Atypical Hyperplasia

This information will help you understand what atypical hyperplasia is and how it can affect your risk of getting breast cancer. It also explains what you can do to prevent breast cancer.

About Atypical Hyperplasia

Your breast is made of ducts and lobules. The lobules are small sacs that make breastmilk. The ducts are small tubes that carry the breastmilk to your nipples. Hyperplasia is a condition in which there are more cells than usual in your breast ducts or lobules.

Usual hyperplasia is when the extra cells look like normal breast cells. In atypical hyperplasia, the extra cells look different from normal breast cells.

Types of Atypical Hyperplasia

There are 2 main types of atypical hyperplasia: atypical ductal hyperplasia (ADH) and atypical lobular hyperplasia (ALH).

Atypical ductal hyperplasia (ADH)

In ADH the new cells that grow look like the cells that grow in your breast ducts. While ADH isn’t cancer, it may increase your
risk of getting breast cancer in the future.

If ADH is found after you have a needle biopsy (taking a small sample of tissue), you may need surgery to be sure that you don’t also have breast cancer. If you don’t have cancer, your doctor will talk with you about the screening guidelines that you should follow and how you can lower your risk of getting breast cancer later on.

**Atypical lobular hyperplasia (ALH)**

In ALH the new cells that grow look like the cells that grow in your breast lobules. ALH is linked to an increased risk of getting breast cancer.

When ALH is found after a needle biopsy, surgery isn’t always needed. You and your doctor will decide whether surgery is right for you.

**Breast Cancer Screening**

Because of the increased breast cancer risk, people with either type of atypical hyperplasia should have regular breast exams and breast imaging tests. You and your doctor will decide what type of breast imaging is best for you, based on your personal history. It’s recommended that you have a physical exam with a breast specialist every 6 to 12 months, as well as breast imaging every year.

**Lowering Your Breast Cancer Risk**

**Medications**
Taking certain medications can help lower your risk of getting breast cancer. Studies show that the following medications may lower your risk of breast cancer by more than half. Talk with your healthcare provider about starting medication so you can discuss what’s best for you.

**Tamoxifen and raloxifene**

Tamoxifen (Nolvadex®, Soltamox®) and raloxifene (Evista®) are medications that lower your risk of breast cancer by blocking the effects of estrogen. Estrogen is a natural hormone your body makes that can make some breast tumors grow. These medications only lower your risk of getting a certain type of breast cancer called estrogen receptor-positive breast cancer, which is the most common type. They won’t lower your risk of getting estrogen receptor-negative cancers.

You can only take raloxifene if you’ve gone through menopause (permanent end of your menstrual cycle). You can take tamoxifen before or after menopause.

**Aromatase inhibitors**

Aromatase inhibitors are medications that stop an enzyme called aromatase from changing other hormones into estrogen. One of these medications, exemestane (Aromasin®), has been shown to lower the risk of breast cancer in people with atypical hyperplasia. You should only take these medications if you’ve gone through menopause.

**Prophylactic mastectomy**

Some people may choose to have their breasts removed to
prevent breast cancer. This is called a bilateral prophylactic (PRO-fi-h-LAK-tik) mastectomy. This surgery is sometimes used to lower the risk of breast cancer in people with ADH or ALH.

**Lifestyle changes**

There are also lifestyle changes you can make to lower your breast cancer risk if you have LCIS. You can discuss these lifestyle changes with your doctor.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.