Supplementary Materials:

**Table 1.** Diagnostic Features and Criteria for Inflammatory Breast Cancer (IBC)**.**

| Clinical Manifestations | Pathological Characteristics | Radiographic Indicators |
| --- | --- | --- |
| Characterized by rapid onset of diffuse symptoms including erythema (redness), edema (swelling), and peau d'orange (skin texture resembling an orange peel). | High prevalence of dermal lymphovascular tumor emboli, presence of more aggressive subtypes, such as triple-negative and HER2-positive breast cancer. | Imaging characteristics commonly associated with IBC include skin thickening, breast enlargement, presence of a mass or abnormal enhancement. |
| Presentation often involves a palpable boundary and quick progression to an advanced stage. | Cancer cells frequently present in the skin's dermis, indicating IBC. High histological grade is also a common feature. | Reports typically show mammary imaging with BI-RADS category 4 or 5 findings, often suggesting lymph node involvement. |
| Tumor may not be palpable despite significant symptoms. |  |  |

**Table 2.** Therapeutic Approaches for IBC and their Characteristics**.**

|  | Mechanism of Action | Commonly Utilized Therapies | Potential Side Effects |
| --- | --- | --- | --- |
| *THERAPY TYPE* |  |  |  |
| Systemic Therapy | Utilizes drugs to eradicate cancer cells throughout the body. | Common chemotherapeutic agents include anthracyclines and taxanes. | Side effects may include fatigue, nausea, hair loss, and increased susceptibility to infection. |
| Surgical Interventions | Physically excises the tumor and adjacent tissues. | Procedures include mastectomy (total removal of breast) or breast-conserving surgery (partial removal of breast). | Potential complications include pain, swelling, infection, and changes in the breast's appearance. |
| Radiation Therapy | Employs high-energy rays or particles to eradicate cancer cells. | Typical method is External Beam Radiation Therapy (EBRT). | Can lead to skin changes, fatigue, and potential long-term heart and lung problems if the chest region is treated. |
| Targeted Therapies | Targets specific features of cancer cells to inhibit their growth. | Therapies include anti-HER2 drugs (e.g., trastuzumab) and CDK4/6 inhibitors (e.g., palbociclib). | Side effects may include diarrhea, liver problems, heart complications (for anti-HER2 therapies), and neutropenia (for CDK4/6 inhibitors). |
| Hormonal Therapies | Counteracts hormones that promote growth of hormone-receptor-positive breast cancers. | Common treatments include aromatase inhibitors (e.g., letrozole) and Tamoxifen. | Can cause hot flashes, joint pain, and increased risk of certain other cancers (specifically for Tamoxifen). |
| Immunotherapies | Enhances the body's immune response to fight cancer cells. | Treatment often involves immune checkpoint inhibitors (e.g., pembrolizumab). | Possible side effects include fatigue, cough, nausea, itching, skin rash, loss of appetite, constipation, joint pain, and diarrhea. |