

Inflammatory Breast Cancer

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Andrew Schorr:

Hello. I'm Andrew Schorr from Patient Power. This program is sponsored by Banner MD Anderson Cancer Center.

I want to talk to you about breast cancer. Now, most people when they think about breast cancer they understand that maybe it was developing over quite a long time, and you have some time to make sure you get the treatment that's right for you. But there is another kind of breast cancer, much less common, that is more urgent, and to help us understand that is Dr. Mary Cianfrocca. She is director of breast medical oncology at Banner MD Anderson Cancer Center. Doctor, thank you so much for being with us.

Dr. Cianfrocca:

Thank you so much for inviting me.

Andrew Schorr:

Doctor, we're talking about inflammatory breast cancer. How is that different?

Dr. Cianfrocca:

Well, first off I want to say that inflammatory breast cancer is a very rare type of breast cancer. It really represents less than five percent of breast cancer cases diagnosed in the United States each year. The way that it's different is that it involves the dermal lymphatics, which is the lymphatics of the skin, and so it presents much differently than other types of breast cancer.

Andrew Schorr:

So is this some type of much more urgent type of breast cancer? It's sort of a five alarm fire, getting early treatment is critical?

Dr. Cianfrocca:

You're absolutely correct, Andrew. This is a type of breast cancer that really needs to be diagnosed in a very timely fashion and recognized for what it is in the very beginning and not being mistaken for other conditions that are less urgent.

Andrew Schorr:

What would be the signs of inflammatory breast cancer?

Dr. Cianfrocca:

So inflammatory breast cancer is different than regular breast cancer in the fact that it generally presents with redness and swelling of the breast and does not necessarily present with a mass. And you mentioned earlier that patients—women are very attuned to looking for breast cancer. They go for their mammograms, they do self-exams and look for lumps, and this is the type of breast cancer that typically pops up between mammograms. It occurs very rapidly, and it doesn't always involve a mass that you or your physician can feel or even a mass that's seen on mammogram, so women have to be more attentive to different kinds of changes like redness or swelling of the breast.

And in inflammatory breast cancer typically you'll get very characteristic appearance where the hair follicles of the breast get affected and that leads to an appearance of the skin that almost looks like a peel of an orange. It's actually referred to as *peau d'orange*, which means orange peel.

Andrew Schorr:

I understand typically breast cancer is not painful, but with inflammatory breast cancer is there pain?

Dr. Cianfrocca:

It occasionally can—can be, but it's important to emphasize that it doesn't necessarily have to be, that sometimes the woman will just notice redness and swelling without any associated pain.

Andrew Schorr:

So can this type particularly affect younger women?

Dr. Cianfrocca:

It can affect younger women, but it can also affect older women, too.

Andrew Schorr:

So thinking about younger women I imagine that may have some symptoms, go to the doctor, and both they and the doctor don't really think of inflammatory breast cancer.

Dr. Cianfrocca:

Misdiagnosis is a very large problem with inflammatory breast cancer for the reason that you alluded to in that some women and their physicians will think that it's an infectious cause for the symptoms rather than thinking about the possibility that it could be cancer.

Also, in darker-skinned individuals, particularly African-Americans, sometimes you—the redness is not as apparent as it would be in a lighter-skinned individual, and you just have to be aware of the other changes, the swelling, peau d'orange changes of the skin and have a really high index of suspicion that this could be something more than just an infection.

Andrew Schorr:

So it would seem that you have to push to make sure that you get the right test, the right evaluation to rule out inflammatory breast cancer since it's so serious.

Dr. Cianfrocca:

Well, the way to rule it out is to start with imaging of the breast with a mammogram and ultrasound, and then even if there's no mass that can be seen on imaging the skin itself could be biopsied to obtain a diagnosis. So even if there's no mass that can be felt or that's seen on imaging, a biopsy can still be done.

Andrew Schorr:

If inflammatory breast cancer is in fact diagnosed, what happens next?

Dr. Cianfrocca:

So you mentioned a very important point earlier that this is not like garden variety breast cancer where you really have time to go through the process. The patient really needs to start treatment as soon as possible. And the survival for inflammatory breast cancer has really improved markedly with the use of multimodality therapy. And what that means is using all modalities of therapy, so chemotherapy, radiation therapy, surgery and hormonal therapy if the tumor is the type to respond to hormonal therapy. Generally speaking with inflammatory breast cancer, unlike other types of breast cancer, the therapy almost always starts with chemotherapy.

Andrew Schorr:

Would a woman continue to be taking medicines for an extended time?

Dr. Cianfrocca:

That really depends on features of the cancer that would be found at the time of diagnosis. So for example a woman who has an inflammatory breast cancer that's responsive to changes in estrogen, that has estrogen and progesterone receptors, would go on after surgery and radiation to take a pill for five years or longer to try to prevent the cancer from coming back. So it really depends on features of the cancer that would be looked for at the time of diagnosis.

Andrew Schorr:

Do we have any idea of what causes inflammatory breast cancer? Does it run in families?

Dr. Cianfrocca:

Well, breast cancer in general can run in families, and you are correct that for the overwhelming majority of women with breast cancer, whether it be inflammatory or otherwise, we have no identifiable reason why they as an individual got breast cancer. The overwhelming majority of breast cancer is not associated with an identifiable genetic cause for the breast cancer. As you indicated before breast—inflammatory breast cancer does tend to occur in younger women. There also is an association between ethnicity, and African-American women are at increased risk. And also there is an increased risk with increased weight.

Andrew Schorr:

So if your sister or your mother were diagnosed with inflammatory breast cancer would you be at high risk or at high risk for any type of breast cancer?

Dr. Cianfrocca:

Yes. Having breast cancer in the family does put you at higher risk for having breast cancer, whether it be inflammatory breast cancer or other breast cancer.

Andrew Schorr:

So the name of the game seems to be if you have any of these kinds of symptoms we described to get checked and have inflammatory breast cancer ruled out or get the treatment you need and deserve.

Dr. Cianfrocca:

That's a very important point, Andrew, and I think it extends to breast cancer in general, that women need to be very aware of any changes in their breast and bring that to the attention of

their medical professional and be attuned to these kind of changes even when they're not the classic changes of a lump, which is what women are trained to find.

Andrew Schorr:

So after listening to this I understand now that if a woman can get the right diagnosis, get treatment right away, perhaps through a specialist such as yourself, she can have the greatest hope for a longer life.

Dr. Cianfrocca:

Oh, absolutely. And as I said before, survival rates are much better with inflammatory breast cancer when a multidisciplinary approach including medical oncologists, radiation oncologists, surgical oncologists is used.

Andrew Schorr:

Dr. Mary Cianfrocca, director of breast oncology at Banner MD Anderson Cancer Center in Gilbert, Arizona, next to Phoenix, thank you so much for being with us on Patient Power.

Dr. Cianfrocca:

Thank you so much for inviting me. It was a great opportunity to talk about a very important topic.

Andrew Schorr:

This is what we do is connect you with leading experts who can help you understand conditions such as this very serious condition, inflammatory breast cancer, and you get the care you need and deserve.

For Patient Power and the Banner MD Anderson Cancer Center, I'm Andrew Schorr reminding you that knowledge can be the best medicine of all.

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