

Lobular Neoplasia

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Cancer is expected to kill over 556,500 Americans this year; that is an average of 1,500 people per day. One in 4 deaths in the U.S. are from cancer. (Cancer Facts and Figures 2003) Think these statistics are shocking? The statistics for breast cancer are just as severe. Every three minutes a woman in the U.S. is diagnosed with cancer. Today, one in eight women in the U.S. have some form of breast cancer and 40,110 are expected to die from it. This year, 59,390 women will be diagnosed with an in situ form of breast cancer. Lobular neoplasia, which makes up more than 15 percent of the in situ cancer diagnoses a year, is an increasingly common disease that women vitally need to be aware of. (Breast Cancer: Statistics)

Lobular neoplasia or lobular carcinoma in situ (LCIS) is classified as a stage 0 form of breast cancer; stage 0 is the earliest stage of cancer detection. Though doctors are hesitant to call lobular neoplasia a cancer, it is known to be a warning signal that full-fledged breast cancer may develop in the future. According to an LCIS article on the Imaginis Web site, once a woman is diagnosed with LCIS, she has a 25 percent chance of developing some invasive form of cancer during her lifetime. (Lobular Carcinoma in Situ)

Lobular neoplasia, which is found in the milk-producing glands of a woman's breast, indicates that cancer cells are present and developing, but have not spread beyond the tissues in which they formed. Because the cancer cells do not typically spread to surrounding areas, LCIS is considered a noninvasive form of cancer. Though, as previously stated, lobular neoplasia is warning sign for cancer to come, doctors do not believe that lobular

neoplasia cells ever turn into an invasive, spreading form of cancer. (Lobular Carcinoma in Situ)

The number of women diagnosed with LCIS has risen drastically in recent years. Better screening and advances in mammography techniques have led to the more rapid diagnosis and faster treatment of the disease. The growth in available information and a heightened awareness of the disease have also led to the earlier detection and treatment of LCIS.

The diagnosis of LCIS usually takes place after a biopsy is done. Like other types of breast cancer, LCIS forms a hard tumor-like growth in the breast that most women are able to detect during their monthly breast self-exam. Once a biopsy is done, it is immediately evident whether the cells are LCIS or are instead a more invasive form of cancer. (Lobular Carcinoma in Situ)

Once diagnosed with LCIS, a woman has a variety of treatment options to choose from. Some doctors suggest close monitoring, which includes increased breast self-exams, regular clinical check-ups, and frequent screening mammograms. Women who discover they have LCIS most frequently choose this method. (Lobular Carcinoma in Situ)

Another form of treatment available to women with LCIS is medication. Usually only women with a high risk of developing cancer choose this treatment route. The most frequently prescribed drug is the hormone antagonist tamoxifen. Tamoxifen is a medication that blocks estrogen receptors on breast cancer cells. LCIS cells, which grow in response to

estrogen, usually stop dividing and die when they no longer receive the estrogen they need, thus halting the spread of the disease to other lobules in the breast. (Tamoxifen citrate)

Once tamoxifen is prescribed, it is taken orally twice a day. The dosages of tamoxifen may vary from patient to patient depending on body weight or cancer type. Tamoxifen is only taken for a period of five years. Like all drugs, tamoxifen has adverse side effects ranging from increased tiredness to the development of hot flashes. Often, a woman will have slight side effects lasting one to two weeks after initially starting the medication. (Tamoxifen citrate)

A third, and the most drastic form of treatment, is a prophylactic mastectomy. A prophylactic mastectomy is the removal of both breasts. The removal of the tissue is usually followed by immediate or delayed breast reconstruction surgery. Though a mastectomy removes the majority of the breast tissue, it is still possible for breast cancer to develop. (Lobular Carcinoma in Situ)

Everyday, innovative research creates new treatment solutions to better fit the needs of LCIS victims. As recently as last month, a new drug, exemestane, was introduced as a new alternative to tamoxifen. Unlike tamoxifen, exemestane can be used for longer than five years, further warding off the development of breast cancer. (Coombes 1089) A recent newspaper article cites how the introduction of new medications as well as

better detection are allowing women with the early stages of breast cancer to survive LCIS at a rate of almost 90 percent. (Reuters)

Obviously, lobular neoplasia is a disease that everyone should be aware of. By choosing this topic and putting it on my Website, I hope to target a female audience over the age of 18. I feel that every women should be aware, not only of breast cancer, but of the different types of breast cancer such as lobular neoplasia. Though not my specific target audience, I hope that men who come across my Website will be able to learn something from it, and maybe will be able to inform their wives, sisters, mothers or daughters of LCIS.

Works Cited

- "Breast Cancer: Statistics on Incidence, Survival and Screening." Imaginis: The Breast Cancer Specialists. 19 March 2003 <<http://imaginis.com/breasthealth/statistics.asp#1>>.
- "Cancer Facts and Figures 2004." American Cancer Society, Inc., 2004.
- Coombs. R. Charles. "Switch to Exemestane Better than Long-term Tamoxifen in Breast Cancer Study." New England Journal of Medicine. 350.11 (2004): 1091-1092.
- "Early-stage Breast Cancer Survival Rates Good." Reuters Health. (2004) MedlinePlus. Online. 20 March 2004. <http://www.nlm.nih.gov/medlineplus/new/fullstory_16665.html>.
- "Lobular Carcinoma in Situ (LCIS)/Lobular Neoplasia." Imaginis: The Breast Health Specialists. 12 July 2000. 19 March 2004. <<http://imaginis.com/breasthealth/lcis.asp>>.
- "Tamoxifen citrate." American Cancer Society. 19 March 2004 <http://www.cancer.org/docroot/CDG/content/CDG_tamoxifen_citrate.html>.

Rating the Effectiveness of My Project on my Website

In order to rate the effectiveness of my research and findings for the viewers of my Web page, there are a couple of options I could use. I could put a counter to determine the number of people who view my site. I would put a counter on any page that contains information regarding lobular neoplasia to see how many people actually viewed my information.

Another option for rating the effectiveness of my page would be to have a pop-up quiz asking the viewers opinions of my site. The quiz would contain questions such as “How helpful did you find the information on lobular neoplasia treatments?” The answer section would contain a variety of choices ranging from Extremely Helpful to Extremely Unhelpful. Though it might be interesting to see people’s views and feelings toward my page, I would be hesitant to include a pop-up quiz. So many people find anything that pops up to be annoying and irritating, and I wouldn’t want my quiz to stop people from visiting my page again. Also, I’m not sure if this would be an accurate way to gauge the number of visitors because I’m sure many would exit the quiz before even looking at it.

The method I would most like to use would be to include a page with a discussion board where viewers could leave their opinions of my site and helpful information or even post questions regarding lobular neoplasia. I would love to have a discussion board where people with LCIS could post their anxieties, fears and dreams. This may be a little out of reach for me, but I honestly feel that with my mother’s help (she has LCIS and is taking the drug

Tamoxifen). I could start a discussion board. If my Web page was able to help someone dealing with the fear and uncertainty that my mom went through, I will feel that the whole process of making my site and doing this research project will have been worthwhile.

Annotated Bibliography

Bleiweiss, Ira, and Shabnam Jaffer. "Histologic Classification of Ductal Carcinoma in Situ." International Journal of Cancer. 59.2 (2002): 92-101.

This journal provides many slides and pictures of lobular and ductile neoplasia. It provides background information on both diseases and then explains the mutation of the cells that cause them to become precancerous.

"Breast Cancer Treatment Guidelines for Patients, Version IV." National Comprehensive Cancer Network. American Cancer Society Inc., Sept. 2002.

This booklet created by the National Comprehensive Cancer Network in conjunction with the American Cancer Society provides medical studies testing the effectiveness of a variety of breast cancer treatment options. It provides a chart detailing the various stages of breast cancer, ranging from Stage 0 until Stage 4, which is reoccurrence. This booklet describes various treatment options and even provides a glossary of common but complex cancer terms.

Calle, Jeanna, et al. Breast Cancer Facts and Figures 2003-2004. Atlanta: American Cancer Society Inc., 2003.

This pamphlet produced by the American Cancer Society starts out broadly, giving an overview of what breast cancer is, and then gets more specific providing details concerning different types of breast cancer. The pamphlet is filled with various charts and studies showing the mortality and survival rate of various ethnic groups depending on their type of cancer and the treatment solutions they choose to utilize.

Chlebowski, Rowan T. "Reducing the Risk of Breast Cancer." New England Journal of Medicine. 343.3 (2000): 191-198.

The effects of chemoprevention are examined in this journal article. The use of the drugs Tamoxifen and Raloxifene are explained as chemopreventive options. The article also provides the risks and side effects associated with both drugs.

Coombes, R. Charles. "Switch to Exemestane Better than Long-term Tamoxifen in Breast Cancer Study." New England Journal of Medicine. 350.11 (2004): 1091-1092.

This article presents a study that challenges the use of tamoxifen as a long term preventative treatment for the early stages of breast cancer. A new drug, Exemestane, is believed to offer better long-term results with users having a lower rate of cancer relapses.

“Early-stage Breast Cancer Survival Rates Good.” Reuters Health. (2004) MedlinePlus. Online. 20 March 2004. <http://www.nlm.nih.gov/medlineplus/news/fullstory_16665.html>.

This newspaper article discusses new medical findings regarding the high survival rate of breast cancer victims. According to a European study, women who seek treatment for an early stage of breast cancer have an almost 80 percent chance of survival even if their disease returns.

Fackler, M.J. “Breast Cancer: In situ, invasive lobular breast carcinoma share common methylation patterns.” Women’s Health Weekly. Jan. 2004:13. Lexis Nexis. Online. Lobular Cancer in Situ. 20 March 2004.

This magazine article is highly medical in content. It specifies the cancer genes believed to be a cause of lobular cancers in situ and explains the study undertaken to determine these genes.

“Lobular Carcinoma in Situ (LCIS)/ Lobular Neoplasia.” Imaginis: The Breast Health Specialists. 12 July 2000. 19 March 2004 <<http://imaginis.com/breasthealth/lcis.asp>>.

The general overview gives an in-depth look into LCIS. Close monitoring, medications and mastectomies are looked at as the best options for fighting the disease.

“Tamoxifen citrate.” American Cancer Society. 19 March 2004 <http://www.cancer.org/docroot/CDG/content/CDG_tamoxifen_citrate.html>.

The American Cancer Society provides an overview of the drug tamoxifen, the most prescribed drug used to treat lobular neoplasia. The drug is an estrogen blocker that stops the spread of cancer by killing the cancer cells feeding off the estrogen.

“What is Breast Cancer?” American Cancer Society. 19 March 2004 <http://www.cacert.org/docroot/cr/content/cr_2_4_1x_what_is_breast_cancer_5.asp?siteare=cr>.

This article provides a synopsis of breast cancer. A variety of cancers found throughout different areas of the breast are examined and explained. Pictures of breast tissues and ducts show the areas invaded by varying types of breast cancers including LCIS.