

Inflammatory Breast Cancer

Breast cancer is not just one disease and not all breast cancer presents the same way. One type, inflammatory breast cancer or IBC, typically presents without a lump. We recommend that women become familiar with their breasts, learn what is normal for them and be aware of any changes that differ from the norm, including changes in the color or texture of the skin.

What is Inflammatory Breast Cancer (IBC)?

IBC is the most aggressive form of breast cancer and has a faster doubling time than other breast cancers. (Doubling time is the time it takes for cancer cells to divide and grow.) IBC usually grows in nests or sheets in the breast rather than a solid tumor.

Don't you have to have a lump in your breast to have breast cancer?

No – not all breast cancers form discrete lumps. With IBC, underlying breast masses can be particularly difficult to identify because the cancer cells clog the lymph vessels just below the skin. This results in the classic symptoms of warmth, redness and thickening of the skin, all of which can mask any changes in the underlying breast tissue.

What are the symptoms of IBC?

One or more of the following symptoms may be present, seldom all:

- Rapid, unusual increase in breast size
- Redness, rash, blotchiness (or other skin color changes) of the breast
- What appears to be a bug bite or bruise that doesn't go away
- Persistent itching of the breast or nipple
- Lump or thickening of breast tissue
- Stabbing pain and/or soreness, heaviness, aching or fullness (as in breast feeding) of the breast
- Feverish breast (increased warmth)
- Swelling of lymph nodes under the arm or above the collar bone
- Dimpling or ridging of the breast
- Flattening or retraction of the nipple
- Nipple discharge or change in pigmented area around the nipple

Although the above symptoms may indicate a benign breast disorder, any change to your breast(s) should be reported to your healthcare professional immediately if it does not resolve within two weeks on its own. In addition, these symptoms may appear quickly and out-of-the blue.

How is IBC diagnosed?

If you notice any of the symptoms above, go to your doctor so he or she can begin diagnostic procedures immediately. Depending on the specific situation, breast imaging studies (mammogram, ultrasound, or MRI) and/or immediate needle biopsy may be indicated. The biopsy procedure should include a sample of the abnormal skin, as well as a sample of the underlying breast tissue. A finding of "dermal lymphatic involvement" on the pathology report is diagnostic for inflammatory breast cancer.

What if the doctor says I have mastitis and puts me on an antibiotic?

Since IBC symptoms are similar to those of mastitis, a benign breast infection, it is often misdiagnosed as such. After 7–10 days on antibiotics without significant improvement, insist on a biopsy.

My doctor says I'm too young to have IBC. Is that possible?

IBC can occur at any age, although the incidence of IBC is higher in younger women. Though rare, even teenagers have been diagnosed with IBC.

My doctor says that my rash is from detergent.

While skin rashes can be caused by allergic reactions or sensitivities to soaps and detergents, if a rash on your breast doesn't improve after you change detergents or if it persists, it is time to reassess the original diagnosis.

I've heard that breast cancer doesn't hurt. Is that true?

Breast pain can come from hormonal changes and other non-cancer causes. However, more often than not pain accompanies IBC, so breast pain should not be ignored.

If my doctor says "it's nothing" but I still have symptoms, what should I do?

Since IBC makes up only 1% to 6% of all breast cancers, many doctors are not familiar with the disease and may not recognize it or make the correct diagnosis. If you're not satisfied with the answer, get a second opinion from a breast care specialist who is knowledgeable about IBC.

How is IBC treated?

Current treatment starts with chemotherapy, which usually continues until there is sufficient clinical response to permit surgery. A modified radical mastectomy (MRM) and axillary lymph node dissection (ALND) are performed. Radiation and possibly more chemotherapy follow. In some cases hormonal treatment is used. Individual treatment can vary depending on specific circumstances. It is important to find a physician familiar with IBC to receive the best possible treatment.

Are there clinical trials for IBC patients?

Clinical trials are often available for patients with IBC. You can find information on these on the website of the Inflammatory Breast Cancer Research Foundation at ibcresearch.org. In addition, the ResourceLink section of the YSC website, youngsurvival.org/research/current-studies, has information on how to find breast cancer clinical trials.

Where can I find more information on IBC?

The Inflammatory Breast Cancer Research Foundation is the only organization dedicated solely to inflammatory breast cancer and a valuable resource. Visit their website at ibcresearch.org, email information@ibcresearch.org or call the toll-free telephone line at 877.786.7422 for more information.

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This fact sheet was generously supported by



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