cancer. However, your specialist team will want to check this to help them decide whether or not you'll benefit from any additional treatment after surgery. To do this, your surgeon is likely to recommend an operation to remove either some of the lymph nodes (a lymph node sample or biopsy) or all of them (a lymph node clearance).

Sentinel lymph node biopsy is widely used for people with breast cancer whose tests before surgery show no evidence of the lymph nodes containing cancer cells. It 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.

If the results of the sentinel lymph node biopsy show that the first node or nodes are affected, you may be recommended to have further surgery or radiotherapy to the remaining lymph nodes.

Sentinel lymph node biopsy is unlikely to be offered if tests before your operation show that your lymph nodes contain cancer cells. In this case, it's likely that your surgeon will recommend a lymph node clearance.

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

What are the adjuvant (additional) treatments?

After surgery, you may need further treatment. This is called adjuvant (additional) therapy and can include chemotherapy, radiotherapy, hormone therapy and targeted therapy.

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

Radiotherapy

Radiotherapy uses high energy x-rays to destroy any cancer cells that may be left behind in the breast area after surgery. If you have breast-conserving surgery, you will usually be given radiotherapy to reduce the risk of breast cancer cells returning in the same breast. Sometimes you may be offered radiotherapy to the nodes under your arm.

Radiotherapy may sometimes be given after a mastectomy, for example when several lymph nodes under the arm contain cancer cells, but this is unlikely with tubular breast cancer.

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

Hormone (endocrine) therapy

As the female hormone oestrogen can play a part in stimulating some breast cancers to grow, several hormone therapies 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 hormone oestrogen (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. When oestrogen binds to these receptors, it can stimulate the cancer to grow. If your cancer is oestrogen receptor positive, your specialist will discuss with you which hormone therapy they think is most appropriate. Tubular breast cancers are usually oestrogen receptor positive.

When oestrogen receptors are not found (oestrogen receptor negative or ER-) 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-). Very few breast cancers fall into this category. However, if this is the case for you your specialist will discuss with you whether hormone therapy is appropriate.

If your cancer is found to be hormone receptor negative, then hormone therapy will not be of any benefit to you.

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

Chemotherapy

Chemotherapy uses anti-cancer (also called cytotoxic) drugs which aim to destroy cancer cells.

People diagnosed with tubular breast cancer don't usually have chemotherapy. This is because tubular breast cancer is almost always low grade and much less likely than some other types of breast cancer to spread to other areas of the body. However, it may be recommended for some people. Whether you're offered chemotherapy depends on various features of the cancer. Factors that will be considered include its size, its grade and whether the lymph nodes are affected.

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

Targeted therapies (sometimes called biological therapies)

This is a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that cause cancer to grow.

The most widely-used targeted therapy is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (called HER2 positive) will benefit from having trastuzumab. HER2 is a protein that makes cancer cells grow.

There are various tests to measure HER2 levels, which are done on breast tissue removed during a biopsy or surgery.

Tubular breast cancer is likely to be HER2 negative. If your cancer is found to be HER2 negative, then trastuzumab will not help you. For more information see our **Trastuzumab (Herceptin)** booklet.

Living with breast cancer

Being told you have breast cancer can be a very anxious time. Tubular breast cancer is a less common type of breast cancer so you might not meet many other people with the same diagnosis, and some people feel isolated because of this. However, tubular breast cancer is treated in the same way as other, more common types of breast cancer so you may also find it helpful to talk to others who have had similar treatments to you.

The discussion Forum on our website is a good place to look if you want to find someone in a similar situation. Our Someone Like Me service can help put you in touch by phone or email with someone who's been there, whatever your concerns. Call **0845 077 1893** for more information.

Whatever type of cancer you have had, it's natural to worry that it may return at some time in the future. 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 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'd like to talk through your feelings and concerns in more depth over a period of time, a counsellor or psychologist may be more appropriate. Your breast care nurse, specialist or GP (local doctor) can arrange this.

For more information and support call the Helpline at Breast Cancer Care on **0808 800 6000** (Text Relay 18001).

Helping you face breast cancer

If you've been diagnosed with breast cancer there's a lot to take in. It can be an emotional time for you, your family and friends. Our free information and support services are here to help – on the phone, or online 24 hours a day.

Ask us

Calls to our free Helpline are answered by specialist nurses and trained staff with personal experience of breast cancer. They'll understand the issues you're facing and can answer your questions. Or you can Ask the Nurse by email instead via our website.

Free Helpline **0808 800 6000** (Text Relay 18001)
Monday–Friday 9am–5pm, Saturday 10am–2pm
www.breastcancercare.org.uk/ATN

Expert information

Written and reviewed by healthcare professionals and people affected by breast cancer, our free booklets and other information resources cover all aspects of living with breast cancer. Download or order booklets from our website or call the Helpline.

Talk to someone who understands

Our Someone Like Me service puts you in contact with someone else who's had breast cancer and who's been fully trained to help. This can be over the phone or by email.

You can also chat to other people going through breast cancer on our online discussion Forum. It's easy to use, professionally moderated and available to read any time of day.

Find out more about all of our services for people with breast cancer at www.breastcancercare.org.uk/services or phone the Helpline.

We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We might occasionally want to send you more information about our services and activities

- Please tick if you're happy to receive email from us
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We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG,
5-13 Great Suffolk Street, London SE1 0NS



About this booklet

Tubular breast cancer was written by Breast Cancer Care'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 publications@breastcancercare.org.uk



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the breast cancer
support charity

Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer.

Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

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

Central Office

Breast Cancer Care
5–13 Great Suffolk Street
London SE1 0NS
Phone: 0345 092 0800
Email: info@breastcancercare.org.uk

Registered charity in England and Wales 1017658
Registered charity in Scotland SC038104
Registered company in England 2447182

Diagnosed with breast cancer