Inflammatory Breast Cancer (IBC): a rare and very aggressive disease in which cancer cells block lymph vessels in the skin of the breast. This type of breast cancer is called “inflammatory” because the breast often looks swollen and red, or “inflamed.”

**Symptoms of Inflammatory Breast Cancer**
- Breast Swelling
- Dimpling of the breast skin that looks like an orange peel (peau d’orange)
- Itching or shooting pain
- Flattened or discolored nipple
- Swelling in underarm or only on one side of neck
- Breast warm to touch, appears infected
- Ridges or thickening of the skin
- Might feel lump, however lumps are not common in IBC

**Diagnosing Inflammatory Breast Cancer**
While cancer prevention may never be 100 percent effective, many things (such as quitting smoking and eating healthy foods) can greatly reduce a person’s risk for developing cancer.

This lack of early detection can cause great emotional stress, so it is important that if you are diagnosed with IBC to understand the late stage diagnosis was not your fault.

*There is not a way to know you have IBC until the outward physical signs are presented.*
INFLAMMATORY BREAST CANCER TREATMENT

STATISTICS INFLAMMATORY BREAST CANCER

1-5% IBC accounts for 1-5% of all breast cancer diagnosed.

You are Stage III or STAGE IV when diagnosed.

Average Age Diagnosed 57

- More common in African American women with an average age of 54.
- More prevalent in obese women.
- 5-Year survival rate (alive after 5) is 11%-49%.

If IBC is just in the skin why is it more aggressive?

IBC is not just in the skin. It may be scattered throughout the breast parenchyma (lobules/ducts). The migratory/invasive nature of IBC allows it to invade the skin and produce the visual symptoms of IBC.

To where can IBC metastasize?

IBC can spread to virtually anywhere in the body, but there are some locations that may be more likely. Bone is a common location for metastasis. Other common sites are brain, lung, liver, skin and distant lymph nodes.

What is tri-modal treatment and why is it important in IBC?

Tri-modality treatment in IBC means that treatment consists of 3 modalities: chemotherapy, surgery and radiation.

How soon after surgery should I begin radiation?

About 4 weeks is about the average recovery period between surgery and radiation.

For over 100 other answers to IBC related questions visit: https://www.theibcnetwork.org/frequently-asked-questions-faqs-2/

MEDICAL FOLLOW UP CARE

After active treatment is over, follow-up with the medical oncologist is an important continuation of care. Often surgeons and radiation oncologists will schedule 1-2 appointments then transfer the IBC patient back to their medical oncologist’s care for the long-term. In general the first 2 years will be more intensive follow-up, and then if the patient is not experiencing any issues, the appointments may be spaced out.
There are a number of long-term side effects that may continue for months or even years after treatment. Some of these physical effects include lymphedema, chest numbness, and lingering neuropathy from chemotherapy. Fatigue/loss of stamina is another common long-term consequence of the rigorous treatment needed to survive IBC. If side effects are lingering, please seek care from your caregiver.

This is a very difficult and sensitive subject, but an important topic to address in terms of quality of life after active cancer treatment ends. A woman’s view of herself can be tied to her appearance as well as to her physicality. She might view her smile or hair is what makes her attractive sexually, or her breast. Cancer is not something that defines a person, but it can reveal insecurities and bring relationship problems into the harsh light of day.

After completing treatment, fear of metastasis is a common concern. When is a cough not just a cough, but a sign the cancer could be back? The unfortunate truth is that of IBC patients who complete chemotherapy, surgery and radiation, 60% will experience a recurrence within the first 5 years. Proper follow up care is just as important as proper standard of care. We hope no one has to face an IBC diagnosis in their life but if you do; we will be here rooting for you to become NED! No Evidence of Disease. Hope always.

For more information on Inflammatory Breast Cancer visit www.theibcnetwork.org