



Australian Government
Cancer Australia

Information about inflammatory breast cancer



Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

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Information about inflammatory breast cancer

What is inflammatory breast cancer?

Inflammatory breast cancer is a rare and fast-growing form of breast cancer. Unlike other breast cancers which can form a lump, inflammatory breast cancer tends to present with redness and swelling of the breast, similar to infection or inflammation (thus the name). This is because the cancer spreads along and blocks the lymph vessels in the skin of the breast which are responsible for removing fluid and other waste products from the body's tissues.

About two to five out of every 100 cases of breast cancer are inflammatory breast cancer.

What are the signs and symptoms?

The signs of inflammatory breast cancer can develop quickly and may include:

- the breast looks red or inflamed or develops a rash – it often looks as if it is infected or bruised
- the breast becomes swollen and enlarged and may feel firm, heavy or uncomfortable
- the breast feels warm and tender
- the skin on the breast can appear dimpled or pitted, like an orange peel.

Some people may also have a lump in their breast or armpit, pain in the breast or nipple, discharge from the nipple or a nipple that turns inwards (inverted nipple).

Having these symptoms does not mean that you have inflammatory breast cancer, as other conditions can present in similar way, but it means, that you should see a doctor for assessment and management. This may include treatment with antibiotics if infection is suspected, but if symptoms do not improve with antibiotics, further tests may be needed.

Figure 1



Figure 2



Figure 1 source: Achariyapota, Vuthinun, Chuangsuwanich, Tuenjai, Benjapibal, Mongkol, Inflammatory Breast Cancer from Metastatic Ovarian Cancer, Case Reports in Obstetrics and Gynecology, 2016, 3476143, 3 pages, 2016. <https://doi.org/10.1155/2016/3476143>

Figure 2 source: Wang M, Hou L, Chen M, Zhou Y, Liang Y, Wang S, Jiang J, Zhang Y. Neoadjuvant Chemotherapy Creates Surgery Opportunities For Inoperable Locally Advanced Breast Cancer. Sci Rep. 2017 Mar 22;7:44673. doi: 10.1038/srep44673. PMID: 28327615; PMCID: PMC5361098.

How is inflammatory breast cancer diagnosed?

The first step in investigating any breast change is for a doctor to take a medical history and do a physical examination of both breasts. Inflammatory breast cancer can be difficult to diagnose because often there is no lump and the symptoms are similar to those of a breast infection. Change in skin colour can be harder to recognise in patients with dark skin but comparison with the other breast can help. For some women, the disease is diagnosed when there is no improvement of symptoms following treatment with a course of antibiotics.

A number of tests are used to confirm the diagnosis, including:

- a mammogram (or breast Xray) and sometimes an ultrasound of both breasts. Sometimes a Magnetic Resonance Imaging (MRI) of a breast is needed.
- removal of cells or tissue from the skin of the breast and/or from the breast itself for examination under a microscope; this is called a biopsy and may be done under a local anaesthetic
- if one or more lymph node(s) in the armpit (axilla) feel enlarged, cells may also be removed from the lymph nodes for examination under a microscope; this is called a lymph node biopsy.

If these tests show signs of inflammatory breast cancer, other tests may be carried out to see whether cancer cells have spread to other parts of the body. These tests may include a blood test, bone scan, ultrasound or computed tomography (CT) scan. This is called 'staging' and the results will affect the types of treatment recommended.

The results of the biopsy are recorded on a pathology report. You may find it useful to keep a copy of the pathology report and other test results so that you can refer to them in the future.

What treatment options are available?

Each person is different and the treatments recommended, and the order in which they are given, may vary according to individual circumstances.

Most people with inflammatory breast cancer will have a combination of treatments. This includes systemic therapy, which are medicines given intravenously (into a vein in the arm, hand or chest) or by mouth, to target the entire body such as chemotherapy, targeted therapy, immunotherapy and hormonal therapy. In addition to systemic therapy, surgery and radiation therapy may be needed.

For most people with inflammatory breast cancer, treatment usually starts with **chemotherapy**. Chemotherapy involves using drugs to control or kill cancer cells within the breast and any that may have spread to other parts of the body and cannot be detected using routine tests. The drugs are usually given through a drip in the arm. Chemotherapy is usually given in cycles every week or over a number of weeks, often over 3–6 months. In addition to chemotherapy, other systemic cancer treatments can be added during or after chemotherapy – this includes **treatments targeting HER2 receptors** or **immunotherapy** which are usually given as a drip into the vein, or **hormonal therapy**, usually given as tablets. The choice of drugs depends on the exact pathology profile of the breast cancer cells that have been removed.

Surgery is used to treat inflammatory breast cancer if the cancer has responded well to chemotherapy – that is, if almost all the initial symptoms and signs have disappeared after chemotherapy. Surgery for inflammatory breast cancer usually involves complete removal of the breast (a mastectomy) and lymph nodes in the armpit. Reconstruction may be possible once all initial treatments have been completed but you should discuss this with your treating doctors.

Radiotherapy is almost always used during treatment for inflammatory breast cancer. Radiotherapy may be used before or after surgery or instead of surgery, depending on how the cancer has responded to chemotherapy. Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells in the breast or chest wall. It may also be directed to the lymph nodes in the armpit and in the base of the neck. Radiotherapy is usually given once a day, 5 days a week for 3–6 weeks.

The treatment plan may need to be adjusted depending on the response of the cancer to the different treatments and the extent of cancer in the body. Ask as many questions as you need to about the treatments recommended for you and the options available.

What are the possible side effects of treatment?

All treatments for breast cancer carry some risk of side effects. Most side effects can be managed and will improve with time. It is important to consider the benefits of treatment along with the possible side effects when making decisions about treatment. Talk to your doctor about any side effects that concern you and how to manage these.

The side effects of systemic therapy (such as chemotherapy, targeted therapy, immunotherapy and hormonal therapy) will depend on which drugs are used and may include hair loss, nausea, fatigue, infection, hot flushes, tingling of fingers or toes, or risk of heart problems.

Side effects of surgery may include pain, discomfort and/or numbness in the chest area or in the armpit. Some people who have surgery or radiotherapy to the armpit may develop lymphoedema (swelling in the arm).

Side effects of radiotherapy may include tenderness or a feeling of tightness in the treated breast and surrounding area, tiredness and changes to the skin of the breast such as redness or swelling.

What follow-up care can be expected?

Once the initial treatment is finished, regular follow-up appointments with your specialist or general practitioner are recommended. Follow-up after treatment for inflammatory breast cancer usually involves a regular physical examination and annual mammogram with or without an ultrasound. Other tests such as blood tests or bone scans are not routinely needed during follow-up unless there is concern that the cancer has spread outside the breast.

Support during and after treatment

The experience of a diagnosis of breast cancer is different for everyone. It is usual to feel anxious, frightened or confused. Sharing thoughts and feelings with others can be helpful. Members of your treatment team, friends and family can provide emotional, psychological and practical help. Breast care nurses specialise in caring for women with breast cancer and can be a valuable source of information and support. Talk to doctors, your breast care nurse or other members of the treatment team about any fears or concerns you may have.

The Cancer Council Support line (13 11 20) can advise on the range of support available throughout Australia.

My Journey provides accessible online, high quality, evidence-based information and insights from others diagnosed with breast cancer. Access My Journey via the Breast Cancer Network Australia website <https://www.bcna.org.au/my-journey/>

Questions to ask the doctor

Some patients want to know everything possible about their breast cancer and treatment. Others don't want to know as much. Ask your doctors as many questions as you need to – you may find it useful to write questions down before your next visit.

For more information about management of breast cancer in general see the Guide to Best Cancer Care - Breast cancer <https://www.cancer.org.au/cancercareguides/breast-cancer>