

Medullary Carcinoma

Other Terms Used to Describe:

- Bulky adenocarcinoma
- Solid circumscribed carcinoma

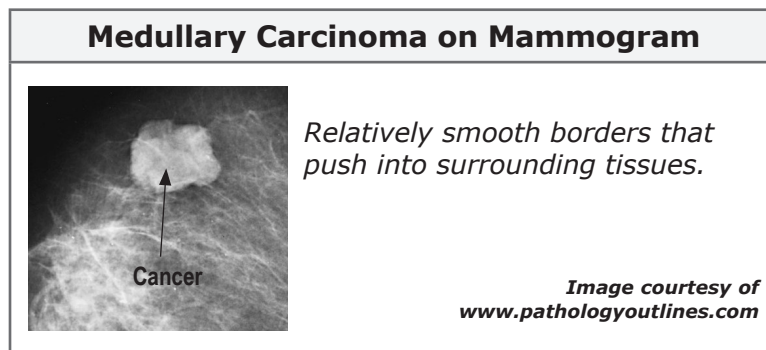
Definition of Terms:

- **Adenocarcinoma** — Cancer that arises from a gland
- **Axillary Sampling** — Surgical removal of random lymph nodes from under the arm from one or more of the three levels of nodes
- **Carcinoma** — Cancer cells that start in surface layers or lining of the ducts
- **Chemotherapy** — Drugs used to kill cancer cells
- **Circumscribed** — Contents confined to a certain area
- **Hormonal Therapy** — Treatment with hormones or anti-hormonal medications
- **Invasive** — To grow through the cell wall of origin and begin to spread to other tissues
- **Lymph Nodes** — Pea-like areas in the lymphatic system that filter the body's cellular waste; lymph nodes under the arm filter waste from breast tissues
- **Malignant** — Cancerous; a threat to the body
- **Mastectomy** — Surgical removal of the breast
- **Metastasis** — Spread of cancer to other parts of the body
- **Mitotic Rate** — How fast cells are doubling in size
- **Prognosis** — A prediction of the future course of the disease for a patient
- **Radiation Therapy** — Treatment with X-rays to kill cancer cells
- **Tumor** — Excessive cell growth that creates a lump; may be cancerous or non-cancerous

Medullary carcinoma is a cancerous tumor that is often very large and bulky and grows rapidly (has a high mitotic rate). The tumor is often 20 to 30 mm (approximately 1 inch) when diagnosed. However, it has a low rate of metastasis (spread) to the lymph nodes. The tumor has a smooth border that pushes into surrounding tissue causing it to show up during mammography as a circumscribed mass. Calcifications are rare.

Medullary carcinoma is classified as a basal-like carcinoma, which is most often ER/PR negative and p53 positive. It is often associated with a BRCA1 mutation and genetic testing should be considered. Medullary carcinoma has a more favorable prognosis when compared to ductal carcinomas of the same size.

This cancer occurs more frequently in younger women than many of the other infiltrating cancers and accounts for approximately 3 percent of all diagnoses of invasive breast cancers. The majority of medullary tumors are not estrogen or progesterone-positive, which means that these hormones do not seem to promote the growth of this cancer.



Surgery Options Vary:

- Lumpectomy, with axillary or sentinel lymph node dissection and radiation therapy
- Lumpectomy with axillary or sentinel lymph node dissection, radiation therapy and chemotherapy
- Mastectomy with axillary or sentinel lymph-node dissection, chemotherapy, and possibly radiation therapy if the disease is extensive
- Hormonal therapy is given after treatment only if the tumor is estrogen or progesterone-positive
- Overall prognosis for medullary carcinoma is considered good

Additional Information:
