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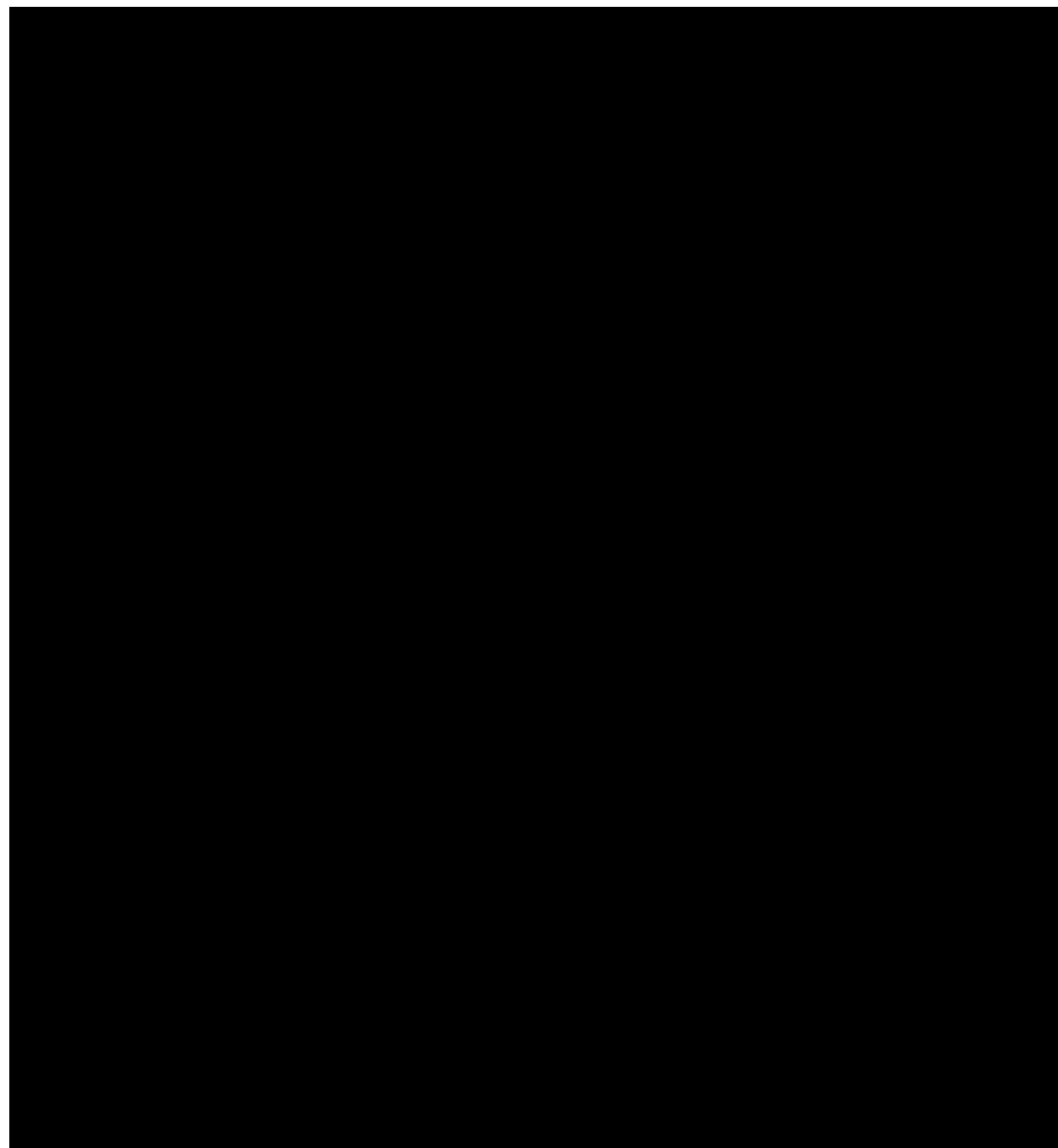
If You Have Breast Cancer

Learn more about the basics of breast cancer. What is it? How do doctors check for it? And how is it treated?

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What is breast cancer?

Breast cancer is cancer that starts in the breast. It starts when cells in the breast begin to grow out of control. It can start in one or both breasts.



The breast

Are there different kinds of breast cancer?

There are many [types of breast cancer](#)². Some are very rare. Your doctor can tell you more about the type you have. Below are the medical names for the most common types of breast cancer. (Carcinoma is another name for cancer.)

Ductal carcinoma in situ or DCIS

[DCIS](#)³ is very early breast cancer. In DCIS, the cancer cells are only inside the milk ducts. (Ducts are the tiny tubes that carry milk to the nipple). The cancer cells have not spread through the walls of the ducts into the nearby breast tissue. Nearly all women with DCIS can be cured.

Invasive breast cancer

[Invasive breast cancer](#)⁴ means the cancer has grown outside the place it started (for example, a milk duct or milk gland) and is invading (growing into) nearby breast tissue. These cancers might also spread to other places in the body. Most invasive breast cancers are one of these types:

- **Invasive ductal carcinoma (IDC):** This is the most common type of breast cancer. It starts in a milk duct of the breast and grows through the wall of the duct into the nearby breast tissue.
- **Invasive lobular carcinoma (ILC):** This type of cancer starts in the milk glands, called **lobules**, and grows into the nearby breast tissue.

Inflammatory breast cancer (IBC)

In [IBC](#)⁵, cancer cells block lymph vessels in the skin. IBC makes the skin of the breast look red and feel warm. The skin can also look thick and pitted – kind of like an orange peel. The breast may get bigger, harder, tender, or itchy. Many times there's no lump felt with IBC.

Because there's no lump, IBC might not show up on a mammogram. This can make it harder to find IBC early. It's more likely to spread and is harder to cure than invasive ductal or lobular cancer.

Triple-negative breast cancer (TNBC)

[TNBC](#)⁶ is invasive breast cancer that certain types of treatment won't work on. It's called **triple-negative** because the cancer cells are missing three kinds of proteins that breast cancers are tested for: estrogen and progesterone receptors (proteins that help cells respond to hormones), and another protein called HER2 (a protein that other types of breast cancer make too much of). When a breast cancer tests negative for all three of these proteins, it means the cancer might be harder to treat because there are fewer treatment options.

Questions to ask the doctor

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have breast cancer?

A change seen on your [mammogram](#)⁷ may be the first sign of breast cancer. Or you may have found a lump or other change in your breast.

The doctor will ask you questions about your health and will examine you. A breast exam is done, which includes looking for changes in the nipples or the skin of your breasts. The doctor will also check the [lymph nodes](#)⁸ under your arm and above your collarbone. Swollen or hard lymph nodes might mean breast cancer has spread there.

If [signs are pointing to breast cancer](#)⁹, you will have more tests. Here are some of the [tests you may need](#)¹⁰:

has risks and benefits. The choice of which type to use depends on your case.

Sometimes, surgery is needed to take out all or part of the lump to find out if it's cancer. This is often done in a hospital. You will be given local anesthesia (numbing medicine) and you might be given medicine to make you sleepy.

Tests to look for breast cancer spread

If breast cancer is found, you might have other tests, such as a CT (CAT) scan, PET scan, or bone scan to look for cancer spread. But not all women with breast cancer need these tests.

Questions to ask the doctor

- What tests will I need?
- Who will do these tests?
- Where will they be done?
- Who can explain the tests and the results to me?
- How and when will I get the results?
- What do I need to do next?

How serious is my cancer?

If breast cancer cells are found in your biopsy sample, they will be checked for certain proteins or genes that will help decide how best to treat it.

Testing for proteins and genes

The breast cancer cells will be tested for certain proteins called [estrogen and progesterone receptors](#)¹². If the cancer has these proteins, it's a hormone receptor–positive breast cancer. The cells are also tested to see if the cancer makes too much of the [HER2 protein](#)¹³. If it does, it's called a HER2-positive cancer. These cancers are sometimes easier to treat because many different kinds of drugs can be used. If the cancer doesn't test positive for any of these proteins, it's called a triple-negative breast cancer.

The cancer cells might also be tested for [certain genes](#)¹⁴, which can help decide if chemo might be helpful and how likely it is that the cancer will come back. [Other gene tests](#)¹⁵ can help show if certain drugs might be helpful.

Ask your doctor to explain the tests they plan to do, and what the results might mean.

Staging breast cancer

If you have breast cancer, the doctor will want to find out how far it has spread. This is called [staging](#)¹⁶. Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the spread of the cancer through the breast. It also tells if the cancer has spread to nearby lymph nodes or to other organs of your body that are farther away.

Your cancer can be stage 0, 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread farther than the breast. Be sure to ask the doctor about the cancer stage and what it means for you.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage?
- Would you explain what the stage means in my case?
- How serious is my cancer?
- Based on the stage of the cancer, how long do you think I'll live?
- Do you know if my cancer has any of these proteins: estrogen receptor, progesterone receptor, or HER2?
- What does it mean if my cancer has any of these proteins?
- Does my cancer have any gene changes that might be helpful in choosing drugs for my treatment plan?
- What will happen next?

What kind of treatment will I need?

There are many [ways to treat breast cancer](#)¹⁷.

Surgery and radiation are used to treat cancer in a specific part of the body (such as the breast). They do not affect the rest of the body.

Chemotherapy (chemo), hormone treatment, targeted therapy, and immunotherapy

If you are thinking about having reconstruction, you should talk to a plastic surgeon before the breast surgery is done. Your breast might be able to be rebuilt at the same time the surgery is done or later on.

Side effects of surgery

Any type of surgery can have risks and side effects. Be sure to ask the doctor what you can expect. If you have problems after surgery, let your cancer care team know. They should be able to help you with any problems that come up.

Radiation treatments

[Radiation](#)²⁰ uses high-energy rays (like x-rays) to kill cancer cells. This treatment may be used to kill any cancer cells that may be left in the breast, chest, or armpit after surgery. It can also be used in some areas outside the breast where cancer has spread.

Radiation can be given in 2 main ways:

- **External beam radiation** is aimed at the breast from a machine outside the body
- **Brachytherapy** puts radioactive seeds right into the breast tissue near the cancer

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects you might have. Side effects depend on the type of radiation used. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue)

Most side effects get better after treatment ends. Some might last longer. Talk with your cancer care team about what you can expect.

Chemo

Chemo is short for [chemotherapy](#)²¹ – the use of drugs to fight cancer. The drugs are given into a vein or taken as pills; they go into the blood and spread through most of the body. Chemo might be given before, after, or both before and after surgery.

Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and make your hair fall out. But most of these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, be sure to tell your cancer care team so they can help.

Hormone therapy

Your body makes estrogen, a female hormone, until you go through menopause. After that, your body still makes it but in much smaller amounts. Even these small amounts are enough to cause some breast cancers to grow. Drugs that block the effect of estrogen or cut down estrogen levels can be used to treat these breast cancers. Drugs like this are a type of [hormone therapy](#)²².

Hormone therapy also can be used to help lower the risk of your cancer coming back after treatment. If you have already gone through menopause, you might be given a drug called an **aromatase inhibitor** to lower estrogen levels. These pills are taken once a day for 5 to 10 years after surgery. Another drug called **tamoxifen** is also sometimes used. It can be taken even if you have not gone through menopause.

Side effects of targeted drug therapy

Targeted drug therapy for breast cancer can cause many different side effects, depending on which drug is used. A serious side effect that can happen with drugs that target the HER2 protein is damage to the heart. Your doctor will watch you closely for this and check your heart regularly.

Immunotherapy

[Immunotherapy](#)²⁴ is treatment that boosts your own immune system to attack the breast cancer cells. These drugs may be given into a vein or taken as pills.

Side effects of immunotherapy

Immunotherapy can cause many different side effects, depending on which drug is used. Immunotherapy drugs can cause a reaction while they are being given to you in your vein. They can also cause a serious side effect of the immune system attacking other parts of the body that don't have cancer. Your doctor will watch you closely during your treatment and after.

Treatment during pregnancy

If you are diagnosed with [breast cancer while pregnant](#)²⁵, your treatment will need careful planning because you will want to get the best treatment for your cancer while also protecting the baby. Your cancer care team and your obstetrician (OB) will need to work together on the type and timing of your treatment.

Talk to your OB and cancer doctor about what kind of treatment plan is best for you and your baby.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. If you want to take.

your cancer doctor. Be sure to go to all of these [follow-up visits](#)²⁷. You will have exams, blood tests, and maybe other tests to see if the cancer has come back.

The first few years, your visits may be every few months. The more time that passes from when you finished treatment, the less often the visits are needed.

If you still have a breast, you'll need to get a mammogram every year. Depending on your treatment, you might need other tests as well, such as regular bone density tests or heart tests.

Having cancer and dealing with treatment can be hard, but it can also be a time to look

- [detection/mammograms/mammogram-basics.html](#)
8. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
 9. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/breast-cancer-signs-and-symptoms.html
 10. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection.html
 11. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/breast-biopsy.html
 12. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-hormone-receptor-status.html
 13. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-her2-status.html
 14. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-gene-expression.html
 15. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/other-breast-cancer-gene-protein-blood-tests.html
 16. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/stages-of-breast-cancer.html
 17. www.cancer.org/cancer/types/breast-cancer/treatment.html
 18. www.cancer.org/cancer/types/breast-cancer/treatment/surgery-for-breast-cancer.html
 19. www.cancer.org/cancer/types/breast-cancer/reconstruction-surgery.html
 20. www.cancer.org/cancer/types/breast-cancer/treatment/radiation-for-breast-cancer.html
 21. www.cancer.org/cancer/types/breast-cancer/treatment/chemotherapy-for-breast-cancer.html
 22. www.cancer.org/cancer/types/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
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[survivor/follow-up-care-after-breast-cancer-treatment.html](#)

Words to know

Biopsy (BY-op-see): taking out a small piece of tissue to see if there are cancer cells in it

Breast reconstructive surgery: surgery that is done after a mastectomy to make a breast shape that looks like the natural breast. Also called **breast reconstruction**.

Ducts: small tubes in the breast that carry milk to the nipple

DCIS or **ductal carcinoma in situ** (DUCK-tul CAR-sin-O-muh in SY-too): cancer that starts in the duct cells but has not grown through the duct walls into other tissue

Estrogen (ES-tro-jin): the female hormone that a woman's body makes until change of life

IBC or **inflammatory breast cancer:** a rare type of breast cancer where the cancer cells block the lymph vessels in the skin; often there's no lump that can be felt or seen on imaging

IDC or **invasive ductal carcinoma** (in-VAY-siv DUCK-tul CAR-sin-O-muh): breast cancer that starts in a duct and grows through the wall of the duct. It can spread to other parts of the body.

ILC or **invasive lobular carcinoma** (in-VAY-siv LOB-you-lur CAR-sin-O-muh): breast cancer that starts in the milk glands (lobules). It can spread to other parts of the body.

Lobules (LOB-yules): the glands in a woman's breasts that make milk

Lumpectomy (lum-PECK-tuh-me): surgery to remove the breast tumor and a small amount of normal tissue around it. Also called **breast conservation surgery** or **partial mastectomy**.

Mastectomy (mas-TEK-tuh-me): surgery to remove all of the breast and sometimes other nearby tissue

Metastasis (muh-TAS-tuh-sis): the spread of cancer cells from where they started to other places in the body

How can I learn more?

We have a lot more information for you about breast cancer, as well as day-to-day help and emotional support every step of the way. Visit **www.cancer.org** to learn more. Or, you can call our **toll-free number 24 hours a day, 7 days a week at 1-800-227-2345** to talk to one of our cancer information specialists.

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Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.
