

Learn About Invasive Ductal Carcinoma (IDC) and Invasive Lobular Carcinoma (ILC) Breast Cancer

For people who have breast cancer

Read this resource to learn:

- What is breast cancer
- What is Invasive Ductal Carcinoma (IDC) and Invasive Lobular Carcinoma (ILC)
- How are IDC and ILC diagnosed
- What are the treatments options for IDC and ILC



What is breast cancer?

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

Anyone can get breast cancer. However breast cancer is more common in people assigned female at birth, as they have more breast tissue than people assigned male at birth.

Types of breast cancer:

- Breast cancers that spread and grow beyond the area where they started are called **invasive**.
- Carcinoma is any cancer that starts in the tissues lining most of organs in the body.
- The most common types of breast cancer are Invasive Ductal Carcinoma and Invasive Lobular Carcinoma.

What is Invasive Ductal Carcinoma and Invasive Lobular Carcinoma?

Invasive Ductal Carcinoma (IDC) is when abnormal cancer cells in the milk ducts break through the walls of the ducts and spread to nearby breast tissue. Milk ducts are tubes that carry milk from the lobules (glands that make milk) to the nipple.

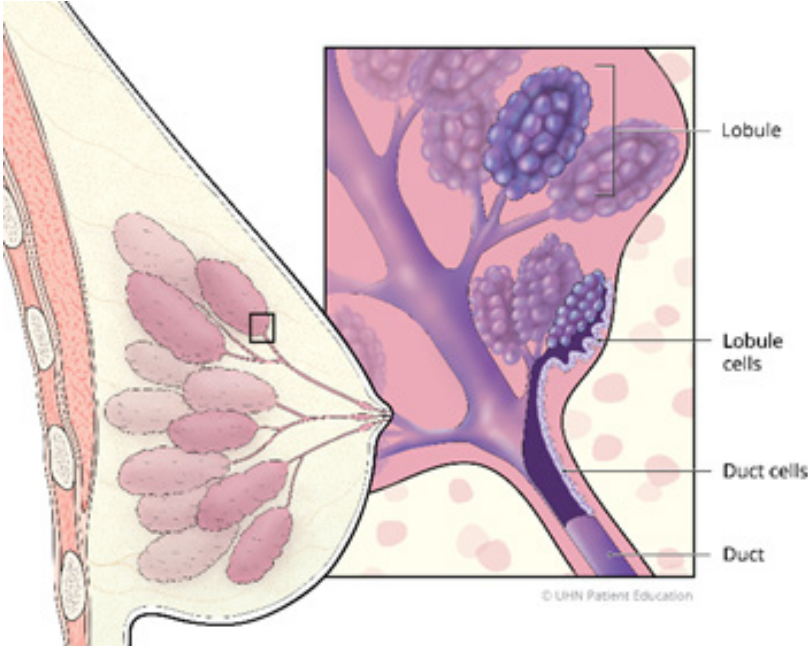
The milk ducts are the most common place that breast cancer starts. About 8 out of 10 of all breast cancers start in the milk ducts.

Invasive Lobular Carcinoma (ILC) is when cancer cells in lobules break through the tissue and spread to nearby breast tissue. Lobules are the glands in the breast that makes milk.

The lobules are the second most common place that breast cancer starts. About 1 out of 10 of all breast cancers start in the lobules.

Breast cancer can start in many areas of the breast. But the most common areas are the ducts and lobules.

The structure of the female breast



The image on the left shows the ducts and lobules inside the chest where is it common for breast cancer to develop.

The structure of the male breast



The image to the left shows the ducts inside the chest where breast cancer commonly develops. People assigned male at birth do not have many lobules or no lobules in the breast tissue.

How is IDC and ILC diagnosed?

Your doctor uses many tests to diagnose IDC and ILC. These tests include:

- **Breast physical exam:** Your doctor examines and feels your chest to find any lumps or changes in the breast tissue or lymph nodes closest to the breast.
- **Breast ultrasound:** Uses sound waves to build a picture of the breast. For more information read [Preparing for Your Breast Ultrasound](#)
- **Mammogram:** Takes x-ray pictures of the breast to find lumps and any abnormalities.
- **MRI (magnetic resonance imaging):** Creates detailed images of the inside of your body. For more information read [Preparing for your Magnetic Resonance Imaging \(MRI\) Resource](#)
- **Biopsy:** A radiologist removes a small sample of tissue from the breast for testing. A radiologist is a medical doctor specially trained to diagnose diseases using medical imaging (for example, x-rays, and ultrasounds). The sample is sent to a pathologist who checks to see if cancer is present. A pathologist is a medical doctor specially trained to study tissue and fluid samples to help make a diagnosis.

If cancer cells are found in the sample, the pathologist checks the receptor status of the cancer cells. The receptor status tells your doctor whether the cancer is using certain hormone or proteins in your body to grow. For more information on receptor status, read the brochure "[Learn about breast cancer receptor status and how it guides treatment](#)".

If the ultrasound shows there may be cancer in the lymph nodes, a biopsy of the lymph nodes is done. Lymph nodes are small, bean-shaped organs that are part of the body's immune system.

Will I need extra tests?

Extra tests are done if imagining shows:

- your tumour is a certain size
- there is cancer in many lymph nodes
- the tumour is a certain size and there is cancer in many lymph nodes

These extra tests show if the cancer spread to other parts of the body. Your doctor will also order extra tests if you have new symptoms (for example, pain, shortness of breath) not related to other conditions.

Not everyone needs these tests. These tests are **not** usually done on patients with Stage 1 or 2 breast cancer. Stage 1 cancer means the breast cancer is small and has not spread anywhere else. Stage 2 means the tumour is larger than at stage 1 and may have spread to a few nearby lymph nodes. These tests are only meant to look for cancer that has spread to the rest of the body.

Extra tests can include:

- blood tests to check general health and kidney function
- bone scan to show any abnormal areas in your bone that the cancer might have spread to (for more information see [Bone Scan](#))
- CT scan which are x-rays that build a detailed 3-dimensional image of your body (for more information see [CT Scan](#))
- PET scan to check if cancer has spread to the lymph nodes and other parts of the body

How are IDC and ILC treated?

Treatment depends on:

- receptor status of the cancer
- stage (the size of the tumour and how far the cancer has spread)
- grade (how different the cancer cells are from healthy cells)
- whether you still get periods
- what treatment option you prefer

In most cases, the first treatment used is surgery. However, your first type of treatment may change for many reasons, such as receptor status. For more information on receptor status, read the brochure “Learn about breast cancer receptor status and how it guides treatment”.

Surgery

Surgery may include:

- Lumpectomy (remove a part of the breast)
- Mastectomy (remove the whole breast)
- Sentinel Lymph Node Biopsy (remove a few lymph nodes from under the armpit that are closest to the breast)
- Axillary Lymph Node Dissection (remove around 10 to 30 lymph nodes from the armpit) Your surgeon may suggest ALND in certain cases

For more information read the brochure [Your Guide to Having Breast Cancer Surgery](#).

Treatment options after surgery

The treatments and the order you may get them are based on your cancer.

Radiation therapy

Radiation therapy (also called external beam radiation therapy) uses high-energy radiation to kill cancer cells. It works by damaging and later killing the cells in the treatment area.

If you had a lumpectomy, you may need radiation therapy after surgery. Radiation therapy may help lower the chance that your cancer will come back.

If you had a mastectomy, you may need radiation treatment after surgery. You may need radiation treatment if the tumour is large or cancer is found in the lymph nodes.

Chemotherapy

Chemotherapy (also called “chemo”) uses medicines to kill cancer cells. Chemotherapy is a systemic therapy, which means it travels through your blood to reach cells throughout your entire body. It is a common type of cancer treatment. Your chemotherapy may include one medicine or a combination of medicines.

Chemotherapy can be used on its own or with other treatments.

Hormonal therapy

Hormone blocking (also known as endocrine therapy) is a medicine that lowers the amount of estrogen in your body. This blocks the cancer from using estrogen to grow.

Your doctor will discuss with you which treatment option is right for you. For more information about other treatment options visit the Health Information [Medical Tests and Treatments](#) section.

How long will my IDC or ILC treatment last?

It takes between 2 to 4 weeks to recover from breast cancer surgery. It may take you longer to heal if your lymph nodes are removed or if you got breast reconstruction surgery.

Your doctor can tell you how long your treatment should take. If you have other treatments beside surgery, it can take several weeks to months. How long it will take you to recover depends on the location and stage of the cancer.

Questions to ask your doctor about your breast cancer?

These questions can help you think about what you would like to know after you get your diagnosis (find the cause of an illness).

- What do 'staging' and 'grading' mean? What stage and grade of cancer do I have?
- What is my receptor status and what does this mean?
- What are my treatment options?
- What are the reasons for and against these treatment options?
- How long will my treatment take?
- What are the short-term side effects of the treatments?
- What are the long-term side effects of the treatments?
- What signs or symptoms should I tell you about?
- Do you expect to cure my cancer with these treatments? If not, what is the goal of these treatments?
- How can I prepare for my treatment appointment?
- What can I do to prevent or manage side effects?
- Will I be able to do my normal activities?

- Will this treatment affect my sex life?
- Will this treatment affect my ability to have children? If so, is there fertility preservation options available?
- Do I need follow-up care?
- Will my cancer come back?
- Are there support groups or resources I can turn to?

See “[My Questions](#)” for more questions you may want to ask your cancer care team.



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