

subsequent breast cancer. Women with LCIS who do not undergo bilateral prophylactic mastectomy experience a new, invasive cancer in either breast at a rate of approximately 1% per year over at least the next 15–20 years, and probably lifelong. Therefore, LCIS is even more commonly considered a premalignant condition than DCIS, and aggressive local management seems unreasonable.

Management options include careful observation with routine mammography and chemoprevention with either a SERM or an AI (for postmenopausal women) for 5 years. Beyond 5 years, such patients should be followed with subsequent annual mammography and semi-annual physical examinations. Bilateral prophylactic mastectomy is an alternative option, although it is no more effective in prolonging survival than the less aggressive approach, and it associated with substantial cosmetic, and perhaps emotional, morbidity.

## ■ INVASIVE BREAST CANCERS

Invasive breast cancers are of more concern than in situ lesions because they harbor the capacity to metastasize and cause substantial morbidity and mortality ([Fig. 79-1](#)). Eighty-five percent of invasive breast cancers are ductal in origin ([Fig. 79-2](#)), 10% are lobular or mixed ductal/lobular, and the other 5% are made up of so-called “special types” including mucinous or colloid (2.4%), tubular (1.5%), medullary (1.2%), and papillary (1%). Although not universally true, prognosis for the special types tends to be better than standard ductal or lobular cancers.

## STAGING AND DIAGNOSTIC CONSIDERATIONS

Cancer staging has been traditionally based on the size of the tumor (T) and the presence or absence of regional nodal (N) and distant metastases (M). More recently, tumor grade and biological characteristics, such as expression of ER and HER2, have been incorporated into staging, making the system quite complex. Staging can be performed clinically or pathologically, before or after adjuvant systemic therapy. These are designated as a prefix before the stage as cTNM or pTNM if determined before or yTNM if determined after