Rebecca Hockaday noticed the spot on her breast toward the end of summer.

“I thought, okay, a freckle on my chest. I’ve been out in the sun, no big deal,” the Georgia mother of two remembered thinking.

But then a few more popped up, appearing as if the first one had spread. Several months later, Hockaday made an appointment with her dermatologist.

“Honestly, I thought they were sun spots. I thought they were going to say, ‘just your skin aging,’” she told TODAY. “Never in a million years did I think, okay, this is going to be cancer.”

A biopsy revealed that Hockaday, who was 35 at the time, had inflammatory breast cancer, a rare and aggressive form of the disease. The cancer had already spread to her lymph nodes by the time it was diagnosed, she said.

Inflammatory breast cancer, or IBC, doesn’t present itself like common forms of the disease, which is usually detected through a lump in the breast or a mammogram, said Dr. Jean Wright of the Johns Hopkins Breast Cancer Program.

“Half the time there’s no lump or anything like that. It’s just the kind of skin changes, and so it can relatively easily be mistaken for an infection, mastitis or something like that,” she said.
Redness or swelling of the breast are the usual hallmark for IBC. Sometimes, the skin may appear somewhat dimpled like an orange peel.

IBC makes up less than 2 percent of all breast cancer, said Wright, an associate professor of radiation oncology at Johns Hopkins.

“The most characteristic thing is that it happens very quickly. It’s usually within one month you notice these significant changes in the skin of (the) breast,” she said.

Hockaday underwent 16 weeks of chemotherapy before having surgery to remove both of her breasts. She then endured an intense radiation schedule that involved twice-daily treatments every weekday. The radiation damaged her skin and weakened her body, resulting in several broken ribs.

She was declared cancer-free in September 2013, 10 months after she first started treatment. But she continued to deal with various health problems from infections related to breast reconstruction surgery that followed.

Dermatologist Cameron Rokhsar said women’s breasts can be a common area for irritation, whether from breastfeeding or from running-related chafing. But a woman should definitely contact her doctor if an irritation fails to improve or go away.

“If women see a rash on their breast that doesn’t go away within one to two weeks, especially after the use of a cortisone cream, then they should see their dermatologist,” said Rokhsar, an associate clinical professor of dermatology at Mount Sinai Hospital.
Rokhsar recommended seeing a dermatologist because they are more trained than primary care physicians to identify specific rashes or anything unusual on the skin, regardless of where the affected area might be.

“It’s really important that the public knows that not all rashes are trivial, especially when it comes to rashes on the breast, on the penis, or anus,” he said.

Because of the high rate of recurrence for inflammatory breast cancer, Hockaday, now 40, takes oral chemotherapy and receives monthly injections.

She shares her story and experience whenever possible to raise awareness about IBC and encourage women to be proactive about anything unusual they notice with their bodies.

"You just do not think that something (that looks) so innocent can turn out this way. I had no pain, I had no symptoms," she said.

A former executive of a medical company, Hockaday has since changed jobs and now works from home and slowed down her lifestyle so she can spend more time with her husband, Gregg and their two children.

"If I can keep anybody else from going through what I went through, it would mean the world to me," she said. "I hope that myself or anybody else who has gone through this can educate and raise awareness because moms tend to put ourselves last and we really need to put ourselves first."