



Lobular carcinoma in situ, atypical lobular hyperplasia and atypical ductal hyperplasia of the breast

This information is for women who have been diagnosed with:

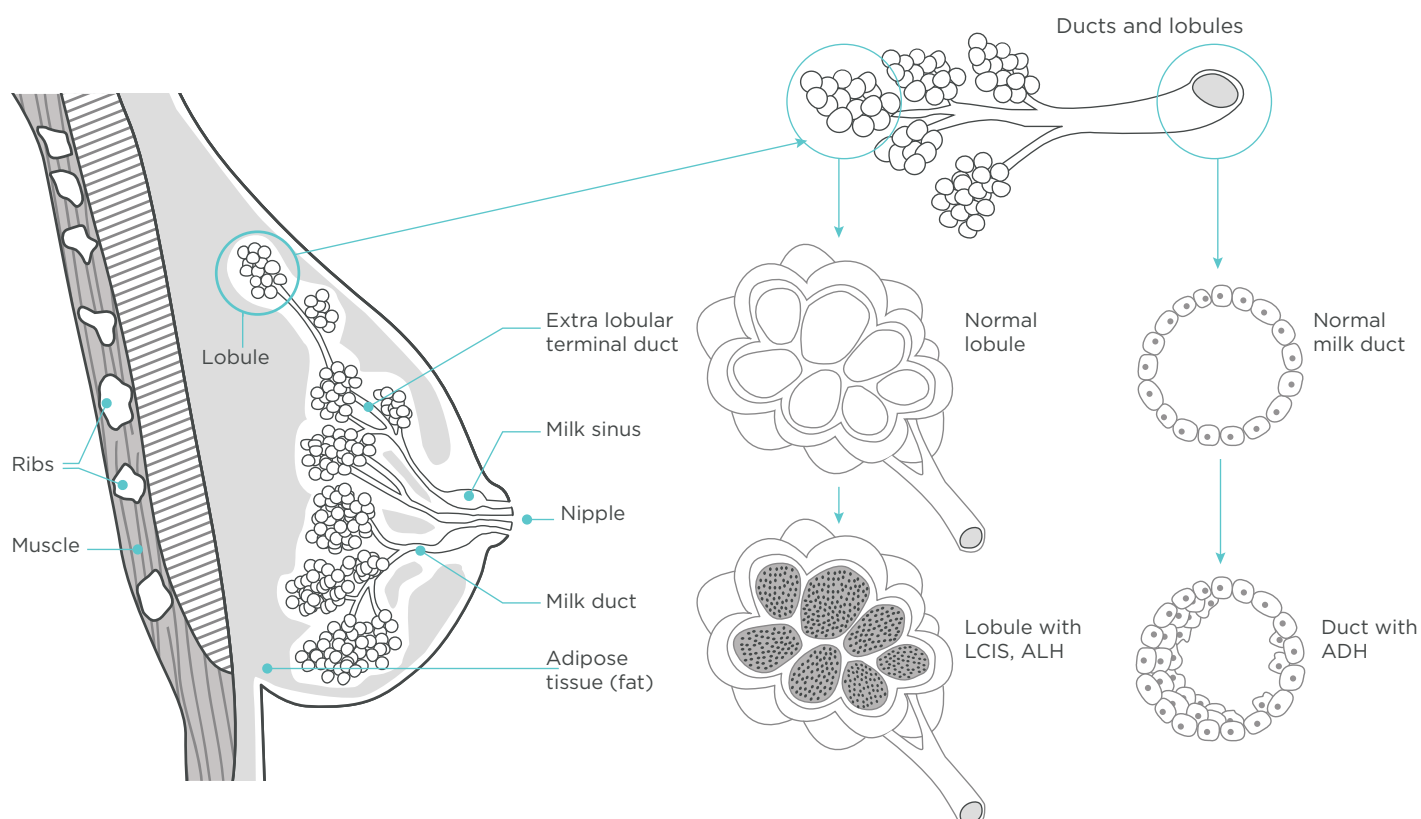
- lobular carcinoma in situ (LCIS)
- atypical lobular hyperplasia (ALH)
- atypical ductal hyperplasia (ADH)

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.

Sometimes, cells on the inside of the lobules or ducts become abnormal in shape and size and begin to multiply. 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. Often LCIS and ALH are referred to as lobular neoplasia together.

If the abnormal cells stay inside the **ducts** in the breast, this is called ADH.



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 breast screen as a cluster of small deposits or spots of calcium salts, known as calcifications.

These conditions are usually found by chance when a woman has a breast biopsy (removal of some tissue from the breast). This may be a needle biopsy or an operation to remove the area.

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.

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 those 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 specialist about your risk of developing breast cancer.

Do I need treatment for LCIS, ALH or ADH?

Regular check-ups

Because of the increased risk of breast cancer, it's important to have regular check-ups. Your regular check-ups will include:

- **mammogram** of both breasts once a year.

You are welcome to keep coming to BreastScreen. If you do so, we will invite you for a breast screen once a year up to the age of 74, rather than every two years. You will only be recalled for further tests if any abnormalities are found on your mammogram.

- **physical examination** of both breasts by your doctor once a year,
- **other tests** the doctor may feel are necessary.

Hormone treatment

Your treating doctor may discuss the use of anti-hormone therapy such as Tamoxifen to reduce your breast cancer risk.

Be breast aware

Get to know the normal look and feel of your breasts. 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 are feeling. Let your doctors know about any concerns you have and ask as many questions as you need to.

More information

If you have any further questions please ask one of the assessment team or your doctor.

Cancer Australia www.canceraustralia.gov.au

Cancer Council Victoria www.cancervic.org.au

Cancer Council Victoria helpline **PH 13 11 20**

This information is based on the Cancer Australia resource Lobular carcinoma in situ (LCIS) and atypical hyperplasias of the breast, 2003.

Book at breastscreen.org.au or call **13 20 50**



For more information or to change your details, visit **breastscreen.org.au** or call **13 20 50**



For interpreter assistance call **13 14 50**



Translated information: breastscreen.org.au/translations

TTY 13 36 77 if you have hearing or speech difficulties



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