

Lobular carcinoma in situ (LCIS) and atypical hyperplasia of the breast

This document includes information about:

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

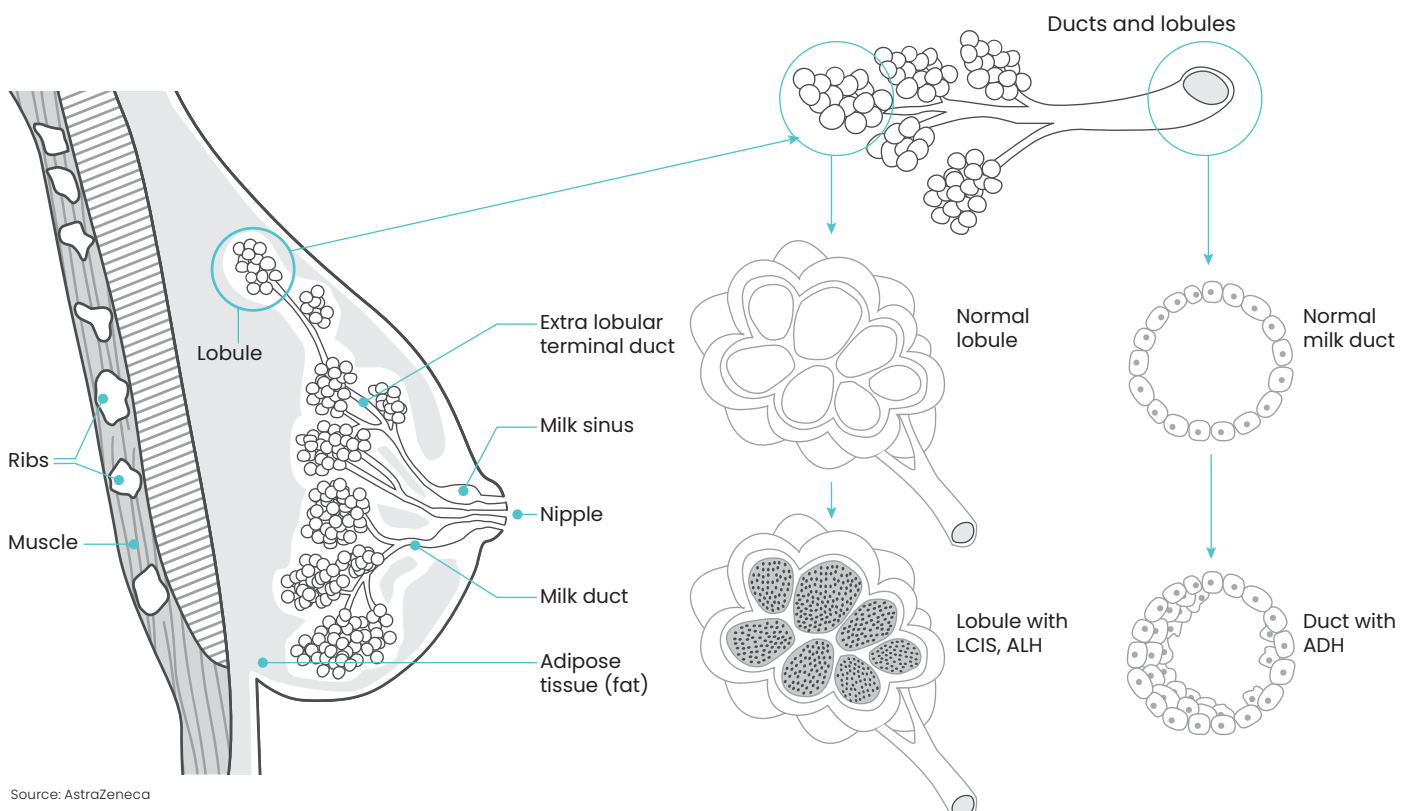
What are LCIS, ALH and ADH?

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 person breastfeeds their 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.

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



Source: AstraZeneca

How do you find LCIS, ALH and ADH?

LCIS, ALH and ADH cannot be felt as a breast lump or other breast change; they 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 during a biopsy.

What does it mean if I am diagnosed with LCIS, ALH or ADH?

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 of developing breast cancer.

Most people diagnosed with LCIS, ALH or ADH do not develop breast cancer.

It is not possible to say exactly how much higher your risk of developing breast cancer is after being diagnosed with LCIS, ALH or ADH. This is because your risk is also impacted by other things such as age and whether you have a family history of breast cancer.

Talk to your doctor or breast specialist about your risk of developing breast cancer.

Will I need treatment for LCIS, ALH or ADH?

Treatment for LCIS, ALH or ADH will depend on your personal circumstances.

Your doctor may recommend the following:

- **Regular breast screens** – We will invite you for a breast screen (mammogram) every year until the age of 74, rather than every 2 years.
- **Physical examinations** – Breast examination once a year to monitor for any changes.
- **Diagnostic open biopsy** – Removal of the abnormal area and exclusion of cancer through surgery.
- **Hormone therapy** – Hormonal therapies commonly prescribed to treat invasive breast cancer may be suitable. These include medicines such as Tamoxifen.
- **Other tests** your doctor may feel are necessary.

Be breast aware

Get to know the normal look and feel of your breasts. If you notice any changes to your breasts, such as a new lump, nipple discharge or redness, do not wait until your next breast screen or doctor's appointment. See your doctor as soon as possible.

More information

If you have been diagnosed with LCIS, ALH or ADH, you may feel confused or anxious about what this means for your health. This is a very normal response. Please let your doctor or nurse counsellor know about any concerns you have and ask as many questions as you need.

If you have any questions, please speak to your doctor or a member of the assessment team.

Other information sources include:

Cancer Australia – www.cancer australia.gov.au

Cancer Council Victoria – www.cancervic.org.au

Cancer Council Victoria helpline – call **13 11 20**

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

TTY **13 36 77** if you have hearing
or speech difficulties



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



BreastScreen Victoria acknowledges the
support of the Victorian Government.