

## **Breast Cancer - Inflammatory - Diagnosis [1]**

This section has been reviewed and approved by the [Cancer.Net Editorial Board \[2\]](#), 11/2015

**ON THIS PAGE:** You will find a list of the common tests, procedures, and scans that doctors can use to find out what's wrong and identify the cause of the problem. To see other pages, use the menu on the side of your screen.

Doctors use many tests to diagnose cancer and find out if it has spread to another part of the body, called metastasis. Some tests may also determine which treatments may be the most effective. For most types of cancer, a biopsy is the only way to make a definitive diagnosis of cancer. This is the most important step to make a diagnosis and to plan treatment. Imaging tests may also be done to find out how much the cancer has grown and whether it has spread to other parts of the body. However, imaging tests may not be as helpful as a biopsy for evaluating inflammatory breast cancer.

This list describes options for diagnosing this type of cancer, and not all tests listed will be used for every person. Your doctor may consider these factors when choosing a diagnostic test:

- Age and medical condition
- Type of cancer suspected
- Signs and symptoms
- Previous test results

In addition to a physical examination, the following tests may be used to diagnose inflammatory breast cancer:

## Imaging tests

- **Diagnostic mammography [3]**. A diagnostic mammogram is an x-ray of the breast. An x-ray is a way to create a picture of the structures inside of the body, using a small amount of radiation. It is similar to a screening mammography, which is used to look for a possible breast tumor in women who have no symptoms. A diagnostic mammography is often used when a woman is experiencing signs, such as nipple discharge or a new lump. It may also be used if something suspicious is found on a screening mammogram.
- **Ultrasound [4]**. An ultrasound uses high-frequency sound waves to create an image of the breast tissue. An ultrasound can distinguish between a solid mass, which may be cancer, and a fluid-filled cyst, which is usually not cancer.
- **Magnetic resonance imaging (MRI) [5]**. An MRI uses magnetic fields, not x-rays, to produce detailed images of the body. An MRI can also be used to measure the tumor's size. A special dye called a contrast medium is given into the patient's vein before the scan to help create a clear picture of the possible cancer. A breast MRI may be used after a woman has been diagnosed with cancer to check the other breast for cancer or to find out how much the disease has grown throughout the breast. It may also be used for screening, along with mammography, for some women with a very high risk of developing breast cancer.

## Surgical tests

- **Biopsy [6]**. A biopsy is the removal of a small amount of tissue for examination under a microscope. Other tests can suggest that cancer is present, but only a biopsy can make a definite diagnosis. A pathologist then analyzes the sample(s). A pathologist is a doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease. There are different types of biopsies, classified by the technique and/or size of needle used to collect the tissue sample.
  - A fine needle aspiration biopsy uses a thin needle to remove a small sample of cells.
  - A core needle biopsy uses a wider needle to remove a larger sample of tissue. This is usually the preferred biopsy technique for finding out whether an abnormality on a physical examination or an imaging test is cancer. A vacuum-assisted biopsy

removes several large cores of tissue. Local anesthesia, which is medication to block pain, is used to lessen a patient's discomfort during the procedure. For inflammatory breast cancer, there is often no single, main tumor so more than one core biopsy may be needed to diagnose the cancer.

- A skin biopsy may be needed to help diagnose inflammatory breast cancer. It is used to find out if cancer cells are moving through the lymphatic system.
- A surgical biopsy removes the largest amount of tissue. This biopsy may be incisional, which is the removal of part of the lump or excisional, which is the removal of the entire lump. Because surgery is best done after a cancer diagnosis has been made, a surgical biopsy is usually not the recommended way to diagnose breast cancer. Most often, non-surgical core needle biopsies are recommended to diagnose breast cancer. This means that only one surgical procedure is needed to remove the tumor and to take samples of the lymph nodes. An incisional biopsy is occasionally needed to diagnose inflammatory breast cancer when the core needle biopsies (see above) were not helpful to diagnose the cancer.
- Image-guided biopsy is used when a distinct lump cannot be felt, but an abnormality is seen with an imaging test, such as a mammogram. During this procedure, a needle is guided to the location with the help of an imaging technique, such as mammography, ultrasound, or MRI. A stereotactic biopsy is done using mammography to help guide the needle. A small metal clip may be put into the breast to mark where the biopsy sample was taken, in case the tissue is cancerous and more surgery is needed. This clip is usually titanium so it will not cause problems with future imaging tests, but check with your doctor before you have additional imaging tests. An image-guided biopsy can be done using a fine needle, core, or vacuum-assisted biopsy (see above), depending on the amount of tissue being removed. Imaging tests may also be used to help do a biopsy on a lump that can be felt, in order to help find the best location. This approach may be very useful to diagnose inflammatory breast cancer as it may be hard to locate the best area for a biopsy due to the nature of the disease.
- Sentinel lymph node biopsy is a way to find out if there is cancer in the lymph nodes near the breast. Learn more about sentinel lymph node biopsy in the [Treatment Options](#) [7] section.

If cancer is diagnosed, surgery is needed to remove the cancer in the breast and evaluate the lymph nodes for cancer (see [Treatment Options](#) [7]). However, for inflammatory breast cancer, surgery first is not usually the best option because breast cancer cells have often already spread

throughout the breast. Because the goal of surgery is make sure that there are no cancer cells at the edge of the tissue removed during surgery, called a clear surgical margin, other treatment first may be a better option. Treatment before surgery is called neoadjuvant therapy (see [Treatment Options](#) [7]). If there is cancer in the lymph nodes, the cancer is called lymph node-positive breast cancer or node-positive. If there is no cancer in the lymph nodes, the cancer is called lymph node-negative breast cancer or node-negative.

## Analyzing the biopsy sample

Analyzing the sample(s) removed during the biopsy can help your doctor learn about specific features of a cancer that help determine treatment options.

- **Tumor features.** Examination of the tumor under the microscope is used to determine if it is invasive or in situ, ductal or lobular, and whether the cancer has spread to the lymph nodes. Inflammatory breast cancer is always invasive.
- **ER and PR.** Testing for ER and PR helps determine both the patient's risk of recurrence and the type of treatment that is most likely to lower the risk of recurrence. As mentioned in the [Overview](#) [8] section, inflammatory breast cancer is often ER/PR-negative. However, some inflammatory breast cancers do have these receptors. Learn about [ER and PR testing recommendations from ASCO and the College of American Pathologists \(CAP\)](#) [9].
- **HER2.** The HER2 status helps determine whether drugs that target the HER2 receptor might help treat the cancer. As mentioned in the [Overview](#) [8] section, inflammatory breast cancer is often HER2-negative. Read [ASCO's and CAP's recommendations for HER2 testing for breast cancer](#) [10].
- **Grade.** The tumor grade is also determined from a biopsy. Grade refers to how different the cancer cells look from healthy cells, and whether they appear slower growing or faster growing. There are 3 grades: grade 1 (well differentiated), grade 2 (moderately differentiated), and grade 3 (poorly differentiated).

Your doctor may recommend additional laboratory tests on your tumor sample to identify specific genes, proteins, and other factors unique to the tumor. This helps your doctor find out the subtype of cancer.

## Blood tests

The doctor may also need to do several types of blood tests to learn more about the cancer:

- **Complete blood count.** A [complete blood count \(CBC\)](#) [11] is used to measure the number of different types of cells, such as red blood cells and white blood cells, in a sample of a person's blood. It is done to make sure that your bone marrow is functioning well.
- **Serum chemistry.** These tests are often done to look at minerals in your blood, such as potassium and calcium, called electrolytes and specialized proteins called enzymes that can be abnormal if cancer has spread. However, many noncancerous conditions can cause changes in these tests, and they are not specific to cancer.
  - Alkaline phosphatase is an enzyme that can be associated with disease that has spread to the liver, bone, or bile ducts.
  - Blood calcium levels can be high if cancer has spread to the bone.
  - Total bilirubin count and the enzymes alanine aminotransferase (ALT) and aspartate aminotransferase (AST) evaluate liver function. High levels of any of these substances can indicate liver damage, a sign that the cancer may have spread to that organ.
- **Hepatitis tests.** These may be used to check for evidence of prior exposure to hepatitis B and/or hepatitis C. If you have evidence of an active hepatitis B infection, you may need to take a special medication to suppress the virus before you receive chemotherapy. Without this medication, the chemotherapy can help the virus to grow and cause damage to the liver.
- **Blood tumor marker tests.** Serum tumor markers are tumor proteins in a person's blood. Higher levels of a serum tumor marker may be due to cancer or a noncancerous condition. Tumor marker testing is not recommended for early-stage breast cancer because the markers are not usually high, but they may be useful to monitor the growth of recurrent or metastatic disease along with symptoms and imaging tests. Tumor markers should not be used to monitor for a recurrence, as such testing does not appear to improve a patient's chance of recovery. Learn more about [tumor markers for breast cancer](#) [12].

## Additional tests

The tests your doctor recommends to evaluate whether the cancer has spread and its stage depend on your medical history, symptoms, how much the disease has grown in the breast and

lymph nodes, and the results of your physical examination. Read the [Stages](#) [13] section for more information. These tests are not recommended for all patients.

- **X-ray.** An x-ray is a way to create a picture of the structures inside of the body, using a small amount of radiation. A chest x-ray may be used to look for cancer that has spread from the breast to the lungs.
- **Bone scan.** A [bone scan](#) [14] may be used to look for spread of cancer to the bones. A radioactive dye or tracer is injected into a patient's vein, and then the scan is performed several hours later using a special camera. The tracer collects in areas of the bone that are healing, which occurs in response to damage from the cancer cells. The areas where the tracer collects appear dark, compared to healthy bone, which appears gray. Some cancers do not cause the same healing response and will not show up on the bone scan. Areas of advanced arthritis or healing after a fracture will also appear dark.
- **Computed tomography (CT or CAT) scan.** A [CT scan](#) [15] may be used to look for tumors in organs outside of the breast, such as the lung, liver, bone, and lymph nodes. A CT scan creates a three-dimensional picture of the inside of the body with a special x-ray machine. A computer combines these images into a detailed, cross-sectional view that shows abnormalities, including most tumors. A CT scan can also be used to measure the tumor's size and if it is shrinking with treatment. A contrast dye may be injected into a patient's vein before the scan to provide better detail.
- **Positron emission tomography (PET) scan.** A PET scan may also be used to find out whether the cancer has spread to organs outside of the breast. Similar to a CT scan, a PET scan is a way to create pictures of organs and tissues inside the body. A small amount of a radioactive sugar substance is injected into a patient's vein. This sugar substance is then taken up by cells that use the most energy because they are actively dividing. Because cancer cells tend to use energy actively, they absorb more of the radioactive substance. A scanner then detects this substance to produce images of the inside of the body. Areas that are most active appear as bright spots, and the intensity of the brightness can be measured to better describe these areas. A [combination PET/CT scan](#) [16] may also be used to measure the size of tumors and to determine the location of the bright spots more accurately. A PET/CT scan will also show any abnormalities in the bone, similar to the bone scan.

After diagnostic tests are completed, your doctor will review all of the results with you. If the diagnosis is cancer, these results also help the doctor describe the amount of cancer in the body; this is called staging. If there are suspicious areas found outside of the breast, at least one area may be biopsied if possible to confirm the diagnosis of cancer.

The [next section in this guide is Stages](#) [13], and it explains the system doctors use to describe the extent of the disease. Or, use the menu on the side of your screen to choose another section to continue reading this guide.

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## Links

[1] <http://www.cancer.net/cancer-types/breast-cancer-inflammatory/diagnosis>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/24584>

[4] <http://www.cancer.net/node/24714>

[5] <http://www.cancer.net/node/24578>

[6] <http://www.cancer.net/node/24406>

[7] <http://www.cancer.net/node/18583>

[8] <http://www.cancer.net/node/18576>

[9] <http://www.cancer.net/node/29856>

[10] <http://www.cancer.net/node/29831>

[11] <http://www.cancer.net/node/24716>

[12] <http://www.cancer.net/node/29851>

[13] <http://www.cancer.net/node/18582>

[14] <http://www.cancer.net/node/24410>

[15] <http://www.cancer.net/node/24486>

[16] <http://www.cancer.net/node/24565>