

Thoughts from the IBC Community

“We are making tremendous progress in research against **IBC**. If you notice redness or swelling in your breast, do not delay but call your doctor and ask to be evaluated for **IBC**.”

--Olufunmilayo I. Olopade, MD, FACP Univ. of Chicago

“**IBC** is observed among women of all ages, peak incidence occurs before age 50 years. **IBC** is more common among African American than Caucasian women.”--- William F. Anderson, MD MPH; DHHS/NIH/NCI/DCEG/BB

“I was diagnosed with **IBC** at 34 while nursing my baby. I was lucky enough to have a sharp OB/GYN who sent me for a biopsy confirming the diagnosis, since symptoms are often thought to be mastitis (a breast infection) or breast feeding problems.”—Debbie, pathfinder

“Collaboration is critically important to achieve our goal of rapidly translating exciting findings from the lab to the clinic. Clinical trials, targeted therapies, tissue banking and new research models will help us develop therapeutic strategies to prevent this devastating disease.”—Neil Spector, MD, Duke University Medical Center

“A caregiver quickly learns how to keep critical information and appointments in order and is always there to prop up, encourage, and be extra listening ears for their partner in this journey.”—Don, husband & caregiver

“Education and awareness is not only important for women, but also for physicians who are first to encounter these women. A quick accurate diagnosis will allow a quick accurate assessment for treatment.”—Maria Theodoulou, MD, Memorial Sloan-Kettering Cancer Center

“It is important to maintain hope. Remember, each **IBC** patient is an individual, not a statistic. No one can predict who will become a long-term survivor.”—Ginny Mason, RN, BSN; Exec. Director; IBC Research Foundation (diagnosed in 1994)

FOR MORE INFORMATION

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1-877-STOP-IBC
1-877-786-7422
www.ibcresearch.org

TO CONTACT US OR ORDER BROCHURES
information@ibcresearch.org

Please send mail & donations to:
**Inflammatory Breast Cancer
Research Foundation
PMB 149**

**321 High School Rd NE, STE D3
Bainbridge Island, WA 98110**

Or donate securely on line at our website

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Donations are tax-deductible as allowed by law

The IBC Research Foundation is a volunteer organization without a walk-in office. Our volunteer staff work from their homes located across the US, including but not limited to Washington, Indiana, Alaska, Florida, and Georgia. There is no single physical principal place of business.

We sincerely thank you for your donation and continued support.



COMMITTED TO FINDING THE CAUSE

“We need your help in finding the cause of this devastating disease. It is unnecessarily claiming the lives of our loved ones.”

Owen Johnson, President

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**YOU DON'T HAVE
TO HAVE A LUMP
TO HAVE BREAST CANCER**



**INFLAMMATORY
BREAST CANCER**

Research Foundation

COMMITTED TO FINDING THE CAUSE

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THERE'S MORE THAN

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www.ibcresearch.org

THERE IS MORE THAN ONE KIND OF BREAST CANCER

Inflammatory Breast Cancer (IBC) is the most aggressive form of breast cancer and has a faster doubling time than other breast cancers.

IBC usually grows in nests or sheets rather than a solid tumor. It can spread throughout the breast without a detectable lump.

IBC grows in tumor cell clusters that clog the dermal lymphatics, causing skin changes. See "Typical Symptoms of **IBC**."

DIAGNOSIS IS OFTEN DIFFICULT

IBC is often not detected by mammogram or ultrasound. A finding of skin thickening should be considered suspicious, requiring further study.

IBC symptoms can be mistaken for mastitis, a benign breast infection, delaying diagnosis.

A skin punch or needle core biopsy, dedicated breast MRI, and/or PET (Positron Emission Tomography) scan may assist in determining the cause of symptoms. Any biopsy must include the skin and tissue in the layers below the skin surface for adequate diagnosis.

TREATMENT

Typical treatment starts with chemotherapy that continues until there is sufficient clinical response to allow surgery. A modified radical mastectomy (MRM) and axillary lymph node dissection (ALND) are usually performed. Radiation follows and in some cases additional chemotherapy and/or endocrine therapy is given. Individual treatment may vary and patients should investigate and discuss clinical trials with their physician.

TYPICAL SYMPTOMS OF

INFLAMMATORY BREAST CANCER

- * Rapid, unusual increase in breast size
- * Redness, rash, "blotchiness" of the breast skin
- * What appears to be a "bug bite" or "bruise" that doesn't go away
- * Persistent itching of breast or nipple
- * Lump or thickening of breast tissue
- * Stabbing pain, soreness, aching or heaviness similar to breast feeding.
- * Feverish breast (increased warmth)
- * Swelling of lymph nodes under the arm or above the collar bone
- * Dimpling or ridging of breast
- * Flattening or retracting of nipple
- * Nipple discharge or change in pigmented area around nipple

(one or more may be present, seldom all)

The above symptoms may indicate a benign breast disorder. However, any change to your breast(s) should be reported to your physician immediately, if it does not resolve within two weeks on its own.

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Breast self-examination should include using a mirror to check the underside of the breasts. Perform exams *after* the menstrual cycle.

Frequently Asked Questions

• "I am 26 years old. My doctor says that I am too young to have breast cancer."

IBC can strike at any age. Though uncommon, **teen-agers**, as well as **men**, have been diagnosed with **IBC**.

• "I don't have a lump but one of my breasts feels warm and is much larger than the other."

*The only sure way to detect **IBC** (without a defined tumor) is to have a skin punch and/or core biopsy.*

• "I have been taking antibiotics for a 'breast infection' (mastitis) for a month. My breast is still red and blotchy. What should I do?"

*After 7-10 days on antibiotics, **insist on a biopsy** since **IBC** can closely resemble mastitis. Request that your physician reassess the original diagnosis.*

• "Since I've already had breast cancer do I need to be concerned about **IBC**?"

*Those who have had breast cancer can have **IBC** as a second breast cancer diagnosis.*

• "I have stabbing pain and breast soreness. Is it true that breast cancer doesn't hurt?"

*Although sporadic pain is a common complaint for many women, often due to hormonal changes, pain typically accompanies **IBC** and should be evaluated.*

"Any cellulitis (swelling/redness) of the breast that occurs in a non-gravid (not pregnant), non-lactating (not breastfeeding) woman should be assumed to be inflammatory breast cancer until biopsy proves otherwise."

Robert W. Carlson, MD, Stanford University; Chair, NCCN Breast Cancer Treatment Guidelines