



Australian Government

Cancer Australia

IMPORTANT NOTICE

Rescinded

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This resource was rescinded on 16 December 2014.

Further information

For more information and support, contact The Cancer Helpline on 13 11 20 or visit www.breasthealth.com.au

Copies of this information can be downloaded from www.breasthealth.com.au or ordered from The National Breast Cancer Centre on freecall 1800 624 973.

This information is based on evidence in *The clinical management of ductal carcinoma in situ, lobular carcinoma in situ and atypical hyperplasia of the breast*, endorsed by the Breast Cancer Network Australia, The Cancer Council Australia, The Royal Australian and New Zealand College of Radiologists, the Royal Australasian College of Surgeons and The Royal College of Pathologists of Australasia.

Thank you to the members of the National Breast Cancer Centre's LCIS/AH Consumer Information Working Group for their assistance in the development of this leaflet.

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92 Parramatta Road, Camperdown NSW 2050 Australia

Telephone: 61 2 9036 3030

www.breasthealth.com.au

Lobular carcinoma in situ and atypical hyperplasias of the breast: understanding your diagnosis

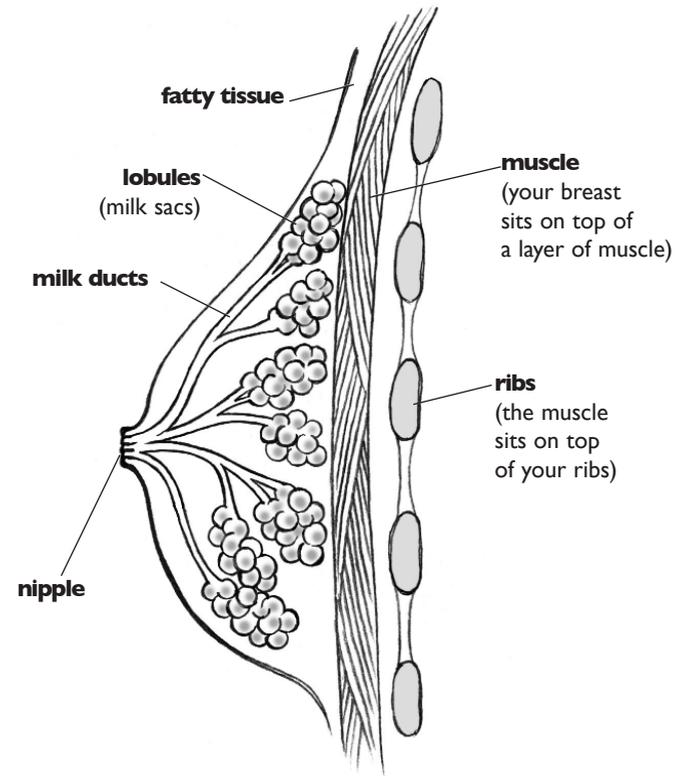
This information is for women who have been diagnosed with:

- lobular carcinoma in situ (LCIS)
- atypical lobular hyperplasia (ALH)
- atypical ductal hyperplasia (ADH)

What are LCIS, ALH and ADH?

To understand LCIS, ALH and ADH, it helps to know what your breast looks like on the inside. The breast contains lobules (milk sacs), which produce milk when a woman breastfeeds her baby. The milk travels from the lobules to the nipple through milk ducts. These ducts are surrounded by fatty tissue.

The inside of the breast



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This leaflet is intended as a guide only and should not be used as a substitute for professional advice. Readers are advised to seek expert advice when faced with specific problems.

Sometimes, cells on the inside of the lobules or ducts become abnormal in shape and size and begin to multiply in an uncontrolled way.

If the abnormal cells stay inside the **lobules** in the breast this is called LCIS or ALH. In LCIS, there are more abnormal cells in the lobule than in ALH.

If the abnormal cells stay inside the **ducts** in the breast, this is called ADH. There is another pre-invasive breast disease called ductal carcinoma in situ (DCIS) that affects the breast ducts. However, in DCIS there are more abnormal cells in the duct than in ADH and some DCIS cells look and behave differently.

How are LCIS, ALH and ADH found?

LCIS, ALH and ADH cannot be felt as a breast lump or other breast change, and only sometimes show up on a mammogram image (X-ray of the breast). These conditions are usually found by chance when a woman has a breast biopsy (removal of some tissue from the breast) for some other reason.

What does a diagnosis of LCIS, ALH or ADH mean?

If you are diagnosed with LCIS, ALH or ADH this does not mean that you have breast cancer. However, having one of these conditions increases your risk (chance) of developing breast cancer.

DCIS

If you have been diagnosed with DCIS, this leaflet does not apply to you. Contact the National Breast Cancer Centre on freecall 1800 624 973 and ask for Ductal Carcinoma in Situ: Understanding your Diagnosis and Treatment.

Most women diagnosed with these conditions do not develop breast cancer. It is not possible to say exactly how much higher your risk of developing breast cancer is. Studies have shown that the risk of developing breast cancer is about four times higher for women with ALH or ADH compared with women who do not have ALH or ADH. The risk of developing breast cancer is up to nine times higher for women with LCIS compared with who do not have LCIS. Each woman's risk is also affected by other things, such as her age, and whether she has a family history of breast cancer. Talk to your doctor or breast care nurse about your risk of developing breast cancer.

Do I need treatment for LCIS, ALH or ADH?

If you have LCIS, ALH or ADH and there are no other abnormal changes in your breast, you do not need treatment.

However, because of the increased risk of breast cancer, it's important to have regular check-ups, which should be arranged through your doctor. Your regular check-ups will include:

- physical examination of both breasts by your doctor once a year
- a mammogram and/or ultrasound of both breasts once a year.

If you notice any changes in your breasts, such as a breast lump, a change in the shape, texture or skin of your breast, or a change to your nipple, **do not wait until your next appointment**. See your doctor straight away.

Your feelings

If you have been diagnosed with LCIS, ALH or ADH, you might feel confused or anxious about what the diagnosis means. These are very normal responses. Talk to your doctors, family and friends about how you're feeling. Let your doctors know about any concerns you have and ask as many questions as you need to.