

# Highlights of the 2022 Joint International ELBCC/Lobsterpot & LBCA Invasive Lobular Carcinoma (ILC) Symposium

## *Clinical Highlights*

Rita Mukhtar, MD

Associate Professor

Department of Surgery, Division of Surgical Oncology

University of California, San Francisco



# Clinical Topics from the ILC Symposium

- Epidemiology
- Diagnosis and Treatment
  - Imaging
  - Local Therapy
  - Systemic Therapy
- Early stage and metastatic



# Clinical Themes

- Important concepts:
  - Discordance of diagnosis on histopathology
    - Recommendation for E-cadherin staining
  - Reduced sensitivity of imaging
  - Increased rates of mastectomy and axillary dissection
  - A subset of patients with ILC benefit from chemotherapy
  - Targeting Receptor tyrosine kinases in trials



# Epidemiology: Breast Cancer Risk Factors

- Early menarche, late menopause, nulliparity, late parity (after age 35)
- Lobular carcinoma *in situ*
  - increased lifetime risk of breast cancer, all types but relatively more ILC
- Combined estrogen and progesterone hormone replacement therapy
- Obesity in setting of post-menopausal status increases risk of ER positive breast cancer
- Alcohol increases risk of ILC compared to NST (Li *et al*)

# Epidemiology

## Summary of risk factors



### Germline Mutations

Mutations in  
BRCA2, PALB2, ATM, CHEK2  
Majority of the 313 breast  
cancer low risk susceptibility  
SNPs

CDH1 mutations  
(BRCA1 mutations rare)

More lobular specific rare  
variants and low risk  
susceptibility SNPs to be  
identified?

### Other Risk Factors

Post menopausal obesity  
Oral contraceptive  
Later age of menopause  
No / few pregnancies

Combined HRT use  
Early age of menarche  
Later age of first birth  
Alcohol

IVF  
Breast density  
Ethnicity  
Smoking

- ◻ = Similarities between ILC and NST
- ◻ = Differences between ILC and NST
- ◻ = Further investigation for ILC required

By better understanding the different risk factor profiles of different subtypes of breast cancer, breast cancer prevention can be personalized to individual

*Adapted from Van Baelen et al 2022*

# Polygenic risk score: ILC specific SNP's

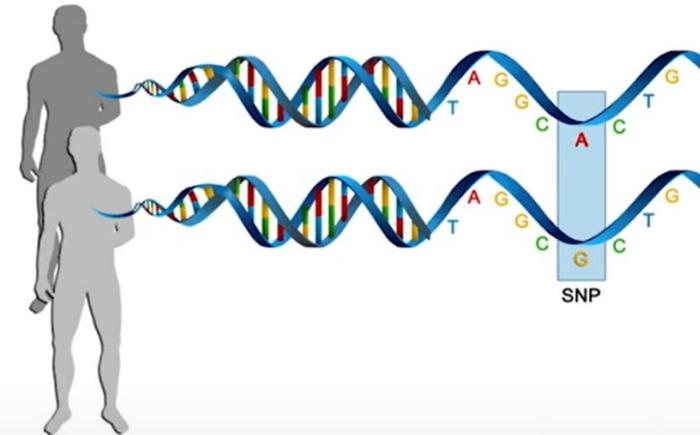
## Low-penetrance genetic variants & ILC



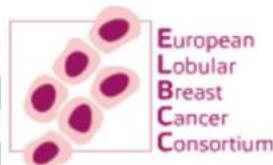
- 313 low penetrance single nucleotide polymorphisms (SNPs) that predispose to breast cancer
- Tend to be located in non-coding regions
- Common in the population
- Majority predispose to breast cancer in general or ER+
- Some SNPs are lobular specific

➤ **rs11977670 on chromosome 7q34**

➤ rs11249433, at 1p11.2 stronger association with ILC



Elinor Sawyer



# Epidemiology

- Identifying those with elevated risk for ILC could guide screening
  - Mammography has lower sensitivity for ILC
    - Lack of desmoplastic reaction, diffuse growth pattern
- The Great Lakes Breast Cancer Consortium
  - 33,662 patients, of which 3,617 have ILC
  - ILC patients diagnosed at later stages
  - Higher rates of mastectomy use in ILC

Risk factors, clinical diagnosis, and treatment of ILC: Elinor Sawyer

The Great Lakes Breast Cancer Consortium: A comparison of clinicopathologic features between ILC and IDC: Neil Carleton



# Diffuse growth pattern impacts stage IV patients as well

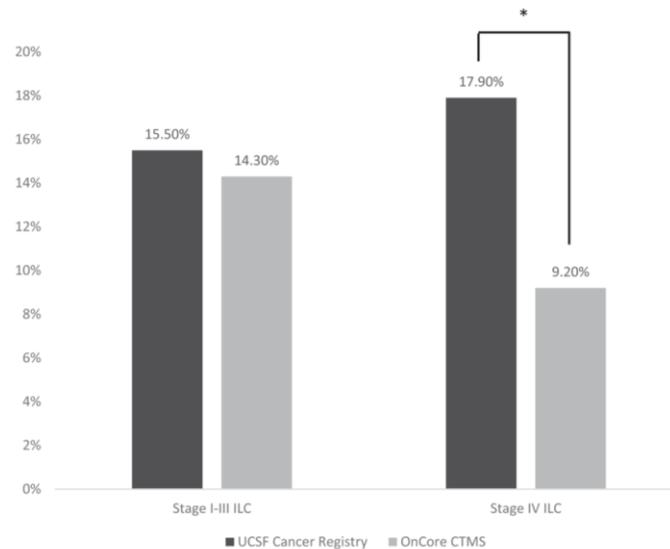
“Unmeasurable” peritoneal involvement of ILC in patient with stage IV disease.



Wong YM et al.<sup>11</sup> Infiltrative pattern of metastatic invasive lobular breast carcinoma in the abdomen: a pictorial review  
Insights into Imaging volume 12, Article number: 181 (2021)

# Need more patients with ILC in clinical trials, especially stage IV

## Trial Enrollment Rates



Patients with stage IV ILC were significantly underrepresented in clinical trials (two sample test of proportion  $p < 0.005$ )

Decreased enrollment in breast cancer trials by histologic subtype: does invasive lobular carcinoma resist RECIST? Abel MK *et al*, npj Breast Cancer 2021

**UCSF** Department of Surgery



# Endocrine Therapy and ILC

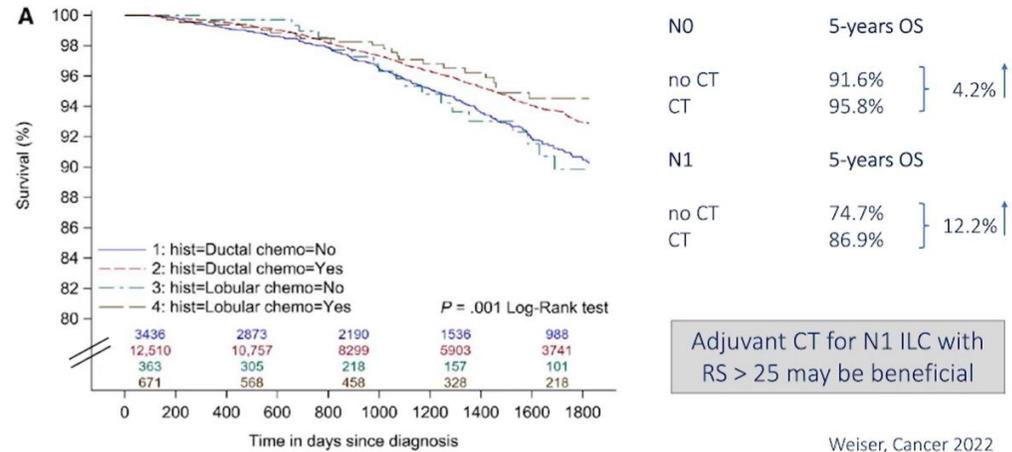
- Retrospective analysis of BIG 1-98
  - Relative difference in AI effect versus tamoxifen significantly larger in ILC
- Potential for treatment resistance to tamoxifen in ILC
- In pre-menopausal women with ILC and low clinical risk, tamoxifen likely adequate
- In pre-menopausal women with ILC and high clinical risk, optimal endocrine therapy less clear (OFS/AI?)
- Optimal duration of endocrine therapy needs more study
- ILC specific analyses of SOFT and TEXT trials ongoing

# Chemotherapy and ILC

- Molecular assays such as Mammaprint and Oncotype Dx are prognostic in ILC
- A higher proportion of ILC is molecularly low risk than IDC
- However, a subset of patients with ILC benefit from chemotherapy



## Is 21-gene recurrence score predictive for CT benefit in ILC?

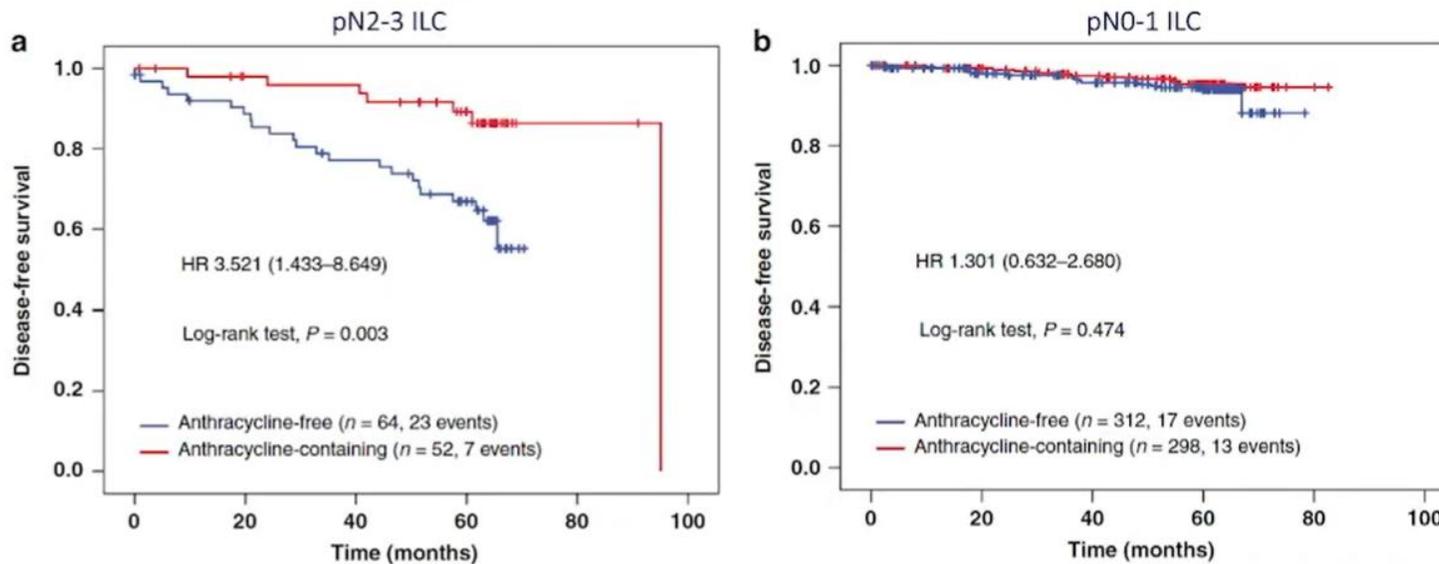


In multivariate analysis, chemotherapy was associated with improved overall survival in patients with node positive ILC with high recurrence score.

# Chemotherapy and ILC

## What type of adjuvant chemotherapy for ILC?

SUCCESS and PlanB RCT: n=5,924 pts, ±50% N+, 40% grade 3, ILC n=726



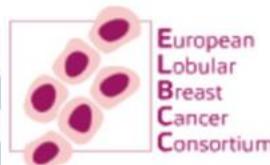
de Grigorio, Br J Cancer 2022

Preferably anthracycline-containing CT for pN2-3 ILC

Analysis of SUCCESS and PlanB trials:

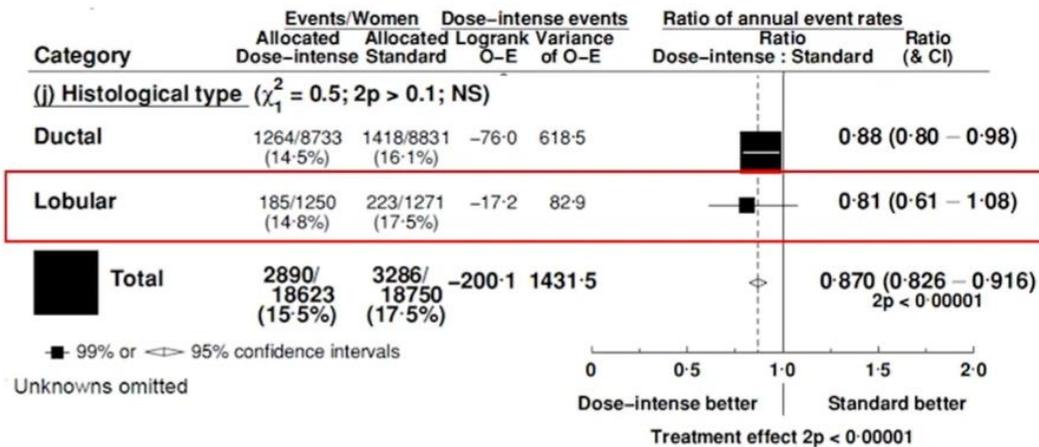
In patients with ILC and 4 or more positive nodes, chemotherapy regimens containing anthracycline were associated with significantly improved DFS compared to non-anthracycline containing regimens.

Toward Precision Medicine for ILC: Sabine Linn



# Chemotherapy and ILC

## Dose dense adjuvant chemotherapy for ILC?



19% relative risk reduction to die from ILC with dose-dense chemotherapy

Dose dense chemotherapy associated with improved breast cancer specific survival in ILC

±2500 ILC patients – RR 0.81 for breast cancer specific survival

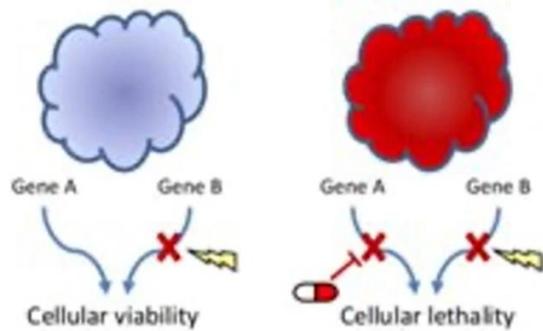
EBCTCG, Lancet 2019

# Receptor tyrosine kinases in clinical trials

- Several receptor tyrosine kinases have been implicated in ILC and may be targets for therapy
  - ROS1
  - PI3K/AKT/PTEN
  - BET
  - IGF-1R



# E-Cadherin/ROS1 Inhibitor Synthetic Lethality in Breast Cancer



**Synthetic lethality** arises when a combination of deficiencies in the expression of two or more genes leads to cell death, whereas a deficiency in only one of these genes does not.

Trial	Phase	Design	Patient population	Nr of pts	Treatment	Primary endpoint	Date expected completion enrolment
<b>ROSALINE</b> (NCT04551495)	2	Single arm	Stage I-III ILC	45	Entrectinib + letrozole (+goserelin)	RCB	October 2022
<b>ROLo</b> (NCT03620643)	2	Single arm	Stage IV E-cadherin negative BC	58	crizotinib + fulvestrant	Response rate	May 2023

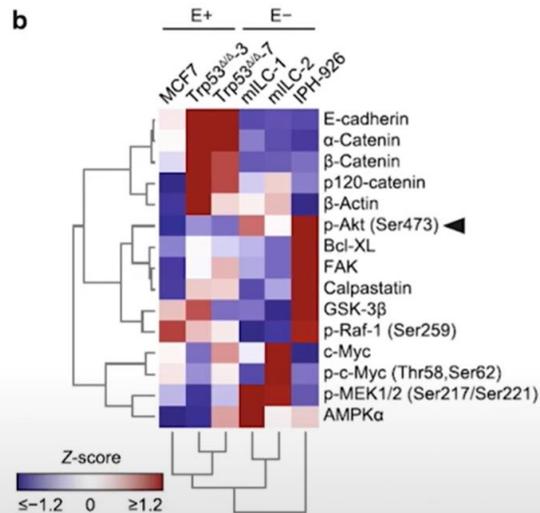
Ongoing trials of ROS1 inhibitors based on synthetic lethality data

Bajrami *et al.* Cancer Disc 2018

Hormone Receptor Function and Drug Responses in ILC: Otto Metzger



# PI3K/AKT activation is independent of *PIK3CA*, *AKT1* or *PTEN* mutations



- Growth factor signals are hyperactivated upon E-cadherin loss, independent of somatic activating mutations in downstream effectors
- **Potential for drugs targeting the PI3K/Akt axis in ILC, irrespective of oncogenic pathway mutations**

- As of yet targeting these pathways shows only modest response and can cause toxicity but still of interest as treatment target
- Potentially test AKT inhibition in combination with IGF1R inhibitor (MEK inhibitor)

Teo et al. Sci Rep 2018

# Conclusions

- Traditional risk factors for breast cancer remain
  - Working towards ILC specific predictors
- Decreased sensitivity of imaging
  - Leads to delay in diagnosis
  - Difficulty with surgical planning and need for more extensive operations
  - Challenges in following disease extent could impact clinical trial enrollment



# Conclusions

- Systemic therapy
  - Potentially tamoxifen resistance in some ILC → ongoing work
  - Chemotherapy is beneficial in some ILC
    - Clinically high risk, 4 or more positive nodes → dose dense anthracycline containing regimen
  - Targeted therapies being tested
- Increasing lobular specific analysis of trial data, development of lobular consortia

