Invasive Lobular Breast Cancer is the sixth most diagnosed cancer of women in the US. Recent research has highlighted opportunities to better understand this disease and improve the diagnosis, treatment and follow-up care for thousands of patients with ILC.

**Lobular breast cancer is not a "rare" cancer**

Invasive Lobular Breast Cancer is the 6th most frequently diagnosed cancer of women in the US with 39,000 new cases diagnosed a year. It is the second most common histological subtype of breast cancer, comprising 10% to 15% of all breast cancers, and impacts more women than cancers of the kidney, brain, pancreas, liver, ovaries, leukemia or melanoma. (Adapted, 2018 American Cancer Society)

**Lobular breast cancer is a distinct subtype of breast cancer**

ILC has specific molecular features distinct from ductal breast cancer with its own unique subtypes and variants[1]. The hallmark of ILC is E-cadherin loss.[2] A better understanding of ILC's biology and behaviors could open doors to effective targeted therapies.

**Lobular breast cancer presents differently in the clinical setting**

Histologically, ILC often forms a distinct single-file pattern rather than the more common "lump". ILC has differences in presentation and behavior[3]. Symptoms can include hardening of the breast, swelling, changes in the appearance of the breast or nipple, skin changes or breast pain.

**Lobular breast cancer has a different metastatic pattern**

Like patients with IDC, patients with ILC suffer from metastases to bone and brain. However, there are also significant differences in metastatic patterns between IDC and ILC, including increased spread of ILC to gastrointestinal, peritoneal and ovarian tissues, and decreased spread to visceral organs especially liver and lung.[3]

**Lobular breast tumors frequently recur many years after primary diagnosis**

While ILC is frequently associated with an excellent initial prognosis, patients can suffer from late recurrences. There is increasing evidence that long-term outcomes of patients with ILC may be worse than those with IDC.[4]

**Lobular breast cancer is harder to detect in screening, advanced imaging and self-exams**

Current imaging tools are less reliable for early detection of lobular disease and detection of distant recurrence. ILC is often occult in routine mammogram or other screening leading to later staging at diagnosis. Imaging to diagnose local or distant recurrence of ILC can also be inadequate.[5]

**Lobular breast cancer may respond differently to standard of care treatments**

There is increasing evidence that standard of chemotherapy and endocrine therapies currently equally applied to breast cancer patients may have different effectiveness applied to ILC and IDC.[6] More research is needed to refine ILC treatment protocols.

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