

BREAST CANCER PROGNOSIS

Questions to ask your doctor

- Has the cancer spread beyond the breast to the lymph nodes?
- What is the size of the tumor?
- What is the tumor grade?
- What is the hormone receptor and HER2 status?
- What tests will be done on my tumor to help me make treatment decisions?
- Are there clinical trials I can join for my type of breast cancer?

What does prognosis mean?

Prognosis is the likely outcome or course of a disease. For breast cancer, it's based on how well other people with a similar type and stage of breast cancer have done with the same treatment. Keep in mind that while your doctor can give you some information about your prognosis, they can't say for sure how long you will live.



What does my pathology report show?

Tests are done on the tumor and any lymph nodes removed during surgery. The results will be on your **pathology report** which describes your diagnosis. Either your surgeon or oncologist will go over the report with you and answer your questions.

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

- Whether the tumor is **non-invasive** or **invasive**.
- **Lymph node status**.
- **Tumor size**.
- **Tumor grade**.
- **Characteristics of the tumor**

Non-invasive versus invasive

Non-invasive cancer

Ductal carcinoma in situ (DCIS) is also called stage 0. DCIS is a non-invasive breast cancer (meaning the cancer is only found in the milk ducts and has not spread into nearby breast tissue). Because DCIS might progress to invasive breast cancer, it's almost always treated. With treatment, the prognosis for DCIS is very good.

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. The prognosis of invasive breast cancer depends on the stage and other factors.

Lymph node status

Lymph nodes are small clumps of immune cells that act as filters for our lymphatic system. If breast cancer spreads, the lymph nodes in the underarm are the first place they're likely to go. So, it's important to know if any lymph nodes contain cancer because it can affect stage and your treatment options. Prognosis is better when breast cancer has not spread to the lymph nodes (lymph node-negative). If it does spread, the more lymph nodes that contain cancer, the poorer the prognosis tends to be.

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

Resources

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

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

Related online resources:

- [Breast Biopsy](#)
- [Questions to Ask Your Doctor: Tumor Profiling](#)
- [The Role of Genetic, Genomic and Tumor Profiling Tests](#)
- [Treatment Overview for Breast Cancer](#)
- [What is Breast Cancer?](#)



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Simply scan the QR code or visit our [online survey](#) to share your feedback!

Tumor size

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

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 (Grade 1), the better the prognosis tends to be.

Characteristics of the tumor (Tumor biomarkers)

Hormone receptor status

Some breast cancers need your body's natural hormones estrogen and progesterone to grow and divide. Breast cancer cells are tested for these [hormone receptors](#) which fuel cancer growth by attaching to estrogen and progesterone. If the tumor has a lot of these receptors, it's called estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer. These breast cancers are treated with hormone therapy, which improves survival.

HER2 status

Breast cancer cells are also tested for a protein called [HER2](#). HER2 is important for cell growth and survival. Some breast cancers have a lot of HER2 protein on the surface of their cells. These tumors are HER2-positive. These and some HER2-low cancer cells are treated with HER2-targeted therapy which improves survival for people with these cancers.

Tumors with no HER2 protein are not treated with HER2-targeted therapy.

Tumor profiling

[Tumor profiling tests](#), also called genomic testing or molecular profiling, give information about the genes in cancer cells. The results are used to help make treatment decisions. For people with ER-positive breast cancers, results can help decide whether or not chemotherapy is needed in addition to hormone therapy. It can also help understand the chance of metastasis (when the cancer spreads).

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. Your medical team combines all the information and determines the breast cancer stage which helps plan your treatment.

Doctors use a scale to describe breast cancer stages: 0 to 4. Stages 0, 1 and 2 have a better prognosis than stages 3 and 4.

Find out more about pathology reports at komen.org/breast-cancer/diagnosis/pathology-reports/