

## Lobular Carcinoma In Situ

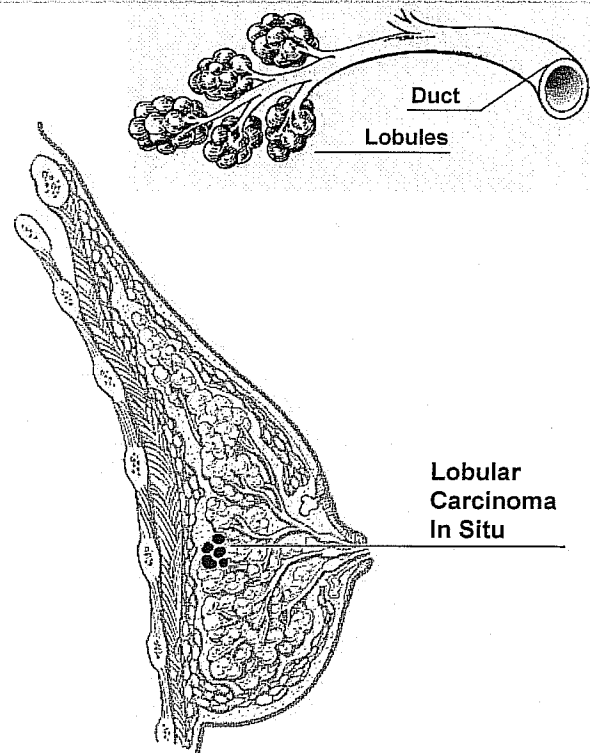
### Definition of terms:

- Benign**— Not cancerous; no threat to the body
- Carcinoma**— Cancer cells that start in the surface layers or lining of ducts
- Metastasis**— Spread of cancer to other parts of the body
- Malignant**— Cancerous; a threat to the body
- Mastectomy**— Removal of a breast by surgery
- In Situ**— In one contained area; has not invaded through the walls of ducts
- Lymph Nodes**— Pea-like areas in the lymphatic system that act as filters for the body's cellular waste; lymph nodes located under the arm filter the waste from breast tissues

**Lobular carcinoma in situ (LCIS)** is defined by some experts as a "pre-malignant disease" or a "marker" for increased risk for breast cancer. There is a potential that it can continue to proliferate (keep growing) into an invasive cancer (one that grows through the cell wall into surrounding tissues). LCIS is found in the lobules, the milk-producing units of the breast.

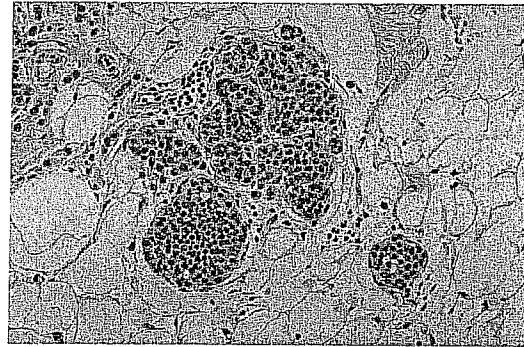
Abnormal cells fill the lobules as an excessive overgrowth of cells. Other terms used to refer to this condition are "non-invasive cancer" and "pre-cancer."

Lobular carcinoma does not form a hard lump and does not show up on mammography. Occasionally, an area will have a feeling of thickening or increased density in the area. The diagnosis is usually made while looking for another abnormality within the breast. Typically lobular carcinoma is a slow-growing disease. However, this disease does have a chance of occurring in the other breast.



Treatment for lobular carcinoma in situ may range from “watchful waiting” to mastectomy. Occasionally the removal of both breasts may be considered for risk reduction. If careful observation of the breasts is chosen, your physician will schedule biannual (twice a year) clinical exams, order regularly scheduled mammograms to detect any changes, and may prescribe an anti-hormonal drug called tamoxifen to reduce the risk of it developing into an invasive cancer.

Your surgeon will discuss the recommended options for your diagnosis.



Cell proliferation in the terminal breast lobules and acini. The cells are small and round, filling the lobules.