

Tubular Carcinoma

Definition of Terms:

- **Carcinoma** — Cancer cells that start in the surface layers or lining of the ducts
- **Lumpectomy** — Removal of a lump and surrounding tissues from the breast
- **Lymph Nodes** — Pea-like areas in the lymphatic system that filter the body's cellular waste; lymph nodes under the arms filter the majority of waste from breast tissues.
- **Malignant** — Cancerous; a threat to the body
- **Mastectomy** — Surgical removal of a breast
- **Metastasis** — Spread of cancer to other parts of the body
- **Microcalcifications** — Small, dense areas of tissue seen during mammography; may be related to a malignant or benign disease
- **Pathologist** — Physician who specializes in examining tissues for disease
- **Prognosis** — A prediction of the future course of a disease for a patient
- **Tubular** — Having the shape of tubes
- **Tumor** — Excessive cell growth that creates a lump; may be cancerous or non-cancerous
- **Well-Differentiated** — Look very similar to the cells from which they came

Tubular carcinoma is a cancer that accounts for approximately one percent of all breast cancers diagnosed. This tumor may show up during mammography with microcalcifications or having stellate margins (irregular borders, characteristic of malignancies). The majority of tubular carcinomas are small tumors, usually 10 mm ($\frac{3}{8}$ inch). Because of the advances in screening mammography, tubular carcinomas are diagnosed in earlier stages and at much smaller sizes. If the tumor is large enough to be felt, it forms a firm to very hard lump in the breast and may cause skin retraction or puckering in the area of the tumor. When the tumor is removed from the body, the pathologist identifies the tumor based on the large number of tubules (small tubes) that are well-differentiated (good sign). If 90 percent of the tumor is composed of well-differentiated tubular structures with low-grade features, the prognosis is excellent. Tubular carcinoma has a low rate of lymph node metastasis.

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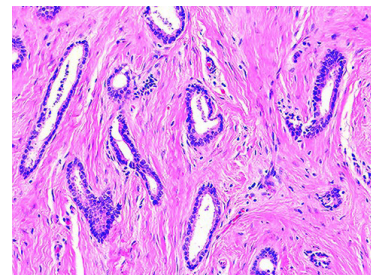


Image courtesy of Pathology Outlines.com

Surgery options consist of lumpectomy with axillary sentinel node dissection or modified radical mastectomy with axillary sentinel node dissection. Treatment options will be determined by the type of surgery performed, size of the tumor, number of lymph nodes positive with cancer, estrogen and progesterone receptor status, how fast the tumor is growing, your age and menopausal state.