
What is prognosis?

Prognosis is the best guess of a person's chances of survival (recovery). It is based on how well other people with a similar type and stage of breast cancer have done with the same treatment. Each person is different. Your doctor cannot say for certain what will happen to you.

What does my pathology report show?

If you have breast cancer, your pathology report describes your diagnosis. Either your surgeon or your oncologist will go over the report with you and answer questions. Ask for copies for your records.

Some of the most important findings on your pathology report(s) that help determine prognosis are:

- Non-invasive versus invasive
- Tumor size
- Tumor grade
- Characteristics of the tumor

Non-invasive versus invasive

Non-invasive cancer

Ductal carcinoma in situ (DCIS) is a non-invasive breast cancer (cancer has not spread into nearby breast tissue). It is also called stage 0. In situ [in SY-too] means "in place." The abnormal cells are within the milk ducts (the canals that carry breast milk to the nipple during breastfeeding).

Although DCIS is non-invasive, without treatment, the abnormal cells may develop into

invasive breast cancer over time. With treatment, prognosis for DCIS is excellent.

Invasive cancer

Invasive breast cancer has spread from the milk ducts or lobules (the sacs in the breast that produce milk) into nearby breast tissue. Cancer cells may have also spread to the lymph nodes or other parts of the body. Prognosis of invasive breast cancer depends on the stage and other factors.

Tumor size

After the tumor is removed, the pathologist will measure it. In most cases, the smaller the tumor, the better the prognosis.

Tumor grade

Tumor grade is a measure of how similar tumor cells are to normal cells under a microscope. The more abnormal the cells appear, the higher the tumor grade. In general, the lower the tumor grade, the better the prognosis. Grade 1 has the best prognosis.

Characteristics of the tumor

Hormone receptor status

Some breast cancers need estrogen and/or progesterone (female hormones that are made in the body) to grow. These tumors are hormone receptor-positive (estrogen receptor-positive and/or progesterone receptor-positive). They are treated with hormone therapy which improves survival for people with these cancers.

HER2 status

Some breast cancers have a lot of HER2 protein on the surface of their cells. These “HER2-positive” tumors tend to be aggressive. Today, there are effective anti-HER2 drugs which have greatly improved survival for those with these cancers.

These are just a few factors that affect prognosis and treatment.

Find out more at www.komen.org/diagnosis.

Tumor profiling

Tumor profiling tests give information about the genes in cancer cells. Tumor profiling is used to help make treatment decisions in some people with estrogen receptor-positive cancers. It can help decide whether or not chemotherapy is needed in addition to hormone therapy.

Breast cancer stage

Breast cancer stage is the most important factor for prognosis. Stage is not always listed in pathology reports. It comes from the results of the biopsy of the tumor tissue, any biopsies of the lymph nodes and other tests. So, you may have more than one pathology report. Your medical team combines all the information and determines the breast cancer stage. It is used to help plan your treatment.

Doctors use a scale to describe breast cancer stages: 0 to IV (0 to 4). In general, the earlier the stage, the better the prognosis. So, stage 0, I and II (0, 1 and 2) have a better prognosis than stage III and IV (3 and 4).

Find out more about pathology reports at www.komen.org/diagnosis



Questions to ask your doctor

- Has the cancer spread beyond the breast to the lymph nodes (invasion)?
- What is the size of the tumor?
- What is the tumor grade?
- What are the other characteristics of the tumor (such as hormone receptor status and HER2 status)?
- Will other tests be done on my tumor to help make treatment decisions?
- Are there any clinical trials available for my type of breast cancer?

Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

National Comprehensive Cancer Network (NCCN)
1-888-909-6226
www.nccn.org

Related fact sheets in this series:

- Biopsy
- Metastatic Breast Cancer
- Types of Breast Cancer Tumors

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