Breast conditions other than breast cancer

Summary

- Most changes in breast tissue aren’t cancerous.
- Some breast conditions are harmless and don’t need any further treatment.
- Other breast conditions could mean you are at an increased risk of developing breast cancer some time in the future.
- Always see your doctor if you notice any breast changes.

The vast majority of breast changes are not breast cancer. If a woman finds a lump or other change in her breast or nipple it may be caused by one of the conditions described below.

Remember, you should always see your doctor if you notice any changes in your breasts.

Breast x-rays or mammograms often pick up conditions other than breast cancer. Some of these conditions are harmless and don’t need any treatment. Others aren’t cancerous themselves, but might indicate an increased risk of developing breast cancer in the future.

Hormonal changes

Hormones produced by glands in the body make a woman’s breast feel different at various times during her menstrual cycle. Women who have been through menopause and are not taking hormone replacement therapy, or who have had their ovaries removed, no longer have breast changes due to hormonal activity.

Hormonal changes may cause women to have swollen, painful or tender breasts at different times in their cycle; these are not a sign of breast cancer and usually do not require treatment. However, treatments are available for hormonal breast pain from the doctor, if needed. It may be useful to keep a record of breast changes prior to menstruating over a couple of months to see whether there is any pattern to the changes.

Cysts

A cyst is a fluid-filled sac. Fluid is produced and absorbed by the breast as part of the usual cycle of hormonal breast changes. Although we don’t know why some women are more susceptible to breast cysts than others, we do know they are common in women aged 35 to 50 and in women who are taking hormone replacement therapy. Simple cysts are not cancer and do not change into cancer. However, in rare cases, cysts may have a cancer growing within them or close to them. These changes can be seen on an ultrasound or found after a cyst is aspirated or drained. Many women have a cyst or a number of cysts without knowing it, and they do not usually require treatment. Some women first detect their cyst as a painful lump and they may decide to have it drained if it is painful or troublesome. This is done by inserting a fine needle into the cyst to draw out the fluid, and is usually a simple and fairly painless procedure.

Fibroadenomas

A fibroadenoma is a smooth, firm breast lump made up of fibrous and glandular tissue. The term ‘breast mouse’ is also used to refer to a fibroadenoma. We do not know the cause of fibroadenomas; however, they are not cancer and rarely change into breast cancer. Fibroadenomas are more common in younger women and may become tender in the days before a period or grow bigger during pregnancy. Women have a choice about whether to have their fibroadenoma removed, but if it is monitored and continues to enlarge, it should be removed. Most often, younger women or those with smaller fibroadenomas will not have them taken out. The operation to remove a fibroadenoma is relatively simple. A general anaesthetic is usually required.

Radial scar

This is a star-shaped abnormality in the breast tissue. No one knows why radial scars form, but they are thought to
be benign (non-cancerous) changes caused by normal ageing. A small tissue sample needs to be taken because some radial scars contain small cancers or show pre-cancer changes. In some cases, the tissue sample can be removed with a needle instead of during an operation.

**Microcalcifications**
Microcalcifications are spots of calcium salts which show on a breast x-ray (mammogram) as white spots. These tiny spots can be scattered throughout the breast tissue or clustered together. Most microcalcifications are of no concern. Some of the causes include normal ageing or benign (non-cancerous) cysts. Sometimes calcification can indicate early breast cancer. You may need further x-rays or other tests.

**Ductal carcinoma in situ (DCIS)**
Microcalcifications can flag the presence of ductal carcinoma in situ (DCIS). In DCIS, the cells lining the milk ducts have turned cancerous. This means you are at high risk of developing an invasive breast cancer - one that spreads through the breast tissue - if the DCIS isn’t treated. The DCIS areas in the breast need to be surgically removed. In most cases DCIS is completely curable. Some increased risk still remains even when the area of DCIS has been removed, so you will need regular care after your treatment.

**Atypical ductal hyperplasia (ADH)**
Atypical ductal hyperplasia (ADH) means that the cells lining the milk ducts are growing in an unusual way. To confirm the diagnosis, a small tissue sample is taken from the breast and examined under a microscope. ADH is harmless for most women. For others, ADH might mean an increased risk of developing cancer in that particular breast some time in the future. In this case, breast screening every year is recommended.

**Lobular carcinoma in situ (LCIS)**
This is a benign condition, even though the word ‘carcinoma’ usually means cancer. Lobular carcinoma in situ (LCIS) is a growth change in the cells lining the very ends, or lobules, of the milk ducts. LCIS doesn’t show up on x-ray. It is usually discovered during the examination of a small tissue sample removed for another reason. LCIS is not cancerous, but it means you are at an increased risk of developing breast cancer in the future. Women with LCIS should discuss it with their doctor or a breast specialist. Regular examination is recommended.

**Where to get help**
- Your doctor
- Your specialist.

**Things to remember**
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