

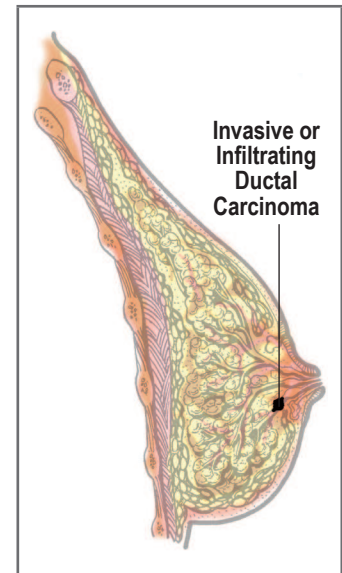
Invasive (Infiltrating) Ductal Carcinoma Female Patient

Other Terms Used to Describe:

- Infiltrating Duct Carcinoma
- Infiltrating Ductal Carcinoma

Definition of Terms:

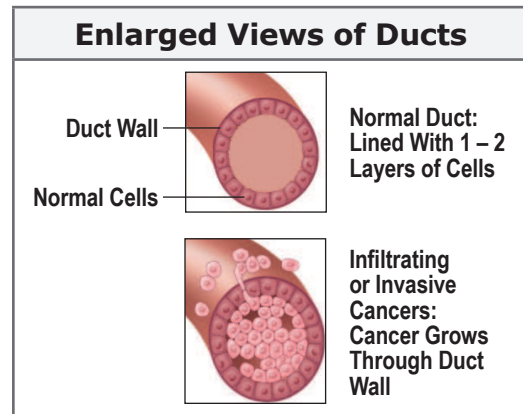
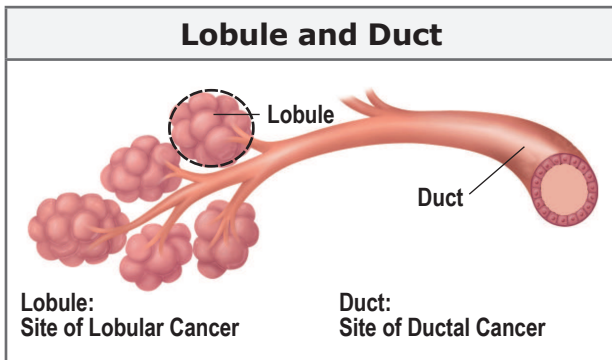
- **Biopsy** — Procedure to remove cells or tissues to be studied by a pathologist
- **Carcinoma** — Cancer cells that start in the surface layers or lining of the ducts
- **Chemotherapy** — Treatment with medications to kill cancer cells
- **Hormonal Therapy** — Treatment with hormones or anti-hormonal medications
- **Invasive** — To penetrate through the walls of the ducts from which a cancer began
- **Lumpectomy** — Removal of lump and small amount of surrounding tissue from the breast
- **Lymph Nodes** — Pea-like areas in the lymphatic system that act as filters of the body's cellular waste; lymph nodes located under the arms filter waste from breast tissues
- **Malignant** — Cancerous; threat to the body
- **Mastectomy** — Surgical removal of a breast
- **Metastasis** — Spread of cancer to other parts of the body
- **Microcalcifications** — Small areas of calcium deposits seen on mammography; may be related to a malignant or benign condition



Invasive (infiltrating) ductal carcinoma is the most common invasive breast cancer, accounting for approximately 60 percent of all cases. The tumor varies in size and cell division time, with some cells growing more rapidly than others.

A biopsy can reveal the exact characteristics of the tumor including the cell type; how fast it is dividing; whether it is stimulated (caused to grow) by estrogen, or progesterone hormones; and how much the cells have changed from the parent cell (differentiation). These findings, combined with your menopausal status, age and general health, will help determine surgical options. Treatment may include lumpectomy with lymph node evaluation followed with radiation; lumpectomy with axillary lymph node evaluation followed with chemotherapy and radiation therapy; or mastectomy with lymph node evaluation with or without chemotherapy or radiation.

Sentinel node biopsy may be used to identify the first draining nodes of a cancer to determine if additional node removal is needed. Hormonal therapy may be recommended for 5 - 10 years if the tumor is positive for estrogen or progesterone receptors.



Comparison of Invasive Versus In Situ Carcinoma

Pathology Slide of DCIS

Cancer Cells
Duct Wall

Cancer cells are still within the duct and have not broken through the duct wall into surrounding tissues.

Invasive Ductal Carcinoma Pathology Slide

Invasive Ductal
Invasive Ductal

Cancer cells have invaded walls of ducts into surrounding tissues. Distinct duct walls are no longer visible as compared to the ductal carcinoma in situ slide on the left.

Images courtesy of www.pathologyoutlines.com